



### **Who are we?**

The Health & Wellbeing Board is the forum where representatives of the City Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove.

Meetings are open to the public and everyone is welcome.

### **Where and when is the Board meeting?**

This next meeting will be held in the council chamber at Hove Town Hall on Tuesday 05 March 2024 starting at 4.00pm.



# Health & Wellbeing Board

Date: **5 March 2024**

Time: **4.00pm**

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

Who is invited:

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

**NHS members:** Peter Lane (UHSx), Lola Banjoko, Ashley Scarff, Siobhan Melia (SCFT) and Dr Jane Padmore (SPFT)

**Non-voting members:** Alan Boyd (Healthwatch), Deb Austin (Statutory Director of Children's Services), Alistair Hill (Director of Public Health), Will Tuckley, Tom Lambert (Carers Centre), Joanna Martindale (Community Works) and Rob Persey (Statutory Director for Adult Care)

Contact: **Giles Rossington**  
Policy, Partnerships & Scrutiny Team Manager  
01273 295514  
[penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk)

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Date of Publication - Monday, 26 February 2024

# AGENDA

## Formal matters of procedure

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

### Part One

### Page

#### 27 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.

#### 28 MINUTES

7 - 16

The Board will review the minutes of the last meeting held on the 07 November 2023, decide whether these are accurate and if so agree them (copy attached).

#### 29 CHAIR'S COMMUNICATIONS

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

#### 30 FORMAL PUBLIC INVOLVEMENT

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

#### 31 FORMAL MEMBER INVOLVEMENT

#### 32 SHARED DELIVERY PLAN (SDP)

17 - 40

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

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

#### 33 LET'S GET MOVING: BRIGHTON & HOVE SPORT & PHYSICAL ACTIVITY STRATEGY

41 - 116

Report of the Director of Public Health (copy attached).

Contact Officer: Kathleen Cuming

Ward Affected: All Wards

- 34 LOCAL SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL UPDATE** **117 - 182**
- Report of the Independent Chair of the LSCP (copy attached).
- Contact Officer: Giles Rossington Tel: 01273 295514*  
*Ward Affected: All Wards*
- 35 JOINT HEALTH & WELLBEING STRATEGY: STARTING WELL UPDATE** **183 - 192**
- Report of the Director of Public Health (copy attached)
- 36 REFERRAL FROM HEALTH OVERVIEW & SCRUTINY COMMITTEE: MENTAL HEALTH & POLICING** **193 - 224**
- Report of the Executive Director, Health & Adult Social Care (copy attached).
- Contact Officer: Giles Rossington Tel: 01273 295514*  
*Ward Affected: All Wards*



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### **Further information**

For further details and general enquiries about this meeting contact Giles Rossington, (01273 291065, email [penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 7 NOVEMBER 2023**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Oliveira (Chair); Councillor Burden, Galvin, Hogan and West

NHS Members: Ashley Scarff; Andy Jones; Peter Lane; Isabella Davis-Fernandez and Chloe Rogers

Non-Voting Members: Alan Boyd (Healthwatch Brighton & Hove), Joanna Martindale (Community & Voluntary Sector Representative), Tom Lambert (Community & Voluntary Sector Representative), Rob Persey (BHCC Executive Director Health & Adult Social Care) and Alistair Hill (Executive Director of Public Health), Georgia Clarke-Green for (Statutory Director of Children's Services)

**PART ONE**

**15 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**(a) Declarations of Substitutes**

- 15.1 Isabella Davis-Fernandez was present in substitution for Dr Jane Padmore, Chloe Rogers was present in substitution for Siobhan Melia and Andrew Jones was present in substitution for Lola Banjoko. Georgina Clarke-Green was present in substitution for Deb Austin. Will Tuckley (BHCC Interim Chief Executive sent his apologies.

**(b) Declarations of Interest**

- 15.2 Councillor Burden advised that he was employed by East Sussex County Council several of the reports appearing on that days agenda were cross-cutting and referred to partnership working. In consequence he considered that it was appropriate to declare this. He did not however have a pecuniary or prejudicial interest in any item appearing on that days agenda.
- 15.4 Councillor Hogan advised that she was declaring that as a consultant psychiatrist one of her roles was based in the Sussex Partnership NHS Trust. This was not a pecuniary or prejudicial interest but as three items on that days agenda involved discussion of mental health issues, she considered that it was appropriate to declare an interest.

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

- 15.5 There were no Part Two items and therefore the press and public were not excluded during consideration of any item of business on the agenda.
- 15.6 **RESOLVED** – That the press and public not be excluded from the meeting during consideration of any item of business on the agenda.

**(d) Webcasting of the meeting**

- 15.7 The Chair advised that the meeting was being webcast and would be capable of repeated future viewing.

**16 MINUTES**

**Minutes of meeting 18 July 2023**

- 16.1 It was noted that Lola Banjoko had been incorrectly recorded as present on behalf of Sussex Partnership NHS Foundation instead of NHS Sussex.
- 16.2 **RESOLVED** – Subject to the above amendment the minutes of the meeting of 18 July 2023 were agreed as a correct record.

**17 CHAIR'S COMMUNICATIONS**

- 17.1 The Chair delivered the following communications:

**“Strike Action by registered Social Workers in the Health and Adult Social Care Directorate**

- 17.2 You may be aware that the Councils registered Social Workers in the Health and Adult Social Care directorate who are members of Unison have balloted for strike action over the coming weeks. The Council has been notified that the 3 strike days are:
- 17.3 Today 7 November (you will have seen the demonstration as you walked into Hove Town Hall this afternoon) AND 14 and 15 December. The strike action is over a dispute in paying them a 12.5% Market Supplement in addition to their basic pay, in line with what is paid to Social Workers in our Families, Children and Learning Directorate, as an incentive to recruitment and retention. We absolutely value the challenging and complex work our social workers undertake each day, and are taking this action very seriously. We also know some of our staff across the Directorate are struggling to make ends meet during the cost-of-living crisis, and we're offering as much support as we can. Unfortunately, this cannot include awarding social workers in our adult social care service a 12.5% market supplement and we have made this clear in our negotiations with the union. We have put contingency measures in place to ensure there is cover for our essential services on strike days, and are in further negotiations with Unison regarding potential resolutions to the industrial action.
- 17.4 Councillor West referred to a public question which had been submitted in respect of this matter stating that the matter was worthy of discussion and requesting that the Chair agree that the question be put. The Chair, stated that the question had been

rejected as it had been submitted late, did not relate to the work of the Board which was a partnership including health and third sector partners and related to confidential discussions which were currently on-going between the council as an employer and its employees and could not be discussed or debated in public. In response to further questions, the Legal Adviser to the Board confirmed that this could not be considered in the public domain.

### **Referral from HOSC**

- 17.5 The Council's Health Overview & Scrutiny Committee (HOSC) recently received a report on mental health, outlining measures being taken across the health and care system to deal with the problem of people waiting for long periods in A&E after being detained by the police under a section 136, or because an acute mental health bed is not available for them. HOSC members were not satisfied that the measures being taken are sufficient to deal with these problems and referred the matter to the Health & Wellbeing Board. There wasn't time to prepare a report for this meeting, but I have asked officers to bring something to the next Board.

### **Government Consultation on Measures to Reduce Smoking**

- 17.6 The Government is currently running a consultation on measures to reduce smoking. I wanted to explore whether we could submit a Board response to this consultation and I asked officers to email round members with a draft submission compiled by the council's Public Health Team. Hopefully you've all seen the emails that were sent round and have had a chance to comment on the proposed submission. I'd like to ask members whether they are happy that this goes as a submission from Brighton & Hove Health & Wellbeing Board?"
- 17.7 In answer to questions regarding why it had not been possible to bring a report forward to the Board to enable it to approve a single response to be provided, the Director of Public Health explained that the timeframe for responses had been too short, all of the comments/observations received would be incorporated into the response which was sent.

## **18 CALLOVER**

- 18.1 All items appearing on the agenda were reserved for discussion.

## **19 FORMAL PUBLIC INVOLVEMENT**

- 19.1 There were no petitions or deputations. One written question had been received set out below including the Chair's response. It was noted and received in the questioner's absence.
- 19.2 Prior notification of a question had been received from Mr Daniel Harris:

### **Provision of Care to Cancer and Mental Health Homeless Applicants**

- 19.3 "I have had homeless cases where there has been a failure to adequately address the complex needs of very ill cancer and mental health homeless applicants in assessments

and reviews decisions, leaving vulnerable ill people to fend for themselves & homeless. I wonder how the Health and Wellbeing Board is working to ensure that comprehensive, medically-informed assessments are standard practice in homeless services, and beyond. Can you confirm whether experts in mental health and oncology are consulted in the evaluation processes for homeless individuals with similar severe medical conditions?”

### **Chair’s Response:**

Brighton & Hove City Council recognises its statutory responsibilities:

Under section 185 of the housing act to prevent homelessness;

- Under section 18 of the 2014 Care Act to support vulnerable adults with care and support needs
- Under the 1983 Mental Health Act section 117 regarding accommodation requirements following an inpatient admission
- Section 2b of the 2006 NHS Act to improve the health of people in the local area

Across our statutory health, care and housing assessment services we carry out regular practice audits to ensure we are consistently meeting our statutory responsibilities.

The City Council’s Health & Wellbeing Board is committed to improving services for the most vulnerable people in our local communities. We recognise that homelessness adversely impacts people’s health and people who are homeless often experience significant health inequalities. In 2019 the City Council carried out a formal Joint Strategic Needs Assessment on Multiple Compound Needs (MCN) in the City [Adults with MCN Final.pdf \(brighton-hove.gov.uk\)](#). MCNs is also known as multiple disadvantage and multiple complex needs. It refers to people who experience two or more of the following conditions of homelessness, mental health problems, substance use challenges, domestic violence and involvement with the criminal justice system. Our JSNA highlighted that people with entrenched MCNs have a 41-year life expectancy differential to the average person in the city. The JSNA assessment identified that the city had a good range of specialist services for people with MCNs and often went beyond its statutory requirements in providing services. But the biggest challenge we faced was improving the integration of services and ensuring there is consistent care coordination, across different support agencies, for people with MCNs. So people did not fall through gaps in service provision and received an holistic service.

The JSNA report coincided with the start of the Covid pandemic where the focus was on public health protection and included the ‘everyone in’ policy to protect people who were homeless. As a result of the JSNA report we made improving health and care outcomes for people with MCNs one of our five health & wellbeing strategy priority areas. In December last year we launched a new MCNs pilot service to test a new integrated care coordination approach through a multidisciplinary team of specialist social workers, housing and housing options, substance use, mental health and domestic violence workers. This programme is supported by the Government’s Changing Futures multiple disadvantage initiative and focuses on improving the integration of services to support better outcomes for people with MCNs in the city.

Examples of this work which respond to the question:

The role of Adult Social Care as the care coordination lead in the pilot service to improve the care coordination and access to statutory care and medical assessment.

Co-locating housing options workers and social workers in frontline settings like hospital discharge for homeless patients and in the city's homeless street outreach service, so people can receive joint assessments at the point of need.

As part of the MCN programme we have ensured that there is clinical oversight group of specialist homeless healthcare clinicians. This group is reviewing areas where we know people who are homeless experience health inequalities, this will include mental health and access to important physical health services like cancer screening and treatment. The group will be using the latest guidance from the National Institute for Health & Care Excellence (NICE) [Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE](#) to assess and improve access to engagement with health and social care and ensure care is coordinated across different services. In reference to the specific issue of cancer and access to oncology services for people who are homeless; within Brighton & Hove we have targeted lung health checks, peripatetic fibro-scanning for liver disease and the walk-in Liver Clinic on Grand Parade, all of which are aimed at the most vulnerable and deprived parts of our populations, particularly those who are homeless.

19.4 **RESOLVED** – That the question and response to I be noted and received.

## 20 FORMAL MEMBER INVOLVEMENT

20.1 There were no petitions, written questions, letters or notices of motion.

## 21 ITEMS REFERRED FROM COUNCIL

21.1 There were none.

## 22 SUSSEX HEALTH & CARE WINTER APPROACH 2023-24

22.1 The Board considered a joint report of the Managing Director NHS Sussex (Brighton and Hove) and the Executive Director Health and Adult Social Care, the purpose of which was to provide the Board with a summary of the Sussex System Winter Plan approach for 2023/24 and an update on progress to date.

22.2 The Executive Director, Adult Health and Social Care explained that the Sussex-wide winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the winter period to meet the needs of the local population. The winter planning period covers the period November 2023 to April 2024. The plan needed to ensure that the local systems remain resilient and were able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period. Health and care systems typically experience increased demand pressures during the winter months due to a number of factors including:

- Seasonal illnesses (e.g. flu, norovirus)
- Extreme weather (e.g. falls in icy conditions)

- Exacerbation of respiratory illnesses and a range of long-term conditions due to cooler weather
- Ongoing impact from the cost-of-living crisis affecting the most vulnerable in the local population to keep well.

- 22.3 The Deputy Executive Managing Director East Sussex, Brighton and Hove explained that Added pressures in 2023/24 would be in relation to Covid 19 and the need for the NHS to recover from previous waves of Covid, and from the impacts of industrial action, particularly in terms of addressing the backlog of elective procedures. Health and care systems had been planning systemically for winter surge pressures for a number of years, and typically a key part of this process was assessing how well the previous year's plans met demand, and using learning from this to inform the subsequent year's planning.
- 22.4 In answer to questions it was explained that currently no information had been provided by the World Health Organisation (WHO) regarding resistance to the current Covid variant.
- 22.5 Councillor West stated that this highlighted the need to address the wider impact and vulnerabilities within social care, particularly in relation to the current issues around pay. As a way forward this matter needed to be settled.
- 22.6 The Chair, re-iterated his earlier statement that this was the subject of on-going confidential negotiations and could not be discussed. The Executive Director confirmed that measures were in place to ensure that there was sufficient resilience notwithstanding any planned industrial action.
- 22.7 **RESOLVED** - That the Board notes the Sussex Health & Care system approach to winter planning 2023/24 as outlined in the paper and its accompanying appendix.

## 23 BRIGHTON AND HOVE ADULT AUTISM STRATEGY

- 23.1 The Board considered a report of the Executive Director, Health and Adult Social Care which set out the Brighton and Hove Adult Autism Strategy for 2023-2028 and associated action plan. This strategy had been developed through extensive engagement with the local community and been agreed by the Brighton and Hove Autism Partnership Board. The strategy focused on six key themes to improve the wellbeing of local autistic people, their unpaid carers and members of their support network.
- 23.2 Lorne Power presented the report accompanied by Ellis Thistle and Rachel Fricker who had provided input and were able to give their perspectives as autistic service users. The key points in the strategy based on the engagement work which had been carried out were highlighted, outcomes achieved to date and actions proposed to achieve the strategy outcomes in the longer term and next steps were outlined.



- 23.3 The Executive Director stated that he had learned a huge amount from Chairing the Board which had resulted in an Action Plan from Year 1, it represented a really positive piece of co-production.
- 23.4 The Chair and Deputy Chair welcomed the report and the positive results which had been achieved by collaboration, this approach definitely provided a robust basis for future work.
- 24.5 In answer to questions it was explained that one of the issues identified was that there could be a disconnect between support available for the intersect between children and adults. It was important to get that right and that was one area on which there would be a particular focus.
- 24.6 Councillor West also commended the report and the resulting strategy which represented an impressive and well considered piece of work.
- 23.7 **RESOLVED** - That the Board notes the Brighton and Hove Adult Autism Strategy 2023-2028 and accompanying action plan.

## **24 SUICIDE PREVENTION ACTION PLAN 2024 - 2026**

- 24.1 The Board considered a report of the Director of Public Health presenting the city's three-year suicide prevention action plan and the Sussex three-year suicide prevention strategy.
- 24.2 Every death by suicide had a devastating impact on families, friends and communities and locally there was a high level of need: the city had the highest suicide rate in the South East, and was a third higher than nationally. It was acknowledged that reducing suicide was everyone's business. Within the city a multi-agency suicide prevention steering group oversaw suicide prevention and had been instrumental in developing the new three-year local action plan. It aimed to reduce the risk of suicide, provide better support for people who self-harm and provide better support for those bereaved by suicide. This action plan was presented for approval by the Board.
- 24.3 Local partners also worked on suicide prevention at Sussex level where there are benefits to doing so and a new three-year Sussex suicide prevention strategy had been approved in September 2023 by the Sussex Mental Health, Learning Disability and Autism Programme Board. This strategy was also included for noting by the Board.
- 24.4 Councillor West welcomed the work that had been carried out commenting on the devastating impact this had on families and highlighted wider issues under the Boards remit and he hoped that could be taken forward. The Executive Director, Adult Health and Social Care concurred, stating however that this was a very sensitive area of work. It was therefore very important that great care was taken in addressing these issues.
- 24.5 Councillor Burden, whilst recognising the scale of the problem stated was pleased to note that there had been some progress towards prevention.

- 24.6 The Director of Public Health stated that one of the key messages had been the importance of training to recognise and address issues highlighted. Training would be rolled out across the city over the next few years.
- 24.7 Councillor Hogan stated that as a consultant psychiatrist one of her roles involved work with Sussex Partnership NHS Trust and in that capacity she was able to give reassurance that suicide prevention was actively being worked towards in partnership across the board.
- 24.8 Joanna Martindale stated that a grant application had been put forward by the voluntary sector for a significant sum in order to provide for voluntary sector staff and volunteers with focused training. It was hoped that this would be successful.
- 24.9- **RESOLVED** – (1) That the Board approves the three-year Brighton & Hove suicide prevention action plan 2024 – 2027; and
- (2) That the Board notes the three-year Sussex suicide prevention strategy 2024-2027.

## **25 JOINT HEALTH & WELLBEING STRATEGY - AGEING WELL - UPDATE**

- 24.1 The Board considered a report of the Director of Public Health providing a update in respect of the Ageing Well Strategy within the Joint Health and Wellbeing Strategy.
- 24.2 Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment (JSNA). The current Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019 with the vision that 'Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life'. In order to deliver that ambition, the strategy had identified a number of outcomes for local people that were reflected under four key areas or themes in the Strategy known as the 'Wells': starting well, living well, ageing well, and dying well. The Health and Wellbeing Board has chosen to receive updates on a specific strategy theme at each Board meeting. This will enable the Board to receive a rich picture of health and social care activity in Brighton & Hove relating to the specific 'Well'. This update report related to Ageing Well.
- 24.3 Following an overview and summary, the Public Health Programme Manager Ageing Well/Dying Well, David Brindley gave a power point presentation picking out headline points. He was joined by Maxine Thomas Head of Adult and Older People's Services at Impact Initiatives and Heba Jackson Trust wide Falls Lead, Sussex Community NHS Foundation who were on hand to respond to Member questions.
- 24.4 Councillor West welcomed this strategy which was comprehensive and sought to encompass different strategies and approaches to this work and the fact that service delivery was designed to help people to be independent. He was struck by the impact of isolation and considered that the measures proposed to address that were valuable and welcome.

- 24.5 Details were provided regarding how matters had been managed during the pandemic and overall, the strategy had adapted well, the aim had been to reach as many people as possible and there had been a particular focus on the importance of good nutrition.
- 24.6 Councillor Galvin stated that having worked in social care for many years it was important to continue to consolidate this work and to ensure that help was provided to people from across the socio-economic range.
- 24.7 It was confirmed that work had been undertaken across to integrate work of care teams across the city and future work would build on the connections which were now in place.
- 24.8 **RESOLVED** - That the Board notes the current status of the Joint Health and Wellbeing Strategy outcome measures and activity relating to Ageing Well.

**26 ITEMS TO BE REFERRED TO COUNCIL**

- 26.1 There were none.

The meeting concluded at 6.15pm

Signed

Chair

Dated this

day of





*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.*

**Title:**

Shared Delivery Plan

**Date of Meeting:**

5 March 2024

Report of: Executive  
Director, Health & Adult  
Social Care; Managing  
Director, NHS Sussex  
(Brighton & Hove)

Contact: Chas Walker

Tel: 01273

**Email:**

[Chas.walker@brighton-hove.gov.uk](mailto:Chas.walker@brighton-hove.gov.uk)

Wards Affected: All

**FOR GENERAL RELEASE**

**Executive Summary**

This paper provides the Health & Wellbeing Board with a 12-month progress report on the delivery of our Place-based Shared Delivery Plan objectives that support both the Sussex Integrated Care Strategy and the Brighton & Hove Health & Wellbeing Strategy. The objectives support our five population health priorities of multiple compound needs, mental health, children & young people, cancer and long-term conditions. The report also covers our health inequalities work linked to the national Core20Plus5 programme and our local work to develop the Sussex Integrated Care strategy long term objective for Integrated Community Teams

## 1. Decisions, recommendations and any options

- 1.1 The Health & Wellbeing Board are asked to consider the report for the purpose of information and assurance on progress on delivering our Place-based health and care strategy objectives.

## 2. Relevant information.

2.1 The Integrated Care System is a partnership that brings together NHS organisations, local authorities and community sector partners to take collective responsibility for planning services, improving health and reducing health inequalities across a geographical area. Brighton & Hove is part of the Sussex Integrated Care System. Integrated Care Systems were established through the 2022 Health & Care Act and replaced previous Clinical Commissioning Groups. Each Integrated Care System is legally required to have an Integrated Care Partnership and that partnership is required to set an Integrated Care Strategy. Our Integrated Care Partnership is led by the Sussex Health & Care Assembly who in March 23 agreed the Sussex Integrated Care Strategy [Improving Lives Together](#). The Shared Delivery Plan sets out how the Integrated Care Strategy will be delivered over the next five years. Brighton & Hove is one of three Place-based partnerships, along with East & West Sussex, that make up the Integrated Care System in Sussex. The Brighton & Hove Health & Wellbeing Board provides the formal governance of our Place based health & care system and is responsible for setting the city's health & wellbeing strategy. Along with the equivalent strategies in East & West Sussex these form part of the overall Integrated Care Strategy.

2.2 Our Shared Delivery Plan supports our five priority areas set out in our health & wellbeing strategy- Children & Young People, Mental Health, Multiple Long-Term Conditions, Cancer and Multiple Compound Needs. In March 2023 the Health & Wellbeing Board agreed a set of actions for 2023-24 that would support us to deliver on these five priority areas. Set out below is a summary of progress over the past 12 months on our agreed Shared Delivery Plan objectives. Appended to this report is a more detailed table showing RAG ratings and commentary against each objective.

2.3 The Shared Delivery Plan has been well supported by all system partners over the year. But it is important to acknowledge that the external environment, with the increasing pressures felt by all system partners through escalating levels of presenting need across the system and significant financial challenges are likely to impact the scale and pace of the programmes.

2.4 **Integrated Community Teams Frontrunner (people with Multiple Compound Needs Transformation Programme)** People with Multiple Compound Needs describes people who experience three out of five of the following conditions- homelessness, mental health, substance dependency, criminal justice history, experience of domestic violence. People who have prolonged period of experiencing multiple & compounding needs on average

have a 34-year life expectancy difference to the average person. Our transformation programme aims to improve life expectancy for these people and is built on the recommendations from the [2020 MCN Joint Strategic Needs Assessment](#)

- 2.5 The detail and progress on the Shared Delivery Plan objectives are set out in the appended table. The current RAG rating for the three objective areas are all green noting timescales have been extended in line with the extended delivery period of our multidisciplinary team pilot service.
- 2.6 The multiple compound need transformation programme is centred around a multidisciplinary pilot service. The team provide an intensive care coordination service to 50-60 of the most vulnerable and marginalised adults in our city. The service went live at the start of 2023, early outcomes and feedback from system partners is very encouraging. At the start of February an external evaluation partner started working with the team and over the next nine months they will evaluate the impact, outcomes and wider cost benefit analysis of the pilot service. Their evaluation report will be considered by the new Multiple Compound Needs Integration & Oversight Board along with proposals for better and further integration of services to support transformation of services for people with multiple compound needs. The programme is being co-produced with lived experience through the work of Common Ambition Group.
- 2.7 **Mental Health-** Our Shared Delivery Plan objectives are based on the recommendations from our recently published mental health JSNA [Mental health and wellbeing in Brighton & Hove JSNA report and summary \(brighton-hove.gov.uk\)](#). Overall, 1 in 4 adults in the city identify with having common mental health problems such as anxiety and depression compared to 1 in 5 nationally. Rates of people with severe mental illness such as schizophrenia or bi-polar disorder are a third higher than in England. The city has the highest suicide rate in the Southeast with rates over a third higher than nationally. The city's suicide prevention action plan and the Sussex suicide prevention strategy went to the city's Health & Wellbeing Board in November 2023. The action plan was agreed and the strategy was noted. [BH suicide prevention strategy](#)
- 2.8 The detail and progress on the Shared Delivery Plan objectives are set out in the appended table. Three of the four objectives are RAG rated green and one is amber as agreed performance targets haven't yet been met, but there are comprehensive plans to support programme development.
- 2.9 The mental health Shared Delivery Plan Objectives is being driven through the Sussex community mental health transformation programme. The principles of the programme support equal participation and decision making by all stakeholders. A multi-agency delivery group provides the overarching mechanism to ensure co-production which includes people with lived experience. The development of integrated emotional wellbeing teams is the foundation for transformation of mental health in the city. These multi-agency teams staffed by NHS clinicians and voluntary sector support workers are now established in 4 of the 6 Primary Care Networks in the city. They provide an opportunity for general

practice to have quicker access for their patients to the most appropriate support whether that be a clinical intervention or support with broader aspects of someone's life such as employment which may be having an impact on their mental health. There is significant learning from this programme, and important alignment, that will help inform the development of the Integrated Care Teams.

**2.10 Health Inequalities-** our Shared Delivery Plan objectives support the national [NHS England Core20PLUS5 \(adults\)](#) Our Place based response to the initiative enables a targeted approach to reducing health inequality across the 5 clinical priorities: hypertension, chronic respiratory disease, serious mental illness, cancer (early diagnosis) and maternity (continuity of care) and the Plus 5 Group-carers: children & young people, globally displaced communities and LGBTQ+. Public Health and NHS partners work closely with the Voluntary Community Sector to identify and put in place targeted hyper local responses aimed at tackling health inequalities across the city including 20% of our most deprived areas, and our identified Plus Groups. This includes working with “community connectors” who can influence their community, help engage local people with health services. They offer unique insight into the barriers people living in their communities’ face, connectors are ideally placed to advise local NHS services on how these can be overcome and what makes a good service. The HIV opt out testing project in Royal Sussex County Hospital A&E is at the halfway point of its 3-year programme. Since its launch in April 2022 over 40,000 people have been tested for HIV. On March 6<sup>th</sup>, 2023, the pathway was expanded to include Hepatitis C, over 16,000 people have received a test. The next planned phase of expansion is to include Hepatitis B testing from Jan 2024.

**2.11** The detail and progress on the Shared Delivery Plan objectives are set out in the appended table. The current RAG rating for the two objective areas is green. The non-recurrent funding for voluntary sector health inequalities schemes came to an end in March 24. The evaluation and learning from these schemes will inform the development of the new Integrated Community Teams and the focus these new teams will have on health inequalities. Appended to this report is an interim evaluation report for our Community Health Inequality Partnership Programme.

**2.12 Children & Young People:** Our Shared Delivery Plan objectives focus on the young people's emotional wellbeing, as a city rates of self-harm in those aged 10 to 24 are almost 50% higher than in the rest of England and are increasing. Our work to improve children & young people's emotional wellbeing is being driven through the Sussex [Foundations-for-our-Future](#) mental health & emotional wellbeing strategy. The strategy has four key areas- prevention, early help & access to support, specialist & timely support to meet high & complex needs and support for life transitions. At Place the strategy is supported through a local action plan which delivers on our Shared Delivery Plan Objectives. Our local emotional wellbeing offer is delivered through the children & young people element of the city's All Ages Wellbeing service, a partnership between the NHS, voluntary sector and the Councils schools wellbeing services. These services work closely with Primary Care and the NHS Community Adolescent Mental Health Service. Our local action plan is supporting further integration and



development of the single point of access and associated pathways into and through our local emotional wellbeing and mental health services.

- 2.13 The detail and progress on the Shared Delivery Plan objectives are set out in the appended table. The current RAG rating for this objective area is green noting there has been some slippage in timescales and refocusing of objectives to match latest budget positions
- 2.14 **Cancer:** for cancer screening coverage and early diagnosis of cancer at stages 1 & 2 we are below the national average for the city. Our Shared Delivery Plan objective is focused on improving screening and early diagnosis of cancer with a strong focus on specific health inequality population groups. Over the past 12 months there has been a focus on improving early diagnosis for cervical, ovarian, colon, renal and liver cancers. Our Act on Cancer Together partnership has focused on ensuring information on cancer, signs and symptoms, is accessible across our communities and supports the uptake of cancer screening. We have also run a targeted lung check programme aimed at specific communities including our homeless community.
- 2.15 The detail and progress on the Shared Delivery Plan objectives are set out in the appended table. The current RAG rating for this objective area is green.
- 2.16 **Long term conditions:** our focus over the past 12 months has been on Cardiovascular (heart disease) and Hypertension (high blood pressure) with a specific focus on health inequalities for those that experience these conditions. Example is the work across our Community Health Inequalities Partnership where we targeted 16 GP practices, across our 20% most deprived communities, and ran a number of public health engagement events called 'Know Your Numbers' events to raise public awareness of hypertension, as well as a project supporting the B&H practices with the lowest proportions of their hypertensive patients treated to target in 23/24. This service delivery will contribute to achievement of the NHS England Target of 77% of people with hypertension treated to target.
- 2.17 The detail and progress on the Shared Delivery Plan objectives are set out in the appended table. The current RAG rating for this objective area is amber as we haven't progressed the developing a Brighton & Hove Cardiovascular Disease Reduction action plan. This action will be carried forward to 2024/25
- 2.18 **Integrated Community Teams:** is one of the three long-term improvement priorities of the Sussex Integrated Care Strategy. Over the next five years we will be integrating health, social care, and health-related services across local communities in a way that best meets the needs of the local population, improves quality, and reduces inequalities. Over the past 12 months we have continued to develop and deliver our community frontrunner programme for people with multiple compound needs. We have defined our neighbourhood footprint for integrated community teams across the city (East, West, Central, North). We have developed data packs for each neighbourhood area and we have started to collect local insight through engaging with our health forums and local health &

care professionals. Over the next 12 months we will work with colleagues across Sussex to define the core offer for integrated community teams. This will also include agreeing our core and local footprint offer for each of our neighbourhood areas. Through our Community Oversight Board we will establish our integrated community teams local implementation plan.

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

Legal:

- 3.1 Integrated Care Systems were established through the 2022 Health & Care Act and replaced previous Clinical Commissioning Groups. Each Integrated Care System is legally required to have an Integrated Care Partnership and that partnership is required to set an Integrated Care Strategy. The Health & Wellbeing Board are asked to consider the report for the purpose of information and assurance on progress on delivering health and care strategy objectives in the city against the priorities described.

Lawyer consulted: Natasha Watson

Date: 26 February 2024

Finance:

- 3.2 The Sussex Integrated Care Strategy and Shared Delivery Plan provides the integrated care system with a flexible framework which builds on existing system and place strategies and plans, including Joint Health and Wellbeing Board Strategies. The Shared Delivery plan outlines the measures to be taken to deliver the Strategy's system and place priorities for the short and long-term.
- 3.3 This informs budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Finance Officer consulted: Sophie Warburton

Date: 16/02/2024

Equalities:

- 3.4 As detailed in section 2.10 Our Shared Delivery Plan objectives support the NHS Core20PLUS5 national health inequalities programme. At the meeting there will also be a short presentation on our Community Health Inequalities

Programme that has be one of key delivery approaches to meeting the aims of Core20PLUS5.

Sustainability:

3.5 There are no sustainability implications with this report

3.6 Health, social care, children's services and public health:  
Covered in the main body if the report

## Supporting documents and information

**Appendix1:** Brighton & Hove Community Health Inequalities Partnership interim evaluation report

**Appendix 2:** Brighton & Hove Shared Delivery Plan Objectives performance table



Brighton &amp; Hove Shared Delivery Plan Objective Performance Table

Place	Deliverable	Measure of Success	Timeframe	RAG Status	Narrative
B&H Place	<b>MCN Integrated Community Teams frontrunner:</b> Through our multi-disciplinary team pilot we will trial and develop a new integrated model of care and support for people with multiple compound needs and their carers. This will be supported by a clear set of programme objectives, a compact agreement between system partners and an independent evaluation of our pilot project	We will develop a clear set of programme objectives that supports our aim of increasing life expectancy for people with multiple compound needs.	Mar-24		April 2023 our Health & Care Partnership Executive Board agreed a Multiple Compound Needs Programme Delivery Plan which had 7 specific work streams- Multidisciplinary Pilot Project, partnership & governance, data & information sharing, health inequalities, workforce development, co-production and prevention. The delivery plan is supported by an MCN Steering Group and is overseen by MCN Integration & Oversight Board
		We will establish a compact agreement, across system partners that supports a new integrated model of care and support.	Mar-24		In January 2024 we established the Multiple Compound Needs Oversight & Integration Board which is made up of Executive leadership from each of the key partners. The Board agreed the principles for the a Compact Agreement with the aim this will be finalised and signed off in the spring of 2024
		We will get an independent evaluation of our pilot project to inform future service design and commissioning	Dec-24		We have selected an external partner Imogen Blood Associates in partnership with the University of York. They will start working with our pilot project this month and provide a final evaluation report in December 24
B&H Place	<b>Health inequalities:</b> We will build on the work with Public Health to reduce the spread of blood borne viruses. We will deliver the aims of our current commissioned health inequalities services working with the local population, VCSE and our providers to respond to known areas of health inequalities.	We will improve experience, access, and outcomes for the most disadvantaged communities in Brighton and Hove.	Mar-24		Through NHS Health Inequalities funding linked to the national CORE20Plus5 programme. 7 VCSE schemes were funded over 23/24. Each scheme has been successfully delivered and the learning and evaluation of each programme is being completed and will inform our local ICT development
		We will build on HIV ED opt- out testing and commence the opt-out blood borne testing.	Mar-24		ED Opt out testing at Royal Sussex County Hospital now business as usual
B&H Place	<b>Children and young people (CYP):</b> We will implement Year One emotional wellbeing action plan priorities for the Foundations for Our Future Placebased Plan. This will include a new emotional wellbeing pathway for CYP	We will improve the support and interventions for children and young people who are neurodiverse and for children and young people with mental health needs and their carers.	Mar-24		Foundations for our Future Strategy being rolled out across Sussex with a local B&H Action Plan which was updated in Jan 24 and is supporting- integrated working across all ages wellbeing service, schools wellbeing service & CAMHS, development of single point of access and MAMHET triage service. improvement in communication for parents & carers. CYP input into our local suicide prevention plan.
B&H Place	<b>Mental health:</b> We will implement the recommendations of the 2022 Mental Health and Wellbeing JSNA ensuring that progress is made across all seven delivery areas - extend and expand the range of emotional wellbeing services to Primary Care Networks, physical health checks for people with severe mental illness, develop suicide and self-harm prevention action plan.	Increase access to community mental health services.	Mar-24		Community mental Health Transformation Programme being rolled out across Sussex, good progress has been made in establishing integrated mental health support across most PCNs in the city.
		Reduce demand on acute and crisis care.	Mar-24		There are 5 high impact objectives agreed as part of the Mental Helth Urgent & Emergency Care Programme. These are being implemented, but within acute mental health system under considerable pressure
		Increase the number of people on severe mental illness registers	Mar-24		Rolling 12 month target was to undertake 1,969 health checks of people on the SMI register. Current performance is 1,355. A task and finish group is working on an action plan to improve performance
		Develop a suicide and self harm prevention action plan	Mar-24		Action plan has been developed, been presented across the system and is being rolled out

B	Complete / Fully Delivered
G	On Track
A	Amber - Off track. Full resolution plan identified.
R	Red - Off track. Full resolution plan not identified.
W	White - Not started

B&H Place	<b>Cancer:</b> We will build on the work with Public Health, the local population, VCSE and our providers to help to detect cancer at an early stage through promoting uptake of screening programmes, including expanding the targeted lung health checks programme, Faecal Immunochemical Test (FIT) testing and continuing the fibro scanning outreach service (to check for liver inflammation). The programme will ensure it responds to known areas of health inequalities.	Increased screening rates including in areas of deprivation and communities, including BAME communities, people experiencing homelessness, Trans people and people with learning disabilities.	Mar-24		<b>Cancer screening</b> <ul style="list-style-type: none"> <li>•Act Together on Cancer are continuing promotion especially for Cervical Screening during the January awareness week. They are also developing the co-produced videos after undertaking a gap analysis for B&amp;H.</li> <li>•Whole life screening timelines are now available in multiple languages and are inclusive of all genders eg using 'people with a cervix' instead of 'women'</li> <li>•B&amp;H Public Health are investigating some screening uptake anomalies within the nationally published data regarding deprivation in B&amp;H.</li> <li>•Ovarian and renal cancer early diagnosis project commenced in January to increase the numbers found at stage 1 and 2 and we are preparing for the March awareness month.</li> <li>•The Brighton and Hove GP Federation is opening its cervical screening Hub to deliver out of hours access.</li> <li>•High Risk Liver Surveillance has found its first cancers amongst the target group.</li> <li>•Increased Bowel cancer testing is impacting on the number of colonoscopies and hospital referrals but a lack of national data due to IT problems is delaying a full impact and activity assessment.</li> </ul> <b>Targeted Lung Health Checks</b> <ul style="list-style-type: none"> <li>•Completing Crawley and B&amp;H programmes in Feb 24</li> <li>•Held drop in sessions for homeless populations in B&amp;H in Dec 23</li> <li>•76% of lung cancers now being identified at early stage</li> </ul> <b>Teledermatology for Urgent Suspected Skin Cancer</b> <ul style="list-style-type: none"> <li>•UHSx pilot continuing until April 2024</li> <li>•72% of patients managed virtually, avoiding hospital visit</li> <li>•B&amp;H suspected skin cancer pathway development underway for 24/25</li> </ul>
B&H Place	<b>Multiple long-term conditions:</b> We will develop our cardiovascular disease reduction priorities in Brighton and Hove including hypertension case finding and treatment, and the restoration of the NHS health checks programme with health inequalities lens.	The cardiovascular disease reduction action plan will be developed and monitored at Brighton and Hove Community Oversight Group.	Mar-24		B&H Cardiovascular disease reduction plan still in development
B&H Place	<b>Hospital discharge:</b> We will develop our integrated model, implement the 2023/24 hospital discharge transformation plan, and deliver the improvements aligned with the discharge frontrunner programme. Our Place-based discharge transformation work will happen to ensure efficiency within current processes.	This will enable us to ensure people who no longer need acute inpatient care can go home or to a community setting to continue recovery with appropriate support for any unpaid family/friend carers who help that patient.	Mar-24		<b>Brighton &amp; Hove Discharge Transformation Programme</b> <p>This is in line with the recommendations from the system's externally commissioned report by Professor John Bolton that we shift from bedded to non-bedded care, learning from 23/24, and the need to be assured on Value For Money and efficiencies to inform 24/25 - this is an ask for the system leaders.</p> <p>Below are some key highlights shown below including impact/outcomes:</p> <ol style="list-style-type: none"> <li>1. 24/25 Discharge Monies – working collaboratively to increase discharge to assess reablement (D2AR) Home First capacity, specialist beds and reablement ensuring alignment with John Bolton recommendations</li> <li>(a) Reduction of pathway 2 beds by 30% – MRDs haven't necessarily increased due to work in Home First providing assurance of pathways</li> <li>(b) Flexible solutions (integration) for delirium and dementia (Partridge House beds)</li> <li>(c) Wider bed planning for complex discharge pathway 3 D2AR model – for those patients above BHCC scope but below AACCC (CHC) scope</li> <li>(d) Independence at Home (I@H) transformation – working collaboratively to sit alongside Home First, take Trusted referrals, and provide therapy oversight</li> <li>(e) Increase in reablement beds/therapy access – incl. location (base) for I@H with therapeutic access (Cravenvale beds)</li> <li>2. Transfer of care hub (ToCH) – co-location started (RSCH Trust HQ board room) and ToCH Lead (RSCH/PRH) appointed and to start 18 March 2024</li> <li>3. Long length of stay (LLOS) 21+ day senior reviews (RSCH/PRH) - reduction in 30% of patients delayed/delay days since starting new process</li> <li>4. Increased BHCC social work capacity in Home First – remove blockers for assessment delays</li> <li>5. New BHCC domiciliary care contract, and improvements to CMT sourcing – seeing good outcomes</li> <li>6. Same Day Discharge Team (APT) – approx. 1000 patients screened and 500 discharges since team started in June 2023 (approx. 50% of patients who are screened are discharged)</li> <li>7. Carer Link Workers (based in RSCH ToCH) – 4x increase in referrals from increased variety of staffing groups to the B&amp;H Carer's Centre</li> </ol>



# Communities Health Inequalities Programme



- A year-long, £300k project co-producing solutions to tackling health inequalities in Brighton and Hove. Using community development principles, CHIP creates partnerships with primary care and communities experiencing the greatest health inequalities.
- Over 50,000 people have been reached with information, 8,000 have attended events and 3,000 people have been referred to clinical or preventative activities. Key projects include blood pressure checks, NHS and lung health checks, digital inclusion, and health events.
- Aligned with the Integrated Care Board (ICB) priorities, CHIP is a conduit between health and community improving health literacy, access to healthcare, and informing system change. CHIP enables a Return on Investment (ROI) only achievable through the trusted community relations and reach.
- This slide deck represents the mid-term independent evaluation of the programme by Ottaway Strategic Management Ltd.





# Communities Health Inequalities Programme

## Independent Mid-Term Evaluation



### Introduction

This slide deck will:

- Outline the context for the Communities Health Inequalities Programme (CHIP).
- Identify CHIP's delivery themes, review its achievements and outputs, and highlight some example programmes.
- Establish the learning that has been gleaned from CHIP.
- Examine some of the challenges.
- Incorporate the perceptions of partners and residents.
- Address the core evaluation questions set in CHIP's Theory of Change Model.

### CHIP's Programme Board

- NHS Sussex Integrated Care Board
  - Head of Health, Wellbeing, Partnerships & Integration – Brighton and Hove
  - Health Inequalities Involvement Lead
  - Head of Public Involvement
- Brighton and Hove City Council
  - Head Communities, Equality & Third Sector Team
  - Public Health Principal
- Joint Programme Director Integrated Service Transformation
- Trust for Developing Communities
- Ottaway Strategic Management Ltd



# What is the Community Health Inequality Programme?



- The Community Health Inequality Programme (CHIP) pilot is running April 2023 to March 2024.
- £300k programme aiming to establish the extent to which a community development approach can support and inform the health sector in addressing health inequalities in the city.
- CHIP's work reflects the Integrated Care Board's (ICB's) pillars for integrated care:
  - Making changes to the health system by using evidence and working with communities;
  - Tackling health inequalities;
  - Integrating health and care services at local level and enabling seamless experience; and
  - Creating appropriate and accessible care for communities.
- CHIP provides additionality for the city's third sector commission and the Healthy Neighbourhood Fund.



# The Context, Rationale and Objectives of CHIP



## Context

The NHS, Office for Health Improvement and Disparities (OHID), ICB, Public Health, Primary Care Networks (PCNs) and key local partners have recognised the need to:

- Utilise community development and engagement activities.
- Increase access to health and wellbeing provision.
- Reduce health inequalities in the most deprived neighbourhoods, including PLUS groups LGBTQ+ and Black and Minority Ethnic (BME).
- Tailor and coproduce initiatives.

This will build on existing work in communities working alongside PCNs to build capacity in communities.

## Rationale

Given the social and economic cost of health and wellbeing care, there is a need to co-design a community focus programme to reduce barriers to and increase residents' confidence and uptake in health and wellbeing services.

## Priorities

- Neighbourhoods with high levels of deprivation.
- LGBTQ+ communities.
- Ethnically diverse communities.

## Indicators of health inequalities

Project selected Core20PLUS5 indicators of health inequality including:

- Hypertension
- Early cancer diagnosis
- Chronic respiratory disease
- Maternity
- Severe mental illness
- Smoking cessation

## Objectives

- Build on existing **local community development** activity & insight.
- Support people to **access** local health services & information.
- Make sure partners are **working together** to find solutions to local issues.
- Link community activity to **Primary Care Network** priorities.
- Make sure the **community voice** is fed back into health services & systems, with recommendations for improvement.





# CHIP's Delivery Themes and Activity



## CHIP's delivery themes

- Community co-production and design
- Community health engagement
- Health interventions
- System change & systemic approaches

CHIP is working with the core 20PLUS5 most deprived areas in the city and is focusing its activities on those with the greatest health inequalities. It is working with the city's LGBTQ+ communities and Ethnically Diverse/Black and Racially Minoritised communities.



## Community co-production and design

- Outreach to the community to establish priorities.
- Outreach to Primary Care Networks (PCNs)/GP Surgeries for priorities.

## Community health engagement

- Leaflet drops, social media, posters, newsletters.
- Doorstep engagement.
- Workshops.
- Health events .

## Health interventions

- Blood Pressure (BP) monitoring, health checks, screening activity, monitoring activity.
- Referrals to Primary Care.
- Lifestyle health interventions, health support activity.
- Targeted community activity, aging well, smoking cessation etc.

## System change & systemic approaches

- Policy review.
- Service reorientation.
- Reprioritisation of interventions.





Achievements and Outputs April to November 2023

CHIP

Table of achievements and outputs enabled by CHIP and partners during initial 7 months, including reach, engagement of local people, checks/screens provision and onward referrals.

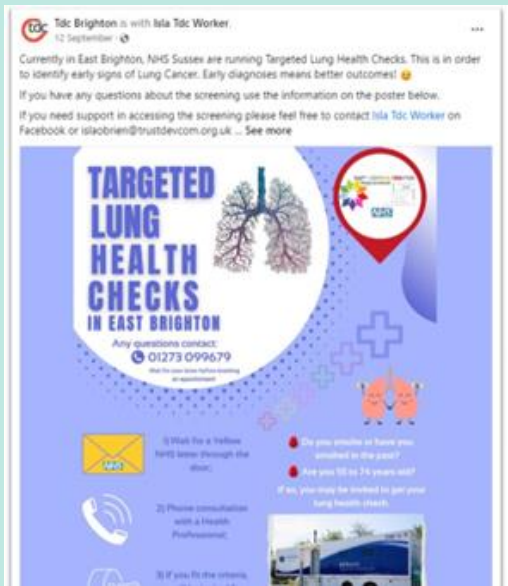
Interventions	Online reach	Flyer reach	Event attendees	Checks/screens	Clinical referrals	Prevent referrals
Blood Pressure	16,605	3,290	807	286	75	253
Health checks	15,768	110	1,110	198	74	141
Digital inclusion	3,170	1,100	1,556	286	93 **	182
Lung checks	17,998	2,100	1,041	-	69	57
Health events*	57,027	34,440	3,702	-	676	1,535
Total	53,541	34,440	8,216	770	987	2,168

\* This total captures health event numbers but includes many of the numbers above. \*\* This supported access to provision digitally.





# Current CHIP project examples:



## Targeted Lung Checks

**Aim:** Maximising engagement from communities most at risk.

**Action:** Community flyer - online and offline.

**Outcome:**

- 18,000 engaged online
- 2,000 engaged via leaflets
- 1,000 at events
- 70 directly signposted to a clinician
- 49% were high risk patients
- 60 signposted to community support or self-help.



## Digital Inclusion

**Aim:** Increase NHS App use.

**Action:** Events to support NHS App use including 1-to-1 support to register and use.

**Outcome:**

- 3,000 engaged online
- 1,000 engaged via leaflets
- 1,500 at events
- 300 with 1-to-1 support
- 100 signposted to clinicians
- 200 signposted to community support or self-help.



## Blood Pressure (BP) Checks

**Aim:** Prevent/identify and treat Hypertension.

**Action:** Outreach BP checks as part of Know Your Numbers week.

**Outcome:**

- 16,500 engaged online
- 3,000 engaged via leaflets
- 800 at events
- 300 checked
- 75 signposted to clinician
- 250 signposted to community support or self-help.

CHIP is currently running more than 50 projects.

# Current CHIP projects continued:



## Events & Workshops

**Aim:** Bring service providers to community-run clinics and workshops and raise awareness.

**Action:** General Health Events stalls, workshops and activities.

### Outcome:

- 56,000 engaged online
- 34,000 via leaflets
- 3,500 attendees
- 675 signposted to clinician
- 1,400 to community support and self-help.



## LGBTQ+ Switchboard Inclusion Training and Award

**Aim:** Bring LGBTQ+ inclusive practice to Primary Care.

**Action:** Training, Practice review, NHS England (NHSE) monitoring, strategic support and advice.

### Outcome:

- 200 Practice staff trained.
- 63% of those attending would make changes in their Practice.



## Black and Racially Minoritized ~ 15 grassroots grants including Bridging Change Wellbeing Sessions

**Aim:** Improve health literacy and confidence in accessing services

**Action:** Co-producing wellbeing sessions with clinicians, communities, schools and the Mosque.

### Outcome:

- 500 people reached.



# Learning and Challenges

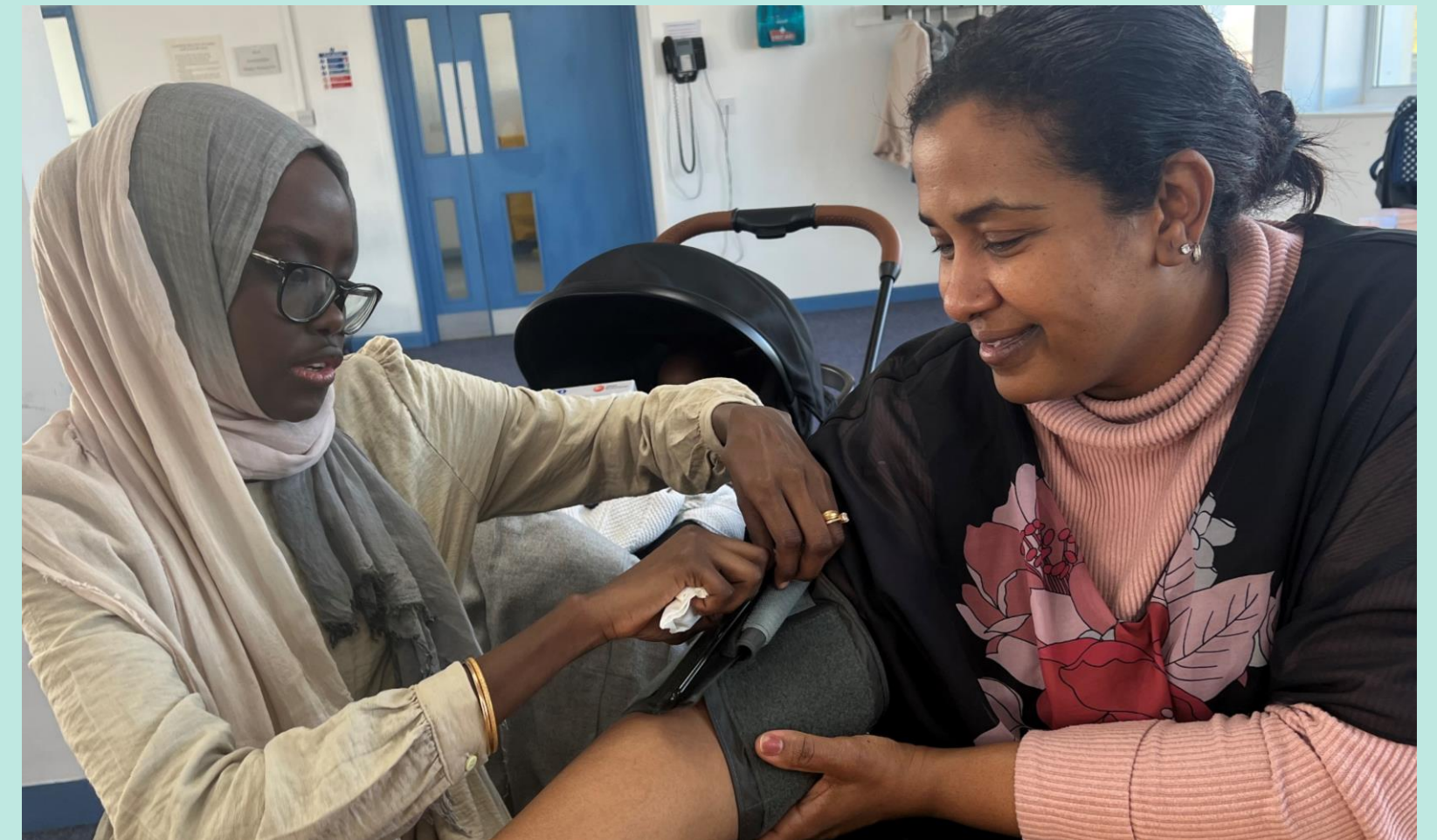
## Learning

- **Mobilisation:** Critically important to recognise the time it takes to mobilise programmes like CHIP.
- **Maximised outcomes:** Clear recognition that CHIP is not operating in isolation and will inevitably align to other programmes and local priorities to maximise all outcomes.
- **Community health fora:** Attendee expectations about broader health concerns and needs will come to health fora as issues that clinical staff can address.
- **Health literacy:** Helping increase health literacy both on an individual and community level.
- **Engagement:** Events are a strong way to bring communities and practitioners together. If developed properly, they are meaningful interfaces where good health engagement work can be done.
- **Effective community development:** Success in getting people to activities and events. A key value is the ability to contribute and collaborate with people through trust and familiarity.

## Challenges

**System capacity and pressures** have been the main challenges to CHIP.

**Measuring impact and monitoring** community development engagement outcomes is not straightforward.



# Partner and Resident Perceptions



## Partners

"The CHIP project is just the sort of 'pocket of marvellous' work that we want and need to see being scaled up and embedded, which is why robust evaluation is so important." - Nicky Saynor, OHID SouthEast

"The work you did this week will have impacted on reducing the risk of future heart and attacks and strokes in Brighton & Hove, a fantastic example of Place partnership working." - Lisa Douglas, NHS Sussex

"HKP definitely engaged with the local community and offered support to help improve their health and well-being." - Tory Lawrence, West Hove PCN

"We had a great uptake of over 45 people for blood pressure and blood glucose checks and associated education. We picked up 5 potential hypertensives and two people with high glucose readings, all were signposted to their GP." Being Well in West, Karen Cox, Sussex MSK Partnership

## Residents

"I have benefitted so much physically and mentally from the short time I have been attending." - Women's Wellbeing Group

"Thanks to the [EB Health] event I met a health trainer and am getting some really good advice on exercise" - Diabetes Group

"I had been stuck in bed for months and now through attending the class I'm starting to get movement back in my legs and arms." - Gym at Patching Lodge

"I'm going to give one of these to my niece, she's 30 and still hasn't had one! I keep telling her she needs to go!" - Tarner Family Hub Breast Screening

"You never think it's going to happen to you, but it does. I count myself lucky that I caught it early." - Whitehawk 50+ Group

"It is difficult to book something that I don't want to do in the first place." - Cervical Screening Patient



# Key findings: Why choose the Community Development approach to tackling health inequalities?

- **Established community relations:** Community Development Organisations (CDOs) like the Trust for Developing Communities (TDC), the Hangleton and Knoll Project (HKP), Switchboard and the ethnically-diverse Community and Voluntary Sector (CVS) are intrinsically part of their local communities, due to the relationships built over numerous years.
- **Trust and connection:** From the evidence available, CDOs are trusted by and in touch with their communities.
- **Reach:** CDOs' reach is great, and their involvement with their communities is extensive; going beyond health and wellbeing. CDOs are extremely well placed to reach those who simply would not normally access provision.
- **Promotional activity:** Promotion by CDOs is extensive and far beyond publicity in pure marketing terms. Activity and event promotion is facilitated and aligns people's needs with the health agenda and priorities; enabling collective mutual benefit.
- **Conduit between health and community:** CDOs understand and can interpret the priorities of the health sector and are thereby able to design community engagement that fits the health sector's agenda.
- **Quality Engagement:** Engagement in these situations isn't just about the number of people engaged, but also the quality of the engagement within settings that are familiar to local people.
- **Value:** CDOs can spark enthusiasm in their communities to maximise the value of health activities and events.
- **Outcomes:** CDOs are the conduit to accessing and bringing communities together with providers so that outcomes are real, relevant and valued.
- **Return on Investment (ROI):** CDOs enable a ROI which cannot be achieved without their established local relationships and ability to target those experiencing inequalities, to address people's needs in a meaningful way.

# Has CHIP answered its key evaluation questions?



## To what extent has CHIP been able to address health inequalities in targeted localities?

- All CHIP activity is being delivered in the city's areas of high deprivation; hence fitting into the Core 20 profile.
- CHIP meets the Integrated Care Board (ICB) pillars for integrated care.
- Meets patients in the city's +5 target cohorts.
- By accessing provision, early diagnosis and improvement to health and wellbeing, CHIP monitoring suggests that it has targeted those with the greatest health inequalities.

## Has a community development approach supported the health sector to achieve greater access to provision from key target audiences?

- The community development approach is central to the success by targeting access to provision for those who have least access.
- Community Development Organisations (CDOs) have extensive reach.
- CDOs are able to save the health sector resources going forward.

## What has been the value to the health sector in securing new participants into services?

- Increasing numbers of new patients.
- Early diagnosis and hence intervention resulting in likely cost savings.
- Focusing on shared local priorities make sense in prioritising resources.
- Reduced misuse of services due to increased knowledge/behaviour change.

## How has CHIP met its defined objectives?

- Strong project management.
- Experienced community development teams.
- Establishment of monitoring systems.
- Initial targets were general and through co-production can now be more focused.





# Contact details and further information



## For more information about CHIP:

Kaye Duerdoth, Trust for Developing Communities  
[kayeduerdoth@trustdevcom.org.uk](mailto:kayeduerdoth@trustdevcom.org.uk)

## Questions about the evaluation:

Brian Pote-Hunt, Ottaway Strategic Management  
[brian@ottawaystrategic.co.uk](mailto:brian@ottawaystrategic.co.uk)



39









*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to NHS Sussex, the Local Safeguarding Boards for Children and Adults and Healthwatch.*

Title:	Let's Get Moving Brighton & Hove Sport & Physical Activity Strategy
Date of Meeting:	05 March 2024
Report of:	Director of Public Health
Contact:	Verena Quin (Healthy Lifestyles Manager), Katie Cuming (Public Health Consultant)
Email:	<a href="mailto:Verena.quin@brighton-hove.gov.uk">Verena.quin@brighton-hove.gov.uk</a>
Wards Affected:	All
<b>FOR GENERAL RELEASE</b>	
<b>Executive Summary</b>	
<p>This report is seeking ratification from the Healthy and Wellbeing Board of “Let's Get Moving Brighton &amp; Hove (2024-2034)” – a new sport and physical activity strategy for Brighton &amp; Hove.</p> <p>The overall Vision is to make Brighton &amp; Hove a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be active for life.</p> <p>The purpose of the Strategy is to:</p> <ul style="list-style-type: none"> <li>▪ Focus resources and effort towards supporting communities who are identified as facing the most barriers to being active to have the greatest impact.</li> <li>▪ Support a coordinated approach to increasing physical activity, allowing a</li> </ul>	



wide range of partners to pool resources, collaborate and increase impact of local interventions.

- Raise awareness of the contribution of sport and physical activity can give to developing the health of local residents, addressing inequalities and improving social and economic outcomes in the city.

## Glossary of Terms

**Physical activity** refers to activities such as sport and fitness activities, cycling or walking for travel and leisure, creative or artistic dance and gardening that require higher energy expenditure.

**Sedentary behaviour:** Sedentary behaviour refers to certain activities in a reclining, seated, or lying position requiring very low energy expenditure. Common sedentary behaviours include TV viewing, video game playing, computer use (collective termed “screen time”), driving automobiles, and reading.

**Whole system approach:** A whole system approach involves applying systems thinking, methods and practice to better understand public health challenges and identify collective actions.

## 1. Decisions, recommendations and any options

- 1.1 That the Board approves the Sport & Physical Activity Strategy (Appendix 1).
- 1.2 That the board agrees to the Brighton & Hove City Council Public Health Team developing and maintaining a detailed action plan to implement the aims and objectives of this strategy in conjunction with relevant stakeholders; providing an annual report for review by the Health & Wellbeing Board throughout the Strategy’s term.

## 2. Relevant information

- 2.1 This paper follows a presentation made by Brighton & Hove Public Health to the Health & Wellbeing Board (in July 2023) that provided an overview of physical activity in the city, themes identified within the Let’s Talk Active for Life Consultation 2022 (see Appendix 2) and an outline framework for the developing Sport and Physical Activity Strategy.
- 2.2 Physical inactivity is associated with 1 in 6 deaths in the UK and various health conditions including cancer, diabetes, obesity and hypertension.

- 2.3 In Brighton & Hove a third (33%) of children are estimated to be 'less active' (Active Lives data) whilst 16% of adults are inactive and 62,900 adults not meeting recommended physical activity levels.
- 2.4 Research tells us that there are clear inequalities between populations who are meeting recommended physical activity levels and those who are not. In Brighton & Hove, over a quarter of adults in Whitehawk, Bevendean and Hangleton are inactive; representing the most deprived areas of the City. Other groups such as older adults, people with disabilities/ long term illnesses, women and girls, together with those from some Black and Racially Minoritised groups (Appendix 3). Therefore, delivery of our new strategy will prioritise communities and groups who are least active to create a fair and inclusive city and reduce health inequalities.
- 2.5 The approach set out in our new strategy makes an important contribution to delivering the goals of high-level local plans and strategies including:
- Brighton & Hove Joint Health and Wellbeing Strategy 2019-30
  - Sussex Health and Care Partnership Improving Lives Together
  - A better Brighton & Hove for all: Brighton & Hove City Council Plan 2023-27
- 2.6 The last Sport and Physical Activity Strategy in the city was for 2013-2018. Previous Strategies have tended to focus on 'sport' and 'physical activity'; whilst these are elements in the proposed Strategy, there is also a clear aspiration and focus on encouraging residents and visitors to 'move more' making activity feel informal, accessible and an easy choice for all.
- 2.7 Nationally the Strategy is underpinned by Sport England's 'Uniting the movement' which seeks to remove barriers to activity and address inequalities and the governments 'Get Active: A strategy for the future of sport and physical activity' (2023) which highlights the part activity can play in creating a healthier nation. Locally the Sport & Physical Activity Strategy aligns directly to the Corporate Plan, Joint Health & Wellbeing Strategy, whilst indirectly supporting other key priorities such as the City Downland Estate Plan, The Accessible City Strategy and Carbon Neutral agenda.
- 2.8 In May- July 2022, over 800 residents engaged in Let's Talk Active for Life answering questions about their attitudes to physical activity, opportunities they'd like to see in the City and any support they would want to become more active. Methods used to gain feedback included online surveys, pop-up events, stakeholder workshops and focus groups. Physical Activity Champions were also recruited to drive inspire and engage a wider audience. Key issues highlighted included: an ongoing impact of Covid-19 for some responders, the accessibility of local sport and exercise opportunities, the quality and availability of local sports and leisure facilities, in addition to an ambition to make the City safer for walking and cycling.

- 2.9 An update on the strategy engagement and development was provided to the Health and Wellbeing Board in July 2023 and discussions have informed this final version.
- 2.10 Our vision is for Brighton & Hove to be a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be healthy. To deliver our vision we want 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.
- 2.11 Recognising the complex influences on physical activity levels in the city, the Strategy adopts a whole system approach, and provides a framework through which to align initiatives undertaken across a broad range of stakeholders to best support people to lead more physically active lifestyles, to address local inequalities and to maximise the benefits of a more physically active population. The World Health Organisation's Global Action Plan on Physical Activity (2018-2030) 'More Active People for a Healthier World' provided a framework upon which to shape the City's Strategy with create 'Active Societies', 'Active Environments', 'Active People' and 'Active Systems' being central themes.
- 2.12 The Brighton & Hove Strategy is underpinned by five central areas of focus:
- i) Active Culture- To ensure that moving more for healthy living is a central part of the culture of Brighton & Hove for everyone.
  - ii) Active People- To develop opportunities that remove barriers and enable people to move more and remain active throughout their lives.
  - iii) Active Communities- To empower local communities to influence and develop opportunities that enable more people to lead active lifestyles in the city.
  - iv) Active Environments- To ensure facilities, parks, open spaces and built environments offer safe, accessible spaces that encourage people to be more active.
  - v) Active Systems- To improve knowledge, understanding and collaboration across the city to have the greatest impact on activity levels.
- 2.13 The Strategy has been used as an opportunity to educate readers about recommended activity guidelines, associated benefits and highlight existing initiatives within the city that encourage people to move more.
- 2.14 Within the Strategy there are 20 objectives alongside associated measures of success so that stakeholders and residents are clear about strategic drivers and impact.
- 2.15 The Strategy has brought numerous partners and stakeholders together across the Council, NHS, sports and physical activity providers and community and voluntary sector organisations. Going forward the Strategy will be delivered in partnership. A new multi-agency 'Strategic Partnership' will provide the leadership to drive forward and monitor the Strategy and its delivery; whilst underpinned by four subgroups. These groups will identify actions that align to



the Strategy and maximise impact and value for residents. The Let's Get Moving subgroups are:

- A Children & Young People's Alliance
- An Active Ageing Alliance
- An Active Environments Alliance
- A Sport and Physical Activity Provider Network

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

Legal:

- 3 The report sets out how the delivery of the new strategy will prioritise communities and groups who are least active to assist in addressing health inequalities.

Lawyer consulted: Natasha Watson

Date: 06/02/2024

Finance:

- 3.1 It should be noted that objectives within the Strategy are not underpinned by any existing financial support and that it's successful delivery will be centred on harnessing resources (e.g. applying for external funding) to support delivery and the strength of partnership working. The strategy will be coordinated by the Public Health team in the city council, which is funded by the ringfenced Public Health Grant.

Finance Officer consulted: Sophie Warburton

Date: 07/02/2024

Equalities:

- 3.2 The Strategy seeks to support and enable people to move more throughout their life course. The Strategy places a strategic focus on increasing physical activity participation across the whole population and to promote equity for groups who face the most barriers to leading an active lifestyle in the city. An equalities impact assessment (Appendix 4) did not identify any current negative impacts.
- 3.3 Throughout the term of the Strategy, local delivery groups should include, reflect and represent the needs of different communities in the city, particularly those are identified as less active. Equality impact assessments will be undertaken on initiatives developed in addition to periodic reviews to refresh action plans throughout the term of the strategy to monitor impact within these communities.

Sustainability:

- 3.4 'Let's Get Moving Brighton & Hove' cites the positive impact that moving more can have on the environment and champions activities such as the promotion of active travel and increased walking/ cycling.

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

- 3.5 The Strategy supports 'activity on prescription' and strengthening pathways between primary, secondary and community settings to facilitate sustained activity across the life-course. The intention is to 'make every contact count' creating a workforce across the city that will 'champion' moving more and have the knowledge and skills to inform and signpost individuals to relevant activities/ programmes.
- 3.6 There is a clear focus on creating positive experiences for children and young people, supporting an 'early start' and embedding a healthy lifestyle from a young age that is intended to mitigate against long-term health conditions ensuing in adulthood.

## **Supporting documents and information**

Appendix1: Let's Get Moving Brighton & Hove Sport & Physical Activity Strategy 2023-2033

Appendix 2: Equalities Impact Assessment Physical Activity Strategy EIA - HASC54

# Let's get *moving*...

## Brighton & Hove

Sport and Physical  
Activity Strategy

2024-2034

Draft



Brighton & Hove  
City Council

# Contents

Section 1: **Foreword**

Section 2: **Our vision**

Section 3: **Why moving more matters**

Section 4: **How much activity is recommended?**

Section 5: **How active are people in the city?**

Section 6: **Our priorities**

- Active Culture
- Active People
- Active Communities
- Active Environments
- Active System

Section 7: **Our approach**

Section 8: **Next steps and how you can get involved**

Appendix: **The wider context of physical activity and the city**

“There is no situation, no age, no condition, where exercise is not a good thing.”

Professor Chris Whitty,  
Chief Medical Officer 2020





# 1. Foreword

## Welcome to Let's Get Moving Brighton & Hove – a 10-year sport and physical activity strategy for Brighton & Hove.

In Brighton & Hove we are blessed with a unique opportunity to be active. A location that brings the sea and the South Downs to our doorsteps, a city where many people choose to walk, cycle and wheel actively around the city, and where a rich and diverse range of community sport, dance and leisure activities bring people together through movement. However for some people moving more can be challenging and some people told us that it can be difficult to identify and access opportunities within the City to be active.

Let's Get Moving Brighton & Hove started with a conversation with local people about leading an active lifestyle in the city. Drawing on what people told us; the Strategy sets out a framework for collective action by organisations and communities in the city to best support people in the city to enjoy the benefits of moving more.

It recognises how the experiences we have, the people around us, the activities and facilities in our communities, and the environments we live in, can all effect how active we are in our daily lives.



We want Brighton & Hove to be a place to live where everyone feels inspired, included and able to enjoy the benefits of moving more regardless of age, gender, race, ability, identity, background or circumstances and by doing so create a healthier, happier, and more sustainable future for our city.

By working together with our partners and communities in the city we want to make Brighton & Hove one of the most active cities in England – a place to live where people's lives are enriched through movement.

I look forward to working with you to make that happen.



**Cllr Bruno De Oliveira** -  
Chair of the Health & Wellbeing Board



There has never been a better time to be supporting people to enjoy the benefits of moving more. Being active is good for both our mental and physical health and reduces our risk of developing a number of health conditions.

People who exercise regularly have a lower risk of developing many long-term (chronic) conditions, such as heart disease, type 2 diabetes, stroke, and some cancers. Research shows that physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress, clinical depression, dementia and Alzheimer's disease.

Physical inactivity is associated with 1 in 6 deaths in the UK and we want to change this for people in Brighton & Hove. A focus on prevention of ill-health and how to manage conditions well is at the heart of our work, and physical activity is fundamental to that, alongside smoking cessation, weight management and supporting mental wellbeing.

We will work with partners to support the health professionals across the city to promote the benefits of physical activity, to encourage people to become and stay active, and to support the ambitions set out in this strategy.

Working with our partners and local communities we can help people enjoy positive experiences of being active from an early age, ensure that people can easily find information and support in their community that will help them move more, and help people to improve their health and wellbeing together.



**Lola Banjoko**, -  
Executive Managing Director  
(Brighton & Hove), NHS Sussex

As a strategic partner we are excited and have enjoyed the opportunity to contribute and help to shape Brighton & Hove's 10-year Let's Get Moving Strategy alongside other stakeholders across the city.

It is a challenging climate for local authorities and for many people in our community. The power of partnership working during times like these, is instrumental in driving forward key agendas.

We know that moving more isn't just good for our health, it can help us to feel happier, to develop our skills and confidence, it can bring people together from different backgrounds, and help us enjoy spending time with family, friends, and people in our community.

These are all principles that Active Sussex support and fully aligns to our own Getting Sussex Moving Strategy and our goal to address inequality and empower everyone to be active in a way that works for them.

We look forward to supporting the Let's Get Moving Partnership and making this Strategy a reality!

**Sadie Mason** -  
Chief Executive,  
Active Sussex





# 2: Our vision

Our Vision is for Brighton & Hove to be a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be healthy.

To deliver our vision we want 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.

Five key areas of focus have been identified which provide a framework for the journey to becoming a more active city.

- 

**1 Active Culture:**  
To ensure that moving more for healthy living is a central part of the culture of Brighton & Hove for everyone
- 

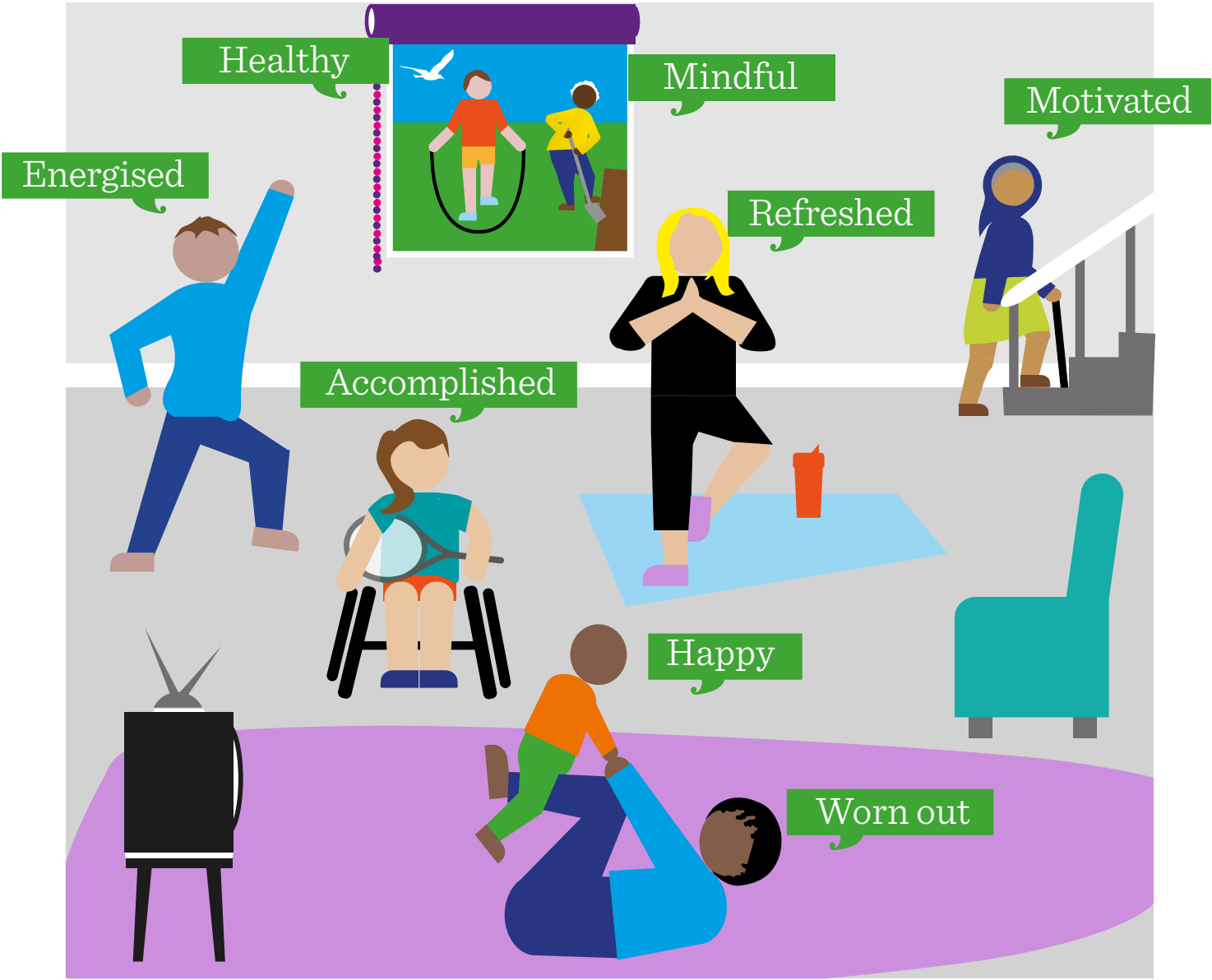
**2 Active People:**  
To develop opportunities that remove barriers and enable people to move more and remain active throughout their lives
- 

**3 Active Communities:**  
To empower local communities to influence and develop opportunities that enable more people to lead active lifestyles in the city
- 

**4 Active Environments:**  
To ensure facilities, parks, open spaces and built environments offer safe, accessible spaces that encourage people to be more active
- 

**5 Active System:**  
To improve knowledge, understanding and collaboration across the city to have the greatest impact on activity levels

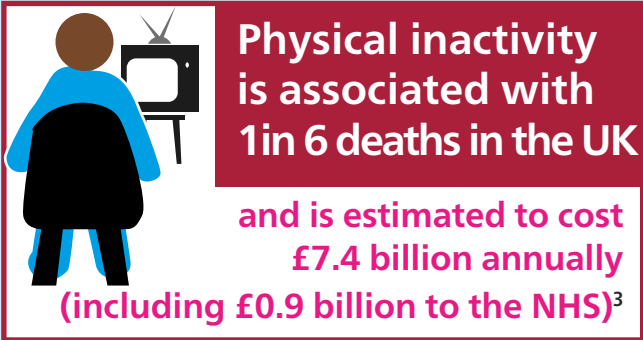
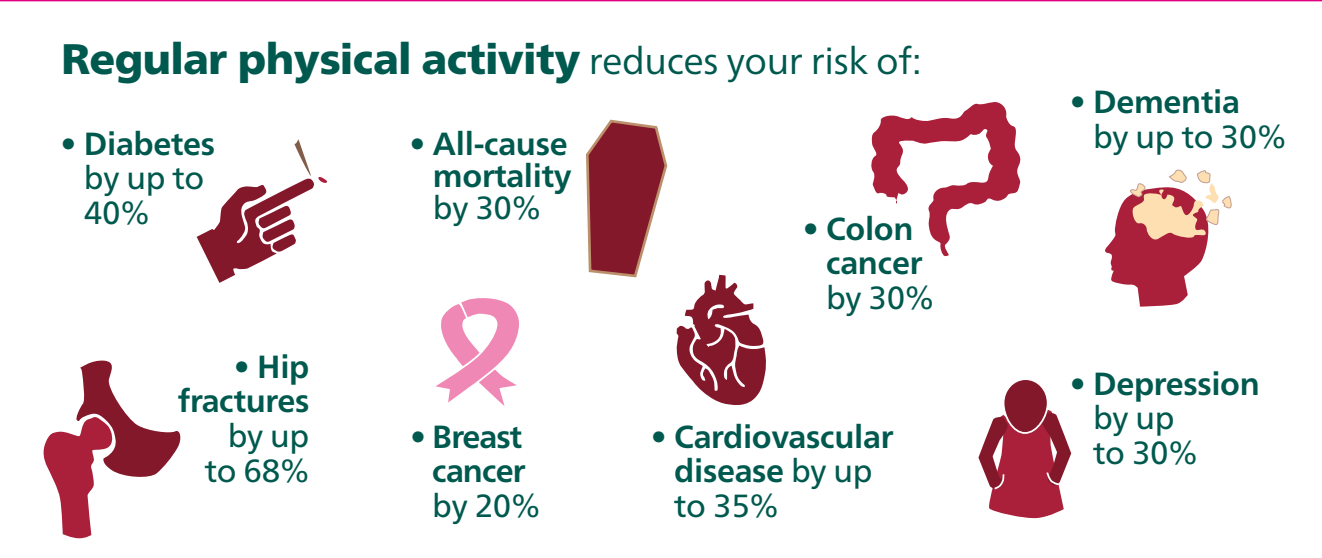
## How does physical activity make you feel?



Source: Most common words used to describe how physical activity made people feel (Let's Talk Active for Life Pop up Events - July 2022)

# 3: Why moving more matters

Adding even small amounts of extra physical activity into our daily lives can have huge benefits to our health and wellbeing and impact on the quality of life of people in the city. The greatest impact will come from identifying and addressing the barriers experienced by those who are least active and enabling them to move more each day.



Physical inactivity can have serious implications for people’s health.

<sup>1</sup><https://www.sportengland.org/why-working-health-systems-key-uniting-movement>  
<sup>2</sup> Physical activity: applying All Our Health - GOV.UK ([www.gov.uk](http://www.gov.uk))  
<sup>3</sup>[https://www.sportengland.org/guidance-and-support/measuring-impact?section=social\\_and\\_economic\\_value\\_of\\_community\\_sport](https://www.sportengland.org/guidance-and-support/measuring-impact?section=social_and_economic_value_of_community_sport)



# 4: How much activity is recommended?



The benefits of moving more can be enjoyed by everyone. When starting, build up slowly.

We can start gaining these benefits by building small amounts of physical activity into our daily lives.

It can be daunting for some people to have the confidence to move more, particularly if they are in pain or living with multiple long-term health conditions; however research tells us that the benefits of being active far outweigh the risks for those living with symptoms of most long-term health conditions.<sup>1</sup> Whatever your starting point, all movement counts. Find out more about the Chief Medical Officer's physical activity guidelines at [www.gov.uk/government/publications/physical-activity-guidelines-adults-and-older-adults](http://www.gov.uk/government/publications/physical-activity-guidelines-adults-and-older-adults)

## Activity in pregnancy

Throughout pregnancy and after childbirth, advice varies depending on how active you were before. It's important to **start gradually and listen to your body**, eventually aiming for at least 150 mins of moderate intensity activity each week alongside muscle strengthening activities twice a week



<sup>1</sup> Physical activity benefits outweigh risks for people with long-term health conditions | Sport England

Some activity is good, more is better. Every minute counts


Early Years (birth to 5 years)	Children & Young People (6-18 years)	Adults (19+) & Older Adults
Aim for at least <b>180 minutes</b> per day	Try to do at least <b>60 minutes</b> of moderate to vigorous intensity activity every day	At least <b>150 minutes</b> of moderate intensity activity a week, or <b>75 minutes</b> of vigorous activity
Try to include activities that strengthen bones and muscles	Spread activity throughout the day	Try to include activities that improve muscle strength at least twice weekly
 Under 1s should have at least <b>30 minutes</b> of tummy time across the day	Include activities to develop movement skills, and muscle and bone strength across the week	Minimise sedentary time and break up periods of inactivity
Disabled children & young people should try to do at least <b>20 minutes</b> of physical activity a day to benefit their health. It's also important to try some strength and balance activities <b>3 times</b> a week		Disabled adults should also try to do at least <b>150 minutes</b> a week of moderate intensity
Get strong reduce inactivity, move more		Older adults should also try to include regular activities that improve balance and coordination

It's never too late to start enjoying the benefits of moving more.



# 5: How active are people in the city

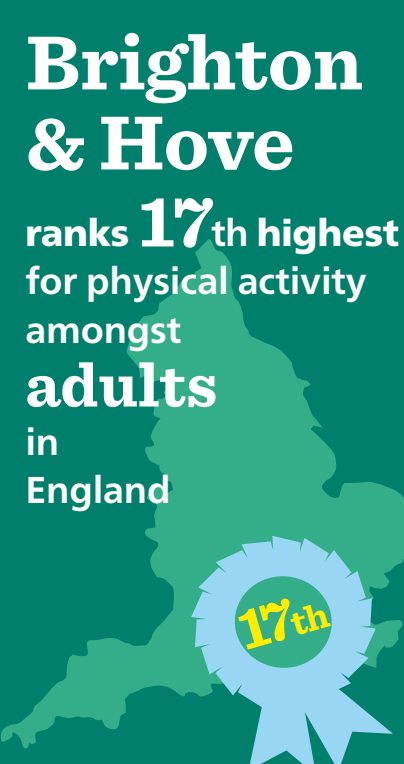
**7 out of 10 adults** aged 19+ are **physically active**



**Nearly 1 in 5 adults** do less than 30 minutes of physical activity each week



**Brighton & Hove** ranks **17<sup>th</sup>** highest for physical activity amongst **adults** in England



**Less than half of children under 16** in the city meet recommended activity guidelines each day



**1 in 3 children** do less than 30 minutes physical activity each day



Participation in the city is **higher** than the average in England in:

- Cycling for travel
- Swimming
- Dance
- Racket sports
- Adventure and watersports
- Walking for travel




**The impact of COVID-19**

Activity levels across England were significantly impacted by the COVID-19 pandemic, with fewer adults meeting the recommended levels of activity.

While activity levels are starting to return to pre-pandemic levels, recovery has been slower in some groups, leading to widening inequalities.

More details are available in Sport England’s Active Lives reports.

Active Lives | Sport England



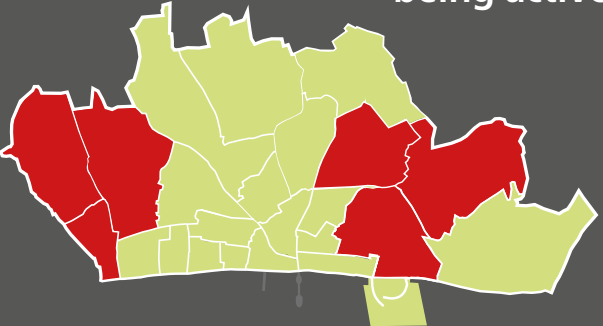
**Inequalities**

We know that some groups of people experience complex structural social and cultural barriers that make it harder for them to move more, these include:

- People on lower incomes
- People with additional access requirements due to their mobility, literacy, and language needs
- Disabled people and people living with long-term health conditions
- People who experience racism or other forms of discrimination because of their protected characteristics (eg age, gender, sexual orientation, or cultural background)
- People who have Caring responsibilities for others



There are also some areas of the city where more people face barriers to being active



In some communities on the outskirts of the city including **Hangleton & Knoll**, **East Brighton** and **North Portslade** it is estimated that around **1 in 4** people are **inactive**, compared to around **1 in 10** living in more central areas

Find out more about physical activity in Brighton & Hove:  
<https://www.brighton-hove.gov.uk/physical-activity-brighton-hove-2022>

\*Active Lives Survey – Adults Nov 21/22, Sport England

# 6: Our priorities

Five key areas of focus form the framework for the city's 10 year Sport & Physical Activity Strategy.



1 Active Culture:

To ensure that moving more for healthy living is a central part of the culture of Brighton & Hove for everyone



2 Active People:

To develop opportunities that remove barriers and enable people to move more and remain active throughout their lives



3 Active Communities:

To empower local communities to influence and develop opportunities that enable more people to lead active lifestyles in the city



4 Active Environments:

To ensure facilities, parks, open spaces and built environments offer safe, accessible spaces that encourage people to be more active



5 Active System:

To improve knowledge, understanding and collaboration across the city to have the greatest impact on activity levels

For each of these five areas we have identified actions to work on to increase activity levels in Brighton & Hove.

The areas of focus were drawn from community feedback during Let's Talk Active for Life consultation (2022), and informed by other relevant national, regional and local strategies (see Appendix A).



The Strategy draws on the stories, experiences and views of over 800 people living and working in the city.

You can view a summary of the consultation feedback at: [www.brighton-hove.gov.uk/active-for-life](http://www.brighton-hove.gov.uk/active-for-life)

Thank you to all the local residents, sports clubs, and local organisations who have shared feedback helping to inform this strategy.







## Active Culture

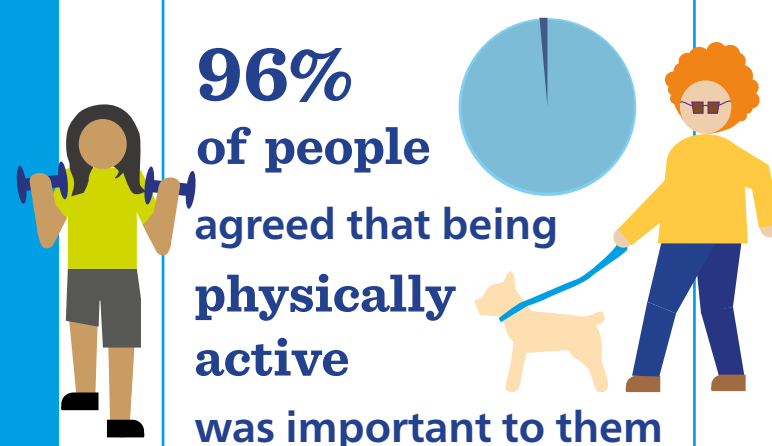
To ensure that moving more for healthy living is a central part of the culture of Brighton & Hove for everyone

We want Brighton & Hove to be a city where people are inspired and supported to be active. A place where staying active is a visible part of daily life for everyone, and where the benefits of taking part in sport and physical activity are recognised and celebrated.

Above all, we want to foster an inclusive culture of active living that reflects the diversity of our city with welcoming, inclusive opportunities bringing people and communities together.

### People told us\*:

- How sport and physical activity is promoted can sometimes make people feel excluded
- It can be hard to find information on local opportunities, particularly if someone needs extra support to take part
- Some communities feel less safe taking part in community activities



\*Findings from Let's Talk Active for Life Consultation (2022).

### Brighton & Hove hosted 46 sporting and wellbeing events between April 2022 and March 2023.

These included internationally recognised cycling and running events, UEFA Women's Euros 2022 events, and community festivals such as Dance Active, TAKEPART and Active Forever celebrating opportunities in the city.



### We will:

1. Develop targeted campaigns and accessible information to promote active living and opportunities to be active.
2. Develop community and large-scale public events that offer fun and inclusive physical activity experiences.
3. Enable more professionals and volunteers to have supportive conversations about being physically active with the people they support.

### What will success look like?

More people feel they have the opportunity to be active in the city.  
Increased sport & physical activity campaigns delivered per annum.

More people attending live sporting events and activities in the city.

More professionals and volunteers trained in Making Every Contact Count and physical activity awareness training.  
More physical activity on prescription.

“Promotion of sport and exercise sometimes does not feel inclusive of people with different abilities.”



Active People

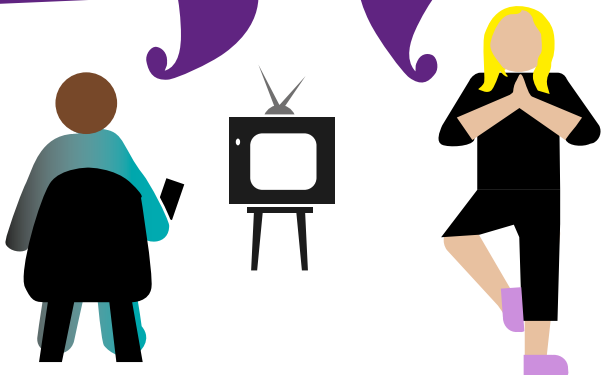
To develop opportunities that remove barriers and enable people to move more and remain active throughout their lives

We want to make sure everyone has the best opportunity to lead an active lifestyle. We know that there can be a wide range of factors that can make it difficult for some people to move more. By providing positive experiences at an early age, and ensuring the right support is available for those who find it harder to be active, we can empower people to enjoy the benefits of being active, for life.

“I’d like to be more active but I can’t afford joining local gyms and classes.”

People who were inactive told us what could help them to be more active\*:

- More affordable activities
- Support to increase my motivation
- More opportunities that catered for my age, ability or health needs
- Knowing what was available in the city



Some groups felt less able to lead an active lifestyle in the city

These include:

- People living with a disability or long-term health condition,
- Older people (75+)
- Carers
- People from the LGBTQIA+ community



38 schools have achieved a national School Games Mark award in recognition of their commitment to provision of PE, school sport & physical activity (2022/23).

Young people we spoke to wanted to see:



- More choice in the opportunities they could enjoy at school or college
- Affordable and beginner friendly activities in their local community

We will:	What will success look like?
4. Make sure all children and young people can enjoy positive experiences of play, sport and exercise in education settings and the community.	A year-on-year increase in the percentage of children and young people who are active for an hour each day.
5. Encourage and support people to live better for longer by being active as they age.	A year-on-year increase in the number of adults in the city who are 'Physically Active'.
6. Increase our understanding of the needs of people in the city who are inactive, and work with them to develop opportunities to enable them move more.	A year-on-year decrease in the number of adults in the city who are identified as 'inactive'.
7. Develop supportive activity pathways to enable people of all abilities to take part in local opportunities.	Increased social prescribing into physical activity opportunities. Increased pathways between education and community sport providers. Physical activity pathways integrated with health and care support in the city.

\*Findings from Let’s Talk Active for Life Consultation (2022).





## Active Communities

To empower local communities to influence and develop opportunities that enable more people to lead active lifestyles in the city

We want sport & physical activity to be at the heart of creating strong communities in our city. We want to use its power to help people to feel more connected to the places, and the people, in their community.

Hundreds of local sports clubs, and community activities in the city offer fun, social opportunities that help people to stay active and meet others. Supporting them to offer inclusive and sustainable sport and physical activities enables more people to take part and draw on the wider benefits which can help our residents and communities thrive.

“Most of the activities classes for older adults assume you are not working - I really wanted to try them but I work full time.”

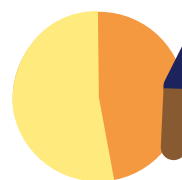
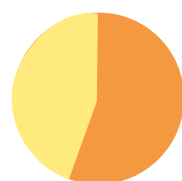
### People told us\*:

- Affordability was a key issue for many, particularly around the increased cost of living
- They wanted to see more opportunities near to where they lived
- They felt the support offered by their workplace to help them to stay active was 'poor' in the city



**57%** of people agreed there were **lots of opportunities** to be **active** in the city

**But only 47%** of people agreed the opportunities were **easy to access**



### Sports clubs and activity providers told us:

- It can be hard to develop new opportunities due to cost, volunteer time and availability of local facilities



**46 workplaces** were supported around **physical activity at work** as part of Brighton & Hove's Workplace Health Charter in 2022/23.

### We will:

8. Listen to communities to find out what might help them to be active and work with them to create change where needed.
9. Work with local communities to develop initiatives offering free or low cost, and accessible opportunities that help people to be active.
10. Support sport, dance, and activity providers to offer inclusive, high quality and sustainable activities.
11. Encourage and support people from all backgrounds to volunteer helping others in their community to be active.
12. Help employers to provide workplaces where people are supported to move more.

### What will success look like?

More people in Brighton & Hove who feel they have the opportunity to be physically active.

People are actively involved in the development of opportunities to be active in their community.

More low cost or no cost opportunities in local communities that help people to stay active.

Strong and thriving sports clubs and community activities.

Welcoming and inclusive opportunities that reflect the diversity of our city.

More people in Brighton & Hove volunteering in sport.

Increased workplace physical activity opportunities across small, medium and large organisations.

\*Findings from Let's Talk Active for Life Consultation (2022).





# Active Environments

To ensure facilities, parks, open spaces and built environments offer safe, accessible spaces that encourage people to be more active

By developing our city to best support people to walk, wheel and cycle, and ensuring there are modern, high-quality sports facilities in local communities, the places and spaces in the city will make being active an easy and attractive choice for everyone.

We need to widen access to opportunities to be active in our parks, the South Downs and on the seafront to harness the unique potential of our city's location and the benefits of being active outdoors and in nature.



Photo: The Living Coast, UNESCO Biosphere

People told us\* what could enable them to be more active in the city:

- Feeling safer travelling actively
- Better sport and leisure facilities, particularly swimming pools
- More opportunities and facilities in local parks and on the seafront that help people to exercise
- Good access to toilets and public transport when visiting parks and open spaces
- Changes to streets, parks and other public spaces to support people with additional access requirements



Investments in active travel infrastructure have created more than 40kms of segregated cycle lanes and residents can rent secure on-street parking spaces in cycle hangars for up to 426 bikes.

\*Findings from Let's Talk Active for Life Consultation (2022).

With 147 parks, 53 playgrounds, 3000 allotments 13000 acres of City, Downland Estate, 13km of seafront, as part of the Living Cost UNESCO World Biosphere region there are many opportunities to enjoy being outdoors, moving more and connecting with nature.



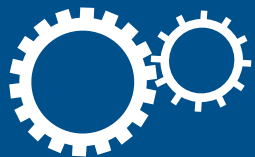
## We will:

13. Develop the city so that it's a place where people can safely walk, cycle and travel actively as part of daily life.
14. Develop initiatives that increase the use of city parks and other natural and urban spaces for physical activity, and ensure these spaces feel safe, attractive, and accessible for everyone.
15. Provide high quality, energy efficient and sustainable sport and leisure facilities in the city that offer attractive and accessible spaces for all to enjoy physical activity.
16. Incorporate 'Active Design' principles in new developments so that everyone is encouraged to move more and travel actively.

## What will success look like?

- A year-on-year increase in walking and cycling for travel and leisure.
- Increased programmes of activity delivered in green, blue and grey spaces across the city.
- More people using outdoor space for exercise or health reasons.
- Increase in high-quality sport and leisure facilities that support activity across the city.
- More people using our sport and leisure facilities each year.
- More planning, regeneration and development schemes incorporating Sport England's 10 'Active Design' principles that: promote active travel; provide active, high-quality places; create and maintain activity for all.





## Active System

To improve knowledge, understanding and collaboration across the city to have the greatest impact on activity levels

What prevents us from being active can be complex and change throughout our lives. It can be through places we live and work, the people we meet or the experiences we have.

This means no single organisation, or initiative on its own will hold all the answers or enable everyone to be as active as they would like. To have the greatest reach and impact, we need to ensure people and organisations in the city work together as an active “system” to share experiences, develop skills and take action to best support people to move more.

### Stakeholders felt:

- There was a wide range of people and organisations working to support sport and active living

### but they wanted to see:

- More opportunities to collaborate and work with others in the city
- More information and training on how best to support people who find it harder to be active

It would be  
**good to share**  
what is  
**working well**  
and **what is not**  
so we can all  
**learn**  
**together**



\*Findings from Let’s Talk Active for Life Consultation (2022).

**More than 50 city representatives from various organisations across the city** came together at Brighton & Hove’s first Active Ageing Alliance event in September 2023 to discuss and plan how best to support people to live actively as they age.



### We will:

- 17.** Develop and maintain partnerships, collaboration, and shared leadership that will enable people to be more active.
- 18.** Increase skills and knowledge of the city’s workforce and volunteers and offer culturally sensitive opportunities that enable people to move more.
- 19.** Develop a shared understanding of the barriers experienced by less active people and how best to reduce inactivity.
- 20.** Identify and encourage opportunities for local policies to support increased physical activity.

### What will success look like?

New collaborative groups and partners working together to increase physical activity.

More people reporting improved knowledge, confidence and skills supporting people to be more active.

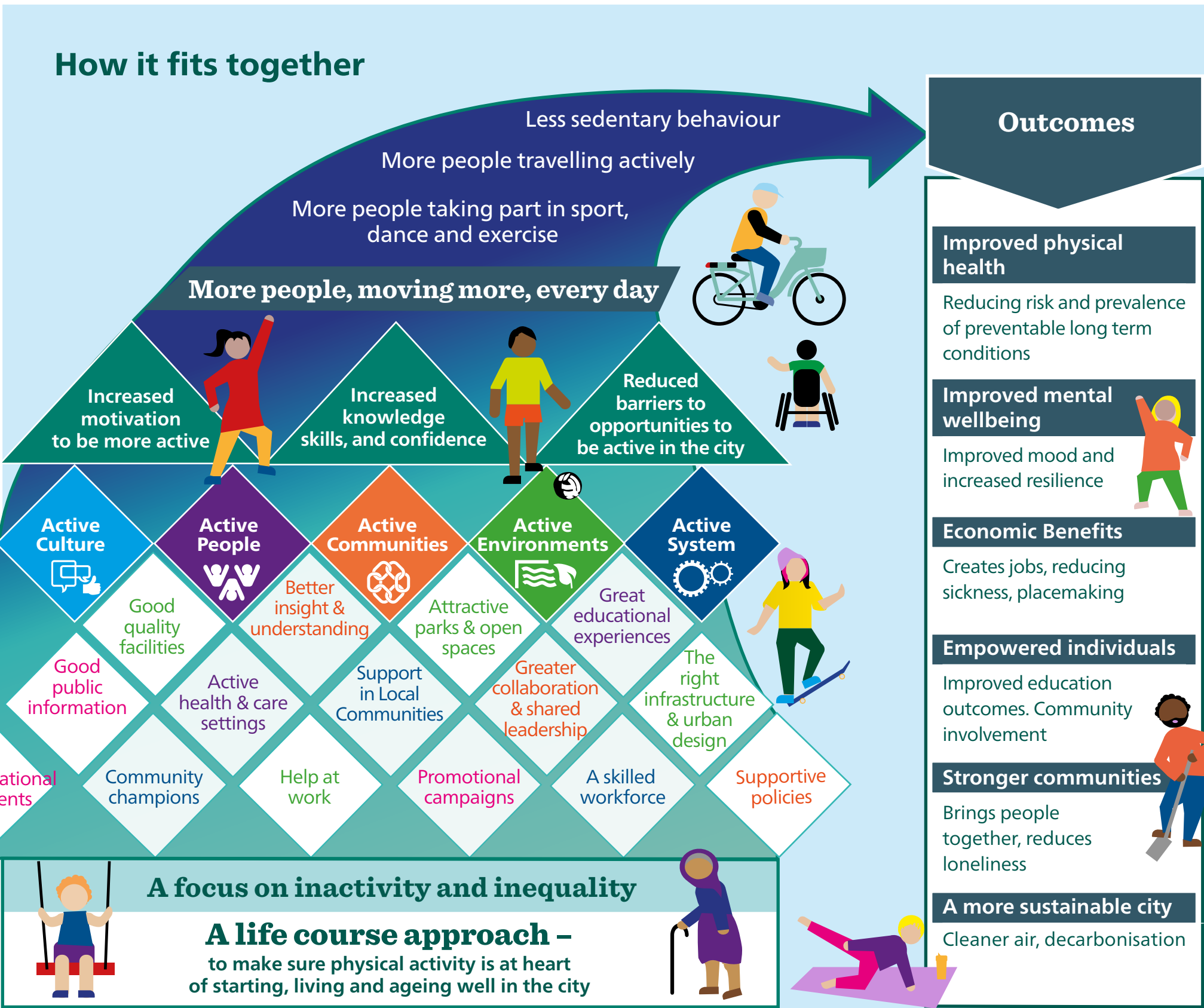
Reduced inequalities in physical activity between different groups in the city.

Policies reflecting and championing the positive impact of physical activity.

“I’d like more opportunities to collaborate and network with others in the city.”



# 7: Our approach



The following principles will guide how we will work to best support people to move more in the city:

## Working together

We will enable opportunities for people and organisations to work together to address the complex barriers that prevent people from moving more

## A 'whole-system' approach

We will develop plans that reflect the important roles that education and learning, housing, employment, services, and our built and natural environments have in enabling people to move more

## Empowering communities

We will strengthen the capacity of people in the city to play an active role in supporting people to move more

## People focused

We will work with local people to develop plans and services, and ensure these are guided by their experiences

## Championing equality, inclusion and diversity

Through the delivery of strategy we will champion equality, celebrate diversity, promote inclusion and encourage others to do the same

## Driven by insight

We will use local data, feedback and evidence to understand impact and share what works

# 8: Next steps and how you can get involved



Brighton & Hove Active for Life is a 10-year strategy that sets out our shared vision of a city where everyone has the opportunity, the encouragement, and the environment to move more, live well and be active for life.

We are establishing a new partnership group, to include key local stakeholders, that will be responsible for leading the delivery of the strategy.

We recognise that the financial climate is challenging but our strategy is a call to action for us all to play our part in creating a more active city, to think about how we can build more activity into our daily lives and how we can make it easier for other people to move more too.

**Paul** plays visually impaired tennis and regularly joins the Park Run on Hove seafront. He makes sure he is active every day. Paul says people with disabilities can sometimes feel that being active is not for them, but he is proof that they can be.

**Paul says** “Whatever your situation, go out and give it a go.”

**JP says** “It’s about bringing people together and sharing dance, music, laughter and movement.”



**JP** is an award-winning hip hop dancer, choreographer and teacher who has performed in five continents across the world. He’s a role model to hundreds of kids and adults alike and shares his passion for dance with people of all ages in his classes.

**Sarah** took up skating after watching her son and decided it would be more fun to be involved. She now inspires women and girls to skate in the coaching sessions she leads. She passionately believes girls can skate too.

**Sarah says** “I feel so frustrated that I left it so long to take up skateboarding - it isn’t just for guys.”



## What can you do?

- 1 Be a champion for sport and physical activity in your workplace, organisation or community.
- 2 Think about the benefits of moving more that are important for you. Could you help other people to be more active too?
- 3 Find out about support available to keep active on our Active for Life webpages and share this with people you know.
- 4 Get in touch via our ‘Let’s Get Moving’ webpages and let us know how you’d like to support sport and physical activity in the City by joining in with local events, networking groups and exploring training opportunities.
- 5 Share and discuss the strategy and the ideas behind it with others in your networks and on social media.
- 6 Tell us your stories of being active in our city, and what could make it easier.

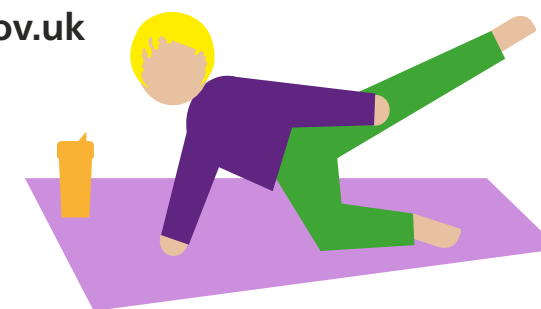
### Contact us

Healthy Lifestyles Team, Brighton & Hove City Council  
[healthylifestyles@brighton-hove.gov.uk](mailto:healthylifestyles@brighton-hove.gov.uk)  
 01273 294589

### Follow us on social media

: @BHhealthylife  
 : @BHhealthylife

Visit [www.brighton-hove.gov.uk/letsgetmoving](http://www.brighton-hove.gov.uk/letsgetmoving)





# Appendix:

## The wider context of physical activity and the city

<b>Physical activity guidelines</b> Chief Medical Officer	The Chief Medical Officer (CMO) recommends that everyone should move more often every day, emphasising the benefits for health and wellbeing for all age groups. Guidance for physical activity includes aerobic and strength-based recommendations for children and adults, as well as specifically for people who are pregnant and people living with disabilities.
<b>Everybody Active, Every Day</b> Public Health England, 2014	An evidence-based, national physical activity framework for England, setting a clear agenda for action to address physical inactivity. It highlighted the impacts of inactivity on people of all ages and the need to address influences leading to the disproportionate impact of inactivity on vulnerable groups.
<b>Uniting the Movement</b> Sport England, 2021	The strategy looks at how sport and physical activity can transform lives and communities. It focuses on five big issues: recovery and reinvention post covid pandemic, connecting communities through the power of sport and physical activity, positive experiences for children and young people, connecting sport and physical activity with health and wellbeing and creating and protecting places and spaces for people to be active.
<b>Get Active – A Strategy for the future of sport and physical activity</b> Department of Culture Media and Sport, 2023	<p>The strategy has three core focus areas that recognise the reach of sport into local communities, and the opportunities to improve health, economic and social outcomes.</p> <ul style="list-style-type: none"><li>- Driving participation and tackling inactivity, with a focus on supporting children and young people and addressing inequality.</li><li>- Strengthening the integrity of sport, by improving governance, safeguarding and tackling discrimination.</li><li>- Making sport more sustainable, by increasing economic sustainability, using technology and working to reduce its environmental impact.</li></ul>
<b>Global action plan on physical activity: more active people for a healthier world</b> World Health Organisation, 2018-2030	The action plan calls for a system approach to increasing physical activity, stating that there is no single policy solution. It highlights that investing in policies to promote walking, cycling, sport, active recreation and play can contribute directly to achieving many of the 2030 Sustainable Development Goals.

<b>School Sport and Activity Action Plan</b> Department of Education, 2023	Plan aims to support and encourage all schools to deliver a minimum of 2 hours’ PE time during the school day every week, alongside equal access to sports opportunities for all pupils. It also seeks to widen the opportunities for children and young people to take part in extracurricular sports activities and to offer support schools to make best use of their facilities to support inactive pupils and the local community.
<b>Brighton &amp; Hove Joint Health and Wellbeing Strategy</b> Brighton & Hove City Council, 2019-2030	Sets out a vision that: Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life. It includes a commitment to ‘More people will travel actively, and walking and cycling will be prioritised, benefitting physical and mental health’ to improve health and wellbeing in the city, and supports a focus on preventative action and addressing local health inequalities.
<b>A Better Brighton &amp; Hove for all</b> Brighton & Hove City Council, 2023-2027	Brighton & Hove City Council’s latest council plan commits to working with local partners to develop plans that help people to be physically active and maintain a healthy weight.
<b>Carbon Neutral 2030 Programme</b> Brighton & Hove City Council	Being physically active, particularly through active travel is a key contribution to achieving carbon neutral targets as highlighted through the Brighton & Hove Climate Assembly and to address the climate and biodiversity emergency.
<b>Accessible City Strategy</b> Brighton & Hove City Council	The aim of the strategy is to put accessibility at the heart of how we design and deliver all our services and make it easier for everyone, particularly the elderly and the disabled, to get the council services they need and to be able to enjoy the city.
<b>Sports Facilities Investment Plan</b> Brighton & Hove City Council, 2021-2031	Provides a strategic approach to investment and development of public sports facilities to create outstanding facilities which support year-round healthy lifestyles and inclusion for all.
<b>City Plan Part 1 (2016) and City Plan 2 (2022)</b> Brighton & Hove City Council	Reference the importance of a city that provides access to safe accessible and inclusive environments for walking and cycling, good access to public open space, and the need to safeguard and enhance access to sports facilities in the city.

<b>Local Transport Plan</b> Brighton & Hove City Council	Supports the integration of active and sustainable travel in everyday activities and movement, as well as longer distance journeys. One of the priority areas is to create safe and well-maintained streets and places that encourage and enable active travel.
<b>Local Cycling and Walking Infrastructure Plan</b> Brighton & Hove City Council	Sets out an ambition for improving routes and areas in Brighton & Hove to ensure active travel (walking, wheeling, cycling) is the first choice for getting from A to B, supported by high quality infrastructure which makes active travel accessible, easy, welcoming, enjoyable and safe.
<b>City Downland Estate Plan</b> Brighton & Hove City Council	Outlines a vision for the future of the 12800 acres of rural estate in the South Downs National Park. It highlights the important contribution this area has in promoting health and supporting active living, and the need to improve access to maximise its potential benefits.
<b>Open Spaces Strategy</b> Brighton & Hove City Council, 2017-2027	Highlights the importance of city parks and green spaces to support good health through active leisure, recreation, sport and play and connection with nature. The plan seeks to improve access to facilities supporting active recreation, and work with community sports clubs and groups to improve management of council-owned sports assets.



**Harry** competes in international table tennis tournaments and is ranked at number 1 in the UK in his category. Playing table tennis helps him to be active, feel happy and he has made friends all over the world because of it. He also coaches others at his club.

**Harry says**

“ Table tennis is about giving respect. I respect you and you respect me as we’re playing. ”

**Julie** did a Couch to 5k course during lockdown and met lots of new friends who continue to support each other to keep active. Julie now volunteers to help motivate and encourage new recruits to the course!



**Julie says**

“ I can message the group asking if anyone is free to go for a jog and someone will say let’s go. ”

**Noah and Joshua say**

“ Being active is a great way to keep healthy and is fun as well. ”



**Noah and Joshua** love being active and outdoors. They are often involved in activities, whether it’s karate and gymnastics at school, football training, sports clubs with friends or even playing on the trampoline at home.

**Shula says**

“ If I feel strong physically it helps me to face life and its challenges. ”

**Shula** has been weight training since she was 20 and is now over 70. It helps her stay ahead in life and manage her health condition. She says she feels stronger and gets better every year.





## Equality Impact and Outcome Assessment (EIA) Template - 2019

**EIAs make services better for everyone and support value for money by getting services right first time.**

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users<sup>1</sup>. They analyse how all our work as a council might impact differently on different groups<sup>2</sup>. They help us make good decisions and evidence how we have reached these decisions<sup>3</sup>.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age<sup>13</sup>) or use the hyperlinks ('Ctrl' key and left click).

**For further support or advice please contact:**

- BHCC: Communities, Equality and Third Sector Team on email: [Equalities@Brighton-Hove.gov.uk](mailto:Equalities@Brighton-Hove.gov.uk)
- CCG: Engagement and Equalities team (Jane Lodge/Debbie Ludlam)

### 1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed<sup>4</sup>.

<b>Title of EIA<sup>5</sup></b>	Let's Get Moving Brighton & Hove - Physical Activity Strategy	<b>ID No.<sup>6</sup></b>	<b>HASC54</b>
<b>Team/Department<sup>7</sup></b>	Healthy Lifestyles Team – Public Health		
<b>Focus of EIA<sup>8</sup></b>	<p>Brighton &amp; Hove City Council is developing a City Physical Activity Strategy (Let's Get Moving Brighton &amp; Hove) to inform the development of support for people in the city to lead more physically active lifestyles.</p> <p>Low levels of activity are a serious public health issue associated with numerous health conditions including cancer, diabetes, obesity and hypertension. Physical inactivity is responsible for one in six UK deaths (equal to smoking).</p>		



	<p>There are significant inequalities between the regular physical activity that is undertaken by different demographic groups, and this can lead to poorer health and wellbeing outcomes and the widening of health inequalities in the population.</p> <p>The factors that influence a person's individual capability, motivation and opportunity to be physically active in the city are many and complex and require work that must consider the educational experiences, societal relationships, community services, built environments and policy. It is also understood the factors that influence lifestyle behaviour are complex, interrelated and changeable, also difficult to be fully understood at any one time by any organisation or individual.</p> <p>The Physical Activity Strategy aims to best respond to these challenges by developing work to understand and address influences on physical activity behaviours by adopting a whole system approach that will create opportunity for ongoing community engagement, representation and shared leadership in local plans to reduce inactivity and increase physical activity in the city.</p> <p>The strategy will outline the approach and principles by which these inequalities will be addressed and identify key policy areas for collective action to guide and inform local work.</p> <p>The purpose of the Physical Activity Strategy is to:</p> <ul style="list-style-type: none"> <li>• Focus resources and effort towards supporting communities who are identified as less active to have the greatest impact on local health outcomes.</li> <li>• Support a coordinated approach to increasing physical activity, allowing a wide range of partners to pool resources, collaborate and increase impact of local interventions.</li> <li>• Raise awareness of the contribution of sport and physical activity towards improving the health and wellbeing of local residents, addressing inequality and improving social and economic and environmental outcomes in the city.</li> </ul>
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## 2. Update on previous EIA and outcomes of previous actions<sup>9</sup>

What actions did you plan last time? (List them from the previous EIA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action plan below)
This is a new EIA for the Let's Get Moving Brighton & Hove Physical Activity Strategy		

## 3. Review of information, equality analysis and potential actions

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age <sup>14</sup>	<p><b><u>Local Population:</u></b></p> <p>Census data (2021) shows that in Brighton and Hove, the population size has increased by 1.4%, from around 273,400 in 2011 to 277,200 in 2021.</p> <p>In Brighton &amp; Hove it is estimated that:</p> <ul style="list-style-type: none"> <li>- 41,600 people (15%) are aged 0 to 15 years old,</li> </ul>	<p>Community feedback through the "Let's Talk Active for Life Consultation"<sup>1</sup> identified the following:</p> <p><b>Older adults (50+)</b></p> <ul style="list-style-type: none"> <li>• A need to improve information on what is available in the city for older adults. This should be made available online and in community</li> </ul>	<ul style="list-style-type: none"> <li>• There are people who are currently not meeting recommended guidelines for physical activity across all age groups in the city. Therefore, it is important to ensure local plans support increased physical activity</li> </ul>	See key actions identified in Section 5.

<sup>1</sup> Let's Talk Active for Life - Older People's Survey 2022 and Focus Groups, Brighton & Hove City Council

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<ul style="list-style-type: none"> <li>- more than two thirds (72%, 200,200 people) are aged 16 to 66 years old,</li> <li>- one in ten (10%, 29,000 people) are aged 67 to 84 years old.</li> <li>- 5,600 people (2%) are aged 85 years or older.</li> </ul> <p>Since 2011, the population has got older. There has been an increase in people aged 65 years and over, an increase of 1.7% in people aged 15 to 64 years, and a decrease of in children aged under 15 years.</p> <p>Around 1 in 3 people (33.1%) in the city are aged over 50.</p> <p>Brighton &amp; Hove has a much higher proportion of people aged 19–38 years (33%, 90,100 people) compared to only 24% in the Southeast and 26% in England. Nearly a fifth of Brighton &amp; Hove's</p>	<p>locations as some people may be digitally excluded.</p> <ul style="list-style-type: none"> <li>• Some older people reported a need for more adapted or gentle activities that were suitable for a wider range of ability as they did not feel that activities were suitable.</li> <li>• To address concerns around accessibility and costs of travelling, people were keen opportunities were near to where they live.</li> <li>• Feedback indicated that some older people have become less active since Covid-19 and have less confidence/motivation to restart.</li> <li>• Accessible transport is an important enabler for older</li> </ul>	<p>across all age groups.</p> <ul style="list-style-type: none"> <li>• Due to the potential for physical activity behaviours to be similar between children and young people and parents/care givers, “family” focussed interventions could be an effective way to tackle inactivity across age groups.</li> <li>• It is important to increase understanding of lived experience and the impact of intersectionality for people of different age groups living in the city to inform future action.</li> </ul>	

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>total population (18%, 49,600 people) is aged 19 to 28, compared to only 11% in the South East and 12% in England.</p> <p>Multiple long-term conditions (which can be associated with lower rates of physical activity) become progressively more common with age.<sup>1</sup></p> <p><b><u>Physical activity by age:</u></b></p> <p>Data from the Sport England Active Lives Survey<sup>2</sup> identifies that across all age groups there are people who do not meet the recommended levels of physical activity.</p> <p>The Active Lives Survey indicates that across England, and in Brighton &amp; Hove inequalities exist between the physical activity of adults of different ages.</p>	<p>people seeking to attend local parks / green spaces or community sport and leisure opportunities.</p> <ul style="list-style-type: none"> <li>• Obstructed pavements seen as a barrier to more active travel for people with limited mobility to travel more actively.</li> <li>• Ageism and negative stereotypes can lead to older people being excluded included in promotion of active living and sport opportunities,</li> </ul> <p><b>Children and Young People:</b></p> <ul style="list-style-type: none"> <li>• School experiences can have a considerable influence on a person's relationship with sport and physical activity. Too</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting positive and inclusive campaigns to share varied ways people can gain benefits of moving more could help challenge ageist attitudes and encourage people with less confidence to try different ways to move more. Promoting relatable role models can help break down negative stereotypes and cultural norms.</li> <li>• Materials created to promote the strategy should</li> </ul>	

<sup>1</sup> Adults with Multiple Long term health conditions Brighton & Hove, Brighton & Hove Joint Strategic Needs Assessment 2018.

<sup>2</sup> Active Lives Adult Survey, Sport England, Nov 21-22



Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>Older adults are typically less active than younger adults. Amongst children and young people data<sup>1</sup> tells us that secondary school aged children are less likely/not as likely to meet recommended levels of physical activity than younger children.</p> <p><b>Adults:</b></p> <p>Data from the Office for Health Improvement and Disparities (OHID)<sup>2</sup> shows that in England significantly fewer adults aged 75-84 (55.3%) and aged 85+ (32.0%) were identified as physically active, compared to the average for all adults (67.3%). Across all other adult 19+ age groups, the proportion of physically active adults was significantly better than the national average. The highest participation was</p>	<p>much focus on competitive sport or technique can be discouraging for some young people.</p> <ul style="list-style-type: none"> <li>• Some young people feel there is a lack of affordable beginner friendly sports opportunities in the community for young people.</li> <li>• Sport and fitness promotion that focuses on body image can have a negative impact on a young people's attitude towards physical activity or contribute to unhealthy behaviours, or discourage young people from participating.</li> <li>• Young people wanted more opportunity to influence the types of</li> </ul>	<p>include a diverse range of age groups.</p> <ul style="list-style-type: none"> <li>• Due to the currently identified inequalities, behavioural insight and population trends in the city, it is important to focus resources towards promoting equity in physical activity participation with a focus on the following age groups: <ul style="list-style-type: none"> <li>• Children and Young people, particularly secondary school age (12-16).</li> </ul> </li> </ul>	

<sup>1</sup> Active Lives Children and Young People Survey, Academic Year 21-22

<sup>2</sup> OHID – Physically Active Adult Indicator – based on Active Lives Adult Survey, Sport England, Nov 21-22

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>amongst adults aged 19-24 (73.0%).</p> <p>Data released by Sport England on Adults aged 16+ in Brighton &amp; Hove identifies similar inequalities<sup>1</sup>. Older adults (aged 65-74) are less likely (64.2%) to be identified as active than younger adults (Aged 35-44, 81%), and compared to all adults aged 16+ (71.8%).</p> <p>Across England, this data also shows that inequalities widen as people get older if someone also identifies as</p> <ul style="list-style-type: none"> <li>- Female, or who did not identify as either Male or Female.</li> <li>- Disabled</li> <li>- Black, Asian, Chinese or Other ethnic backgrounds.</li> <li>- Muslim or Hindu</li> </ul> <p><b>Children and Young People</b></p>	<p>activities they could take part in at school or in their local community.</p> <p>National Sport England insight<sup>1</sup> indicates:</p> <ul style="list-style-type: none"> <li>• Individual attitudes towards physical activity can vary from positive, to neutral to negative intentions to be physically active by people of different age groups.</li> <li>• More physically literate children are more likely to be active into adulthood – if children are confident, competent, knowledgeable and understanding of physical activity they are more likely to participate in physical activity as they get older.</li> <li>• Families, and in particular parents and</li> </ul>	<ul style="list-style-type: none"> <li>• Older adults (55+).</li> <li>- It is important to review and develop and maintain involvement of different age groups and representative stakeholders within local working groups developing associated plans and initiatives.</li> </ul>	

<sup>1</sup> [Children and young people | Sport England](#)

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>Sport England Active Lives data on children and young people's activity levels tells us that less than half (46.6%) of children and young people in Brighton &amp; Hove are active for the recommended 60 minutes per day. This is similar to the average across England (47.2%).</p> <p>Across England, this data indicates that the proportion of children and young people undertaking 60 minutes per day:</p> <ul style="list-style-type: none"> <li>- Infants (Years 1 and 2): 52%</li> <li>- Junior (Years 3 - 6): 43.1%</li> <li>- Secondary (years 7-11) 48.7%</li> </ul> <p>Local for Brighton &amp; Hove data taken from the Safe and Well at School Survey<sup>1</sup> indicates that:</p>	<p>caregivers, play a key role in shaping a child's attitudes and behaviours towards physical activity, both positively and negatively. Children and young people are less physically active are more likely to have parents who are less physically active.</p>		

<sup>1</sup> Safe and Well at School Survey, Brighton & Hove City Council, 2021

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
	<ul style="list-style-type: none"> <li>- Of primary school pupils aged 8-11 years, under a third (29%) meet the recommendation for at least one hour of physical activity every day. This falls to 23% of 11-14 year olds and to 19% of 14-16 year olds.</li> <li>- Secondary school pupils are statistically significantly less likely to actively travel to school (this includes walking, cycling and by skateboard/scooter).</li> </ul>			
<b>Disability<sup>15</sup></b>	<b>Local population:</b> <ul style="list-style-type: none"> <li>- Census 2021 data indicates that around 1 in 5 (18.7%) of the population are estimated to be disabled as defined by Equality Act 2010.</li> </ul>	People with a disability or long-term health condition in the city were less likely to agree that they felt able to be physically active or that opportunities in the city were easy for them to access. <sup>1</sup>	Disabled people are significantly less likely to be physically active and there should be explicit focus in work to remove barriers and enable the increase of physical activity in the city in this	Please see key actions in section 5.

<sup>1</sup> Let's Talk Active for Life Survey - 2022 Brighton & Hove City Council



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	<ul style="list-style-type: none"> <li>○ 8.0% of Brighton and Hove residents were identified as being disabled with day-to-day activities limited a lot. This figure decreased from 9.1% in 2011.</li> <li>○ Around one in nine people (11.5%) in the city identified that their day-to-day activities were limited a little, compared with 10.6% in 2011.</li> <li>○ The proportion of Brighton and Hove residents who were not disabled increased from</li> </ul>	<p>Community feedback obtained during focus groups and stakeholder engagement events as part of Let's Talk Active for Life 2022 identified the following concerns:</p> <ul style="list-style-type: none"> <li>- Need for information and guidelines to be available in accessible formats, for example Easy Read or British Sign Language.</li> <li>- Need for better public information about the accessibility of the community sport and physical activities and facilities, parks, downland and seafront. This could support people to feel more confident/motivated to visit these spaces/activities.</li> </ul>	<p>group to promote equity in the city.</p> <p>There is a need to collate and improve the level of information about accessibility of different activities, facilities, and spaces in the city for people with different access requirements and ensure that this effectively promoted. It is also important to ensure that this information is provided in formats suitable for people with different access requirements.</p> <p>There are reported gaps in local sport and leisure provision that is suitable for people with specific access requirements (e.g. D/deaf and Neurodiverse).</p> <p>Interventions and future changes to facilities and open spaces should be</p>	

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	<p>80.3% to 80.5% between 2011 and 2021.</p> <ul style="list-style-type: none"> <li>- Residents with a disability under the Equality Act are concentrated in central/ eastern area of the city, particularly in East Brighton, Queens Park, and Hollingbury &amp; Stanmer wards. There are also higher proportions of disabled people in the east in Woodingdean and to the west in Hangleton &amp; Portslade.</li> <li>- Proportionally more households with at least one person with a disability living there are in the city's more deprived neighbourhoods</li> </ul>	<ul style="list-style-type: none"> <li>- Need for improving accessibility of parks and green and blue spaces and the public realm (e.g. cluttered streets). and improving the information provided about the accessibility of public spaces.</li> <li>- Some people felt that language and images used to promote physical activity are not always inclusive of or sensitive towards people who may have mobility impairments.</li> <li>- Improving access to leisure activities across the week is an identified priority in the Brighton &amp; Hove Adult Learning Disability Strategy.</li> </ul>	<p>informed by/co-designed with disabled people and representative groups to ensure these best support people who may have different access requirements.</p> <p>There is a need to developing further insight on local participation rates amongst people with different types of disability in the city and better understand intersectionality, and influences on their activity levels.</p> <p>Physical activity campaigns should ensure that they reflect diversity and promote inclusion of people living with disabilities/long term health conditions - identifying relatable role models, and promoting different ways people can increase physical</p>	

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	<p>(Index of multiple deprivation).</p> <ul style="list-style-type: none"> <li>- In 2020/21 1,703 people were registered at their GP practice as having a learning disability.<sup>1</sup></li> <li>- 122 people aged 18-64 with a serious visual impairment and 3,294 aged 65 or over with a moderate or severe visual impairment.</li> <li>- 5,841 people aged 18-64, and 16,303 aged 65 or over, with a moderate or severe hearing impairment; and 48 people aged 18-64 and 455 aged 65 or over, with a profound hearing impairment. For 145 residents their main or preferred language</li> </ul>	<p>People with learning disabilities would like:</p> <ul style="list-style-type: none"> <li>○ more information on the support available to help them be active in the city.</li> <li>○ information on local opportunities to be sent to individuals / carers more directly, alongside making information generally available online.</li> <li>○ Community sport and leisure opportunities to offer more inclusive and</li> </ul>	<p>activity, and inclusive opportunities in the city.</p>	

<sup>1</sup> [National General Practice Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/national-general-practice-profiles-data)

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>is a sign language. 120 residents use British Sign Language.</p> <ul style="list-style-type: none"> <li>- Multiple long-term conditions become progressively more common with age. Women are identified to have more multiple long-term conditions than men at all ages. <sup>1</sup></li> </ul> <p><b>Physical activity participation:</b></p> <ul style="list-style-type: none"> <li>- In England, there has been an increase in physical activity amongst adults with a disability or long-term health condition from 49,7% in 2015/2016 to 53.1% in 2021/2022. However people who are living</li> </ul>	<p>welcoming environments, opportunities and support to introduce people to facilities and activities.</p> <ul style="list-style-type: none"> <li>- There are limited “Buddy” roles where people offer support to others with low confidence or who have additional support needs. Some stakeholders were keen so see these types of roles increased in the city.</li> <li>- Cluttered streets (weeds/obstructions) can be obstructive for people who may have limited mobility or sensory impairments, and this can prevent or</li> </ul>		

<sup>1</sup> Adults with Multiple Long term health conditions Brighton & Hove, Brighton & Hove Joint Strategic Needs Assessment 2018.



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	<p>with a limiting long term health condition or disability are less likely to be “physically active” (53.1%) compared to people without (72.0%).</p> <ul style="list-style-type: none"> <li>- This inequality gap has narrowed slightly since 2015/2016.</li> <li>- National data also indicates people living with multiple impairments are less likely to be physically active (3 or more in 10 = 39%)</li> <li>- In Brighton &amp; Hove latest Active Lives (Nov 2021/2022) data shows that 53.7% of people living with a disability or long-term health condition (aged 16+) were physically active compared to 77.6% without. This is similar to 2015/2016.</li> </ul>	<p>discourage from using these spaces to travel more actively.</p> <ul style="list-style-type: none"> <li>- Lack of transport and one to one support for young people means that there can be limited to afterschool or school holiday opportunities for people requiring this support to access community activities.</li> <li>- There is demand for more sport and leisure opportunities and weight management support in the city catering for neurodiversity.</li> <li>- Feedback indicated that challenges accessing accessible resources and opportunities have a compounding effect on reducing</li> </ul>		

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	<ul style="list-style-type: none"> <li>- Nationally, people with a disability or long-term health condition are less likely (25.8%) to be a member of a sports club compared to those without (39%).</li> </ul>	<p>motivation and confidence towards being physically active.</p> <p>Research undertaken by Possability People with D/deaf community in Brighton and Hove (2017)<sup>1</sup> identified a lack of inclusive community physical activity opportunities for people who used British Sign Language.</p>		
<b>Gender reassignment<sup>16</sup></b>	<p><b>Local population:</b></p> <p>In the Census 2021 around 1% of the population (around 2 300 people) said that they did not identify as their sex assigned at birth, this is higher than the population across in the South East (0.5%) and England (0.5%).</p> <p>The Trans Needs Assessment (October 2015) identifies that a significant</p>	<p>Experience of and fear of transphobia discourage people from accessing local community sport and leisure opportunities.</p> <p>There are some good, targeted community opportunities for (e.g. Trans Can Sport, BLAGSS and LGBTQIA+ targeted activities),</p> <p>Community feedback has highlighted these</p>	<ul style="list-style-type: none"> <li>- There is limited data on physical activity participation in the Trans-Nonbinary and Intersex population in the city. Future research should seek to develop greater insight on participation rates and trends for this population</li> </ul>	Please see key actions in Section 5

<sup>1</sup> [Barriers to active living and healthy eating in the deaf community](#), Possability People (2017)

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	<p>number of trans people do not identify their gender identity in surveys, so true figures may be higher than survey estimates.</p> <p>The Needs Assessment also highlights that data suggests trans people:</p> <ul style="list-style-type: none"> <li>- are represented in all age groups but have a younger age distribution.</li> <li>- live throughout the city, with no concentration in any particular area.</li> <li>- include diverse gender identities, including non-binary identities.</li> <li>- are more likely to have a limiting long-term illness or disability than the overall population.</li> <li>- come from a diverse range of ethnic backgrounds</li> <li>- have diverse sexual orientations</li> </ul>	<p>opportunities are more focussed towards adults and there is a lack of suitable opportunities for younger people within the LGBTQIA+ community.</p> <p>Previously the Brighton &amp; Hove Trans Needs Assessment 2015 identified the following themes/needs:</p> <ul style="list-style-type: none"> <li>• Trans people feel less safe outside in their local area and in the city centre than the general population, especially after dark.</li> <li>• A high proportion of community survey respondents did not go to a gym or participate in organised sports.</li> <li>• Stakeholders felt that sports groups needed to be more aware of trans issues.</li> </ul>	<p>and intersectionality with other protected characteristics.</p> <ul style="list-style-type: none"> <li>- Despite limited data being available, inequalities are identified between trans- and cis-gender populations. There is evidence that Trans people are less likely to be enabled to participate in sport and physical activity and should be prioritised in work to promote equity in physical activity participation.</li> <li>- Due to fears of experiencing transphobia and feeling unsafe in city spaces,</li> </ul>	

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	<ul style="list-style-type: none"> <li>- are more likely to live in private sector rented housing than the overall population</li> </ul> <p><b>Physical activity participation:</b></p> <p>There is limited information comparing physical activity rates between cisgender and transgender people. Data on comparing transgender and cisgender participation is not currently available through the Sport England Active Lives survey.</p> <p>Studies have indicated that people who are transgender are less physically active<sup>1</sup> or less likely to participate in sport.<sup>2</sup></p> <p>The Safe and Well at School Survey 2018 identified that amongst secondary school</p>		<p>working with and through trusted TNBI organisations will be important to engage with people who may feel less confident accessing activities provided by other organisations.</p> <ul style="list-style-type: none"> <li>- There is a need to support providers of sport and leisure opportunities to develop skills, knowledge and develop initiatives that offer more inclusive provision in the city for TNBI community.</li> </ul>	

<sup>1</sup> The Levels and Predictors of Physical Activity Engagement Within the Treatment-Seeking Transgender Population: A Matched Control Study. J Phys Act Health. 2018 Feb

<sup>2</sup> Sport, physical activity and LGBT report, Pride Sport, 2016



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	<p>aged children in Brighton &amp; Hove pupils who did not or did not always identify as the sex assigned at birth were statistically significantly less likely (15%) to meet recommended guidelines for physical activity compared to those that did (23%).</p> <p>Barriers to participation in sport and exercise for Transgender people that have been identified in studies include inadequate changing facilities, revealing and heavily gendered sport clothing, body dissatisfaction and fears around not being accepted by others.</p>		<ul style="list-style-type: none"> <li>- Campaigns and initiatives developed through the strategy should seek to promote and champion inclusion of TNBI community, celebrating inclusive opportunities in the city.</li> </ul>	
<b>Pregnancy and maternity<sup>17</sup></b>	<p><b>Local population:</b></p> <p>Office for National Statistics (ONS) data identifies there were 2 099 live births in Brighton &amp; Hove in 2021. The standardised mean age of mothers was 33.3 years old.</p>	<p>There are Tier 2 weight management services and activities offered through the Active for Life Programme to support activity during the pregnancy and post-natal period.</p> <p>There is opportunity to increase information containing guidance,</p>	<p>Physical activity is known to benefit physical and mental health across the life course including during pregnancy and post-natal periods, however evidence indicates this is a time when people can become less active, particularly those who</p>	<p>See key actions in Section 5.</p>

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	<p><b>Physical activity participation:</b></p> <p>Sport England Active Lives Survey (Nov 2021/2022) identifies that in England people who are pregnant or with a child under 1 years old are less likely to be physically active (35.2%) compared to people who do not/are not pregnant (44%).</p> <p>There is not a sufficient sample size to provide insight specifically for Brighton &amp; Hove.</p>	<p>resources and support on staying active through pregnancy and maternity on the council's Healthy Lifestyles webpages.</p> <p>A national report from the Active Pregnancy Foundation (June 2023)<sup>1</sup> identified the following barriers that can lead to a decrease in physical activity during pregnancy and maternity:</p> <ul style="list-style-type: none"> <li>- nausea, fatigue and lack of time</li> <li>- concerns about risks</li> <li>- social pressures from family and friends.</li> </ul> <p>The report also identified that a lack of confidence, knowledge and experience of healthcare professionals to support people to remain active or become active through pregnancy and maternity can mean some people are not offered</p>	<p>are pregnant, due to a range of physiological, social and environmental influences.</p> <p>It is important to ensure there is good information and resources on being physically active support available for the public and professionals working with people during pregnancy and postnatal stages.</p> <p>Professionals working with people during pregnancy and postnatal stages should be supported to feel confident providing brief advice and information about staying active and becoming more active.</p>	

<sup>1</sup> [The Active Pregnancy Foundation](#). Overlooked and Underserved: Pregnant and Postnatal women's engagement, Opportunities and resources for physical activity during COVID-19 Lockdowns in the United Kingdom. 2023

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		support when interacting with services.		
<b>Race/ethnicity<sup>18</sup></b> Including migrants, refugees and asylum seekers	<b>Local population:</b>  Data from the Census 2021 identifies that in Brighton & Hove there is a lower proportion of the population from Black and Racially Minoritised groups in the city's population compared to England: <ul style="list-style-type: none"> <li>- 4.8% Asian, Asian British or Asian Welsh (England 9.6%)</li> <li>- 2.0% Black, Black British, Black Welsh, Caribbean or African (England 4.2%)</li> <li>- 4.8% Mixed or multiple ethnic groups. (England 3.0%)</li> <li>- 85.4% White (England 81%)</li> <li>- 3.1% Other ethnic groups (England 2.2%)</li> </ul> Migrant communities:	<p>In some cultures, the general notion of regular or routine, every-day exercise is not as popular or prevalent as it is in Western cultures or has an association purely with pursuit of fitness for sport.</p> <p>There is a demand for better access to sport and exercise opportunities including access to gym facilities amongst the Gypsy and Traveller community.</p> <p>There is a need for more access to community sport and physical activity opportunities that support cultural differences (e.g. female only activities) or provide spaces where people from different backgrounds feel safer.</p> <p>Racism, and negative stereotypes can make</p>	<p>Data suggests that people from some Black and Racially Minoritised communities (Black, Asian) are less likely to be undertaking the recommended amount of regular physical activity, and that these inequalities may be greatest if these characteristics also intersect with identifying as female, having a limiting long term health condition or disability or a Hindu or Muslim faith.</p> <p>It is important to develop insight to better understand the lived experience and wider influences of physical activity behaviours for people of different ethnic backgrounds living in the city and the</p>	Please see key actions in Section 5.

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	<ul style="list-style-type: none"> <li>- The city's international migrant population (19%) is similar to both South East (14%) and England (16%).</li> <li>- 90.9% of people in the city identify their main language is English. 1.0% cannot speak English very well and 0.1% cannot speak English at all.</li> <li>- 5.9% of the population had been living in the UK for less than 5 years, and 2.9% for less than 2 years.</li> <li>- The International Migrants Needs Assessment (2019) identified Refugees, asylum seekers and undocumented migrants are likely to be among the more vulnerable migrant communities in the city.</li> </ul>	<p>people from Black and Racially Minoritized communities feel excluded from sport and physical activities and also from spaces that can support active living (e.g. parks and outdoor spaces).</p> <p>Sport and physical activity can provide an effective forum to support integration of people from diverse backgrounds, refugees and migrants within local communities. There are some good examples of provision in practice within the city (e.g. Brighton City Table Tennis Club).</p>	<p>intersection of this with other characteristics.</p> <p>As current data is limited, there is a need also to increase understanding of physical activity participation by people of different ethnic backgrounds in Brighton &amp; Hove and the intersectionality of ethnic background with other factors and characteristics.</p> <p>It will be important to strengthen links with representative organisations who can offer insight and opportunities to engage effectively with diverse local communities.</p> <p>Interventions to support physical activity behaviour change should consider individual and wider social influences</p>	



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	<p><b>Physical activity participation:</b></p> <p>Nationally, there are inequalities in physical activity across different ethnic background. Fewer people from Black and Asian backgrounds are identified as physically active compared to the average for England<sup>1</sup>.</p> <ul style="list-style-type: none"> <li>- These inequalities have been persistent over time (2015-2023).</li> <li>- Research<sup>2</sup> has identified evidence of wider inequalities with the intersectionality if people identify with the characteristics: <ul style="list-style-type: none"> <li>○ Limiting long term health condition or disability</li> </ul> </li> </ul>		<p>including individual and systemic racism that can lead to persistent inequality and disadvantage.</p> <p>It will be important for initiatives to increase physical activity consider the needs people who may be less able to understand spoken or written English.</p> <p>Campaigns developed to promote physical activity should consider diverse cultural motivations and attitudes towards active living and adopt bespoke targeted campaigns when appropriate.</p> <p>Materials produced to support the implementation of the</p>	

<sup>1</sup> Active Lives Adult Survey, Nov 2021-2022, Sport England

<sup>2</sup> [Sport for All, Sport England \(2020\)](#)

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	<ul style="list-style-type: none"> <li>○ People identifying as female</li> <li>○ Lower socio-economic status/family affluence</li> <li>○ Muslim and Hindu faith</li> </ul> <p>Due to small sample size, it is not possible to compare Active Lives data for adults in Brighton &amp; Hove across ethnic groups.</p> <p>In Brighton &amp; Hove Health Counts 2012, identified no significant differences between proportion of respondents aged 18+ from White British (25%) and “Black and Minority Ethnic” backgrounds (“BME” 26%).</p> <p>Inequalities between participation rates are identified amongst secondary aged children in the Safe and Well at School Survey 2021. Asian or Asian British pupils were</p>		<p>strategy should reflect the diverse populations in the city. Resources and materials are distributed through representative local groups and networks to help reaching people from diverse ethnic backgrounds including migrants and asylum seekers to support awareness and engagement in local opportunities.</p>	

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	<p>statistically significantly less likely (16%) to meet recommended guidelines for physical activity compared to White British pupils (22%).</p> <p>Inequalities amongst Black and Racially Minoritized communities also are present in wider measures of engagement and representation in sport and physical activity with people from these backgrounds also under-represented in attendance at sporting events, sports volunteering and sports governance roles.</p> <p>National research<sup>1</sup> identifies:</p> <ul style="list-style-type: none"> <li>- Experiences of racism meant people from Black and Racially Minoritized communities to feel excluded, and unheard within sport.</li> <li>- Inequalities in sports coaching and</li> </ul>			

<sup>1</sup> [Provision of tackling racism and racial inequality in sport - data gathering and analysis services, Shibli et al, \(2021\)](#)

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	leadership roles and can lead to reinforcing negative stereotypes and biased decision making leading to persistent inequalities.			
<b>Religion or belief<sup>19</sup></b>	<p><b>Local population:</b> Census data (2021) indicates that 55.2% of the population in Brighton &amp; Hove has no religion or belief. This is higher than England (36.7%).</p> <p>Of people with a faith or belief, the two most common in Brighton &amp; Hove are Christian (30.9%) and Muslim (3.1%) faiths. The number of people in those faith groups in the city is lower compared to England (46.3% Christian, Muslim 6.7%)</p> <p><b>Physical activity participation:</b></p>	<p>Lack of faith sensitive/ female only facilities and exercise opportunities can cause barriers for groups due to cultural reasons.</p> <p>The importance of access to female only sessions was identified through focus group held with Hangleton &amp; Knoll Multicultural Women's Group during Let's Talk Active for Life Consultation 2022.</p>	<p>National data suggests that people of Muslim or Hindu faiths are less likely to be physically active, and that these inequalities widen amongst people also identifying as female.</p> <p>There is a need to improve understanding of physical activity participation by people of different faith groups within the city and how this intersects with other characteristics.</p> <p>Increased access to facilities and exercise opportunities that allow for female only spaces could enable some</p>	Please see section 5 for key actions.



<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>The Health Counts Survey 2012 did not identify significant differences by populations between adults with a religion and those without a religion in Brighton &amp; Hove.</p> <p>Active Lives Adults survey data for England however shows that people who state they have no religion are more likely to be physically active compared to those that belong to a faith group. People of Hindu and Muslim faith were least likely to be identified as physically active</p> <p>Sport England Active Lives research identifies that:</p> <ul style="list-style-type: none"> <li>- There are differences in the types of sport and physical activity that people of different faiths do.</li> <li>- For some faith groups, there is a larger difference between levels of physical activity</li> </ul>		<p>people who feel currently less able to access community opportunities.</p> <p>It will be important to develop engagement with communities of different faiths to support implementation of the physical activity strategy to better understand lived experiences and influences of different faith groups.</p> <p>This could be supported by increased collaboration and involvement in local strategic working groups by faith-based organisations and the delivery of targeted initiatives.</p>	

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>between men and women. This is influenced by certain cultural expectations around what they should wear or how they behave.</p> <ul style="list-style-type: none"> <li>- Patterns in sport participation by faith reflect those seen between different ethnicities, which highlights the closeness of the relationship that exists between faith and ethnicity amongst many groups and communities.</li> </ul> <p>It is not possible to compare Active Lives data for people in Brighton &amp; Hove by different faiths due to small sample size.</p>			
<b>Sex/Gender<sup>20</sup></b>	<p><b>Local population:</b></p> <p>In 2021 Census data estimates there to be 141,000 female (51%) and</p>	<p>Feedback from the Let's Talk Active for Life Survey 2022 indicated that:</p> <ul style="list-style-type: none"> <li>- Lower cost of activities was identified as</li> </ul>	<p>There is a need to develop initiatives to increase physical activity participation amongst women and</p>	<p>Please see key actions in section 5.</p>

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>135,400 male (49%) residents in the city.</p> <p>There is a relatively even distribution of males and females across all ages up until the age of 75 years old. Similar to England, beyond the age of 75 years old the proportion of female residents increases. 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.</p> <p><b>Physical Activity levels:</b></p> <p>Data indicates that females are less likely to be physically active than males. This inequality in participation is observed from secondary school age (12+) into adult hood.</p>	<p>important across all gender groups, it was more commonly reported by females.</p> <ul style="list-style-type: none"> <li>- Females were also more likely to identify a need for more activities being available closer to where they live.</li> </ul> <p>Access to gendered activity sessions is important for some people who prefer to participate in group activities with others of their own gender. Some people responding to the Let's Talk Active For life consultation were seeking more female only exercise opportunities to be available in the city.</p> <p>Negative gender stereotypes can make people of different genders feel excluded from different activities and feel less able to take part in local opportunities.</p>	<p>girls to address currently identified inequalities.</p> <p>It is important to increase and share understanding of the lived experience of women and girls in the city and the factors that influence physical activity behaviour across the life course to inform local action.</p> <p>Materials produced for the strategy and local physical activity campaigns resources should seek to promote positive role models with different gender identities, tackle fear of judgement and avoid imagery that may reinforce negative stereotypes.</p> <p>Developing targeted female or male only activities, could enable some people to participate who currently</p>	

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p><b>Safe and Well at School Survey Data 2021:</b> Females (16%), in secondary school age groups were significantly less likely to meet physical activity recommendation compared to males (28%)</p> <p>Adult males in Brighton &amp; Hove were identified in Health Counts Survey (2012) as significantly more likely than females to meet the recommended guidelines for physical activity (27% for males and 22% for females).</p> <p>Sport England Active Lives Adult survey data (2021-22) also identifies females aged 16+ (69.5%) as physically active compared to males (73.4%) in Brighton &amp; Hove, and that fewer females (45.6%) felt they had the ability to be physically active compared to males (55.2%).<sup>1</sup></p>	<p>Campaigns such as “This Girl Can” and high-profile sporting events (e.g. Women’s Euro 2022) can play a positive role in changing cultural attitudes, offering positive role models and support action towards creating more equal access.</p> <p>Binary gender provision of community opportunities can create barriers for people who do not identify as either male or female.</p>	<p>feel excluded or less confident accessing mixed gender opportunities.</p>	

<sup>1</sup> Active Lives Survey Adults, Nov 2021-22, Sport England



<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>Similar inequalities are also identified for children and young people (under 16), with fewer (35.7%) girls identified as meeting the recommended levels compared to males (55.6%).<sup>1</sup></p> <p>Across Sussex, females aged 16+ (12.3%) are less likely to have volunteered to support sport at least twice in the past 12 months compared to males (15.3%). In Sussex, females aged 16+ who taken part in sport or exercise in past 28 days were also less likely (34.8%) to be members of a sports club than males (38.6%).</p> <p>Active Lives Survey data also indicates that the inequalities in physical activity widen when intersected with other characteristics such as age and ethnic background.</p>			

<sup>1</sup> Active Lives Survey Children and Young People – Academic Year 2021-22, Sport England

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
	Sport England research identifies that fear of judgement, not enough time and lacking confidence as important influences that stop many females from being as active as they would like. Traditional marketing and values associated with sport can also make some women and girls feel excluded. <sup>1</sup>			
<b>Sexual orientation<sup>21</sup></b>	<p><b>Local population:</b></p> <p>Around one in ten residents in Brighton &amp; Hove identify with a Lesbian, gay, bisexual or Asexual orientation. At least 25,247 residents age 16+ (10.6%) identified as Gay or Lesbian, Bisexual or Other sexual orientation.</p> <p>This proportion is three times higher than seen in the South East (3.1%) and England (3.1%) and the highest proportion seen in</p>	<p>People identifying their sexuality as Lesbian Gay, Bisexual or other were less likely agree they felt able to lead an active lifestyle in the city compared to people who identified as heterosexual (Let's Talk Active for Life Survey 2022).</p> <p>Community feedback from the Let's Talk Active for Life consultation 2022 identified:</p>	<p>There are statistically significant inequalities amongst secondary school aged pupils identifying as LGBTQIA+.</p> <p>There are limited data sources measuring physical activity rates by sexual orientation, therefore it will be important to use local research (e.g. Safe and Well at School Survey and Health Counts) to</p>	See key actions in Section 5.

<sup>1</sup> Go Where Women Are – insight on engaging women and girls in sport - Sport England

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>any upper tier authority in England.</p> <p><b>Physical Activity levels:</b></p> <p>National data from Sport England Active Lives Adults Survey indicates that people who identify their sexuality as Gay or Lesbian (75.6%), Bisexual (70.2%) are more likely to be active than people identifying as Heterosexual (63.9%) or Other (56.9%).</p> <p>Comparative Active Lives data on activity rates by sexual orientation in Brighton &amp; Hove is not available due to small local sample size.</p> <p>The Health Counts Survey 2012 identified fewer people meeting recommended activity levels amongst Lesbian, Gay, Bisexual, unsure and other groups (22%) compared to Heterosexual (26%), but this</p>	<ul style="list-style-type: none"> <li>- Fear of homophobia can discourage some people from taking part in community activities.</li> <li>- There are some good examples of sports and community organisations offering sport and leisure targeted sports opportunities for LGBTQIA+ community in the city (e.g. BLAGSS, Out to Swim).</li> <li>- Young people attending Allsorts LGBTQIA+ youth groups felt there are not enough specific community sport and physical activity opportunities in the city offered specifically for younger people identifying as LGBTQIA+.</li> </ul>	<p>increase insight and identify impacts of intersectionality with other characteristics.</p> <p>There is a need to develop better access to activities for LGBTQIA+ young people that provide safe welcoming experiences for people who do not feel confident accessing other opportunities.</p> <p>Supporting local activity providers to develop understanding on how to offer welcoming and inclusive opportunities for LGTQIA+ community in the city, and to increase collaboration with organisations trusted by the LGBTQIA+ community could help increase people's confidence accessing community opportunities.</p>	

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>difference was not statistically significant. New data from the Health Counts survey will be available in spring 2024.</p> <p>In Brighton &amp; Hove, pupils in secondary schools who identified as Lesbian, Gay and Bisexual or other (15%) were significantly less likely to meet physical activity recommendations than young people identifying as Heterosexual (25%) (SWASS 2021).</p>		<p>Future engagement activities should seek to increase insight against intersectionality of sexual orientation with other protected characteristics and prioritising less active population groups to gather insight on lived experience to inform local action.</p>	
<b>Marriage and civil partnership<sup>22</sup></b>	<p><b>Local population:</b></p> <p>The Census 2021 identifies that amongst the population aged 16+ within Brighton &amp; Hove:</p> <p>45.5% have never married or registered for civil partnership. 36.4% are currently married or in a civil partnership. 2.2% are currently separated but still legally</p>	<p>No feedback identified at time of writing.</p>	<p>There is currently no specific local insight identifying inequalities in physical activity by marriage/civil partnership status.</p> <p>Due to limited studies or local information assessing physical activity by marriage/civil partnership status there may be currently unidentified inequalities.</p>	<p>See prioritised action plan in section 5.</p>

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>married on in a civil partnership. 10.2% are divorced or were formerly in a civil partnership. 5.7% are widowed or a surviving partner from a civil partnership.</p> <p><b>Physical activity participation:</b></p> <p>Health Counts Survey 2012 did not identify any significant differences in physical activity participation by marriage/civil partnership status.</p> <p>No data was collected as part of engagement work as at the time it was not part of the council's standard equalities questions. We plan to ask this question in future engagement work.</p>			
<b>Community Cohesion<sup>23</sup></b>	No specific data in relation to the Let's Get Moving Strategy.	No known negative impacts on community cohesion in relation to the Let's Get Moving Strategy		No current actions identified.



Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
<b>Other relevant groups<sup>24</sup></b>	<p><b>Local population:</b> The Brighton and Hove Joint Strategic Needs Assessment identifies that:</p> <ul style="list-style-type: none"> <li>• 1 in 12 residents (20,800 people, 7.8%) provide un-paid care (9%).</li> <li>• At the end of March 2022, there were 382 children aged 0-17, 82 per 10,000, living in care in Brighton &amp; Hove (England 70 per 10,000).</li> <li>• 5,600 residents stated on the 2021 Census that they had previously served in the armed forces (2.4% of those aged 16+, England 3.8%).</li> </ul> <p>Insight on participation of the following groups is not available from Active Lives Data Sets as it does not</p>	<p>Feedback through the Let's Talk Active for Life consultation indicated that:</p> <ul style="list-style-type: none"> <li>- People who identified as Carers were less likely to agree that local opportunities felt easy to access, and less likely to agree that they felt able to lead a physically active lifestyle, compared to people who did not.</li> <li>- Some stakeholders identified there were few formal sport /physical activity sessions inclusive to people with drug and alcohol addiction.</li> </ul> <p>People responding to the Let's Talk Active for Life Adult Survey who lived in most deprived quintile (IMD) were more likely to disagree (31%) when asked if they felt there were lots of</p>	<p>It will be important to develop increased insight on physical activity participation on groups where data on current physical activity behaviour is limited:</p> <ul style="list-style-type: none"> <li>- Care leavers</li> <li>- People with drug and alcohol misuse</li> <li>- Homeless</li> <li>- People experiencing domestic and/or sexual violence.</li> </ul> <p>Due to the potential for physical activity to promote and support health and wellbeing it will be important to ensure there are clear and effective pathways to physical activity support and opportunities available in the city and local services supporting vulnerable groups.</p>	See actions in Section 5.

Groups to assess	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
	<p>assess physical activity rates across the following groups:</p> <ul style="list-style-type: none"> <li>- Carers</li> <li>- Care leavers</li> <li>- People with substance misuse</li> <li>- Homeless</li> <li>- Armed forces</li> </ul> <p>The Safe and Well at School Survey 2021 identified young carers in of Primary and Secondary school age were less likely to be doing 60 minutes of activity.</p> <p><b>Areas of deprivation:</b> Brighton &amp; Hove ranks 131st most deprived local authority in England (of 317) according to the 2019 Index of Multiple Deprivation (IMD). Around 50,000 residents live in areas identified within the 20% most deprived areas in England.</p> <p>Sport England Active Lives data identifies that adults</p>	<p>opportunities for them to be active in the city, compared to people living in the least deprived quintile (17.5%).</p>	<p>It will be important to engage with services and staff working with these groups to review existing support ensure there is good awareness of existing support and brief advice and access to resources and information that can support signposting to local services where needed.</p>	

<b>Groups to assess</b>	<b>What do you know<sup>10</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>11</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>12</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>13</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
	living areas with higher levels of deprivation are more likely to be inactive			
<b>Cumulative impact<sup>25</sup></b>				
<b>Assessment of overall impacts and any further recommendations<sup>26</sup></b>				
<p>Overall, the Let's Get Moving Strategy is assessed to have a positive equality impact across all protected characteristics. The Physical Activity Strategy has strategic priorities towards:</p> <ul style="list-style-type: none"> <li>• Tackling inequality and promoting equity.</li> <li>• Promoting inclusion and celebrating diversity.</li> <li>• Developing interventions informed by the needs of groups who are less active.</li> <li>• Engagement and co-production of interventions with less active communities.</li> <li>• Development of resources to improve public information on guidelines in accessible formats.</li> <li>• Improving access to safe and suitable built environments and facilities that support physical activity.</li> <li>• Supporting community sport and leisure providers to develop and offer inclusive opportunities.</li> <li>• Increasing collaboration with local stakeholders who represent and support different communities through the development of a new Let's Get Moving partnership.</li> <li>• Developing and sharing insight on local participation and opportunities that can support people who are less active to increase their physical activity.</li> </ul> <p>Negative stereotypes and discrimination are identified to lead to negative impact on participation in physical activity for some groups. Work to promote and deliver the Let's Get Moving strategy should ensure sensitive and inclusive messaging, drawing on diverse imagery and promoting positive role models that reflect the diversity of the city and challenge negative stereotypes.</p> <p>However, there is potential for negative impacts if actions taken to implement the strategy are not informed by the needs of diverse groups in the city or if services and support are not utilised by people who are less active.</p>				

Groups to assess	What do you know <sup>10</sup> ? Summary of data about your service-users and/or staff	What do people tell you <sup>11</sup> ? Summary of service-user and/or staff feedback	What does this mean <sup>12</sup> ? Impacts identified from data and feedback (actual and potential)	What can you do <sup>13</sup> ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
<p>Due to the complex and changeable influences on participation in physical activity the Physical Activity Strategy takes a whole system approach. Working in a complex system means that there may be unforeseen outcomes or changes that can impact groups disproportionately and that these influences can change over time.</p> <p>Ongoing work to better understand the lived experience of different population groups within the city should be undertaken through the term of the strategy to identify and take action where necessary.</p> <p>It is important to undertake periodic reviews of this equality impact assessment and associated action plans in light of new insight and include feedback from representative stakeholders throughout the term of the strategy to best promote equity.</p>				

#### 4. List detailed data and/or community feedback that informed your EIA

<b>Title</b> (of data, research or engagement)	<b>Date</b>	<b>Gaps in data</b>	<b>Actions to fill these gaps: who else do you need to engage with?</b> (add these to the Action Plan below, with a timeframe)
Let's Talk Active for Life Consultation 2022: <ul style="list-style-type: none"> <li>• Focus groups.</li> <li>• Stakeholder workshop</li> <li>• Community Survey</li> </ul> Pop up events.	2022	Small sample size from overall population.  Limited engagement from people with sensory needs, neurodiversity, children and young people	Undertake further engagement with local people to leading to co-production of interventions supporting groups identified in local data as less active: <ul style="list-style-type: none"> <li>- Black and Racially Minoritised Communities</li> <li>- Muslim Community</li> <li>- Trans, Non-Binary and Intersex Community</li> <li>- People who are Pregnant and post-natal</li> </ul>
Sport and Physical Activity Needs Assessment 2020	2022	Data summary of local need.	
Sport England Active Lives Data	2021	Limited sample size means inequalities between different demographic groups only observable at higher level geographies (regional or national levels)	Review equality impact assessment following results of Health Counts Survey to compare inequalities observed in activity levels between different demographic groups.
Brighton & Hove Joint Strategic Needs Assessment	2022		
Sport England: Spotlight on Older Adults and their relationship with sport and physical activity	2018	National Report - may not reflect local experience	



Brighton & Hove Safe and Well at School Survey	2018	Focuses on level of participation. Doesn't include further information on perceived barriers and enablers for children and young people	<p>Increase understanding of physical activity participation through future Safe and Well at School Survey activities.</p> <p>Develop engagement and co-production of interventions supporting groups identified in local data as less active through the Physical Activity Working Group for Schools.</p>
Community Voices - Health and wellbeing conversations in culturally and ethnically diverse communities (Trust for Developing Communities)	2022		
Priorities within the Learning Disability Community Report by the Carers Centre, PaCC and Amaze,	2019		
Go Where Women Are – insight on engaging women and girls in sport - Sport England		National research	
The Levels and Predictors of Physical Activity Engagement Within the Treatment-Seeking Transgender Population: A Matched Control Study. J. Phys. Act. Health. 2018 Feb	2017	Limited sample size, non-local population.	<p>Develop improved data and insight on participation in physical activity rates amongst TNBI communities.</p> <p>Review findings from next Health Counts Survey on differences in activity levels between different demographic groups and intersectionality</p>

Barriers and facilitators of physical activity and sport participation among young transgender adults who are medically transitioning. (Jones et al.) International Journal of Transgenderism, 18 (2), pp. 227-238.	2018	Limited sample size, non-local population	Ensure interventions are informed by and developed with support and input from local TNBI community.
Brighton & Hove Trans Needs Assessment 2015	2015	Age of publication, information may be outdated.	Plan engagement with the TNBI community in the city on experiences of participation in sport and activity in the city.
Sport England Families Fund – Final Evaluation Report	2022	National report.	

## 5. Prioritised Action Plan<sup>27</sup>

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
All Groups	Promote the Let's Get Moving Strategy to representative groups and invite them to join a Let's Get Moving Partnership and attend collaborative events to inform the development of local action plans to deliver the strategy.	Representation of different groups and co-production to ensure plans reflect the needs of different communities and increase insight.  Physical activity campaigns reflect diversity and promote inclusion of disabled people/ long-term health conditions - identifying relatable role models and promoting different accessible and inclusive ways people can increase physical activity, and inclusively access opportunities in the city.	Annual review of representation in this work across equality groups.	Partnership developed in year 1 and reviewed throughout out term of strategy.
All Groups	Undertake local research to increase understanding on physical activity participation and intersectionality across different demographic groups and respond to gaps in local Active Lives Data.	Increased understanding of intersectionality.  Increased understanding of local inequalities and groups who may be less active.	Completed insight reports published to BHCC website.	Reviews of Health Counts Survey and Safe and Well at School Survey 2024.  Ongoing research undertaken in phased approach throughout term of strategy.

All groups Initial focuses TNBI, D/deaf, Muslim/faith groups, Pregnancy, Black and Racially Minoritised Communities (Black and Asian)	Plan and undertake community engagement to widen understanding of the experiences of less active groups to increase physical activity in the city increase local insight and support action planning.	Increased understanding of what can enable different communities to move more.  Plans better informed by needs of different groups.	Engagement reports produced and shared with stakeholders.	Phased approach throughout term of strategy.
All groups	Engage with residents and local stakeholders to co-produce initiatives to support identified less active groups, tackle identified barriers and widen access to those with additional access requirements	Increased initiatives supporting fewer active people to participate in physical activity.	Active for Life Programme Reports.	Phased approach throughout term of strategy.
Age, Disability	Develop an information hub and set of resources on physical activity guidelines, support, and local opportunities for people throughout the life course (from pregnancy to older age) available in a range of formats (e.g. Easy Read) to meet the needs of people with access requirements (with specific focus on disabled people (including those who are non-visibly disabled,	Professionals and public can find it easier to access appropriate resources and information that can help them to move more.  Actions plans developed with diverse and representative groups will reflect solutions to what we have identified in this EIA as gaps, particularly for disabled people and various protected characteristics.	Creation and use of information hub  Resources identified, collated, and shared with relevant services.	Information Hub developed during 2024/25.

	children, young people and people over 55).			
All groups	Work with local representative stakeholders to co-produce, plan and deliver targeted and inclusive physical activity campaigns and communication resources to promote inclusion and engagement of under-represented and less active groups.	Inclusive physical activity campaigns, which encourage and support involvement from less active communities.	Physical activity campaigns delivered.	Annual calendar of campaigns delivered through term of strategy.
Areas of deprivation	Engage with stakeholders to develop directories of local opportunities, providers, facilities, and other local assets supporting active living for different groups in the city. Identify, better understand, and address barriers to engagement with sport and physical activity (intersectionally across all groups).	Greater insight on local sport and physical activity provision across the city and access for different groups.  Improved information for public and professionals on local opportunities	Initiatives undertaken to address local need	Phased approach throughout term of strategy.



All groups Initial focuses: TNBI, Neurodiversity, Learning disability.	Collate and develop support for local activity providers to increase knowledge and skills to support inclusion and widen access for groups who are not enabled to be more active, and/or have access requirements.	More inclusive community opportunities.  Groups feel safer and more confident accessing local opportunities.	Number of organisations receiving training and support.	Phased approach throughout term of strategy.
All groups	Review equality impact assessment in light of future research and insight. Gather more qualitative data on lived experiences and understanding barriers to engagement with physical activity or activity increasing programmes and initiatives.	Equality impact is understood throughout strategy term.	Updated equality impact assessment published.	Every three years or following new significant insight/research.

**EIA sign-off:** (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

**Staff member completing Equality Impact Assessment:**

Ryan Edwards, Healthy Lifestyles Manager

**Date:** 12-Feb-24

**Directorate Management Team rep or Head of Service/Commissioning:**

Kathleen Cumming, Consultant in Public Health

**Date:** 12-Feb-24

**CCG or BHCC Equality lead:**

Zofia Danin, Equality, Diversity, and Inclusion (EDI) Officer and Sabah Holmes, EDI Manager **Date:** 21-Feb-24



---

<sup>1</sup> The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

111

- 
- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
  - **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
  - **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
  - **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
  - **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
  - **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
  - **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

## <sup>2</sup> Our duties in the Equality Act 2010

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people in relation to their 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

**The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:**

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **advance equality of opportunity.** This means the need to:
  - Remove or minimise disadvantages suffered by people due to their protected characteristics
  - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
  - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
  - Tackle prejudice
  - Promote understanding

<sup>3</sup> EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved

- 
- The numbers of people affected
  - The size of the likely impact
  - The vulnerability of the people affected within the context

The greater the impacts, the more thorough and demanding the process required by the Act will be.

#### <sup>4</sup> **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

#### **Do you need to complete an EIA? Consider:**

- Is the policy, decision or service likely to be relevant to a specific group or groups (eg: older people)?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

<sup>5</sup> **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

<sup>6</sup> **ID no:** The unique reference for this EIA. If in doubt contact your CCG or BHCC equality lead (see page 1)

<sup>7</sup> **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

<sup>8</sup> **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.



- 
- How does it fit with other services?
  - Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
  - What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
  - What do existing or previous inspections of the policy, practice, service or function tell you?
  - What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

<sup>9</sup> **Previous actions:** If there is no previous EIA or this assessment if of a new service, then simply write 'not applicable'.

<sup>10</sup> **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on specific groups of the policy/decision/service is available?<sup>10</sup>
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the groups identified above in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: <http://www.bhconnected.org.uk/content/needs-assessments> and Community Insight: <http://brighton-hove.communityinsight.org/#> ) and national ones where they are relevant.

<sup>11</sup> **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
  - (a) consult when proposals are still at a formative stage;
  - (b) explain what is proposed and why, to allow intelligent consideration and response;
  - (c) allow enough time for consultation;
  - (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all perspectives can be considered.
- Identify any gaps in who has been consulted and identify ways to address this.

<sup>12</sup> Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.

- 
- Be realistic: don't exaggerate speculative risks and negative impacts.
  - Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
  - Questions to ask when assessing impacts depend on the context. Examples:
    - Are one or more groups affected differently and/or disadvantaged? How, and to what extent?
    - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
    - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
    - If there is negative differential impact, how can you minimise that while taking into account your overall aims
    - Do the effects amount to unlawful discrimination? If so the plan must be modified.
    - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

<sup>13</sup> Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

<sup>14</sup> **Age:** People of all ages

<sup>15</sup> **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

<sup>16</sup> **Gender Reassignment:** A transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected

<sup>17</sup> **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

<sup>18</sup> **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

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<sup>19</sup> **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

<sup>20</sup> **Sex/Gender:** Both men and women are covered under the Act.

<sup>21</sup> **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

<sup>22</sup> **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

<sup>23</sup> **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

<sup>24</sup> **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

<sup>25</sup> **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

<sup>26</sup> **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

<sup>27</sup> **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Sussex Integrated Care Board (NHS Sussex), the Local Safeguarding Boards/Partnerships for Children and Adults and Healthwatch.*

Title: Brighton & Hove  
Safeguarding Children  
Partnership Annual Report  
2022-23

Date of Meeting: 05 March  
2024

Report of: The  
Independent Scrutineer  
and Chair of BHSCP

Contact: Giles  
Rossington, Policy,  
Partnerships & Scrutiny  
Team Manager/Sarah  
Smart, LSCP Business  
Manager

Tel: 01273 295514

Email:  
[giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)  
[sarah.smart@brighton-hove.gov.uk](mailto:sarah.smart@brighton-hove.gov.uk)

Wards Affected: All

**FOR GENERAL RELEASE**

### **Executive Summary**

Health & Wellbeing Boards (HWB) are required to receive for information the



annual reports of local children's and adult safeguarding partnerships. This report presents the annual update from the Brighton & Hove Safeguarding Children's Partnership (BHSCP).

## 1. Decisions, recommendations and any options

- 1.1 That the Board notes the information contained in this report and its appendix (BHSCP Annual Report 2022-23)

## 2. Relevant information

- 2.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) is independently chaired and consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Learning), Health (through NHS Sussex ICB) and Sussex Police.
- 2.2 The BHSCP's objectives are to:
- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
  - Ensure the effectiveness of that work.
- 2.3 Chris Robson, BHSCP's independent scrutineer, chairs the Partnership and is responsible for considering how effectively the local safeguarding arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.
- 2.4 Health & Wellbeing Boards are required to receive for information and discussion annual reports/updates from the relevant local safeguarding children's partnership. The BHSCP Annual Report 2022-23 is included as **Appendix 1** to this report.

## 3. Important considerations and implications

### Legal:

- 3.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) is a statutory body. Under statutory guidance *Working Together* 2023 the three



safeguarding partners (being the Council, Health and Sussex police as defined under the Children Act 2004 as amended by the Children and Social Work Act, 2017) should agree on ways to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others, and implement local and national learning, including from serious child safeguarding incidents. The three 'key safeguarding partners' collectively hold statutory responsibilities for safeguarding in the city.

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

Lawyer consulted: Natasha Watson

Date: 26/02/23

**Finance:**

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

Finance Officer consulted: David Ellis Date: 13/2/24

**Equalities:**

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

**Sustainability:**

- 3.5 None identified in this report to note.

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

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

## **Supporting documents and information**

Appendix1: BHSCP Annual Report 2022-23



# BRIGHTON AND HOVE SAFEGUARDING PARTNERSHIP

Annual Report 2022 - 23



# Table of Contents

Contents	Page
Foreword from our Lead Safeguarding Partners	3
Message from our Independent Chair and Scrutineer	4
Introduction to Brighton and Hove Safeguarding Children Partnership (BHSCP)	5
BHSCP Structure	6
Brighton and Hove: Our Population, Our Children, Young People and Families	7 – 10
BHSCP Business Plan 2020-23 – Priorities, Achievements and Challenges	11 – 17
BHSCP Activity – Learning, Improvement, Evaluation and Evidence, Assurance, and Impact	18 – 37
Updates from our Partner Agencies and Organisations	38 – 51
Working with our Pan-Sussex Partners	52 – 55
Future Planning	56
Finance Report	57
Acknowledgements and References	58 – 56
Website Information	60

# Foreword from our Lead Partners

Welcome to the 2022-23 annual report, on behalf of the three statutory partners, thank you for taking the time to read this and for your support in our continuing progress to improve how we work together to deliver the best possible services to our communities.

This annual report outlines the work of our safeguarding children partnership during a year of achievements with some inevitable challenges, and we hope you find it useful in understanding the partnership's work and celebrating those achievements. These are only possible through the dedication and diligence of the many people working with children, young people and families across a range of agencies. We have maintained our commitment to focus on our most vulnerable families, providing a coordinated approach across statutory agencies with our colleagues from the community, voluntary and social enterprise sector (VCSE).

The Partnership is well-established with proactive Subgroups and robust Pan-Sussex links with West and East Sussex Partnerships. The Steering Group and Partnership Board, chaired by the Independent Scrutineer, provide comprehensive oversight and bring together strategic leaders and practitioners; to be a learning partnership designed to develop safeguarding services through training, reflection, evaluation, and challenge. Our vision to improve the lives of children and young people in Brighton and Hove remains our shared priority.

The continued development and implementation of a new early help strategy will tackle disadvantage and provide opportunities to improve life chances for all our children and young people. The last year has also included the transformation of Children's Centres to Family Hubs providing multi-agency support services from pre-birth to age 19 from April 2023.

We affirmed our commitment to be an anti-racist partnership by publishing our anti-racist practice statement, and by hosting our successful anti-racist practice conference as part of our Safeguarding Week in November 2022. The conference was complimented by 12 workshops related to the impact of disadvantage under the banner 'A Fairer Brighton and Hove', these were facilitated by partner agencies and colleagues from the VCSE sector.

The Partnership will continue to keep the safeguarding of children and young people in our city at the heart of what we do moving forward.



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

*Naomi Ellis*



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

*Deborah Austin*



*James Collis, Chief Superintendent,  
Public Protection, Sussex Police*

*James Collis*



## A Message from our Independent Chair and Scrutineer



Chris Robson, Independent Chair & Scrutineer

A handwritten signature in black ink, appearing to be 'CRobson'.

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

I wanted to start my introduction by offering some reassurance regarding the strength of the Partnership. During the reporting period covered by this document I have observed some truly outstanding partnership work. The safeguarding culture in Brighton and Hove is mature and affords everyone the opportunity to be confident that they will be supported as they strive to improve outcomes for our children and families. That culture permeates from the very top of the organisations through to the practitioners whom we rely so heavily on.

Representation at Partnership meetings is excellent and there is a culture of support and challenge as we strive to reach our joint objectives. Perhaps of greatest importance is the fact that Brighton and Hove is blessed with a professional, caring and incredibly hard-working community of individuals who work and volunteer in the safeguarding arena. Without these people we would not be able to provide the level of support to children and families. On behalf of the Partnership, I would like to offer each of them our sincere thanks for all they do.

This report sets out our achievements, concentrating in part, on the areas we have prioritised. Whilst it is right that we celebrate success it is also important that we recognise that we should always seek to improve. I have seen a real will to seek continuous improvement in Brighton and Hove, the training offer is excellent, supported by an exceptional lead and effective trainers from a wide range of backgrounds. The response to learning reviews is effective and all partners are alive to disseminating lessons learned at the earliest opportunity. This has been evidenced in all aspects of reviews but particularly in 'Delta', a challenging multi-agency review where the Partnership worked tirelessly to ensure appropriate lessons were learned. Please spend some time reading the sections of this report that details some of these reviews. They touch on some of the most distressing cases our practitioners, communities and families are involved in. They also offer some of the best opportunities for us to learn and improve outcomes for children.

I would also like to take a moment to thank the fantastic work of the BHSCP business team, particularly our Partnership Business Manager (PBM). They work tirelessly behind the scenes to make sure that our business runs smoothly. This report is a Partnership document and many people have contributed, but it is pulled together by the PBM. This is an example of the dedicated, professional role they play; I could provide countless more. I would like to thank the PBM and the team on behalf of all the partners.

It is important that this report is fair, informative, and balanced, having read it I am completely satisfied this is the case. I want to thank everyone involved in the BHSCP for their tireless work over the last twelve months. Thank you for your continued support.

Finally, when you read this report, I would ask that you consider the impact you can have. Safeguarding children is the responsibility of all of us, professionals, volunteers, families, friends, and communities. Please don't be afraid to raise concerns, seek advice or offer to help.

# Introduction to BHSCP

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

**Our Objectives:** To co-ordinate the local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people, to ensure the effectiveness of that work.

## **Our vision and values**

Our vision is that children and young people in Brighton & Hove live a life free from fear, harm, abuse and exploitation, enabling every child in every part of the city to achieve their potential.

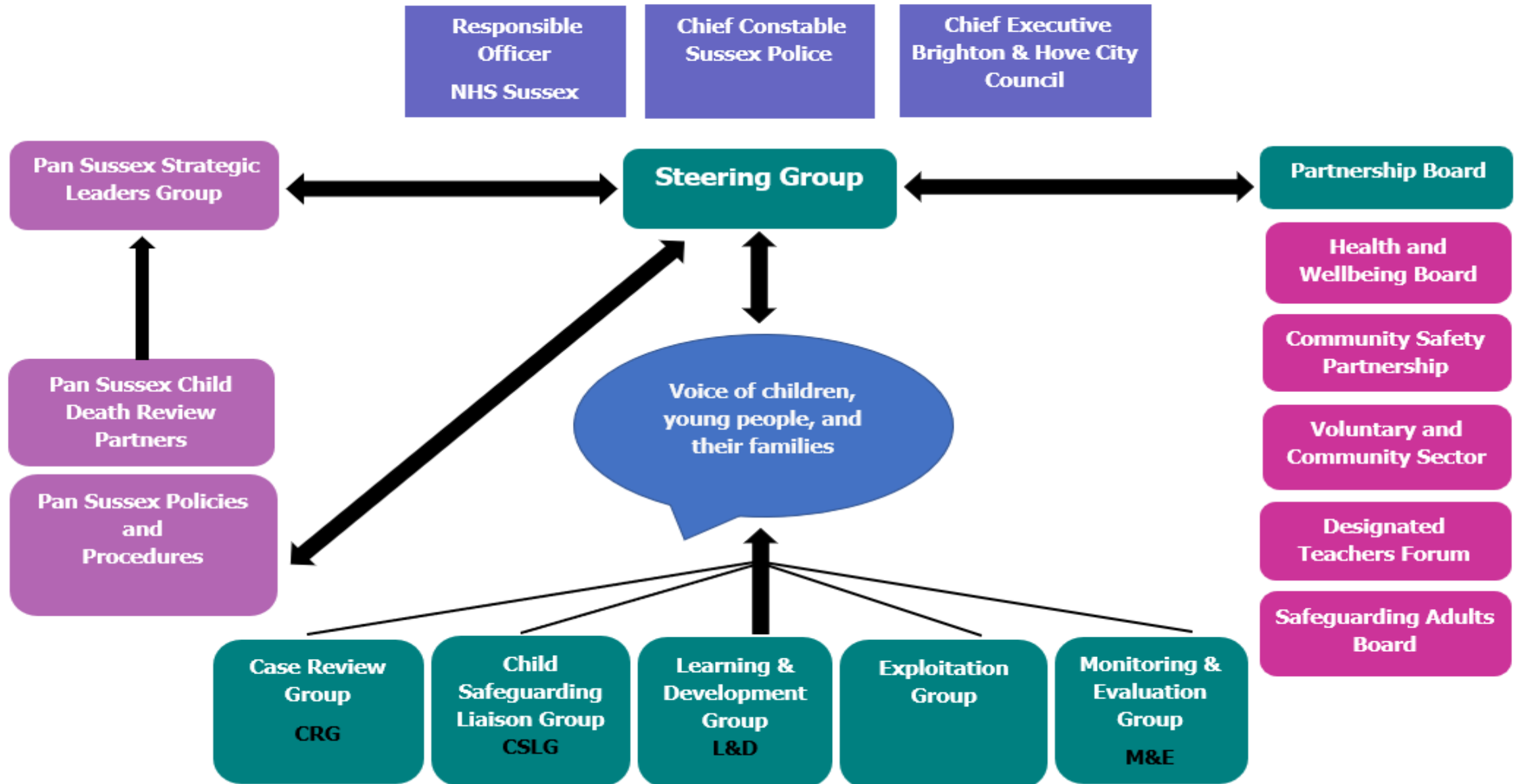
## **Our vision is underpinned by our core values:**

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

## **Our principles**

- To work in partnership.
- To commit to genuine engagement: listening to, and acting, on what our community tells us.
- To be a learning partnership.
- All BHSCP activity is characterised by an attitude of constructive professional curiosity and challenge.
- To be flexible to respond to emerging threats and risks.
- To always ask 'so what' to ensure what we do makes a difference.

## BHSCP Structure – Groups and Strategic Partners

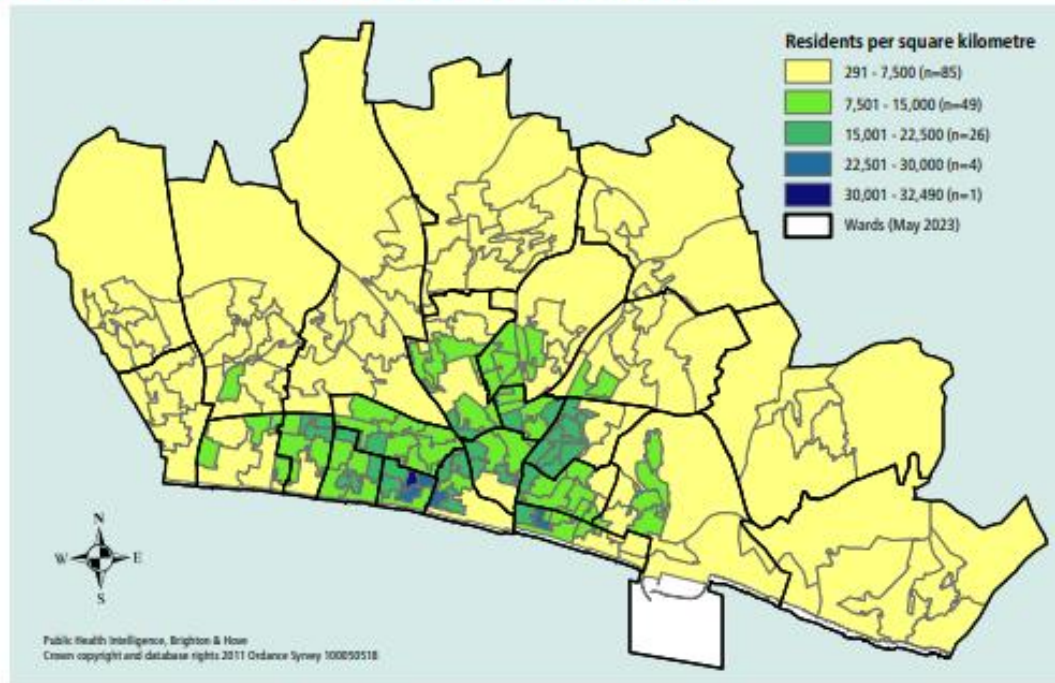




# Brighton and Hove: Our Population

The data included on these pages has been taken from the Joint Strategic Needs Assessment and A Better Brighton and Hove for all, kindly shared with BHSCP by Brighton and Hove City Council. Needs Assessments are available online from BH Connected Community Insight | Reports | Surveys | Needs Assessments | Performance <http://www.bhconnected.org.uk/content/needs-assessments> and [A better Brighton & Hove for all - the council's new plan for the city \(brighton-hove.gov.uk\)](http://www.brighton-hove.gov.uk)

## Brighton & Hove resident density



**Brighton & Hove has seven neighbourhoods in the 1% most densely populated areas in England**

(2021 Census)

## Population

**276,300 residents**

(2021 Office for National Statistics mid-year population estimates)

**15% under 16 years**

(19% South East, 19% England)

**72% 16 to 66 years**

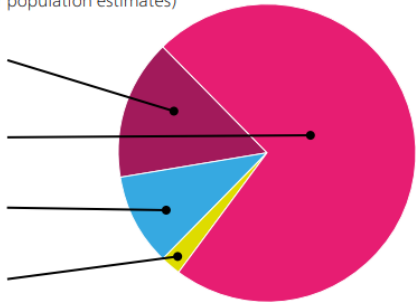
(64% South East, 65% England)

**10% 67-84 years**

(16% South East, 15% England)

**2% 85 years or older**

(3% South East, 2% England)



## Deprivation

**131st most deprived local authority in England (of 317)**

(2019 Index of Multiple Deprivation)

The highest concentration of deprivation is in the Whitehawk, Moulsecoomb and Hollingdean areas. Along the coast, to the west of the city and in Woodingdean there are also pockets of deprivation. All these areas are in the 20% most deprived areas in England.



**18.7% of residents aged 60 or over are living in income deprivation** (England 14.2%) (2021 Census)

**1 in 4 children in the city are living in poverty AFTER housing costs** (England 1 in 3)

## Residents born outside of the UK

**20% of residents were born outside of the UK**

(South East 16% England 17%).

**45% of international migrants living in Brighton & Hove were born in the EU**

(South East 38% and England 36%).

108 languages are spoken in schools including BSL  
(2023 school census)

**30%** of children in schools identify as other than White British



## Children and young people in care

**82 in every 10,000 children and young people (0-17 years old) are in care**

(31 March 2022)

(South East 56, England 70)



## Ethnicity

**More than a quarter of our residents (26%) are Black and Racially Minoritised**

(non White UK/British)

South East (21%) England (27%)

While the overall population of the city has increased by 1%, the number of Black and Racially Minoritised residents has increased by 35% since the last Census.

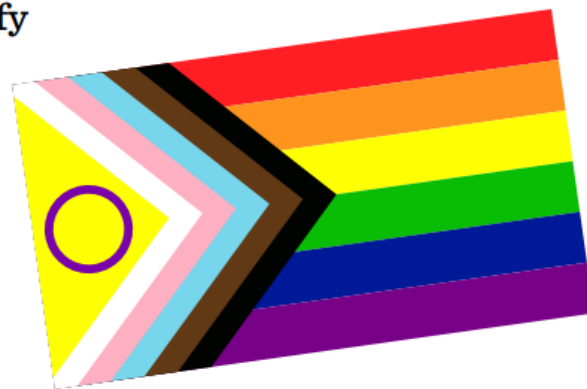
From  
53,251  
in 2011

to  
72,272  
in 2021

## LGBTQ+

**1 in 10 adults (16+) identify as Lesbian, Gay, Bisexual or Other**

**1 in 100 adults (16+) identify as a gender different from their sex registered at birth**





# Brighton and Hove – Our Children, Young People and Families

This section demonstrates some of the key statistical indicators used to guide the Partnership's priority safeguarding areas including children missing from education, referrals to Front Door for Families (FDfF) and Community Adolescent Mental Health Services, children subject to a Child Protection Plan, and Strengthening Families Assessment Plans completed within 45 days.



**17,240**

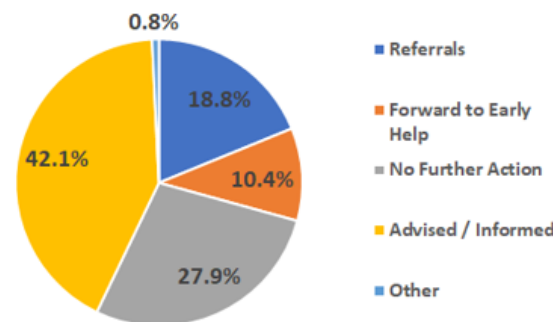
Initial Contacts to Front Door for Families (FDfF) during the year ending 31<sup>st</sup> March 2023, up from **16,731** during the previous 12 months.



**3,247**

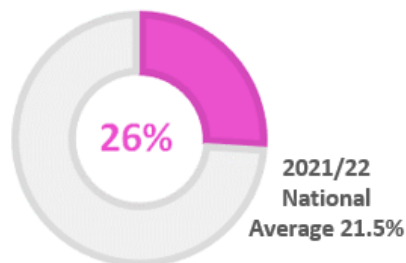
Initial contacts with a referral outcome during the year ending 31<sup>st</sup> March 2023, up from **3,006** during the previous 12 months

Initial Contacts to FDfF Year Ending 31<sup>st</sup> March 2023 by Outcome



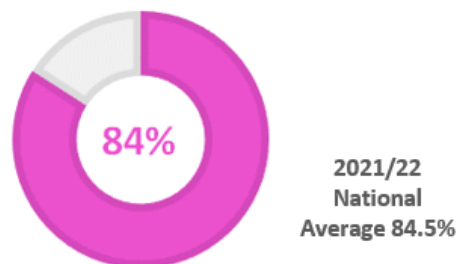
Re-Referrals to Children's Social Care year ending 31 March 2023

■ Re-referral



Strengthening Families Assessments Completed within 45 working days Year Ending March 2023

■ On Time ■ Late



The above chart shows Initial Contacts to Front Door for Families during the year ending 31 March 2023 by outcome



**460**

Pupils educated at home at 31<sup>st</sup> March 2023, up from **423** at March 2022.



**285**

Children subject of a Child Protection Plan at 31<sup>st</sup> March 2023, up from **281** at 31<sup>st</sup> March 2022.



**72**

Referrals to CSARC\* during the year ending 31<sup>st</sup> March 2023, with **26** children seen.



**198**

Pupils on a reduced timetable on census day Spring Term 2022/23, down from **227** in the Spring Term 2021/22

\*Sussex Children's Sexual Assault Referral Centre

This section demonstrates some of the key statistical indicators used to guide the Partnership's priority safeguarding areas including children missing from education, referrals to Front Door for Families (FDfF) and Community Adolescent Mental Health Services, children subject to a Child Protection Plan, and Strengthening Families Assessment Plans completed within 45 days.

#### 2021 Safe and Well at School Survey



**91%**

of primary school pupils feel safe at school



**75%**

of secondary school pupils feel safe at school

#### School Absence and Suspensions



**24.13%**

of all pupils who are persistent absentees in the 2021/22 academic year, up from **11.7%** in 20/21 and above the 21/22 national average of **22.50%**



**4.88%**

Rate of suspension for all pupils in the 2021/22 academic year, up from **4.4%** in 2020/21 but below the national average of **6.91%**

#### Child and Adolescent Mental Health Services (CAMHS)



**67%**

of referrals receive clinical triage within 3 working days of being received by the service during the year ending 31<sup>st</sup> March 2023, below the target of **75%**



**19%**

Access to assessment <25WD (routine), below the target of **75%**



**80%**

Second appointment for treatment taking place within 2 weeks of first treatment appointment, below the target of **95%**

#### Hospital Admissions and A&E Attendances 2021/22



**375**

Hospital inpatient admissions caused by unintentional and deliberate injuries to children aged **0-14**. This is a rate of **96.6** per 10,000 compared to the England average of **84.3**



**9,150**

Attendances at A&E in 0-4's in 2021/22. A rate per 1,000 of **785.1** compared to the England average of **762.8**



**195**

Hospital admissions as a result of self-harm children and young people aged 15-19 in 2021/22. A rate per 100,000 of **1,174.2**, above the national average of **641.7**

# Business Plan 2020 -23

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

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

## **Priority 1 – Partnership Engagement and Accountability**

### **Lead Agency – Brighton & Hove City Council:**

#### **Strategic Objectives:**

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

## **Priority 2 – Safeguarding children from violence and exploitation**

### **Lead Agency – Sussex Police**

#### **Strategic Objectives:**

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

## **Priority 3 – Reducing Neglect**

### **Lead Agency – Brighton & Hove City Council**

#### **Strategic Objectives:**

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

## **Priority 4 – Mental Health and Emotional Health and Wellbeing**

### **Lead Agency – NHS Sussex**

#### **Strategic Objectives:**

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



# How we Deliver our Priorities

Our priorities are delivered through our Subgroup activity. Each of our Subgroups reports to the Statutory Lead Partners, the Steering Group, and the Partnership Board every quarter.

BHSCP works collaboratively with other Partnerships and Boards in Brighton and Hove to co-ordinate services, whilst collectively focussing on safeguarding the children and young people in our city.

Our partner agencies coordinate audit and evaluation to actively monitor the effectiveness of practice and services, and improve outcomes for local children, young people, and families.

We work with our Pan-Sussex Partners to provide cross county professional challenge, shared learning, and a shared approach to safeguarding practice.

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



# Business Plan 2020 – 23 – Achievements and Challenges

## Priority 1 – Partnership Engagement and Accountability

**Aim:** To embed the principles of safeguarding children citywide

### Progress and Achievements:

The Partnership arrangements have provided strategic leadership to fully embed the principles of multi-agency safeguarding across all aspect of our work. The arrangements encourage children, young people and their families, the local community, and professionals to actively shape the work of BHSCP.

The Partnership demonstrates effectiveness in delivering against statutory functions, leads the safeguarding agenda, challenges the safeguarding work of partners, and the Partnership has committed to an approach that learns lessons and embeds good practice. Public safeguarding awareness has improved, enabling our community to act as the eyes and ears and understand how, when, and where to seek help should they witness, or suspect abuse or neglect is happening.

During the reporting year BHSCP has strengthened the governance with other key strategic forums including:

- The Safeguarding Adults Board (SAB),
- Community Safety Partnership,
- Pan-Sussex Strategic Leaders Group,
- The Association of Safeguarding Partners (tASP),
- Pan-Sussex Policies and Procedures Group,
- The Health & Well-being Board.
- The Partnership has also developed and maintained robust relationships with community and voluntary organisations in training, challenge, and consultation.

BHSCP has involved and consulted children and young people in the process of helping to keep them safe. The Partnership has adopted anti-racist working to identify where people are discriminated against because of race or membership of global majority communities, and to take active steps to address the systems, privileges and everyday practices that maintain this unequal treatment, whether they be intentional or unintentional.

Pan-Sussex and multi-agency assurance activity tests compliance and effectiveness of local safeguarding and child protection policies and procedures; and the Partnership is confident it can swiftly identify and respond to risks and issues that impact the Partnership. BHSCP continues to use learning from audit, local and national practice reviews, and feedback to improve safeguarding practice in Brighton and Hove.

The transformation phase from the Local Child Safeguarding Board (LCSB) to the Partnership in its current form as BHSCP has concluded. Therefore, whilst engagement and accountability continue to be part of the foundations and daily business of the Partnership; the Business Plan for 2023 – 2026 will monitor Priority 1 but focus on the Priorities 2,3 and 4.

# Business Plan 2020 – 23 – Achievements and Challenges

## Challenges –

**Voice of Children and Young People** remains an active development area for the Partnership and will feature as part of our forward planning and our Section 11 Reflection and Challenge Workshops in September 2023.



## Priority 2 – Safeguarding Children from Violence and Exploitation

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

### Progress and Achievements:

Our Partners, Safer Communities, contributed to the joint bid from Brighton and Hove City Council, East Sussex County Council and Sussex Police to the Home Office for the **National Referral Mechanism Decision Making Panel** pilot. The bid was successful, and the panel is now up and running locally. The impact of this is much swifter decision making for potential child victims of modern slavery or human trafficking.

With funds received via the Home Office for the **Violence Reduction Partnership (VRP)**, Safer Communities have commissioned interventions aimed at children and young people who are at risk of serious violence and exploitation. Examples include Brighton Streets (detached youthwork), Hospital Youthwork Project based in Brighton General Children's A&E, and Audio Active SHIFT mentoring.

## Development of the 4P Management Plan in Brighton and Hove - *Prevent, Protect, Pursue, and Prepare*.

Developed by members of the Exploitation Subgroup including reps from Sussex Police, Safeguarding Adults Board, Community Safety Partnership, and BHSCP. The Plan maps the delivery of single and multi-agency interventions under the 4P strands to avoid duplication and identify gaps. Each strand is owned by two strand leads, one for Adult's/Children's with owners drawn from across agencies. Populated plans allow strand owners to assess the gaps in provision and identify potential areas to enhance partnership working. The Management Plan due to be published to Exploitation Subgroup in May 2023.

## Challenges –

**Missing UASC from Hove hotel** - Since July 2021, over 1600 unaccompanied asylum-seeking children have passed through a hotel pending transfer to the care of a Local Authority under the National Transfer Scheme. To date 137 unaccompanied asylum-seeking children have been reported missing, with 73 children not yet found. BHSCP commissioned a piece of scrutiny from our Independent Scrutineer in January 2023. The report, published in February 2023, found episodes of children reported missing were higher in the summer of 2022 but there was no evidence to support claims of kidnapping or direct evidence of coercion by criminal gangs – a summary of the report follows on pages 21-22.

# Business Plan 2020 – 23 – Achievements and Challenges

## Priority 3 – Reducing Neglect

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

### Progress and Achievements:

**Safeguarding children and young people who experience neglect audit** was completed in Jan – March 2023 to evaluate the effectiveness of multi-agency practice with children and young people who experience neglect in the context of parental domestic abuse, mental ill-health and/or substance misuse. The report and Learning Briefing is due to be published later in 2023.

The audit identified several strengths including appropriate agency responses and action, appropriate response from Front Door for Families, robust multi-agency safeguarding plans, and good evidence of a strong and consistent team around the family which supported progress and improved outcomes for the child.

### Challenges:

Neglect is a form of child abuse that can have serious and long-lasting impacts on a child's life. The four main types of neglect are: **physical, educational, emotional, and medical neglect** – all can cause harm, and even death. Neglect can happen at any time during a child's life, even pre-birth, neglect can also co-exist with other factors such as poverty, and sexual harm. But despite an additional 101 practitioners completing the Child Neglect and/or GCP2 courses in 2022-23, and the encouraging feedback received through evaluation, the number of completed GCP2 Assessments was still alarmingly low in Brighton and Hove.

[Neglect is also Child Abuse: Know All About It | NSPCC](#)

**Learn to Train:** In response to the Graded Care Profile 2 (GCP2) Assessment Tool being underused in relation to the number of professionals trained in its use, the Partnership commissioned NSPCC training to expand the number of accredited multi-agency trainers. In February 2023, the Learn to Train course was completed by 9 professionals from several agencies including Early Help/Family Hubs, health agencies, and education - who will also be GCP2 Champions within their own agencies. The Learning and Development Officer has accessed NSPCC Masterclass sessions covering several themes including overcoming barriers to assessment tool use.

A multi-agency **GCP2 Steering Group** was developed to oversee the delivery of the commissioned NSPCC Assessment Tool agreed with BHSCP, the delivery of the training across all partners, and to report on progress to Lead Partners and the Steering Group moving forward.



# Business Plan 2020 – 23 – Achievements and Challenges

## Priority 4 – Mental Health and Emotional Health

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

### Progress and Achievements:

- **Pan-Sussex Self-harm Learning Network:** The Pan-Sussex programme delivered workshops to 233 education professionals, 1618 non-education professionals, 153 parents and carers and delivered a virtual conference attended by 993 professionals with 433 subsequent YouTube views. Online workshop recordings and additional self-harm workshop sessions from a leading expert are available for education staff and other professionals via the [Schools Mental Health & Wellbeing \(BHISS\)Resources | BEEM](#) education portal. As part of the network commission a [new suite of self-harm information](#) was developed on the YMCA e-wellbeing site with information and signposting on self-harm for children and young people and for professionals.
- **Self-harm guidance and flowchart for schools:** Pan-Sussex self-harm guidance and flowchart will be updated autumn term 2023. This guidance and revised drug and alcohol guidance for schools to be sent to independent schools in spring term 2024.
- **Toolkit in the event of an unexpected death or suicide in the school community:** The toolkit was launched in October 2022 alongside bitesize orientation training for school and college leaders and a wider programme of suicide awareness training created specifically for education staff by [Grassroots](#) with Public Health.
- **Suicide Prevention 'Assist' training:** This training was coordinated by the Schools Mental Health Service providing in person and virtual sessions to all primary schools, secondary schools, and colleges. Bespoke sessions were also designed and offered to staff in special schools.
- **Discharge and Safety Plans:** These are now shared with the School Mental Health Service when a child or young person presents at the hospital with self-harm. However, the service has reported this is not always consistent, and they do not receive paragon reports. If a child lives outside of Brighton and Hove but attends a Brighton and Hove school, this also proves a challenge. However, West Sussex YES are looking into a solution.
- **School Mental Health Service support in schools for pupil, parents, and school staff:** A wide range of both one off and session-based workshops have been delivered into individual schools and citywide.



### Challenges:

Mental health and well-being of children and young people remains a priority area for agencies not just education and Schools Mental Health Service. The progressing work strands above have provided some mitigation, but all agencies will continue to monitor closely including the children not accessing school premises as electively home educated or missing from education.

# BHSCP Activity – Learning, Improvement, Evaluation and Evidence, Assurance, and Impact

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

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



## Learning

Ensuring high quality single-agency and multi-agency safeguarding training is provided at different levels to meet local needs to protect and promote the well-being of children and young people. Using Practice Reviews and audit activity as a means of gathering potential learning.



## Improvement

To review and improve inter-agency practice through evaluation, analysis of operational practice, assessment of local and Pan-Sussex learning provision, and the inclusion of national reviews and learning.



## Evaluation and Evidence

The Monitoring & Evaluation Subgroup undertakes multi-agency quality assurance activities to monitor and evaluate the effectiveness of the work of the Partnership to safeguard and promote the welfare of children in Brighton & Hove.



## Assurance

Through a planned audit programme overseen by the Independent Chair of Monitoring and Evaluation subgroup, challenge and scrutiny via the Independent Scrutineer, Partnership Board, and Lay Members. Data analysis via the 'Dashboard', Assurance Requests, and Additional Information Requests (A.I.Rs). Disclosure to Lead Partners via Risk Registers, Business Planning, Subgroup Chair Updates and the Annual Report.



## Impact

The activity of the BHSCP and the multi-agency partners individually and collectively should demonstrate positive impact on outcomes for children, young people, and families in Brighton and Hove.



# BHSCP Activity – Governance, Accountability, Challenge and Scrutiny

**Steering Group** – This group oversees the strategic direction and work of the Partnership as set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 (WT2018). The Steering Group is attended by Lead Partners, agency Leads, and is Chaired by the Independent Scrutineer.

## Purpose

- To ensure the BHSCP is fulfilling its statutory duty to monitor and challenge the effectiveness of the local multi-agency response to safeguarding children and young people.
- To oversee strategic activity undertaken across the Partnership to safeguard and promote the welfare of the children and young people.
- To analyse data and intelligence to be fully appraised of the effectiveness of help, including early help, being provided to children and their families.

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

The role of the Partnership Board is to bring together wider partners from across statutory and voluntary, community or social enterprise (VCSE) organisations Brighton and Hove to ensure the strategic direction as set by the Steering Group and BHSCP Subgroups is taken forward and operationalised in all organisations.

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

## Purpose

The main purpose of the Partnership Board is to:

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

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

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



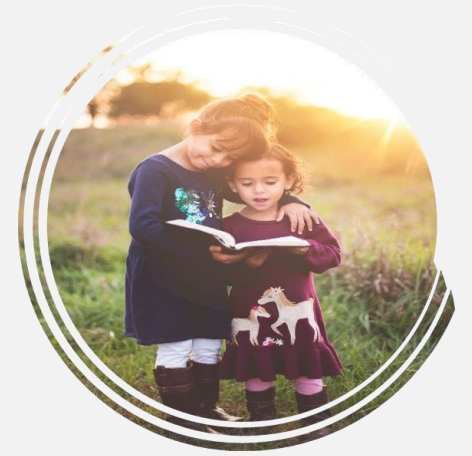
# Independent Voice and Challenge – Lay Members and Independent Scrutiny

During this reporting year the Partnership was supported by three volunteer, independent Lay Members who attend our Partnership Board, Case Review Group, Learning and Development, and Monitoring and Evaluation subgroups.

The role of a Lay Member is crucial to the Partnership as they provide an independent voice in the decision-making processes and provide a unique perspective as members of public from the Brighton and Hove community.

Lay Members are appointed to BHSCP for a term of two years, with the option to extend the tenure, subject to agreement by the Lay Member and the BHSCP. Training and support is provided through the BHSCP Training Programme and the Business Team.

**Plans for 2023-24** – The Partnership is currently holding a vacancy for a Lay Member role. We are also committed to increasing the voice and perspective of children and young people by exploring the possibility of a Young Persons' Lay Member Expert by Experience or Advisor. Recruitment to this unique role could bring an additional voice and perspective to the Partnership.



## What our Lay Members Say...

“As a lay member in BHSCP since 2017, I have had an opportunity to learn about how the safeguarding children system operates, from relevant legislation, agencies involved in safeguarding of children and how the agencies (Social services, Local Authority, Police, Health, Education, etc.) work together to ensure positive outcomes. The Board I attend (called Monitoring and Evaluation subcommittee) welcomes hearing lay members' perspectives and have responded proactively to any question or suggestions I have had, aiming ultimately to support delivery of BHSCP strategy regarding prevention of neglect to children. There are training opportunities available to practitioners and all involved in the sector that are open to Lay members as well. BHSCP have integrated Lay Members into their operation very well.”

**Independent Scrutiny as detailed in WT2018:** The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases ...Whilst the decision on how best to implement a robust system of independent scrutiny is to be made locally, safeguarding partners should ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement. The independent scrutineer should consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported.

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

# Independent Scrutiny – Unaccompanied Asylum-seeking Children (UASC) in Brighton and Hove

The Independent Scrutineer was commissioned by BHSCP to complete a fast-time review of the safeguarding arrangements of the UASC hotel in the city. This review was undertaken under Working Together 2018 and considered what this case reveals about the wider systems including joint working between the local authority, the Home Office, and local Police.

This piece of scrutiny was not an investigation but a learning and improvement opportunity. The report included a focus on the systems in place and what is working well in a strengths-based approach, alongside an exploration of where systems are not working well and where there might be gaps in multi-agency working.

## *Thematic Review - Areas of inquiry/themes to be explored by Independent Scrutineer:*

1. What is the scale of the problem, specifically how many children have been reported missing?
2. Are the concerns raised accurate, is there an evidential basis for the concerns?
3. What was the status of the missing children?
4. What steps are being taken locally and nationally to find missing children and resolve the issue?
5. What steps are being taken to prevent further children going missing?
6. Is there evidence of criminal coercion or exploitation? If so, how is this being addressed?
7. Is the Partnership doing all it can to respond to the safety of these children?
8. UASC are placed in hotels under the care of the Home Office. What part do they play in preventing children going missing?
9. Does the Home Office support Brighton & Hove agencies to prevent children going missing, investigate episodes of missing children, and develop best practice in this key area?
10. Is there any learning or recommendations that could improve practice and reduce risk to these and other UASC?



# Key Findings and Recommendations

The Scrutiny Report concluded 'there is a genuine will across all agencies to protect and safeguard the unaccompanied asylum-seeking children'.

The use of hotels as temporary placements was born out of a need to reduce the risk of harm associated with holding them in a place designed for adult migrant arrivals. This process has been managed by the Home Office who have no statutory responsibility for this provision. The numbers of children involved, and complexity of the situation, would involve the deployment of resources which are beyond the capacity of the Local Authority. The report details seven recommendations and concludes from the data provided there is a clear picture that, without significant intervention, this issue is likely to recur in spring and summer this year. Planning to deal with this is essential. A full statement including the full report is available from BHSCP website - [BHSCP statement - Unaccompanied Asylum-Seeking Children \(UASC\) Scrutiny Paper - BHSCP](#)

**Recommendation 1** – The Home Office make an immediate decision on the continued use of the hotel to accommodate UASC. If the decision is to continue to use the hotel, then the next recommendations made should be considered.

**Recommendation 2** – A definitive legal view should be arrived at regarding the status of the UASC. This is essential going forward and will provide a legal context to decisions made and accountability.

**Recommendation 3** – A multi-agency planning meeting should be called to establish a joint strategic response to anticipated seasonal UASC arrivals (those expected to arrive in spring / summer 2023). This meeting should consider accountability, resources, all safeguarding issues including missing episodes and communication strategies. The meeting should also examine any views on possible alternatives to the current provision. The specific issue of overrepresentation of Albanian children in missing episodes should be addressed. Planning needs to occur for this group who are at greater risk of exploitation through their missing episodes.

**Recommendation 4** – If the hotel remains open then an independent inspection system must be put in place to reassure all agencies and central government of the hotel's suitability to house these children. This should be an OFSTED inspection that would look at systems and practice. This is essential to the continued safeguarding of UASC placed in these circumstances.

**Recommendation 5** – The National Transfer Scheme should include greater accountability for all Las and ensure that its mandatory status is enforced. Those who do not take UASC should be held to account and penalised for non-participation. This must be viewed as a national issue with the responsibility for ongoing care being shared equitably.

**Recommendation 6** – Plans must be put in place to fund the extra resource required to adequately safeguard these children. This reaches beyond their initial care needs and should extend to increased resource requirements across all agencies involved in every aspect of their care, including missing person investigations and exploitation initiatives.

**Recommendation 7** – The Home Office and local political leaders should engage with media outlets to encourage a more balanced approach to the coverage of the issue. The impact of the headlines and articles produced should be considered in a wider safeguarding context. Editors and those responsible for these articles should be asked to consider the language used and provided with pathways to report concerns to agencies who can act on them.



# Assurance Through Monitoring and Evaluation

**Monitoring and Evaluation (M&E) Subgroup** – The BHSCP has a key role in achieving high standards in safeguarding and promoting welfare, not just through co-coordinating, but also by evaluation and continuous improvement. Under Working Together to Safeguarding Children 2018 the purpose of BHSCP local arrangements is to support and enable local organisations and agencies to work together in a system where agencies and organisations 'challenge appropriately and hold one another to account effectively' to provide 'early identification and analysis of new safeguarding issues and emerging threats.'

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

## Key Achievements and Challenges in 2022-23 –

**Development and publication of a new performance Dashboard** to increase the transparency of performance and assist in effective scrutiny and challenge across all agencies. The Dashboard indicators support the Partnership's understanding of progress to deliver its business priorities. The populated Dashboard can now be used to by partners to hold each other to account, and by M&E Subgroup to provide assurance on progress, develop Additional Information Requests (AIRs) and Assurance Requests (MAARs), and propose areas of focus for single and multi-agency audit activity.

An unpopulated version of Dashboard has been included as example of good practice by tASP in their work programme 'Establishing an Outcomes & Evaluation Framework for Safeguarding Partnerships' commissioned by Department for Education (DfE). This has also been shared with the Safeguarding Adults Board, and our Pan-Sussex partners in East and West Sussex; all have given positive feedback.

**Population of BHSCP Performance Dashboard** has presented some challenges for the M&E Subgroup. The overall impact of the dashboard has been the improvement of reporting in wider partnership contexts, however the section of the dashboard focused on Strategic Priority 2 - *Safeguarding children from violence and exploitation* is awaiting the provision of some data. A new Information Sharing Agreement (ISA) has been developed and ratified to facilitate this and to overcome this challenge.

## Additional Information / Multi-Agency Assurance Requests –

To formalise how agencies provide additional information / assurance to the Partnership the M&E Subgroup developed a process, report templates and standardised email templates - these are now active and embedded in the M&E and Steering Group processes.

**Multi-agency Assurance Requests (MAARs)** aim to provide a structured process for the BHSCP Monitoring and Evaluation Subgroup to gain assurance that issues arising from multi-agency audits are not reflective of wider practice and / or agencies are sighted on the issue as an area for improvement, are taking action to address it and are monitoring improvement through internal quality assurance processes. **Additional Information Requests (AIRs)** are used to request further information based on performance queries identified by the performance data submitted for the Dashboard.



# Assurance Through Monitoring and Evaluation

**MAARs and AIRs** are providing assurance via M&E delivering increased accountability. Using these processes M&E sought and provided assurance to the Steering Group in relation to the:

- Child Sexual Assault Referral Centre (CSARC) Pathway – Child Sexual Abuse (CSA) Health Assessments
- Adolescent Violence Risk Management (AVRM)
- Pan-Sussex Audit – *Safeguarding Children who are Electively Home Educated*
- Multi-agency Audit – *Neglect of Children Impacted by Complex Parental Issues*

Visibility of Single Agency Quality Assurance activity was identified as a challenge in the Annual Report 2021-22. Assurance Requests were made in 2022-23 to gain assurance agencies are monitoring improvement through internal quality assurance processes.

All agencies provided an overview of:

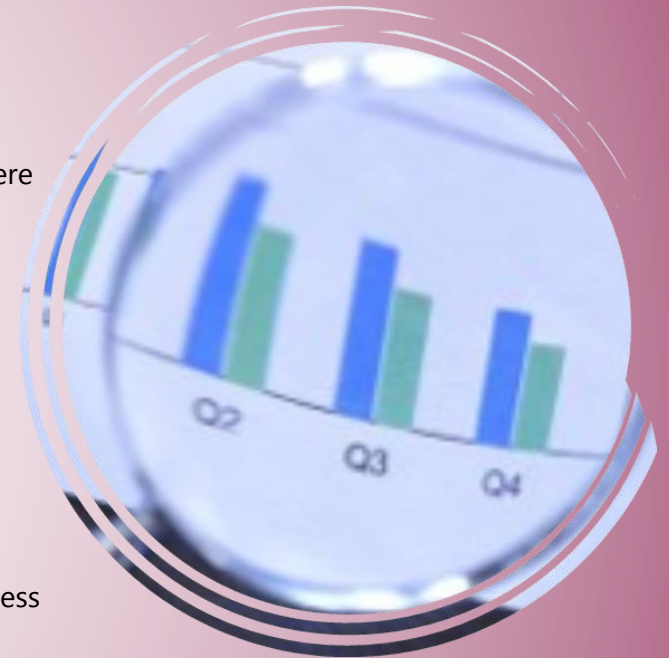
- QA Framework
- Single Agency Audit Activity planned and completed in 2022-2023
- Learning
- Impact of learning
- Learning that has multi-agency / partnership implications
- QA Schedule for 2023-2024

Completed MAARs provide assurance that agencies are monitoring improvement through internal quality assurance processes and address this previous concern around visibility.

**Plans for 2023-24** – The M&E Subgroup plan to fully embed the MAAR and AIR processes whilst developing the Dashboard to reflect the strategic objectives and priorities of the BHSCP Business Plan 2023-26.

The development and introduction of Multi-agency Audit Practitioner Events. This approach will give practitioners/managers an opportunity to challenge each other, discuss issues in more detail, highlight good practice, consider whether things could have been done differently etc. before the audit findings are written up. This process will also mean that the final report will have a greater multi-agency focus.

The Pan-Sussex Section 11 Audit to be completed including the introduction of the online Practitioner Survey to provide practitioners the opportunity to be more involved.



# Assurance and Improvement Through Audit

## Safeguarding Children and Young People who Experience Neglect Audit –

The purpose of the audit was to evaluate the effectiveness of multi-agency practice in safeguarding children and young people who experience neglect, in the context of parental domestic abuse, mental ill-health and/or substance misuse. The key lines of enquiry were as follows:

- Is multi agency practice safe and effective?
- Is multi agency safeguarding intervention improving the outcomes and the lived experience of children & young people experiencing neglect?

The cases of eight children were selected for audit using Children's Services data and included a range of age, ethnicity, gender, disability/SEND.

An audit tool was used by managers and practitioners to record their findings, the auditors spoke to practitioners about their views on the case, including examples of multi-agency work.

## Summary of Findings –

Overall, the quality and effectiveness of multi-agency practice was variable with half of the audits graded as requiring improvement. Where practice was strong, the professional network shared their concerns about neglect and supported a referral to the Front Door in a timely way. The Report identified further examples where effective relationships were built with both parents, transparency was achieved, and there was close collaboration between agencies and there was a strong and consistent multi agency team around the family which supported progress and led to improved outcomes for the child. The Audit identified several strengths including where neglect was recognised, and the responses and actions taken by agencies were appropriate. However, the Audit also highlighted cases where practice wasn't strong, and assurance is required on behalf of the Lead Partners.

Findings were used to develop the 9-Minute-Briefing for circulation to professionals.

## Assurances –

The M&E Subgroup have sent Assurance Requests to agencies based on the **Assurances and Recommendations** detailed in the Report. Agencies will attend M&E in September/November 2023 and January 2024 to discuss their responses.



# Learning and Development

**Learning and Development (L&D) Subgroup** – The Subgroup is currently Chaired by a Designated Nurse for Safeguarding Children - NHS Sussex. The Subgroup meets four times per year to review the training programme, analyse training data such as attendance and evaluation feedback, and to develop the training programme with the Learning and Development Officer. The role of the L&D Subgroup includes consideration of BHSCP Learning Briefings from audit outcomes and child safeguarding practice reviews including national reports which link to training and learning. The Subgroup comprises of representatives from the wider partnership including Health, Children's Services, Police and Education.

## Key Achievements and Challenges in 2022-23:

The successful delivery of the **Anti-racist Practice Conference** in November 2022 would be the main achievement for this reporting year, this is discussed separately later in this report.

The main challenge for Learning and Development in 2022-23 was **the closure of the Learning Gateway booking system** in September 2022. This came about soon after the reintroduction of in-person training as the Covid-19 restrictions eased. In response the Partnership Business Team moved to a manual system of booking training with all bookings being managed through the main BHSCP email, with course promotion through the BHSCP website.

We were joined by a new Learning and Development Officer in September 2022 who strengthened the training offer available to professionals in Brighton and Hove by commissioning expert by experience trainers and organisations. These courses became available from Spring 2023 and have been well received by partners.

Attendances for 2022-23 have decreased overall for all courses, but we saw an increase in the combined attendances for the core Working Together in Child Protection (WTCP) Safeguarding Children Days 1, 2 & 3 from 152 in 2021-22 to 225 in 2022-23.

## Plans for 2023-24:

In 2023-24 we have several key events/projects planned –

- The launch of DadPad and CoParentPad Apps in Brighton and Hove – details on page 29-30.
- The launch of the Training Programme for 2023-26.
- Completion of a full Training Needs Analysis as part of the Subgroup Workplan and L&D Strategy review.
- The development of a GCP2 Steering Group to support the use of the assessment tool and the introduction of the GCP2 Trainers and Champions accredited in February 2023.

## BHSCP Course Attendances 2022-23

Course	Attendances
Graded Care Profile (GCP2) Training	81
Child Neglect	20
WTCP: Safeguarding Children 1: Developing a Core Understanding	85
WTCP: Safeguarding Children 2: Assessment Referral & Investigation	65
WTCP: Safeguarding Children 3: Child Protection Conferences & Core Groups	75
The Impact of Domestic Violence and Abuse	40
Harmful Practices	28
The Impact of Parental Substance Misuse	3
Child Sexual Exploitation	20
Trauma Informed Approaches	77
Suicide Awareness with Under 16s and Over 16s	12
Fabricated/Induced Illness & Perplexing Cases	19
Non-Accidental Injuries	5
Foetal Alcohol Spectrum Disorders	15
Joint Investigations	10
Multi-Agency Public Protection Arrangements MAPPA	10
Exploitation	36
Safeguarding in a Digital Age and Online Safety	30
Project SOLAH – 'Safety Online at Home'	18
Difficult or Evasive Behaviour	5
Safeguarding and Adultification Bias – Child Delta LCSPR Learning Event	56
Improving Outcomes for Children who are Looked After	5
Cultural Competence	23
Supporting LGBT+ Children and Young People	32
Working with Children and Young People in the Gypsy and Traveller Communities	10
Anti-racist Practice Conference	160
Safeguarding Week – A Fairer Brighton & Hove Workshops	103
<b>Grand Total</b>	<b>1043</b>



# Learning and Development

## Evaluation and Feedback –

Overall, there has been a high return on evaluations, for example, 90% of Working Together in Child Protection (Safeguarding Children Day 1) evaluations were completed on the post course evaluation portal. Generally, feedback was positive, and learners reported course objectives met their needs.

147

"The trainer delivered the training in such a good way that keeps you engaged."

The day was beneficial to have such an interactive exercise."

"I feel this will be beneficial in my work. Good tool for measuring the quality of care given to a child."

"The mock child protection conference was very powerful and memorable."

The facts, stats, and sharing of experiences was also highly valuable. The trainer was excellent."

"Real examples of cases especially the conference was brilliant as it was prepared and delivered well using real scenarios and provided how the case ended."

Lots of space for discussions and questions. Thank you!"

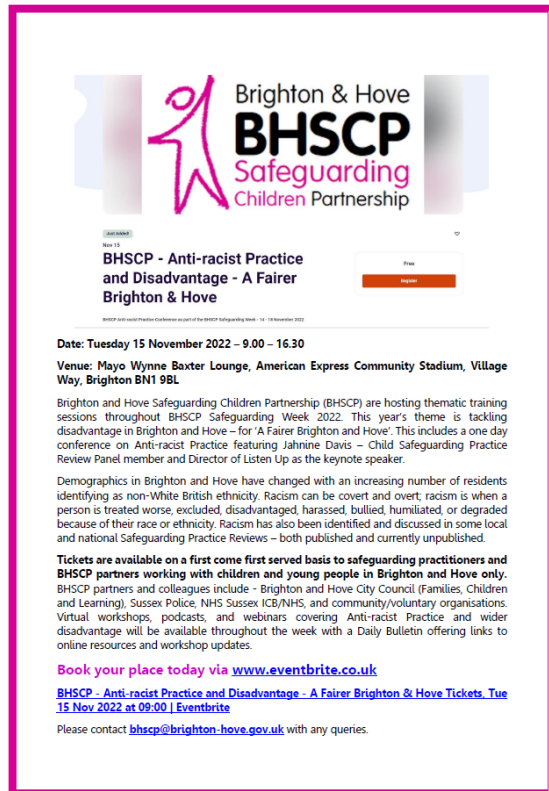
**Working Together in Child Protection (Safeguarding Children Day 1)**  
80% felt the course delivery was excellent and just under 20% felt the course delivery was good.

Between 80-90% of learners felt the course objectives met their needs across all BHSCP courses.

**Working Together in Child Protection (Safeguarding Children Day 2)**  
*How well was the voice of the service user represented in the training?*  
88% - Completely  
12% - Partially

# Anti-racist Practice Conference and Safeguarding Week 2022

**BHSCP Safeguarding Week 2022** – We hosted thematic training sessions throughout their Safeguarding Week in November 2022. Safeguarding Week has a different theme each year, the theme for 2022 was tackling disadvantage in Brighton and Hove – for 'A Fairer Brighton and Hove'. The week included an in-person conference and virtual workshops.



**BHSCP Anti-racist Practice Conference 2022** – Demographics in Brighton and Hove have changed with an increasing number of residents identifying as non-White British ethnicity. Racism is when a person is treated worse, excluded, disadvantaged, harassed, bullied, humiliated, or degraded because of their race or ethnicity – this can be overt or covert. Anti-racist practice seeks to identify where people are discriminated against because of race or membership of global majority communities, and to take active steps to address the systems, privileges and everyday practices that maintain this unequal treatment, whether they be intentional or unintentional.

BHSCP hosted a one-day Anti-racist Practice (ARP) conference as part of our Safeguarding Week in November 2022. The conference included local and national experts as speakers discussing racism, ARP, disadvantage, intersectionality, and adultification. The conference was supported by 6 community stallholders representing VCSE organisations associated with the anti-racist discussion who challenged delegates to be active white allies. The Conference was attended by 160 professionals from across all partner agencies, and the feedback was positive from delegates, speakers, and stallholders.

**Thematic Workshops** – BHSCP hosted 12 workshops facilitated by trainers from partners agencies and colleagues from community and voluntary sector organisations.

All workshops related to the impact of disadvantage across several areas including –

- Supporting LGBT+ Children and Young People, Supporting Trans Children and Young People,
- Harmful Practices, Harmful Sexual Behaviours in Education,
- Racialised Trauma, Working with Interpreters,
- Health Inequalities, Poverty and the Cost-of-Living Crisis, The Disadvantage Strategy Framework and Family Hubs,
- Violence Against Women and Girls, Domestic Violence and Abuse: The Impact on Children and Young People,

Workshops were attended by 103 professionals working with children and young people in Brighton and Hove.



# DadPad and CoParentPad

## What is DadPad?

DadPad is an essential guide for new dads developed with the NHS. The online App and hardcopy guides provide quick reference information, guidance, and support for new dads in the care of their baby. The guide covers from pregnancy, to the birth, and through to the baby's first birthday.

## What are the benefits?

- Reduce anxiety by getting involved and gaining in confidence in how to care for a baby.
- Dads learn how to create a strong bond with their baby and healthy attachment.
- Build stronger family relationships by sharing the load and learning how to parent together.
- Recognise the signs of postnatal depression and learn how and where to get help early.
- Quick read guides covering the basics of baby care including crying, feeding, holding, soothing, and sleeping.
- Developed with dads and health professionals so the information is relevant and comes from a trustworthy source.

## When will it be available in Brighton and Hove?

BHSCP commissioned a 4-year license for DadPad (and CoParentPad) in March 2023. The App has been in development to ensure all the information and service directory is Brighton and Hove focussed including local VCSE organisations. The App will include full details for a range of service providers including Health Visiting, Family Hubs, and Perinatal Mental Health Services – it is a digital 'one-stop-shop' for new dads.

## What is CoParentPad?

The CoParentPad includes the same benefits and similar information as the DadPad but has been developed to support non-birthing/non-gestational parents who identify as LGBT+. The quick reference guide is designed to provide an affirming alternative to the DadPad but will only be available in hardcopy initially. The developers have designed CoParentPad to meet the specific needs of LGBT+ parents and have worked in co-production with and listened to LGBT+ parents and health professionals to achieve this.

## When and how will DadPad and CoParentPad be available?

Key stakeholders in Brighton and Hove attended a Pre-Launch Event in July 2023 where they could access the draft App to ensure it was accessible and correct – feedback was positive and DadPad committed to making some minor amendments based on the feedback.

Information and hardcopies of the guides will be available through maternity services and Family Hubs. BHSCP will be hosting virtual workshops for practitioners in September and October 2023 and plan to launch in November 2023. DadPad and CoParentPad will be available free in Brighton and Hove.

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

[Co-ParentPad Launch | Support for new parents \(thedadpad.co.uk\)](https://thedadpad.co.uk)

# DadPad®

The Essential Guide For New Dads



# Co-ParentPad®



# DadPad®

Brighton & Hove  
**BHSCP**  
Safeguarding  
Children Partnership

# Learning Through Case Reviews

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



**The Case Review Group (CRG)** – This multi-agency group consider whether the Partnership should undertake Local Child Safeguarding Practice Reviews (LCSPR), follow the progress of reviews underway, agree final reports, develop action plans and track progress of actions to ensure learning recommendations are met and implemented. CRG also works with the L&D Subgroup to deliver Learning Events for practitioners and wider partners to disseminate the learning from local and national reviews.

## **Key Achievements and Challenges in 2022-23:**

The Partnership published the **Child Delta LCSPR** in November 2022 following the tragic death of a 20-month-old girl in December 2019; the review looked at what lessons should be learnt and what needs to be put in place to do all we can to prevent a similar tragedy ever happening again. The review made a total of 17 recommendations and the multi-agency Action Plan is ongoing but substantially completed.

Members of CRG have participated in several meetings looking at ways **to improve joint working relationships** with Crown Prosecution Service (CPS), Pan-Sussex joint working practices with the Child Death Overview Panel, and closer working with the Safeguarding Adults Board and Adults Services.

The key challenge in 2022-23 has involved **unavoidable delays to progressing safeguarding practice reviews due to parallel processes** and in particular the impact this has on the families and the practitioners involved. As a Partnership we have acknowledged the impact the review subject, and the associated processes, can on those involved. Partner agencies have committed to ensuring sufficient well-being support in place for all. One LCSPR has been on hold for some time due to parallel processes. Early learning was circulated to professionals, and we plan to restart the review in September 2023.

## **Plans for 2023-24:**

- Finalise a Pan-Sussex LCSPR '*Menu of options*' providing standardised choices at the Rapid Review stage.
- Develop internal resource to undertake reviews where appropriate.
- Embed follow up review events to capture the impact on practice from learning, and to provide feedback/closure for the operational staff involved in a review.
- Developing a means to monitor quality assurance and value for money when commissioning external reviewers.
- Continue to work closely with the L&D and M&E Subgroups to join up the *Review, Learning, Monitoring and Evaluation cycle* to bring about sustainable change.
- Complete and publish current LCSPR previously on hold, disseminate further learning.
- Conclude the Learning Audit developed from a Rapid Review that was not progressed to LCSPR.



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

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

## Learning from LCSPR –

**LCSPR – Child Delta:** A rapid review was conducted in early 2020, following a serious safeguarding incident in December 2019. CRG decided the criteria for a LCSPR had been met and the Child Safeguarding Practice Review Panel (National Panel) concurred. Commissioning of the review was delayed initially by post-mortem test results and investigations initiated by Sussex Police. A further delay occurred following the arrest of mother in October 2020, and again in early 2022 whilst a new Reviewer was commissioned. The Report was published in November 2022 and the Inquest was scheduled for July 2023.

### Findings and Recommendations Identified in the Review:

The review identified several key factors including neglect. The Reviewer found that decisions and safety planning on this case were based on the positive assessments undertaken by practitioners regarding Mother's parenting and initially on Delta's development. Since Delta's death, the criminal investigation has highlighted Mother's ability to manipulate those around her and her apparent skilled capacity for deceit of all those around her, including family, friends and multi-agency professionals.

The Reviewer stated:

*'...Mother demonstrated that she was an exceptionally capable and loving parent. That she would have left her 20-month-old daughter ill and home alone has shocked all who knew Delta. It was not predictable to any of the practitioners involved with the family.'* (LCSPR Child Delta, p.76, 2022)

This is a view the Reviewer later repeated to the coroner as part of her evidence at the inquest. However, the Reviewer did identify key learning and made 17 recommendations to the Partnership including –

### Greater possible risks *may* have been identified had there been:

- Identification of Mother's ongoing mental health needs, as indicated by her reported anxiety, panic attacks and eating problems, and her lack of speaking about her Child Sexual Exploitation (CSE).
- Identification that Mother's lack of acknowledgement of, and receipt of therapy for, her earlier traumas could be a risk indicator for her long-term emotional welfare and consequently a potential risk for her daughter's welfare.
- An assessment from Delta's perspective, in December 2018, **prior** to closing the Child in Need (CIN) service. This should have taken account of Mother's deceit in relation to college attendance, the loss of a nursery placement providing monitoring of Delta's welfare and plans for Mother's independence.
- A step-down process from CIN which involved the identification of a lead professional and continued multi-agency meetings focused on Delta.
- A holistic assessment prior to any decision about independence and the type of accommodation required to provide safe care of Delta.

### Learning from LCSPR Child Delta :

An Action Plan was developed by the CRG leads to progress all the recommendations including actions initiated from early learning including:

- A system of daily checks was brought in immediately at the accommodation where Child Delta and her mother were placed.
- The child of any young parent who has a social worker now has their own separate social worker focusing on their needs.
- Every young parent placed in supported accommodation has their case regularly reviewed by the multi-agency professionals working with them.
- Children's social care services have reviewed how risks to young parents and their children are assessed. As a result, protocols and guidance have now changed.

In partnership with the L&D Subgroup a Learning Briefing and Report Summary was published to all agencies, a *Safeguarding and Adultification Bias Learning Event* was planned for July 2023, and the training programme now includes safeguarding and adultification bias courses available to all partners.

Furthermore, BHSCP course content has been reviewed to ensure that training discusses the importance of risk management relating to a child's vulnerable child.

### Learning from National Reviews –

In May 2022 National Panel published the '**National Review into the Murders of Arthur Labinjo-Hughes and Star Hobson**' making recommendations for central government and for all local safeguarding partners. This review was discussed in several Partnership meetings and the link to the review was cascaded via the Weekly Highlights email to agencies and professionals.

[National review into the murders of Arthur Labinjo-Hughes and Star Hobson - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-review-into-the-murders-of-arthur-labinjo-hughes-and-star-hobson)

In March 2022, the City of Hackney Safeguarding Children Partnership published their **LCSPR Child Q** report. The report was discussed by CRG leads, and it was agreed the key learning around adultification bias was linked to the early learning identified in the Child Delta review. The review was also discussed as part of a Partnership Board agenda item in April 2022.

As part of a Priority 1: Accountability and Engagement piece of work lead agencies had been asked to present to the Board outlining the work they are doing with Black and minoritised/global majority children and families\*. Children's Social Care presented at the meeting in January, Sussex Police presented in April and NHS Sussex presented later in the year. In their presentation Sussex Police confirmed that learning from the Child Q review is embedded in the monthly learning updates provided to all officers and as part of their Learning panels. The Board were assured by Sussex Police's response to the review.

*\*Black and minoritised/global majority is used here, but it is recognised that language of identity is personal to an individual, can be subjective, and can change over time.*

[Child-Q-PUBLISHED-14-March-22.pdf \(chscp.org.uk\)](https://chscp.org.uk/wp-content/uploads/2022/03/Child-Q-PUBLISHED-14-March-22.pdf)



# The Development of the BHSCP Anti-racist Practice Statement

*There is no place for racism in Brighton & Hove. We recognise that the impact racism has on our communities is devastating. It is our responsibility to create safe, inclusive and supporting environments and challenge racism when we see it. We stand firmly together with our partners in being committed to tackling institutional and interpersonal racism in all its forms. We commit to listening, monitoring and continually evaluating our practice because we recognise that good anti-racist practice for the Partnership leads to better outcomes for our children in our city.*

Anti-racist practice seeks to identify where people are discriminated against because of race or membership of global majority communities, and to take active steps to address the systems, privileges and everyday practices that maintain this unequal treatment, whether they be intentional or unintentional.

This statement seeks to set out the principles and actions we will adopt towards this aim. Anti-racist practice extends to how we work together as colleagues and professionals, as well as with families, children and young people.

**We should speak up when professionals interact or behave in a way that is disrespectful or unacceptable, whether of families or of colleagues.**

Published – December 2022

Full statement available from: [Brighton & Hove Safeguarding Children's Partnership Anti Racist Practice Statement – BHSCP](#)



# Improvement Through Subgroup Activity

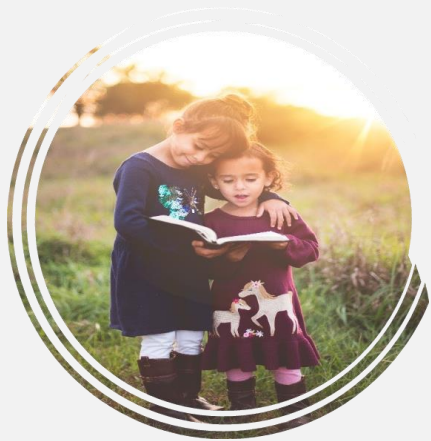
**Child Safeguarding Liaison Group (CSLG)** – CSLG is an interagency forum that meets monthly to review and improve joint working practice in respect of multi-agency Child Protection processes. This includes analysis of examples of operational practice within the context of Child Protection enquiries and investigations. The Subgroup challenges practice and, where necessary, brings matters to the attention of relevant managers and agencies on behalf of the BHSCP with the aim of organisational and partnership learning.

## Subgroup Activity in 2022-23:

Mental Health pathways continues to be a significant area for discussion in CSLG. For example, during 2022-23 the group discussed the national shortage of CAMHS beds for children and decision making between approved mental health professional, Custody, CAMHS, SECAMBS. Discussions have taken place around 'Pathways to Hospital' where complexity around mental health presentation and eating disorders presentations are present.

Other areas of discussion included –

- UASC and age disputes/agency responses.
- Information sharing from early years providers to primary schools.
- A Family Court ordering a skeletal survey without medical advice.
- Out of Hours arrangements – emergency doctors service, FDFP, Police and health agencies.
- Complex health presentations query child sexual abuse (CSA) and fabricated/induced illness (FII)
- Police body worn cameras and medicals.



## Key Achievements and Challenges in 2022-23:

The integration and maturity of the Subgroup, good attendance and participation. The Subgroup Chairs Forum meets regularly to continue discussions in sharing learning and information across the partnership's sub-groups.

The development of practice notes and learning shared for all partners and the 'So What?' challenge. The group aims to ensure learning is shared and impacts positively on practice and therefore the outcomes for children. Issues recently discussed and learning developed include CSA, SUDI and safer sleeping messages, complex health care packages and mental health pathways from custody. A Practice Note completed by Children's Social Care colleagues in relation to 'Star and Arthur' national review was shared within CSLG. Plaudits and learning from interventions managed well is beginning to be shared - these are passed on to services as appropriate. Celebrating good practice as well as learning from challenges is an aim for CSLG. Practice notes are available to professionals via the website – link below.

[Practice Points - BHSCP.](#)

Some practical challenges to ensure the CSLG meeting is accessible to all partners and a resource challenge stemming from a capacity issue within the Business Team through vacancy for much of the year - these challenges were managed.

CSLG needs referrals to consider each month as a prerequisite of the meeting generating discussion and learning. Most meetings have at least one case discussion on the agenda, but this needs to be managed.

#### **Plans for 2023-24:**

Further development of the use of plaudits and cases where things have gone well. Aim to ensure the Partnership learns from cases of excellence as well as where things have not gone well. To ensure there is always a case for discussion. Consideration of themes as well as individual cases, and a rotating 'discussion lead' across all agencies to ensure cases are available.

#### **Feedback from CSLG Membership:**

- Clear positive link from CSLG case discussions into Policy and Procedure change. Examples given around harmful practices.
- The CSLG has respectful challenge and no sense of defensiveness from colleagues.
- Peer support, awareness of who can provide advice.
- An opportunity for agencies to reflect on practice - example given around health reports and if they are pitched well/limited use of jargon.
- The group process can allow resolutions and reparation of relationships between professional networks.

## **Exploitation Subgroup –**

This multi-agency Subgroup works in direct partnership with the Community Safety Partnership and the Safeguarding Adults Board. As a group they have oversight of BHSCP work on exploitation, modern slavery and human trafficking, and of the Violence & Exploitation Reduction Action Plan (VERAP).

The Exploitation Subgroup is Co-Chaired by the Detective Chief Inspector from Serious Investigations Unit, Sussex Police and the Head of Safer Communities, with support from the Exploitation and Violence Reduction Coordinator.

#### **Subgroup Activity in 2022-23:**

The new Serious Violence Duty came into force in early 2023, applying to several public bodies in attendance of the Exploitation Subgroup. This requires strategies at both police force area and CSP level and that specified public bodies work in unison to address serious violence locally. Sussex's current readiness for the duty has been rated as "mature" by the Home Office's commissioned consultancy (Crest Advisory) though further work remains in terms of community engagement.

A review and update to the VERAP ahead of 2023-24 was conducted over the last quarter of 2022-23, taking in to account the Serious Violence Duty and with due regard to the Brighton & Hove Community Safety Partnership Strategy.



### Key Achievements and Challenges in 2022-23:

Safer Communities contributed to the joint bid from Brighton and Hove City Council, East Sussex County Council, and Sussex Police to the Home Office for the National Referral Mechanism (NRM) Decision Making Panel pilot. The bid was successful, and the panel is now up and running locally. The impact of this is much swifter decision making for potential child victims of modern slavery or human trafficking.

Successful bids were entered for Home Office funds to implement the Serious Violence Duty. These funds will be applied to existing Violence Reduction Partnership activities, as well as specialist Community Engagement Manager post, to be based within the Trust for Developing Communities.

Significant turnover for key positions within Sussex Police related to the exploitation agenda lead to some challenges in receiving updates to the VERAP.

Safer Communities and other partners have fed into the local meetings with the Home Office regarding the placement of Unaccompanied Asylum-Seeking Children (UASC) in local hotels. Following very high volumes of children going missing in the summer of 2022 these meetings have provided oversight of and a robust challenge to Home Office arrangements. This remains an area of significant concern and will likely present a challenge for child safeguarding processes locally going forwards.

### Plans for 2023-24:

Work to further embed knowledge and practice regarding the Serious Violence Duty locally.

Work within BHCC to improve understanding and practice of the Modern Slavery Pathway across pathway services and local authority more broadly. This will include work with BHSCP to ensure training needs for practitioners are met locally.



# Updates from our Partners

**Children's Social Care – Brighton and Hove City Council (BHCC):** One of the Lead Statutory Partners, covering all aspects of statutory safeguarding work under the Children's Act.

**Key Achievements and Challenges of 2022-23:** Youth Offending Service (YOS) – Outstanding inspection, Special Educational Needs (SEN) inspection – we were awarded the top grade. Quality mark achieved for Access to Records.

In the reporting year the main challenge has involved staffing issues and the work needed to maintain a Social Work workforce. For example, the service is running with a 19% vacancy rate in frontline social work teams. A second challenge has been placement sufficiency; there is a national shortage of placements which leads to difficulty in finding registered placements that are local and appropriate, resulting in a lack of choice.

**Agency involvement in Partnership workstreams:** As a Lead Partner the agency is fully embedded in the work of the Partnership. For example, Children's Social Care supported the commissioning of further CVSE work for 2022-23 as part of the Harmful Sexual Behaviours in Education project with Trust for Developing Communities and YMCA Downlink WiSE due to start in September 2023. Children's Social Care were also very involved in the development of the Anti-racist Statement, Anti-racist Conference, and the Safeguarding Week activities with trainers delivering several workshops.

**Agency Involvement in Partnership work on prevention and/or Early Help:** Children's Social Care has been fully involved in the development and transformation of Family Hubs. As part of this transformation, the Threshold Document review has been identified as an area of further development for 2023-24.

## **Agency contribution to BHSCP Business Plan Priorities in 2022-23:**

1. Fully engaged in all working groups and Subgroups as lead agency. Chair CRG, CSLG & PSP&Ps. Manage the partnership on behalf of BHSCP.
2. AVRMS is operational and considered a piece of good practice. YOS serviced inspected as outstanding in 2022. NRM decision making pilot taken on.
3. Promoted GCP2 Assessment Tool with professionals, this is now embedded into Eclipse. Produced learning reflections focused on neglect.
4. Supported the development of Multi Agency Mental Health Education Triage (MAMHET). Promotion of Single Point of Advice (SPoA) in FdF – which provides a simplified single route to access specialist emotional wellbeing and mental health support, although there is still some work to do here. Suicide response processes have been reviewed and strengthened.

**How can the BHSCP further develop and improve to ensure that children, young people, and their families are safeguarded effectively:** Through further development of the Dashboard including preparation for JTAI and ILAC inspections. Improve children's voice in the Partnership and Partnership workstreams. Celebrate services and good practice. The **#SeeSomethingSaySomething** was an example of the Partnership use of raising awareness through public campaigns – it would be good to see similar campaigns in 2023-24.





**NHS Sussex ICB** – Represent Health as one of the three Lead Partners of BHSCP.

**Key Achievements in 2022-23** – From April 2022, the delivery of the health input into the Multi Agency Safeguarding Hubs (MASH) came under the remit of NHS Sussex, along with increased staffing resource for the Brighton MASH.

**Key Areas of Impact from the MASH team in Brighton and Hove include:**

- Improved attendance by health at Strategy meetings.
- Improved sharing of domestic abuse Single Combined Agency Report Form (SCARF) to the health system, greater engagement in Multi-Agency Risk Assessment Conference (MARAC) in Brighton and Hove.
- Audit of MASH records has shown improvements include collecting Acute/Minor Injury Unit/UTC information and Mental health information under the new team- helping to provide a more holistic approach to risk assessment.
- NHS Sussex ICB have improved the quality and speed in which health information is available to make threshold decisions - this has been evidenced in MASH audit.
- The team have completed training with local primary care teams in Brighton and Hove to support the sharing of information.

**Key Challenge in 2022-23** – Ensuring a safe response to the mental health challenges facing children and young people in Brighton and Hove was a significant challenge during the year. There were increasing numbers of children on mental health waiting lists with unmet mental health needs across the city being on Paediatric wards and Royal Alexander Children's Hospital when there was a national shortage of Tier 4 provision and appropriate social care placements.

A weekly CAMHS escalation call was held by the provider collaborative to help ensure high risk children were reviewed regularly, appropriate placements were sourced and when necessary, extra mental health support was provided to Royal Alexander Childrens Hospital teams to safely meet these children's needs whilst they remained inpatients.

**Agency involvement in Partnership workstreams:** During Q4 partnership funding was agreed to launch **DadPad and CoParentPad** across the city. These apps have key topics to support new fathers/male carers/Co-Parents with important guidance, this is an important part of the Partnership's response to learning identified in the Myth of Invisible Men Report. The DadPad tool has been positively reviewed in West Sussex with evidence of its impact on fathers. The NHS Sussex team led on the implementation of this initiative for the Partnership and will continue the roll-out and ongoing evaluation during 2023-24.

**Joint Target Area Inspection (JTAI)** – The framework was changed from an Exploitation theme to Early Help. A health provider workshop was held, main health providers were kept up to date with changes and have continued to inform their organisations. The workshop was extremely well evaluated by provider organisations safeguarding leads and was subsequently developed into a regular working group. It helped the health partners share essential learning, align internal processes for inspection planning and identified health-wide areas for improvement, such as identification of the need for specialist exploitation training for staff. NHS Sussex responded to this learning, by delivering a bespoke Exploitation conference in January 2023, which was made available to all multi-agency partners.

[Joint targeted area inspection of the multi-agency response to children and families who need help - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## How has NHS Sussex ICB contributed to the BHSCP business plan priorities during 2022-23:

### Partnership Engagement and Accountability:

- Representation from NHS Sussex designated nurse and/or designated Doctor in all Subgroups.
- Strategic leads from NHS Sussex involved in all key strategic decisions through representation at Steering Group and Partnership Board. The Learning and Development Subgroup is chaired by the NHS Sussex Designated Nurse.
- Section 11 was a key partnership focus during the financial year: Self-assessment tool was amended move focus on improvement rather than compliance, this was well received. The NHS Sussex Section 11 self-audit identified the organisation was safely discharging its statutory obligations but identified key stretch targets related to training delivery for the year 2023/24.

### Safeguarding children from children exploitation:

- NHS Sussex worked with NHS England and Sussex Police to improve the sharing of anonymised data for the TSV/VRP dashboard from health providers
- NHS Sussex provided training around criminal and sexual exploitation of children to primary care
- 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 was positively evaluated, with learning being shared and developed into practice.

### Reducing Neglect

- Neglect audit completed and neglect strategy reviewed with partnership.
- NHS Sussex supported the Pan Sussex EHE audit discussed on page 53, identified improvements and provided assurance.
- NHS Sussex held JTAI workshops for health for preparedness for JTAI including communication to Primary care. The workshops have been adapted to allow an ongoing working group continue the development of shared approaches to each new JTAI topic as they have been released.

### Mental Health and Emotional Health and Wellbeing - Key developments specific to Brighton and Hove during 22/23:

- Expansion of the Children and Young People's Wellbeing Service (interventions for mild to moderate need when specialist CAMHS is not needed) .
- Partnership working to improve how young people and families access services.
- Additional investment to improve therapeutic support for children in care.
- Targeted mental health support for young people in temporary accommodation.
- Specialist CAMHS depression and anxiety coping skills pilot developed and evaluated by a group of experts by experience.

### Plans for 2023-24:

- GCP2 refresh to include Antenatal GCP2. Re-establish the GCP2 Steering Group. NHS Sussex to provide training to provider agencies.
- Continue Data Dashboard development to ensure decision-making is based on sound data. An ongoing action for 2023-24 will be to improve the quality of mental health data - review current provider-led data available to the dashboard and ensure this is triangulated with commissioning data.
- Learning from Domestic Homicide Reviews and Safeguarding Adult Reviews to assist understanding of the impact of domestic abuse/coercive control on the lives of children and those who care for them.



**Sussex Police:** One of the Lead Statutory Partners, represented in all meeting cycles, with the following responsibilities in Brighton and Hove -

- Sussex Police are the biggest referring agency to the Multi-agency Safeguarding Hub (MASH).
  - Sussex Police works with all children coming to police attention, regardless of age, and where there is a policing need. Sussex Police provides support and information to partners to encourage the best safeguarding outcomes.
  - Sussex Police are active members in Strategy meetings and ICPC (RCPC' reports provided).
- 
- Sussex Police leads on finding / returning missing children and all subsequent investigations including Child Sexual Exploitation (CSE) / Child Criminal Exploitation (CCE).
  - Police Protection is actively used where the criteria is met and provides the emergency response to immediate safeguarding concerns.
  - Golden Hour: Process whereby Police notify Children Services that a child has been arrested and promote safeguarding. Recognising the arrest of the child is a result of failures elsewhere.
  - Golden Hour working group currently shows 99%+ compliance.
  - Op Encompass embedded. Schools informed of children that are subject to Domestic Abuse households and are notified of new incidents within 24 hours.
  - Sussex Police investigate every crime or incident where a child is involved as the victim or a suspect. Understanding the "why" is fundamental with the desire to not criminalise children unnecessarily. This is well embedded across investigation teams.
  - Sussex Police actively undertakes and participates in learning reviews with an embedded review officer.
  - Active members of the Child and Young Person Plan (Police lead pillar 1 – keeping children and young people safe)

**Key Achievements and Challenges of 2022-23:** In Autumn 2022 Sussex Police funded and recruited to a small exploitation team. The objectives of this team are multi-faceted and includes challenge, improving practice, reviewing the forces strategic approach, in addition to supporting thematic leads through the development and delivery of training, focused action and engagement.

One of the key challenges in this reporting period is the implementation of the Signs project. This project sought to improve the quality of information shared with partners through moving risks assessments and associated notifications from an incident to a nominal based model. However, while it was recognised this would lead to a significant increase in submissions it was not anticipated that the nominal based model would obscure aspects of the incident from recipients of notifications. Signs 2, due to go live in November 2023, will seek to capture all the benefits of the pilot while migrating back across to an incident-based model.

**Agency involvement in Partnership workstreams:** The 'Whole Family Working Strategy' has been established between Sussex Police, Brighton and Hove City Council, the Partnership and the NHS. This is a joint priority and commitment to providing help and support to families in Brighton and Hove before any risk and vulnerabilities can escalate. There is one assessment that all partners can access. Whole family working means assessments, thresholds, and measures that are collected by Sussex Police can be integrated with what is collected from other services to ensure family focussed, outcome-based working.

Families that are confident in the professionals they work with, will be encourage to independently access community and voluntary support services for their needs.

[Brighton and Hove – Helping Children and Families, Threshold Document.](#)



### Agency contribution to BHSCP Business Plan Priorities in 2022-23:

1. Child Death/Suspected Physical Abuse Working Group. A 'How do I' learning and guidance page developed for 'Child Death and Non-Accidental Injury Investigation' – provides comprehensive information to guide officers on signs, protocols, policy, and investigating.
2. Improving quality of SCARF submissions.
3. Updated Force Policy (557/2022 Child Protection and 914/2021 Modern Slavery).
4. CSE Force Lead for promoting the agenda across the Force leads a Bi-monthly Child Protection and Exploitation Working Group.
5. Funding of Exploitation Manager and Coordinators assist in ensuring subject matter experts are available to comment in wider array of force meetings.
6. Repeat CSAE Perpetrators Strategic Intelligence Review commissioned and completed. Findings shared with BHSCP and our Pan-Sussex Partnership colleagues.
7. Operation Denver: Team of Offender Managers being set up to disrupt NFA'd (no further action) suspects who were investigated for a sex offence against a child. Suspects are targeted to find any other opportunities to prevent further risks.
8. Neglect training and the introduction of the Crewmate Neglect Tab - provides officers with accessible on hand guidance on neglect via their devices at the scene and remotely. Further training for frontline officers would be beneficial.

As expected, Sussex Police's contributions link mostly to their lead area Priority 2: Safeguarding children from violence and exploitation.



**National Probation Service:** This agency's key function is to assess risk to children posed by adults on probation. To liaise with partner agencies to share information and manage risks of harm to children. To manage risks of harm to children posed by adults on probation. To complete interventions with people on probation to address risks of harm.

**Key Achievements and Challenges of 2022-23:** Setting up the co-location of a Probation Officer with Front Door for Families one day a week has been a key achievement for 2022-23. This Officer is building connections and is in close contact with Social Services' staff on the days not located in FDfF. This has aided dialogue on referrals and prompt information sharing. The Probation Service leads are hopeful of expanding this co-location to include administrative support and another probation practitioner over the next year.

The biggest challenge for colleagues over 2022-23 has been capacity issues and a shortage of case administrators. This means the information required at the Court stage, is not available, limiting the sentencing options available. It also limits the provision of robust risk assessments at Court and delays the completion of effective risk management plans. Capacity issues can result in delays in sending out CP1s post-sentence, leading to delays in getting the key information needed for assessments and to fulfil safeguarding responsibilities.



**Family Hubs Service – BHCC:** The Council were awarded funding from the Government in May 2022 to develop the Family Hub model in Brighton and Hove to boost the lives and outcomes of children, young people, and disadvantaged families across the city. The Family Hub model has been successfully introduced in many areas across the UK including our local neighbours in West Sussex. Family Hubs provide Early Help support through Family Hubs (formerly Children’s Centres), Early Years, nurseries and Youth Services.

**Key Achievements and Challenges in 2022-23:** Transforming Early Help services to a Family Hubs model – New Family Hubs team developed with one referral route for Early Help support and move to shared case management system with social care. Transformation was completed by April 2023, but as with all service transformations there were some challenges including the restructuring services to meet demand.

The Family Hub Service brings together services for children and young people aged 0-19 years, and for young people with Special educational needs up to the age of 25. There are four Hubs in Brighton and Hove, but services are also delivered from other locations. Services include information, advice and guidance, parenting support, maternity and health visiting services. Family Hubs also offer young people the opportunity to have a say in the way services are run and specialist support for young people in care.

**Agency contribution to BHSCP Business Plan Priorities in 2022-23 and BHSCP Improvements for 2023-24:** The Family Hubs Service is focussed on providing a multi-agency response to supporting families at the earliest possible opportunity reducing risk and supporting the Partnership across the four Business Plan Priorities. The service has been designed to develop and embed multi-agency working practices to improve outcomes for children and young people, and to safeguard them.

Family Hub representatives are members of the BHSCP Subgroups and on the Partnership Board.

The next steps include improving formal links with BHSCP and improving Steering Group oversight as this will further develop clear and robust governance arrangements. Family Hubs will support the launch of DadPad and CoParentPad with health colleagues and will be involved in child neglect and GCP2 arrangements through early intervention working with the whole family.

The Family Hub Service plans to embed the ‘Making Every Contact Count’ [Making Every Contact Count \(MECC\) | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/making-every-contact-count) principles into their ‘no wrong door’ approach as part of their commitment to the BHSCP Business Plan 2023-26.



**Safer Communities – BHCC:** The key function of the service is the coordination of the Violence and Exploitation Reduction Action Plan (VERAP), ownership of BHCC's internal pathway for Modern Slavery, and attendance at BHCC's National Referral Mechanism Decision Making Panel pilot and the Adolescent Vulnerability Risk Meeting. The Safer Communities team work together with several partners including Sussex Police, the local probation, fire & rescue, police and health services, and community and voluntary sector organisations. The Exploitation Subgroup is co-Chaired by Sussex Police and Safer Communities.

**Key Achievements and Challenges of 2022-23:** The main achievement from 2022-23 would be the successful bid to the Home Office for the National Referral Mechanism Decision Making Panel as detailed on p.15.

The Key challenge would be the placement of unaccompanied asylum-seeking children (UASC) in hotels by the Home Office and subsequent number of children who went missing from the hotel in Hove is hugely concerning and rightly drew significant attention from the media, politically and from the public, both locally and nationally. Safer Communities' role has been consultative, working within the local UASC network headed by Children's Services.

**Agency involvement in Partnership workstreams:** Safer Communities coordinated the Partnership response to child safeguarding concerns posed by a travelling entertainment company, following an alleged sexual assault of local a child, initially identified by the AVR. This led to the cancellation of the company's local events for 2023, enhancing the safety of the alleged victim as well as other potential victims.

**Agency Involvement in Partnership work on prevention and/or Early Help:** With funds received via the Home Office for the Violence Reduction Partnership (VRP), Safer Communities have commissioned interventions aimed at children and young people who are at risk of serious violence and exploitation. Examples include Brighton Streets (detached youthwork), Hospital Youthwork Project based in Brighton General Children's A&E, and Audio Active SHIFT mentoring.

#### **Agency contribution to BHSCP Business Plan Priorities in 2022-23:**

1. Safer Communities co-leadership of the Exploitation Subgroup and coordination of the VERAP has driven partnership engagement and accountability in this area, ensuring partners take ownership of their actions and provide meaningful attendance at meetings.
2. Safer Communities coordination of the Exploitation Subgroup and VERAP, as well as contributions to the NRM Decision Making Panel Pilot, AVR and commissioning of VRP interventions have helped driven local child safeguarding in respect of violence and exploitation.
3. Attendance at the AVR, Safer Communities have fed into case conferences/MDT meetings for vulnerable children and young people, experiencing or at risk of exploitation, during which their mental health and overall emotional wellbeing was considered.

**East Sussex Fire and Rescue Service (ESFRS):** An emergency service offering prevention services to reduce fire, water and road risk. ESFRS provide educational content to children and young people including fire setting risk reduction and a safeguarding process to discharge our statutory obligations.

**Key Achievements and Challenges of 2022-23:** ESFRS have engaged with the Home Office to offer prevention advice to unaccompanied children and young people who have been accommodated under the UASC scheme. ESFRS have worked with Sussex Police to develop an awareness package including personal safety, fire, water, and road safety advice that is delivered to children and young people as they pass through the hotels. The package is delivered in person by ESFRS staff as well as by Home Office staff based in the hotels. Evidence of success can be demonstrated by an incident in Eastbourne last summer whereby three young people got into difficulties whilst swimming in the sea and were rescued by lifeguards. One youngster was resuscitated and recovered after being airlifted to a London hospital. It was the advice to swim on lifeguarded beaches these youngsters followed that made the difference and resulted in a life saved. Acknowledging this incident occurred in East Sussex, the same advice is given in the two UASC hotels in Brighton and Hove as the incident could easily have happened in the City.

Accessing children who are electively home educated (EHE) to be able to offer ESFRS range of prevention activities in the same way this can be achieved within schools and colleges. ESFRS recognise that whilst several EHE children receive sound education opportunities there will be many who have been removed from school settings for a variety of reasons and they no longer have access to our preventative messaging and lessons.

**Agency involvement in Partnership workstreams:** ESFRS has supported the development of exploitation prevention by introducing county lines and exploitation awareness in our mandatory annual safeguarding training for staff and volunteers

**Agency Involvement in Partnership work on prevention and/or Early Help:** ESFRS offer prevention opportunities across a wider landscape than schools, colleges and EHE to tackle emerging trends such as exploitation and deteriorating mental health and created a Youth Engagement post achieve this.

ESFRS has strengthened its engagement with CAHMS particularly in respect of fire setting behaviour which has significantly increased post-Covid. Our interventions have evolved, and staff receive additional training and support to tackle the increasing trends.

#### **Agency contribution to BHSCP Business Plan Priorities in 2022-23 and BHSCP Improvements for 2023-24:**

1. ESFRS has updated their internal safeguarding training content to reflect current risks; ESFRS has improved its interactions and support to local VCSE organisations such as Safety Net / Impact Initiatives.
2. Introduction of county lines and exploitation into annual safeguarding training; developed and delivered prevention to UASC migrants.
3. Closer working with community hubs and food banks to support families thereby reducing fire and other risk within homes.
4. Working more closely with CAMHS, colleges and schools to support children and young people at risk of deliberate fire setting; delivering Safety in Action to provide resilience to avoid risky situations; developing delivery of Fire Cadets with an aspiration to open a unit in Brighton & Hove.

ESFRS would like to see a focus on self-neglect in areas such as hoarding and substance misuse which are primary factors in dwelling fires which pose risks to families.



**Brighton Refuge, Stonewater:** The Brighton Refuge is a safe space providing accommodation and support for women and their children who are fleeing domestic abuse.

**Key Achievements and Challenges of 2022-23:** Staff at the Refuge have supported women and their children with the physical, financial, and the emotional and mental health impacts of domestic abuse. The Refuge works in partnership with statutory and community partners to ensure women and their children can access and engage with support services. For some families this may mean a referral to social work, liaising with schools and school allocation, and/or referrals to CAMHS. The Refuge also provides support to woman with housing applications in readiness for their Refuge license ending.

This multi-agency approach ensures there is sufficient support available to the family, whilst providing them with the opportunity to move forward. However, there have still been some challenges such as ex-partners becoming aware of their location. The family usually needs to move on to a new Refuge for their own safety and the safety of others. But this means the engagement process starts over and relationships between the family and services / key workers need to develop again.

**Agency contribution to BHSCP Business Plan Priorities in 2022-23 and Improvements for 2023-24:** Brighton Refuge, Stonewater have engaged with BHSCP by attending Subgroups / Partnership Board, staff teams have accessed training and conferences, Stonewater access and develop policy and procedure to support staff, and Stonewater completed the Section 11 Audit. Stonewater practice supports the early identification of neglect through regular room checks and positive liaison with social work and other professionals.

Stonewater would like to see procedural change to reflect the short period of time families stay at the Refuge, meaning children could be fast-tracked for support such as counselling.

**Safety Net – Impact Initiatives (SN-II):** To promote children and young people safety and well-being at home, school and in their communities through empowerment, education and support. SN-II do this through direct work with children and young people and their families as well as delivering training for professionals and organisations. At the beginning of 2023 Safety Net merged with Impact to become a key part of their Children, Young People and Families Services - carrying out vital work to help children and young people in need, providing safe places for them to live, learn and play.

**Key Achievements of 2022-23:** The merger with Impact Initiatives means the important work Safety Net has been providing over the last 27 years in Brighton and Hove will continue, and Impact initiatives is now considered a stronger organisation.

**Agency contribution to BHSCP Business Plan Priorities:** SN-II provide a valuable VCSE perspective in Partnership Board meetings and BHSCP activity. SN-II offer Early Help support to children and young people who don't reach the threshold for statutory support but experience significant mental health/wellbeing difficulties. SN-II work prevents further escalation and provides longer term support to those exiting statutory services.

**Public Health:** Commissions services that provide universal, early help and targeted support for children and young people and their parents and carers. Safeguarding children and young people and vulnerable adults is an essential part of the commissioning and delivery of those services.

**Key Achievements of 2022-23:** Supporting four CVSE commissioned services to review relevant Section 11 audit requirements. Several actions were raised and delivered on in response to the revised S11 standards including; updating of induction and safeguarding policies to incorporate professional curiosity around culture and religion; increasing the focus on Children who are Looked After in safeguarding and delivery policies and procedures.

**Agency involvement in Partnership workstreams:** The Public Health Starting Well Programme Manager is a member of the Monitoring and Evaluation Sub-Group and helped to shape the Dashboard.

**Agency Involvement in Partnership work on prevention and/or Early Help:** Public Health's focus is on prevention and early help and membership at Partnership Board, Monitoring and Evaluation and Exploitation Subgroups ensures that early help and prevention view in areas such as the ICON programme.

**Agency contribution to BHSCP Business Plan Priorities in 2022-23:**

1. Good attendance and engagement at Partnership Board and Subgroups.
2. Comprehensive response to S11 audit including support for commissioned services to meet audit standards.
3. Public Health is a key Family Hubs Transformation programme partner working to increase access to and quality of the 0-19 offer.
4. Providing additional funding for activity based groupwork interventions in the Schools Wellbeing Service. Development and delivery of guidance for schools and colleges in the event of an unexpected death

**BHSCP Improvements for 2023-24:** Making more links to adult mental health commissioning and services to develop a shared view around prioritising access to mental health services for parents and carers in need of support, to reduce the impact of parental mental ill health on children and young people.



**Sussex Partnership Foundation Trust (SPFT):** SPFT provides mental health services in Sussex which include Learning Difficulty, specialist services, forensic services and adult and child mental health services.

**Key Achievements and Challenges of 2022-23:** SPFT has completed a piece of work around Looked After Children and data collection.

This work has provided impact and analysis of our systems and interface with partners including data collection and parameters. Led by the Named Nurse for Looked After Children / Care Leavers including the development of a training proposal / plan. From a systems perspective SPFT have begun to fully appreciate the statistical data around this cohort, this is informing practice development. The ongoing challenges with recruitment to Named Dr roles for Children and Looked After Children – business case has been written.

The Anti-racist practice conference had a real impact on SPFT practice. To ensure we reviewed our clinical consultation to capture these elements and our training programmes have also been updated.



**Agency Involvement in Partnership work on prevention and/or Early Help:** The development of a Suicide Prevention Lead role, SPFT have engaged well with schools and partners.

#### **Agency contribution to BHSCP Business Plan Priorities in 2022-23:**

1. SPFT are fully engaged in partnership working. Not only with the Partnership Board and Subgroups but also in supporting frontline staff with escalation, multiagency meetings alongside audit and quality improvement plans.
2. SPFT have revised their exploitation policy which has included a complete update of the policy to ensure it is using appropriate language and is accessible for clinical staff
3. SPFT has a Neglect strategy which is embedded in policy, training and clinical consultation. This includes the promotion of day in the life tools, impact chronologies and multi-agency working.
4. As a mental health provider SPFT focus is to deliver mental health support and interventions



**University Hospitals Sussex**  
NHS Foundation Trust

**University Hospitals Sussex (UHSx):** Agency Safeguarding functions include identification and response to child safeguarding concerns for all children who have contact with UHSx services. This includes:

- Accident & emergency.
- Paediatric Inpatient, Paediatric Outpatient.
- Looked After Children services in Worthing.
- Child Protection medical service.
- Sexual health services.
- Adult services who see children or where there are concerns about parents – Think Family.
- Staff members where there are allegations in relation to their work with children inside or outside of the work environment.

**Key Achievements and Challenges in 2022-23:** The merger of child safeguarding teams across the Trust has improved processes and enhanced team working which included training in safeguarding supervision. The team is more cohesive and has better communication across the Trust and is now able to support delivery of a multi-disciplinary team (MDT) supervision model for specialist and ward-based teams.

Ongoing challenge to support children and young people with mental ill-health and in distress. Keeping a child at high-risk for self-harm on a paediatric ward or in the Emergency Department is extremely challenging. The lack of community and inpatient provision for children waiting for a care or Mental Health placement is increasingly difficult to manage safely in the acute setting. Of particular concern are children and young people who have autism or who are waiting for an assessment and who have an overlying mental health presentation.



### Agency contribution to BHSCP Business Plan Priorities in 2022-23:

1. Full engagement with subgroups. Development of NHS Sussex ICB reporting agreement to be shared with Partnerships. I CB attendance at safeguarding committee providing assurance.
2. Identification and response to children at risk of exploitation with particular focus on the emergency department. Inclusion of risk, identification and response incorporated in training offer. Youth worker post working with emergency department and wards to identify / work with young people at risk of exploitation.
3. Incorporated in training programme. Supervision with MDTs with a focus on identifying neglect, with a particular focus on services such as dentistry.
4. Extensive work with mental health liaison teams in the hospitals to support large numbers of children with mental ill-health on the wards. Ongoing development of care planning agreements and a review of mental health assessment processes. Looking at safety on the wards and in the emergency department, the skills of the paediatric workforce including additional training and supervision, the role of enhanced care support workers and the use of de-escalation techniques.

**Sussex Community Foundation Trust (SCFT)** – 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. SCFT is committed to the promotion of the welfare of children and the protection from abuse and neglect. SCFT offers a range of services which includes the Healthy Child Program (HCP) 0-19 years which is delivered by Health Visitors and School Nurses offering a Universal, Universal Plus and Universal Partnership Plus service to children and their families.

Other services include Community Children's Nursing Team, child development services and therapists such as physio, audiology and occupational therapy. The Sussex wide Children's Sexual Assault Referral Centre (CSARC) is operationally managed by a SCFT Consultant Community Paediatrician and nursing service delivered by the Looked After Children nursing team.

**Agency Involvement in Partnership work on prevention and/or Early Help:** Safeguarding is a fundamental part of SCFT 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 they 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 they focus on learning for improvement and strengthens their personalised approach to safeguarding.



**Employability Skills and Employment Service:** This local authority-based service covers two key areas for children and young people in the city -

**Youth Employability:** This team tracks every Yr12 & Yr13 (16-17yrs old) to record their current education, employment, training situation (EET) or if they're not in EET. The team offer support, provide home visits and make appropriate referrals to FDfF.

**Youth Employment Hub:** Provides a safe space with a five day drop in for ages 16-25yrs. Works with external partners to encourage engagement, wellbeing and youth voice.

**Key Achievements in 2022-23:** All teams are more professionally curious and able to ask uncomfortable questions, professionally challenge and report concerns. This can be evidenced by an increase of concerns reported by advisers to management, which have ranged from reporting children (siblings) missing in education, safety planning, reporting domestic violence, exploitation, to something doesn't feel right and more investigation is needed. Specific examples include being able to advocate for support through Kinship care, alerting FDfF to siblings who needed to claim asylum, reporting coercion and allegations of violence.

**Agency involvement in Partnership workstreams:** Employability have embedded safeguarding into processes and practice, and the Section 11 Audit is used as a continuous development and assessment tool within their service. Skills & Employment has brought 16-18yrs networks together and created a new Pastoral network – engagement has been excellent, and examples of actions include a co-produced transition support document and Sussex Police sharing missing persons information to colleges through the Employability Service.

The service has contributed to all BHSCP priorities through projects, working closely with the FDfF Education Officer and Designated Safeguarding Leads attending BHSCP training with education colleagues.

**Education and Virtual School:** The role of this service is to support the educational achievement of children in care, children previously in care and children with a social worker.

**Key Achievements and Challenges in 2022-23:** Every child in care (CiC) had personal education plan (PEP) completed within the time frame. This means that every CiC has a coherent plan around their education, with interventions in place to support attendance and progress. Persistent absence levels dropped by 10% during this time frame - compared to the previous academic year. However, the children who are severely absent continue to pose challenges for the service.

**Agency involvement in Partnership workstreams:** Virtual School developed an escalation process for children with an Education, Health, Care Plan (EHCP), who are placed outside the authority and experience delay in securing a school place.

#### **Agency contribution to BHSCP Business Plan Priorities in 2022-23:**

1. Virtual School now provides social care with data updates for CiC with a social worker and meets with social care to explore solutions to low attendance of these cohorts of children.
2. The PEP will very soon be available for foster carers to view online – this will enhance our partnership working for CiC.
3. Safeguarding is now a standing item on our team meetings – themes covered include neglect and the awareness of the GCP2 tool is discussed and championed in these meetings.
4. The Virtual School has delivered training to Designated Teachers, to help them to support children with social, emotional and mental health.



**Community Works:** Voluntary and community sector organisations operate across Tiers 1-4 from Universal Level to Specialist Services to address Acute & Chronic Need for young people in Brighton & Hove. They provide early recognition and intervention, referral to partner agencies and Front Door for Families. The large and diverse reach of charities, community groups, clubs and not for profit organisations is a cornerstone of good safeguarding practice. This is especially important where small groups connected with and represent communities of interest such as race, faith, culture and disabled people or LGBT groups. Local Community Works groups are embedded within the Brighton and Hove community.

**Key Achievements and Challenges of 2022-23:** Community Works organisations have collaborated on the rollout of ICON and the future rollout of DadPad and CoParentPad, and the dissemination and delivery of training as part of the multi-agency training programme.

Organisations report an increased complexity to referred cases. Concerns often include multiple issues (homelessness, child and adult safeguarding, hunger, drug and alcohol use, mental ill health) and often affect multiple people across families. Subsequently, safeguarding concerns are taking more of organisational capacity resulting ongoing and increasing waiting lists. The voluntary and community sector is experiencing significant negative impacts from the cost-of-living increases. These increases impact the services provided and those accessing these services. Community Works report this has significantly impacted those who are isolated from support and potentially exacerbates risk of harm to children and young people in the city.

**Agency Involvement in Partnership workstreams and work on prevention and/or Early Help:** Community Works has coordinated the input of Community Reps in local action planning and has supported Rep involvement in the Family Hubs as well as disseminating key information to the voluntary and community sector including transformation updates. Community Works is represented on the Partnership Board providing challenge and discussion in meetings i.e., raising concerns about missing unaccompanied asylum-seeking children in the city.

171





# Working with our Pan-Sussex Partners

**Pan-Sussex Policies and Procedures:** This Subgroup meets to co-ordinate the development of safeguarding and child protection policies, procedures and guidance used across Sussex to safeguard children and young people. The group is well attended, with all participants engaging proactively and meaningfully with policy reviews. Where possible the policy authors/practitioners are invited to the meeting to demonstrate the value and impact of working together across the Sussex footprint. The webpage is publicly accessible via [Welcome to your Pan Sussex Child Protection and Safeguarding Procedures Manual | Sussex Child Protection and Safeguarding Procedures Manual](#)

The group performs two key functions –

1. To review 110 Pan-Sussex safeguarding and child protection policies and procedures to ensure they are fit for purpose and support practitioners across the three Safeguarding Partnerships.
2. To disseminate key policy and procedural changes.

## Key Achievements of 2022-23:

**Criminal and sexual exploitation including serious organised crime and gangs** – In September 2021 there was a review of the following policies:

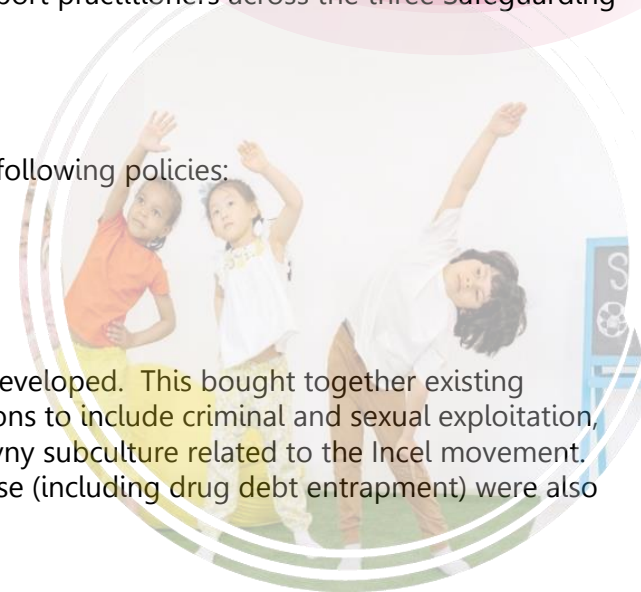
- Child victims of modern slavery and human trafficking
- Safeguarding children and young people who may be affected by gang activity
- Criminal and/or sexual exploitation
- Young people and substance misuse

As a result of these policy reviews a new policy [Criminal and sexual exploitation including serious organised crime and gangs](#) was developed. This brought together existing guidance around criminal and/or sexual exploitation with serious organised crime and gangs. The revised policy expanded definitions to include criminal and sexual exploitation, organised crime groups/gangs, adultification bias, contextual safeguarding and extra-familial harm, conspiracy theories and misogyny subculture related to the Incel movement. Cross references between associated policies relating to modern slavery and human trafficking and young people's substance misuse (including drug debt entrapment) were also made during this large-scale review.

**Responding to a potential cluster of suicides for children and young people aged under 18** – In January 2022, the group developed a Sussex-wide procedure to support professionals and agencies to respond to multiple completed child suicides. Practitioners and leaders from Children's Services, Sussex Police, Public Health and Health organisations joined together to develop the [Responding to a potential cluster of suicides for children and young people aged under 18](#) procedure which incorporates approaches informed by complex (organised and multiple) abuse investigations across the county.

## Challenges:

- The group continues to look for ways of promoting the dissemination of the [Pan Sussex Child Protection and Safeguarding Policy and Procedures Briefing](#) across all agencies.
- Whilst the group can see which procedures are most viewed and which search terms the most popular, further analytics from the website are limited.



**Elective Home Educated Children Audit:** During 2022 three local authority areas agreed to undertake a Sussex wide audit about Elective Home Education (EHE). This helped us to understand the potential benefits and challenges around both EHE and more broadly how partner agencies and organisations work together across a wider geographical/political footprint.

### Key Findings:

- **Effectiveness of EHE teams:** All three Sussex EHE teams were recognised as being proactive and engaged members of the child's network and contributed effectively to safeguarding processes and interventions.
- **Voice of the child and their lived experiences:** Although there was some good evidence of direct work with the child/family, the challenge of seeing a child alone or at all meant that the child's voice, and understanding of their lived experience, was missing in too many of the audited cases. Difficulties engaging a parent(s) presented a particular challenge for professionals and this was compounded by the constraints of current EHE legislation that does not require parents to engage with services around EHE.
- **Considering ethnicity and culture:** Practice in respect of equality, diversity and inclusion was variable. Good practice was noted e.g., where the child's ethnicity was considered at the start of the Strategy Discussion which put any additional needs the child may have had in relation to this, at the forefront of practice; however, this approach was inconsistent across Sussex.
- **Impact of COVID-19:** Nationally and locally the number of children who are EHE substantially increased during COVID-19. In some cases, COVID-19 was used as a reason for refusal of home visits by the EHE team. Numbers of EHE children continue to remain high, with mental health and anxiety increasingly given as reasons why a child is not able to attend a mainstream school. Longer term, local services and schools will need to consider how they are meeting the needs of these children for them to remain in school.
- **Neglect and EHE:** Professionals demonstrated variable understanding of when a safeguarding referral should be made in respect of educational neglect and/or educational neglect was not given sufficient weight within assessments and decision making. Neglect strategies and tools are being reviewed to ensure appropriate consideration of educational neglect.

### Recommendations:

1. Pan-Sussex Procedures should reflect that it is best practice for professionals to talk to children about their wishes and feelings about being electively home educated in 8.19 Elective Home Education | Sussex Child Protection and Safeguarding Procedures Manual (Within 6 Months).
2. BHSCP L&D Subgroup to support the professional network to develop their understanding of EHE to include the statutory guidelines; the limitations; the local decisions of how to respond to them; the reasons why parents choose to home educate etc (Within 6 Months).
3. Police, CAMHS and Primary Care to consider adding an EHE flag to their IT systems (Within 6 Months).
4. Promote the good practice and learning for improvement from this audit in a '9 Minute Briefing' (Immediate).

### Monitoring:

All agencies were asked to complete Assurance Requests based on the findings of the Audit and the recommendations for Brighton and Hove. These were presented in several M&E meetings during 2022-23 – assurance was confirmed.



**Pan-Sussex Learning and Development Planning Group:** The function of the Pan-Sussex Learning & Development (L&D) Planning Group is to agree and co-ordinate the planning of pan-Sussex Learning and Development activity. Pan-Sussex partnerships L&D Consultants/Officers and Business/Partnership Managers bring relevant areas of discussion for pan-Sussex L&D opportunities and learning/good practice to share. The group to link into, and be referenced in, local partnership's L&D strategies and frameworks but it is not envisioned that a separate Pan-Sussex L&D strategy will be created. However, where feasible strategies and frameworks will align.

**Workstreams started in 2022-23:**

- The introduction of Supporting LGBT+ Children and Young People courses.
- The introduction of Adultification Bias courses.
- The Introduction of Supporting Trans Children and Young People courses.
- Conference preparations – planned for November 2023, theme: neglect and coexisting factors.
- Gaps analysis across Partnerships.

**Child Death Overview Panel (CDOP):** The death of a child is a devastating loss that profoundly affects all those involved. There has been a legal requirement across England since April 2008 for Child Death Overview Panels (CDOP) to review child deaths (including live-born babies of any gestation) up to the age of 18 years. The purpose for reviewing these deaths:

- Is grounded in respect for the rights of children and their families with the intention to ascertain why children die.
- To put in place interventions to protect other children, to prevent future deaths from occurring.

**Child Death Review Partners:** Pan-Sussex Local Authorities and Integrated Care Boards (NHS Sussex ICB) hold legal responsibility for reviewing child deaths in Sussex as set out by the Children Act 2004, amended by the Children and Social Work Act 2017.

**Role of the CDOP:** The Panel conducts statutory reviews on behalf of the Partners to provide independent multi-agency scrutiny for the deaths of all children in Sussex including those resident in Brighton and Hove. The reviews take place once all other child death processes, including coronial inquests and safeguard practice reviews (LCSPR), have concluded.

**Statutory Framework:** Child Death Review Statutory and Operational Guidance 2018 and Working Together to Safeguard Children 2018.



East Sussex  
Safeguarding  
Children  
Partnership



West Sussex  
SCP  
Safeguarding  
Children Partnership



Brighton & Hove  
BHSCP  
Safeguarding  
Children Partnership

## Summary of Reviews:

The Pan-Sussex CDOP held 21 meetings in 2022-23 – 11 main panels and 10 neonatal\* themed meetings. The CDOP held 6 panel relating to completed suicide/self-harm, malignancy (cancer), epilepsy, learning disability, and sudden infant death. The CDOP was notified of 71 deaths of children resident in Sussex in 2022-23. This is lower than in 2021/22 but higher than in 2020/21, the year with lowest child mortality on record within England.

In 2022-23 the CDOP reviewed 81 deaths – 13 in Brighton and Hove, 23 in East Sussex, and 45 in West Sussex. Pooled data over an extended period indicates the largest category of death used by CDOP is perinatal/neonatal event (37% for Sussex and 33% for England). This is followed by chromosomal, genetic and congenital anomalies (21% for Sussex, 26% for England). Cancers are the third highest cause of death (10% for Sussex, 8% for England). Modifiable factors were identified in 27% of deaths reviewed in 2022-23, this represents a decrease from 2021-22 where 44% of deaths included the identification of modifiable factors. Children are most at risk of death within the first 12 months, with over 50% of all deaths notified to the CDOP being infants under one year.

*\*neonatal – refers to a newborn baby in the first 28 days of life.*

**Cases of SIDS reviewed by the Pan-Sussex CDOP:** Sudden Infant Death Syndrome (SIDS) is the unexpected and sudden death of a child aged under one year, where investigation has not established a cause of death.

A thematic report produced by the National Child Mortality Database (Dec 2022) identified several modifiable factors that may help to prevent SIDS deaths including unsafe sleeping arrangements, smoking and parental alcohol/substance misuse. The cases reviewed by the Pan-Sussex CDOP identified similar factors and themes.

### Key Functions of the CDOP and the interface with the BHSCP:

- To collect, collate and analyse the information obtained about each child death to confirm or clarify the cause of death, to determine any contributory factors, to determine whether the death was modifiable, and to identify learning arising from the child death review process that may prevent future child deaths.
- To make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children.
- To produce an annual report for child death review partners on local patterns and trends in child deaths, any lessons learnt, and actions taken, and the effectiveness of the wider child death review process.
- To contribute to local, regional and national initiatives to improve learning from child death reviews including, where appropriate, approved research carried out within the requirements of data protection.

*Child Death Overview Panel Annual Report 2022-23*

For more information about the CDOP and published CDOP Annual Reports - [Child Death Overview Panel \(CDOP\) - Sussex Health and Care \(ics.nhs.uk\)](https://www.ics.nhs.uk)

# Future Planning

## Partnership Arrangements –

Working Together to Safeguard Children 2018 has been reviewed with consultation from 21 June – 6 September 2023. The Partnership will need to consider how any changes will affect the current arrangements for 2023-24.

## DadPad and CoParentPad –

The Partnership Business Team will be releasing communications throughout September and October to all agencies and via the BHSCP website and social media. Practitioner training will take place in September and October 2023, and the launch in November as part of BHSCP Safeguarding Week 2023.

## Learning and Development –

Planning and delivery of the Pan-Sussex Neglect Conference on 29 November 2023.

Development of Learning and Development Strategy linked to full Training Needs Analysis.

Ongoing development of the GCP2 programme through the GCP2 Steering Group and Champions.

Promotion of SUDI and Safer Sleep multi-agency training to ensure parents and carers receive the correct advice from all practitioners.

Review of Pan-Sussex Suicide Prevention training offer.

Development of enhanced neglect and GCP2 training to be developed and delivered for Sussex Police officers.

Development of additional courses – including exploitation, Harmful Sexual Behaviours, Cultural Competence, and Suicide Prevention.

## Harmful Sexual Behaviours in Education –

Roll out of '*Patterns and Progress Pilot*' to 10 secondary schools in partnership with the Trust for Developing Communities (TDC) and YMCA Downlink Group / WiSE.

Roll out of '*Support on Harmful Sexual Behaviour Project*' in Brighton & Hove's Special Schools in partnership with TDC and YMCA Downlink Group / WiSE.

Embed the recommendations of the Harmful Sexual Behaviour Response and Recognition Group report 2021-23

## Policy & Procedures –

Review of Threshold Document and Early Help Strategy.

Information Sharing Agreement ratified by statutory leads and embedded into practice across all partners.

Use of standardised LCSPR documents (Pan-Sussex) to become practice.

## Business Team –

Website refresh and update.

Publication of Business Plan 2023-26.

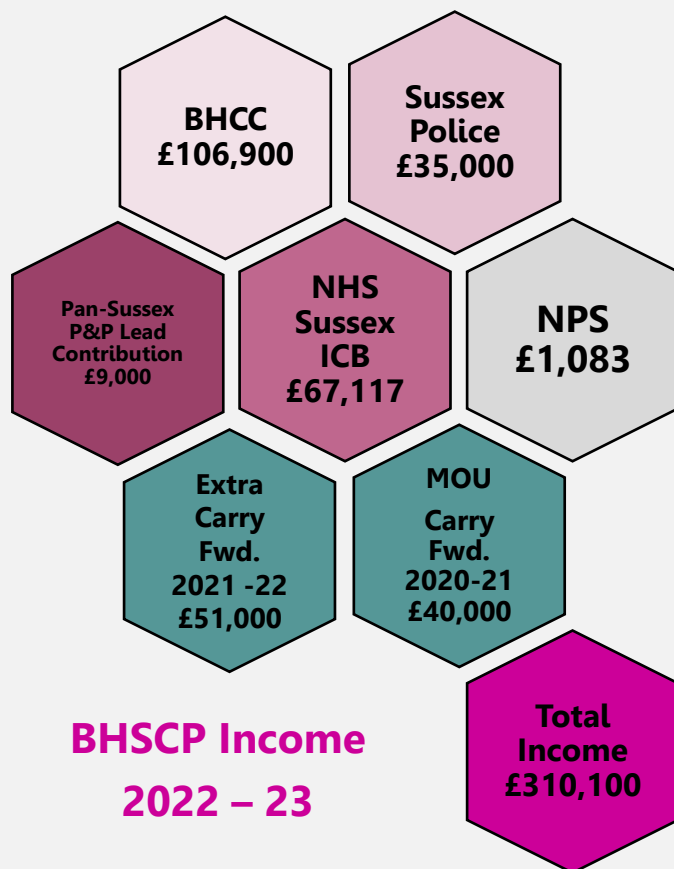
## Monitoring and Evaluation –

Further development of the Dashboard.



# Finance Report 2022 - 23

## BHSCP Expenditure – Headline Costs 2022 – 23



Staffing	£112,694.66
Independent Scrutiny	£13,344.67
Training including Safeguarding Week 2022 workshops	£13,709.13
Anti-Racist Practice Conference	£8,738.00
Learning Reviews	£16,515.00
IT/Equipment/Resources	£3,010.11
DadPad and CoParentPad App (Licences, hardcopy, and Pre-Launch Event)	£17,700.00
Miscellaneous Costs	£950.00
Consultancy Costs	£12,696.04
<b>Total Expenditure</b>	<b>£199,357.61</b>
MOU Carry Forward to 2023 – 24	£45,000.00
Additional allocated funding to be carried forward to 2023 - 24 as agreed by Steering Group	£65,742.39
<b>Total Expenditure including carry forwards</b>	<b>£310,100.00</b>





# Acknowledgements

**Lead Partners**

**Independent Scrutineer  
Subgroup Chairs**

**Partnership Business Manager  
Learning and Development Officer  
Partnership Coordinators  
Agency Leads**

Deb Austin, Naomi Ellis, Chief Supt  
James Collis  
Chris Robson  
Rachel Egan, Justin Grantham, Jenny  
Whyte, Jo Player, DCI Luke Kyriakides-  
Yeldham, and Emma Gilbert  
Sarah Smart  
Tom Edwards  
Daisy Piatt and Nicky Packham  
Mia Bryden, Tom Bennett, Rebecca  
Butler, David Kemp, Jo Templeman, Sarah  
Colombo, Jennifer Tulloch, Eleanor  
Gregory, Russell Hite, Martin Ryan, Laura  
Litchfield, DCI Jon Gillings, Sam Page, Jo  
Gough, Michael Newman, and Sam  
Wilson



# References and Useful Links

Population data	<a href="http://www.bhconnected.org.uk/content/needs-assessments">http://www.bhconnected.org.uk/content/needs-assessments</a>
Latest BHSCP Business Plan	<a href="#">A better Brighton &amp; Hove for all - the council's new plan for the city (brighton-hove.gov.uk)</a>
NSPCC resource	<a href="#">Business Plan and Strategies - BHSCP</a>
Mental Health resources	<a href="#">Neglect is also Child Abuse: Know All About It   NSPCC</a>
Mental Health resources	<a href="#">Schools Mental Health &amp; Wellbeing (BHISS)Resources   BEEM</a>
Mental Health resources	<a href="#">new suite of self-harm information</a>
The Wood Review 2021 - Child Safeguarding Review Panel	<a href="#">Grassroots</a>
Working Together 2018 - Child Safeguarding Review Panel	<a href="#">Wood Review of multi-agency safeguarding arrangements (publishing.service.gov.uk)</a>
BHSCP online statement	<a href="#">Working together to safeguard children - GOV.UK (www.gov.uk)</a>
DadPad App	<a href="#">BHSCP statement - Unaccompanied Asylum-Seeking Children (UASC) Scrutiny Paper - BHSCP</a>
CoParentPad	<a href="#">DadPad   The Essential Guide for New Dads   Support Guide for New Dads (thedadpad.co.uk)</a>
Child Delta LCSPR Report	<a href="#">Co-ParentPad Launch   Support for new parents (thedadpad.co.uk)</a>
National Review Report – Star and Arthur	<a href="#">Lead-Partner-FINAL-REPORT-02.11.22-v4.pdf (bhscp.org.uk)</a>
National Review (CHSCP) – Child Q	<a href="#">National review into the murders of Arthur Labinjo-Hughes and Star Hobson - GOV.UK (www.gov.uk)</a>
Professionals link	<a href="#">Child-Q-PUBLISHED-14-March-22.pdf (chscp.org.uk)</a>
ARP Statement online	<a href="#">Practice Points - BHSCP.</a>
Child Safeguarding Review Panel	<a href="#">Brighton &amp; Hove Safeguarding Children's Partnership Anti Racist Practice Statement – BHSCP</a>
Child Safeguarding Review Panel	<a href="#">Child Safeguarding Practice Review Panel - GOV.UK (www.gov.uk)</a>
Healthcare and Social Care – MECC	<a href="#">The Child Safeguarding Annual Report 2020 (publishing.service.gov.uk)</a>
Pan-Sussex Procedures website for professionals	<a href="#">Making Every Contact Count (MECC)   Health Education England (hee.nhs.uk)</a>
Child Death Overview Panel	<a href="#">Welcome to your Pan Sussex Child Protection and Safeguarding Procedures Manual   Sussex Child Protection and Safeguarding Procedures Manual</a>
JTAI	<a href="#">Child Death Overview Panel (CDOP) - Sussex Health and Care (ics.nhs.uk)</a>
	<a href="#">Joint targeted area inspection of the multi-agency response to children and families who need help - GOV.UK (www.gov.uk)</a>

# BHSCP Website Information



BHSCP Website

[www.bhscp.co.uk](http://www.bhscp.co.uk)



BHSCP Training

[www.bhscp.org.uk/training](http://www.bhscp.org.uk/training)



[www.bhscp.org.uk/safeguarding-reviews](http://www.bhscp.org.uk/safeguarding-reviews)



Dad  
Pad<sup>®</sup> **ICON**  
Babies Cry, You Can Cope







*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to NHS Sussex, the Local Safeguarding Boards for Children and Adults and Healthwatch.*

Title:	Joint Health and Wellbeing Strategy – Starting Well update		
Date of Meeting:	March 2024		
Report of:	Alistair Hill, Director of Public Health		
Contact:	Caroline Vass Bernadette Alves	Tel: 07968 049106	
Email:	<a href="mailto:Caroline.vass@brighton-hove.gov.uk">Caroline.vass@brighton-hove.gov.uk</a> <a href="mailto:Bernadette.alves@brighton-hove.gov.uk">Bernadette.alves@brighton-hove.gov.uk</a>		
Wards Affected:	All		
<b>FOR GENERAL RELEASE</b>			

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### Executive Summary

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).

The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision: ‘Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life’.

To deliver the ambition, the strategy identifies a number of outcomes for local people that are reflected under four key areas or themes in the Strategy known as the ‘Wells’: starting well, living well, ageing well, and dying well.

The Health and Wellbeing Board has chosen to receive updates on a specific strategy theme at each Board meeting. This will enable the Board to receive a



richer picture of health and social care activity in Brighton & Hove relating to the specific 'Well'.

This paper aims to provide the Board with an overview of the Starting Well strategy focus.

The Board will be asked to note the Starting Well update and services in place to deliver the strategic aims.

### **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 and activity relating to Starting Well.

## **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 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.
- 2.3 The JHWS was developed by a panel nominated from the Health and Wellbeing Board and, in addition to Board representative, included representation from voluntary and community services, Brighton & Hove Chamber of Commerce, and the Brighton & Hove economic partnership. The views of local people and organisations were instrumental in developing the strategy.
- 2.4 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'.
- 2.5 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.
- 2.6 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 well.

- 2.7 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**

- 2.8 The Board agreed an initial set of outcome measures against which to monitor the delivery and impact of the strategy. These were updated in July 2021 with minor amendments in October 2022.
- 2.9 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 where the Covid-19 pandemic response is likely to have had a significant impact eg: physical activity.
- 2.10 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.

## **Monitoring the outcome measures**

- 2.11 The outcome measures are ideally presented to reflect the status and trend of the measure i.e.: whether the trend is worsening or improving.
- 2.12 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. The current data points use the new ONS population estimates to provide current rates, but the historic population data has not yet been updated to enable comparable assessments over time. When the historic population data are updated trend data will be reinstated.
- 2.13 Trends are shown where the denominator is not based upon an ONS population figure, for example for flu immunisation where the denominator is those eligible for immunisation recorded on GP practice records. Where cohorts are sampled, for example adult social care survey data, 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

- 2.14 At the Health and Wellbeing Board in November 2022, 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 'Wells' at each meeting.
- 2.15 The rationale for this was to enable the inclusion of a brief narrative of the specific 'Well' theme to provide a more integrated city-wide understanding of the outcomes and the actions in place. This will provide assurance to the Board that local programmes such as the Shared Delivery Plan and other local services are addressing the outcomes where there is the greatest need for improvement.
- 2.16 This report reflects the outcome measures and activity updates for the Strategy area 'Starting Well'. The table at paragraph 2.18 below summarises the current status of Starting Well outcomes. The table of indicators identifies where they are significantly better than, worse than, or similar to England and compares Brighton and Hove performance with our 'CIPFA' neighbours (local authorities which are statistically similar in their characteristics to Brighton & Hove).
- 2.17 The Starting Well outcome measures (including the desired direction of travel) are:
- An increase in vaccination coverage for MMR vaccine: 2 doses at 5 years
  - An increase in the percentage of children achieving a good level of development at 2 to and a half years
  - An increase in the percentage of children achieving a good level of development at the end of school reception
  - An increase in the percentage of children with free school meal status achieving a good level of development at the end of reception
  - An increase in the average attainment 8 score (state funded schools) – 'attainment 8' measures the achievement of a pupil across 8 qualifications at the end of Key Stage 4 (aged 15-16 yrs)
  - An increase in the average attainment 8 score of children in care
  - A reduction in the Year six (10-11yrs) prevalence of children who are overweight
  - An increase in the percentage of physically active children and young people (aged 5-16 years)
  - A reduction in hospital admissions as a result of self-harm (10-24 years)

In addition to the national indicators, Brighton & Hove City Council undertake other local surveys to understand better the health and wellbeing of the population. One of these is the Safe and Well at School Survey (SAWSS) which is run every two years across all phases of school and college in the city. The latest survey was undertaken Nov/Dec 2023.

See over the page for a summary of overall trends

## 2.18 Overall trends across the Starting Well Indicators

Indicator – all 22/23 data unless otherwise stated	Brighton & Hove %	England average %	Brighton & Hove compared to England	Brighton & Hove trend	South East England average %	CIPFA neighbour average %
Vaccination coverage for MMR vaccine: 2 doses at 5 years	84.4	84.5	Similar	No change	87.3	83.8
Percentage of children achieving a good level of development at 2 to 2 and a half years	86.1	79.2	Better	Worsening	79.8	80.5
Percentage of children achieving a good level of development at the end of school reception	69.2	67.2	Better	Unable to calculate trend	69.6	64.7
Percentage of children with free school meal status achieving a good level of development at the end of reception	51.6	51.6	Similar	Unable to calculate trend	49.9	50.2
Average attainment 8 score – this score is an average and not a percentage	47.8	46.4	Not able to compare (statistically)	Unable to calculate trend	47.4	Not used
Average attainment 8 score of children in care (21/22) - this score is an average and not a percentage	16.3	20.3	Not able to compare (statistically)	Unable to calculate trend	18.4	Not used
Year six (10-11yrs) prevalence of children who are overweight	30.8	36.6	Better	Worsening	33.0	38.1

Indicator – all 22/23 data unless otherwise stated	Brighton & Hove %	England average %	Brighton & Hove compared to England	Brighton & Hove trend	South East England average %	CIPFA neighbour average %
Percentage of physically active children and young people (21/22)	46.6	47.3	Similar	Unable to calculate trend	48.1	48.5
Hospital admissions as a result of self-harm (10-24 years) (21/22)	720.1 per 100,000 population	427.3 per 100,000 pop	Worse	Unable to calculate trend	550.0 per 100,000 pop	487.0 per 100,000 pop
Cannabis use – secondary school pupils (SAWSS 2023)	9%	Local indicator	N/A	Same as 2021	N/A	N/A
Smoking prevalence – secondary school pupils (SAWSS 2023)	15%	Local indicator	N/A	Same as 2021	N/A	N/A
Alcohol prevalence – secondary school pupils (SAWSS 2023)	43%	Local indicator	N/A	Increase from 2021 – 38%	N/A	N/A
Percentage of school secondary pupils who feel happy (SAWSS 2023)	82%	Local indicator	N/A	Increase from 2021 – 78%	N/A	N/A

### CIPFA - Nearest Statistical Neighbour Model

Brighton & Hove statistical neighbours are: Bournemouth, Christchurch and Poole, Bristol, Coventry, Leeds, Leicester, Liverpool Manchester, Newcastle upon Tyne, North Tyneside, Plymouth, Portsmouth, Salford, Sheffield, Southampton, Southend-on-Sea



### Calculating trend

To calculate the trend there must be at least five points in the time series and both the numerator and denominator for each time period, so the trend will be derived using the five most recent indicator values. Local indicators do not currently have trend included.

**The Average attainment 8 score** is the average measure of an individual student's progress across their 8 best performing subjects. The average attainment 8 score for Children in Care for 2022/23 is due to be published by DfE in March 2024

**Calculating the average attainment 8 score trend** Ofqual has announced the return to 2019 (pre-pandemic) grading in 2023, with some protections for students. In 2022 grading was to a mid-point between the standard in 2019 and 2021. No exams were sat in 2020 and 2021 and centre assessed grades with quality assurance by exam boards were used to award students final grades. The Attainment 8 trend is not reliable and the most appropriate comparator to 2023 is 2019.

## Commentary

- For two dose MMR coverage, we do not achieve the goal of 95% or greater. Low uptake is a national issue and over the last few years, the national rate has declined and we are similar to the England average
- Brighton & Hove compares well to the England average for the percentage of children at a good level of development at age 2 to 2 and a half years. Whilst there is a worsening trend over 5 yrs which includes the pandemic period, Brighton & Hove is has improved following the impact of COVID 19
- For school readiness at the end of reception we show an improving trend and we are above the England average, and for the cohort of children with free school meal status we are the same as the England average
- Whilst not possible to calculate statistical significant, we are slightly higher than the England average for attainment 8 for all children, but lower for children in care
- We have a lower prevalence of being overweight (Year 6) than England, and similar rates of physical activity
- Brighton & Hove has significantly higher rates of hospital admissions for self-harm in young people than England.

### Safe and Well at School Survey

- The percentage of pupils of secondary school pupils who agree or strongly agree that they have often felt happy in the last few weeks shows a small increase on the 2021 survey against a worsening trend overall from 2012 (93%) to 2023 (82%)
- Smoking prevalence for secondary school pupils is the same as the 2021 survey and shows a steadily reducing trend from 2013 (36%) to 2023 (15%)
- Alcohol prevalence for secondary school pupils is worse than the 2021 survey but shows an improving trend from 2013 (49%) to 2023 (43%)
- Cannabis prevalence for secondary school pupils is the same as the 2021 survey and has changed little from 2013 (8%) to 2023 (9%).

2.19 The accompanying presentation at the Health and Wellbeing Board describes in more detail some of the key local health and care services and initiatives for children and young people that support the Starting Well outcomes in relation to:

- Childhood Immunisations
- Health visiting and School Nursing
- Early Years work in relation to school readiness
- Educational attainment of children in care
- Family Hubs Transformation Programme
- Healthy weight in children and young people
- Self-harm and mental health

2.20 This will demonstrate the strong partnership working across the Council, Early Years Providers, Schools and Colleges, Health services and the Voluntary and Community Sector to support the strategic aims and outcomes measures associated with Starting Well.

### 3. Important considerations and implications

Legal:

- 3.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy to describe the vision and strategic aims to address the population needs identified in the Joint Strategic Needs Assessment. The report aims to provide the Board with an overview of the Starting Well strategy. The indicators on the report interface with a number of statutory duties, and implications for the wellbeing of residents.

Lawyer consulted: Natasha Watson      Date 26 February 2024

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:

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

Supporting information:

Brighton Health & Wellbeing Strategy 2019-2030

<https://www.brighton-hove.gov.uk/health-and-wellbeing/about-public-health/brighton-hove-joint-health-and-wellbeing-strategy-2019-2030>





*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: Referral from Health  
Overview & Scrutiny  
Committee (HOSC):  
Mental Health & Policing

Date of Meeting: 05 March  
2024

Report of: Executive  
Director, Health & Adult  
Social Care

Contact: Giles  
Rossington, Policy,  
Partnership & Scrutiny  
Team Manager

Tel: 01273 295514

Email:  
[giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)

Wards Affected: All

## **FOR GENERAL RELEASE**

### **Executive Summary**

At its 18 October 2023 meeting, HOSC considered a report on mental health and policing. HOSC members resolved to refer this report to the Health & Wellbeing Board. The HOSC report and appendices plus an extract from the HOSC minutes are attached for information to this report (Appendices 1-5).



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

- 1.1 That the Board notes the report referred by the Health Overview & Scrutiny Committee.

**Health Overview &  
Scrutiny Committee**

**Agenda Item 18**

**Subject:**       **Sussex Police & Crime Panel Referral to Sussex HOSCs:  
Policing and Mental Health**

**Date of meeting:**   **18 October 2023**

**Report of:**           **Executive Director, Governance, People & Resources**

**Contact Officer:**   **Name: Giles Rossington  
Tel: 01273 295514  
Email: giles.rossington@brighton-hove.gov.uk**

**Ward(s) affected:**   **All**

**For general release**

**1.     Purpose of the report and policy context**

- 1.1    In May 2023, the Chair of the Sussex Police & Crime Panel (PCP) wrote to the Chairs of the three Sussex HOSCs to bring to their attention issues relating to mental health and policing.
- 1.2    Subsequently, the Chair of Brighton & Hove HOSC asked Sussex Partnership NHS Foundation Trust (SPFT) for more information. In response, SPFT offered to present on this issue at a HOSC meeting. East Sussex HOSC and West Sussex HOSC are pursuing this matter separately.
- 1.3    The letter from the PCP is included as Appendix 1 to this report; and a PCP report on policing and mental health in Sussex is included as Appendix 2.

**2.     Recommendations**

- 2.1    That Committee notes the contents of this report and the presentation from SPFT.

**3.     Context and background information**

- 3.1    The Sussex Police & Crime Panel (PCP) scrutinises the actions of the Sussex Police & Crime Commissioner. The PCP comprises elected members from upper and lower tier local authorities across Sussex plus some additional independent appointees. In January 2023 the PCP received a report on the role of the Police & Crime Commissioner in ensuring that Sussex Police provide an effective response to mental health (see Appendix 2). The report included evidence that a disproportionate amount of police time was being spent providing care and support for people with mental health problems, to the detriment of other elements of policing.
- 3.2    The PCP agreed that the PCP Chair would write to the CEO of Sussex Partnership NHS Foundation Trust (SPFT), Dr Jane Padmore, detailing the

PCP's concerns. Dr Padmore responded to this letter, acknowledging that this was an issue, and outlining some of the measures being undertaken to address the problem. The PCP has no remit to hold NHS trusts to account, so in May 2023 the PCP Chair wrote to the Chairs of Brighton & Hove HOSC, East Sussex HOSC, and West Sussex HASC to alert them to the issue and to propose that they monitor the implementation of SPFT and health and care system improvement measures (see Appendix 1).

- 3.3 In response, the Brighton & Hove HOSC Chair invited SPFT to attend a HOSC meeting to update members on the issue and on improvement planning. East Sussex HOSC and West Sussex HASC will each separately respond to the PCP request.

#### **4. Analysis and consideration of alternative options**

- 4.1 None for this information report.

#### **5. Community engagement and consultation**

- 5.1 None for this information report.

#### **6. Conclusion**

- 6.1 Members are asked to note information provided by SPFT in their presentation to the committee.

#### **7. Financial implications**

- 7.1 Not relevant to this information report.

#### **8. Legal implications**

- 8.1 There are no legal implications to this report.

Name of lawyer consulted: Elizabeth Culbert      Date consulted: 21/09/23

#### **9. Equalities implications**

- 9.1 None for this information report.

#### **10. Sustainability implications**

- 10.1 None for this information report.

## **Supporting Documentation**

### **1. Appendices**

1. Letter from the Sussex Police & Crime Panel Chair to Sussex HOSC Chairs
2. Police & Crime Panel report on policing and mental health in Sussex
3. Presentation slides from Sussex Partnership NHS Foundation Trust







**Councillor Christian Mitchell**  
Chairman  
Sussex Police and Crime Panel

County Hall  
West Street  
Chichester  
West Sussex  
PO19 1RQ  
Switchboard: 033 022 22542  
[pcp@westsussex.gov.uk](mailto:pcp@westsussex.gov.uk)

To – Chairs of Sussex Health Overview Scrutiny Committees

Date: 19 May 2023

Dear Chairs,

I am writing to you on behalf of Sussex Police and Crime Panel (PCP). The role of the Panel is to scrutinise the actions and decisions of the Sussex Police and Crime Commissioner (PCC).

At its meeting on 27 January 2023, the Panel considered a report on "The role of the Sussex Police and Crime Commissioner in ensuring Sussex Police provide an effective response to mental health". A copy is attached to the covering email for your reference.

The Panel heard evidence around the extent to which Sussex Police officers were providing care and support to people suffering with mental health issues, to the detriment of frontline policing work. At the conclusion of the item, the Panel agreed that I write to the Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT), Dr Jane Padmore. My letter and Dr Padmore's response are attached.

In her response, Dr Padmore sets out several initiatives underway within the Trust to address the issues.

Sussex Police and Crime Panel has no statutory role in holding NHS trusts to account. I am therefore writing to request that you have due regard to the Trust's work in this area, and that you consider holding the Trust to account for its progress in implementing remedial measures. The Panel recognises that your respective geographical areas of remit are not individually coterminous with that of the Trust, and that a collaborative approach to scrutiny may present resource challenges, but any recognition within your individual work programmes would be very helpful. The Panel will continue to monitor progress from the perspective of the PCC.

Best wishes,

*Christian Mitchell*

**Cllr Christian Mitchell**

Chairman of Sussex Police and Crime Panel

CC:

Sussex PCP members

HOSC Support Officers

Office of Sussex Police and Crime Commissioner

PCP Website

Attachments:

Sussex Police and Crime Commissioner's Report to the Police and Crime Panel - The role of the Sussex Police & Crime Commissioner in ensuring Sussex Police provide an effective response to mental health

Letter from Sussex PCP to SPFT

Letter from SPFT to PCP





<b>To:</b>	The Sussex Police & Crime Panel.
<b>From:</b>	The Sussex Police & Crime Commissioner.
<b>Subject:</b>	The role of the Sussex Police & Crime Commissioner in ensuring Sussex Police provide an effective response to mental health.
<b>Date:</b>	27 January 2023.
<b>Recommendation:</b>	That the Police & Crime Panel note the report.

## **1.0 Introduction**

- 1.1 This report sets out the scale, threat and challenges associated with mental health for Sussex Police and provides a summary of the mental health strategy and mental health portfolio introduced by the Force to respond to these incidents in Sussex.
- 1.2 The report also summarises the role of the Sussex Police & Crime Commissioner (PCC) in ensuring that Sussex Police demonstrate an efficient and effective response to mental health, alongside the measures used by the PCC to hold the Chief Constable to account for performance in this area.

## **2.0 Scale, Threat and Demand of Mental Health on Policing**

- 2.1 The National Police Chiefs' Council (NPCC) and the College of Policing define a mental health incident as "any police incident thought to relate to someone's mental health where their vulnerability is at the centre of the incident or where the police have had to do something additionally or differently because of it."
- 2.2 It is recognised that a greater number of individuals are suffering from mental health in our communities than ever before. This means that frontline officers are regularly exposed to and deal with increasingly challenging and complex individuals, at times of personal crisis.
- 2.3 In November 2018, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) published their 'Policing and Mental Health: Picking up the Pieces' report which stated that whilst the police service is doing a good job in difficult circumstances, there are concerns over whether the police should be involved in responding to mental health problems at the current level.
- 2.4 The HMICFRS report also highlighted that there needs to be "a radical rethink and urgent action to guarantee a timely response to people with mental health problems" and that a "longer-term solution" is required, with the police service the last resort, and not the first port of call." Since then, the impact of mental ill-health has arguably worsened in England and Wales due to the COVID-19 pandemic and the ongoing economic crisis which has placed unprecedented demand on the National Health Service (NHS) and welfare service provisions.
- 2.5 Mental health data can be challenging to capture and calculate accurately due to the complexity of how mental health incidents present and are categorised. It may also not be immediately obvious that an incident is mental health-related when police officers are first dispatched and/or the incident may be categorised as something else entirely.



- 2.6 A 'snapshot' exercise of mental health demand on policing [undertaken in 2019] highlighted that 5.1% of all police recorded incidents are mental health-related, with the police service in England and Wales attending an average of 54 mental health-related incidents every hour, although this was acknowledged to be significantly higher in reality [NPCC – Mental Health Strategy 2021/25]. Sussex Police recently participated in another NPCC snapshot exercise in this area, although the data and results are still to be published.
- 2.7 The current demand analysis for Sussex Police predominately consists of manual audits and interface work with frontline officers. The provisions of Section 136 of the Mental Health Act 1983 – which provides police officers with the power to take someone suffering from mental health to a place of safety – are acknowledged to have created one of the biggest areas of demand for frontline officers and is regularly cited as a cause for concern [see section '4.0 Section 136 Pathway' for further information].
- 2.8 Sussex Police introduced a 'mental health' marker in summer 2022 to obtain accurate data and develop a more in-depth appraisal of mental health demand for incidents that meet the NPCC definition. Whilst this qualifier will only demonstrate officer deployment time at a scene and not any ancillary activities related to the incident, it will provide a good 'snapshot' of mental health demand on the Force.
- 2.9 Often mental health incidents can manifest as complex incidents where officers invest more time trying to respond and manage the vulnerability as opposed to policing the incident. For example, in November 2022 one mental health incident alone accounted for 17% of all policing response time in Eastbourne over a six-day period. This figure does not include the time spent by the Force Contact Command and Control Department (FCCCD), use of specialist resources and the cost and time of frontline police officer deployments.
- 2.10 The Force is also looking at how it can better use Microsoft Power BI – a data analytics and visualisation tool – to determine exactly how much police officer time is being spent responding to mental health related issues locally. The introduction of a mental health marker will ensure that this information is more readily available and should provide Sussex Police with a more comprehensive understanding of demand in this area.

### **3.0 Mental Health Strategy**

- 3.1 Sussex Police established a Mental Health Strategy for 2022/23 to develop the collective Force response to mental health and policing through three key strategic objectives:
- Understanding and reducing inappropriate demand.
  - Improving the police response to mental health incidents.
  - Supporting the transformation of emergency mental health care pathways.
- 3.2 These strategic objectives function as a 'golden thread' for the Mental Health Portfolio (MHP) within the Force which includes ongoing work to prioritise, adopt and deliver improvements to the policing response to mental health across these three areas.

- 3.3 The development and creation of a Mental Health Strategy and MHP has highlighted the need to invest and enhance the resources available to support the Force in the delivery of its strategic objectives around mental health and policing. From October 2022, three police officers and one member of police staff are now deployed to provide dedicated support to the MHP and to address the scale of the policing challenges in this important area. Previously, only one member of police staff had been responsible for this work.
- 3.4 The three police officers are known as Mental Health Liaison Officers (MHLOs) with the primary function of supporting the delivery of key strategic objectives through the MHP and reducing the overall demand placed on response officers. The MHLOs have received enhanced training to provide tactical advice to frontline officers, support work with partner agencies around complex mental health cases and to review cases where there are opportunities for Force-wide learning and development.

#### **4.0 Section 136 Pathway**

- 4.1 Section 136 of the Mental Health Act 1983 provides a police constable with the power to deprive someone of their liberty and take that person to a place of safety if:
- the person is in a place that is not their home.
  - the person appears to be suffering from a mental disorder and is in need of immediate care or control.
  - it is in the interests of that person or for the protection of other persons.
- 4.2 The amount of time that an individual can be detained through Section 136 is 24 hours, but this can be extended by a further 12-hours where a medical extension is authorised by a doctor. This means that two police officers could, in theory, be committed to looking after the detained person for 36 hours throughout an extended period of detention.
- 4.3 The legislative changes introduced by the Policing and Crime Act 2017 direct when the Force will and will not take individuals experiencing a mental health crisis to police custody.
- 4.4 There was a 2% reduction in the number of Section 136 detentions recorded in Sussex across the rolling year period November 2021 to October 2022, in comparison to the same period in 2020/21. However, there has been a year-on-year increase in the percentage of those detentions where the Accident & Emergency (A&E) department was the only dedicated health-based place of safety with available capacity.

<b>Rolling Year Period</b>	<b>Number of Section 136 detentions</b>	<b>Number of detentions where A&amp;E was the only available health-based place of safety</b>	<b>Percentage of detentions where A&amp;E was the only available health-based place of safety</b>
November 2021 to October 2022	921	735	80%
November 2020 to October 2021	951	500	53%
November 2019 to October 2020	1,202	556	46%

- 4.5 There are five designated places of safety in Sussex where police officers can take persons suffering from mental health under Section 136, operated by the Sussex Partnership NHS Foundation Trust. These current arrangements are recognised to be insufficient for the demands in Sussex, with A&E departments used as alternative health-based places of safety when these five locations are either at full capacity and/or unavailable.
- 4.6 A&E departments in Sussex are often not able to assume responsibility for individuals detained under Section 136 which means that Sussex Police are unable to simply hand over individuals to healthcare professionals and leave. As a result, individuals are detained with police officers for a significant amount of time which has a direct impact on police officer availability.
- 4.7 Sussex Police undertook a manual review on East Sussex Division across the three months of May, July and August 2022 to understand how many hours were spent by officers responding to Section 136 detentions. This review did not include incidents where there was no Section 136 detention, nor any additional time required to complete the paperwork.

<b>Month</b>	<b>Total estimated hours spent by officers deployed to a Section 136 detention</b>	<b>Average time spent by each officer deployed to a Section 136 detention</b>
May 2022	1,004	13 hours
July 2022	1,032	14 hours
August 2022	1,450	20 hours

- 4.8 Sussex Police is currently unable to deliver a solution to release police officers as the Force does not provide or commission clinical services for members of the public. Discussions are ongoing with NHS Sussex to develop a solution that could significantly remove this demand from Sussex Police and provide a better level of care to patients. These discussions are ongoing and subject to NHS commissioning arrangements, so remain commercially sensitive.
- 4.9 The impact to Sussex Police of prolonged Section 136 detentions is difficult to calculate and quantify. There is a direct impact on response officer time spent providing care and support to patients who are in hospital, combined with the opportunity cost that the Force is unable to respond to other crimes, disorder and policing incidents across Sussex because of these deployments.
- 4.10 Whilst Sussex Police is limited in its ability to transform the Section 136 detention pathway, it remains engaged in a significant programme of work to improve how it manages Section 136 incidents and further improvements that could be made to the pathway.
- 4.11 The Force is keen to ensure that it consistently evidences all attempts to consult with individuals prior to using its formal policing powers under Section 136 to maximise opportunities to divert patients away from the Section 136 pathway. There was evidenced consultation in 61% of all Section 136 detentions in the first seven months of 2022, which increased to 76% for the data recorded across August, September and October 2022. It is recognised that there will always be situations where Section 136 may need to be used without consulting with individuals, although maintaining a consistently high consultation rate is acknowledged to be essential to ensure that the police service is not adding any unnecessary pressures on the health system.

- 4.12 Sussex Police has provided dedicated training around mental health and policing to all call handlers within the FCCCD and delivered additional training around appropriate escalation to senior leaders to enable them to provide better support to their teams. Further training is also being planned for response officers alongside further improvements to the guidance material made available to support the decision-making of frontline officers on the Force intranet.
- 4.13 The MHP currently reviews all Section 136 detentions where an electronic handover form has been used to identify any significant areas of concern and/or good practice. The portfolio uses any themes or learning identified to inform and task further quality improvement work.

## **5.0 Partnership Management**

- 5.1 One of the key responsibilities for the delivery of the MHP is maintaining and improving relationships with internal and external partners. This is recognised to include internal stakeholders such as police custody, response and the FCCCD, alongside the following external health partners in Sussex:
- Sussex Partnership NHS Foundation Trust.
  - East Sussex Healthcare NHS Trust.
  - South East Coast Ambulance Service.
  - Brighton & Hove City Council.
  - East Sussex County Council.
  - West Sussex County Council.
  - University Hospitals Sussex NHS Foundation Trust.
  - Various private healthcare providers.
- 5.2 These organisations represent a combined five A&E departments, nearly twenty different inpatient psychiatric units and psychiatric facilities, numerous community mental health teams, various local authority services and a medium-security forensic psychiatric facility.
- 5.3 The three main internal partners for the Mental Health Portfolio are police custody, response and the FCCCD. Police officers and staff from these areas regularly highlight issues of concern and/or request further information, advice and guidance from the four individuals responsible for delivering the MHP. The portfolio also provides tactical advice and guidance to officers and staff responding to mental health incidents when capacity allows. The outcomes and achievements delivered against the MHP are held to account by the Vulnerability Board, with update reports provided to several different boards and working groups within Sussex Police in the interim.
- 5.4 A critical component to the portfolio is working with a variety of partners to improve the urgent and emergency mental health pathway in Sussex. This has involved supporting partners to achieve their strategic goals where police interface is a key component, with the aim of reducing the demand for policing services in Sussex.
- 5.5 The MHP is also actively involved in supporting partners to develop policies and/or multi-agency agreements around police interface. This approach ensures that Sussex Police are represented in these discussions to provide a police-focused perspective and ensures that the Force is not committed to delivering any areas of business outside of its core responsibilities.

## **6.0 Providing Specialist Support**

- 6.1 In addition to partnership management, the MHP resources provide specialist support and expert advice on programmes and workstreams that have a mental health component and/or interface point.
- 6.2 The MHP fundamentally exists to support the strategic direction of Sussex Police around areas of business related to mental health and policing, alongside offering expert tactical advice and guidance. This is achieved by providing specialist advice to decision makers and portfolio holders around mental health, conducting and managing a review into specific areas, supporting the police response to serious incidents and investigations and/or by providing appropriate data and analysis to inform decision-making.
- 6.3 Tactically, the team responsible for the delivery of the MHP has also provided specialist advice and guidance that has assisted complex investigations, supported the management of complex incidents and assisted in releasing police officers from incidents where it was inappropriate for frontline officers to remain deployed.

## **7.0 Accountability**

- 7.1 It is a statutory responsibility for the PCC to hold the Chief Constable to account for delivering efficient and effective policing in Sussex that is responsive to the needs of the public. The PCC has continued to use her monthly webcast Performance & Accountability Meetings (PAMs) to provide oversight and to challenge the Chief Constable about the Sussex Police response to mental health on behalf of members of the public.
- 7.2 Policing and mental health was raised most recently as a theme at the PAM on 20 January 2023. This area of policing was also raised at the PAMs on 24 January 2020 [HMICFRS – Policing and Mental Health – Revisited] and 14 December 2018 [HMICFRS – Policing and Mental Health]. These sessions are archived and can be viewed on the PCC’s website through the following link: [www.sussex-pcc.gov.uk/get-involved/webcasting/](http://www.sussex-pcc.gov.uk/get-involved/webcasting/)
- 7.3 The PCC also chairs the local Sussex Criminal Justice Board where the impact of managing mental ill-health across the criminal justice system is considered and addressed by partner agencies.
- 7.4 Further oversight and scrutiny around the policing response delivered by Sussex Police in this area is also provided through the Strategic Independent Advisory Group, Ethics Committee and Gypsy and Traveller Advisory Group, with many of these discussions focused on the Section 136 Pathway.
- 7.5 The Office of the Sussex Police & Crime Commissioner directly funds several community-based mental health services in the county through the Safer in Sussex Community Fund (SiSCF). The SiSCF provides financial support [grant awards up to £5,000] to a diverse range of local organisations and community projects that aim to reduce crime and improve community safety. The PCC allocated £29,980 from the SiSCF to support the provision of eight mental health services in Sussex during 2021/22. A list of each of the successful applications to the SiSCF can be viewed through the following link: <https://www.sussex-pcc.gov.uk/get-involved/apply-for-funding/>



**Recommended** – That the Police & Crime Panel note the report.

**Mark Streater**

**Chief Executive & Monitoring Officer**

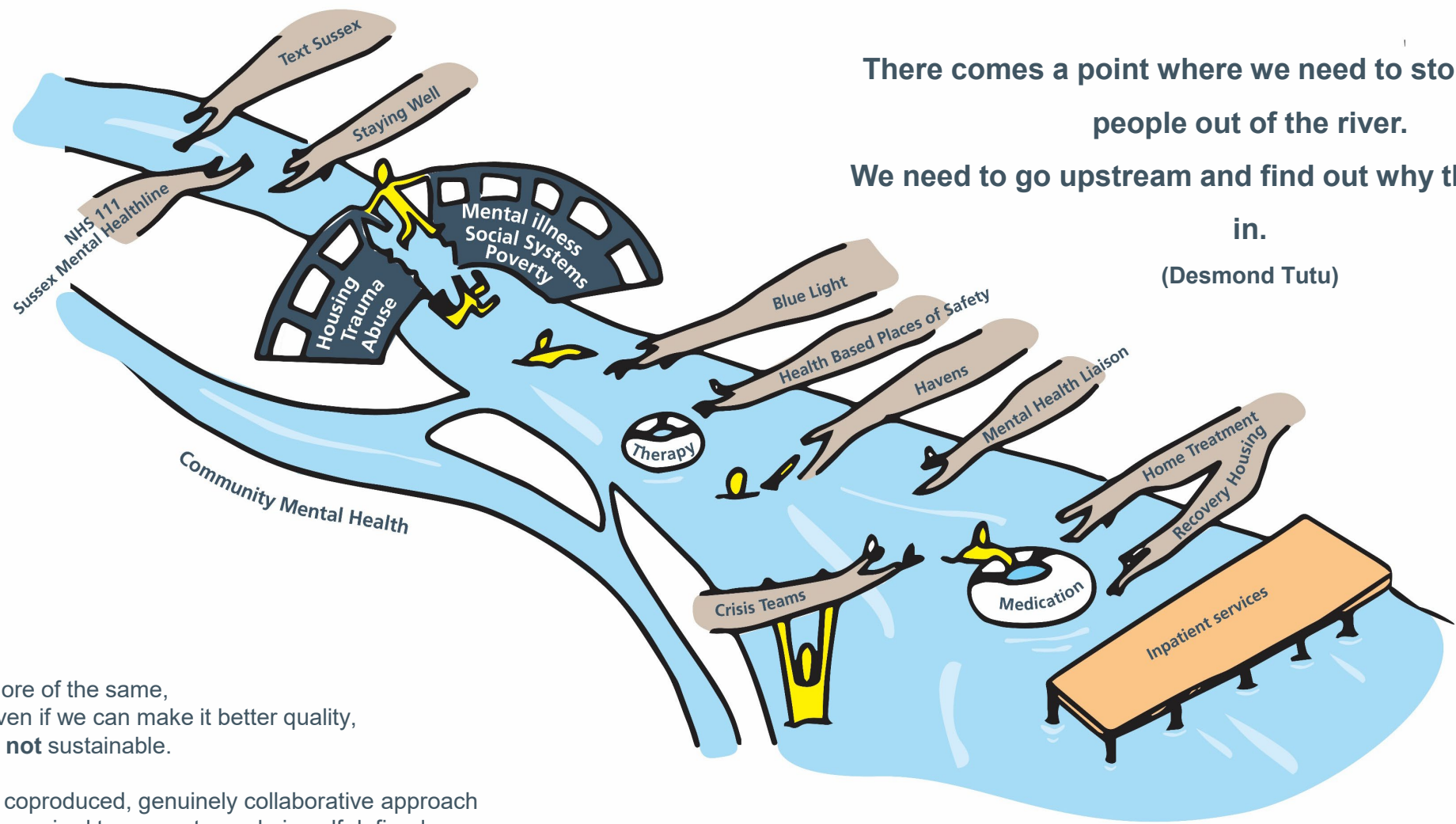
**Office of the Sussex Police & Crime Commissioner**



# Mental Health Urgent and Emergency Care Improvement Plan

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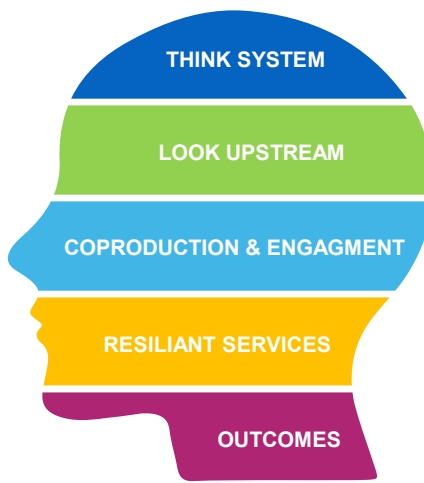
# Mental Health Urgent and Emergency Care



There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they are falling

in.  
(Desmond Tutu)



More of the same, even if we can make it better quality, is **not** sustainable.

A coproduced, genuinely collaborative approach is required to support people in self defined crisis in the most accessible, lightest and least restrictive services possible.

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# Progress on Initiatives Delivered to Date (1)

These initiatives are at varying stages of implementation, with some requiring additional investment for full value and benefits to be realised. The work already done to date provides a solid foundation on which to build future improvement work.

## Core-24 services

2017/18 and 2018/19 funding from NHSE for crisis transformation to move each mental health liaison team (MHLT) to Core-24 specification. Workforce limited progress until delivery in 2020/21. Also included additional resource into crisis resolution and home treatment teams (CRHT), Street triage, and developed the workforce to support the Haven service.

## Brighton Haven

Established 2018/19 for admission avoidance. COVID in March 2020 accelerated other Havens and CDU as alternatives to ED for MH presentations – at a time of unprecedented reduction in ED footfall and MH admissions. Capital funding has supported the refurbishment of Havens and flexibility in their use to operate as alternatives to HBPoS.

## D2A & Recovery Houses

Investment in D2A model in Brighton and West Sussex to reduce LoS and MRFDs in 2020. Development of two interim crisis beds in Shore House in 2022. East Sussex has a well-established model.

## MDIST

Development of multi-disciplinary intensive support team (MDIST) in 2021 responsible for supporting patients being treated out of area (OOA) and facilitating discharges/repatriation ensuring minimum time spend in bed out of country.

## Dementia Crisis

Expansion of West Sussex Dementia crisis team to SOAMHS functional patients (2022). A move from Dementia crisis teams into Intensive Dementia Support Teams in Chichester & Bognor ensured integration with MH community teams and the expansion of offer through working with older people in MH crisis.

## North West Sussex Blue Light Triage

Supports paramedics with 'advice and guidance' as well 'hear and treat'. Ability to attend on scene for assessment. Achieved a 20% reduction in conveyance to ED and significant better engagement. Positive feedback from partners and patients.

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# Progress on Initiatives Delivered to Date (2)

## Text SUSSEX

Initiative with national VCSE provider to support people in self defined crisis. People can now Text Sussex to 85258 and receive text based support. Currently only organic advertising. 805 conversations (10/6/22 - 9/7/23). 131 people have used the service more than once. 79% of texters say the conversation was helpful  
National data suggests it reduces demand on other MH services by 20%.

## NHS 111 Press for MH

Following national and local consultation and as part of the national drive for integration between MH and IUCS, Sussex went live with the integration of the NHS 111 press for MH service into SMHL in November 2022 ahead of national requirement. Diverts approx. 2000 calls/month from NHS 111.

## Blue Light Line

As part of preparations for winter the service went live pan Sussex Dec 2022. It provides a dedicated line for police to support police in decision making pre s136 as part of the police's statutory obligation to consult with a MH Professional. In addition it provides the coordination point for ambulance and police around availability of HBPOS and or ADPOS/Havens and the availability of the S.136 support service. 1,311 calls to date have been taken.

## SMHL Optimisation

Expansion of Sussex MH Line to 0800 number for free access (2020). 2022 integrated NHS 111 press for MH.  
In 2023 - New clinical model coproduced, business case developed. No funding available to support clinical model. Service optimised within envelope although demand outstrips capacity by a considerable margin.

## S.136 Support Service Trial

Pilot went live at pace in April 2023 currently supports one person for up to 24hrs in ED or a Haven instead of Police officers. Currently being evaluated due to short term non recurrent funding and pilot status. Has saved circa 2000 hours of Police time.

## Compassionate calls

Short term reinstatement and integration with SMHL. Pilot from Dec 2020-Nov 2022 to provide compassionate, timely follow up within 72hrs of presenting at ED. 2592 people referred within pilot, feed back and external evaluation showed the service was well liked and provided recovery, clinical and service benefits.

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# Direct measurable impacts to date

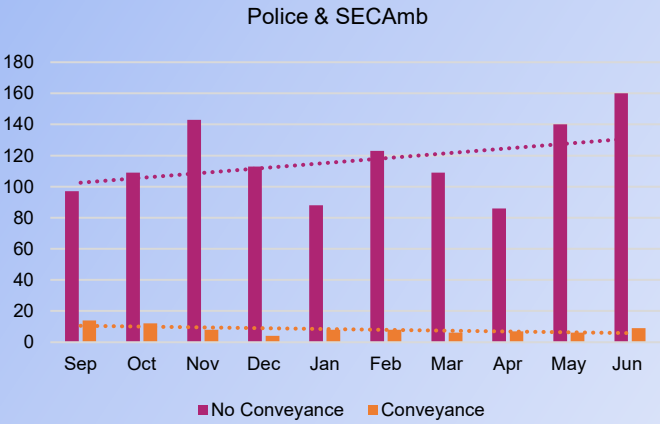
## BLUE LIGHT TRIAGE – NW Sussex

An initiative with SECamb and latterly the police to provide advice, guidance, hear and treat and convergence on scene.

**Hear & Treat** Jun 22-Jun 23 205 (71% of referrals)  
**See & Treat** Jun 22-Jun 23 82 (27% of referrals)  
**Advice & Guidance** Jun 22-Jun 23 5 (2% of referrals)

In the period Jun 22-Dec 22 8% of all referrals were conveyed to an ED department (**See & Convey**)

### Reduced Conveyance



## TEXT SUSSEX

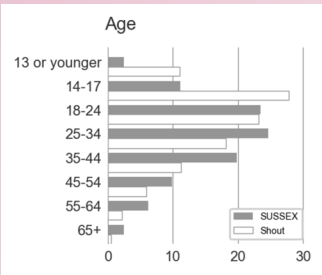
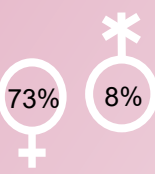
Initiative with national VCSE provider to support people in self defined crisis. People can now Text Sussex to 85258 and receive text based support.

**805** conversations (10/6/22 - 9/7/23)  
**131** people have used the service more than once  
**79%** of texters say the conversation was helpful  
**46% LGBTQI+** - significantly above the level for the national service

### Significant Crisis Alternative

Sussex benchmarks;  
+ very highly for >35  
+ significantly higher for both >55 & >65

Therefore reaching a group of people who struggle to access services



## S.136 SUPPORT SERVICE

A service provided by a private provider to 'sit' with people detained under section 136 in EDs or Havens and release police time.

**57** patients (April 23 – June 23)  
**947** hrs of patient care time  
**2841** hrs of patient care time and transport provided

### Police Resource Relief

**2000** hrs



Police time saved



# Partnering with the VCSE

There has been a long history of partnership working with the VCSE across Sussex both from a commissioning and operational perspective as strategic partners, delivery partners and sector representation. A key element of the mental health programme has focused on strengthening strategic and operational relationships between Sussex ICB, SPFT and VCSE partners as part of maturing the collaboration within the context of the integrated care system and increased innovation.

This has included:



Developing **MH Strategic VCSE Leads** in each of the three Places who are members of both the Placed Based Mental Health Oversight Boards and the Sussex MHLDA Board (Southdown, West Sussex Mind, BWC/Grassroots).



Creating 3 FTE **VCSE MH Transformation Lead** roles to ensure strong VCSE engagement in the community transformation programme.



**Children and Young People's (CYP) MH Strategic Reps** identified (Stonepillow, Amaze, Downslink YMCA)



SPFT and VCSE Strategic Leaders agreeing a **'Working Together Agreement'** (Compact) to reset and strengthen partner relationships and support integrated models of service delivery).



Supported the establishment of a **Sussex Mental Health VCSE Strategic Leadership Group** and three Placed based **MH VCSE Networks**.



**Invested in VCSE partners** to deliver a range of community services including VCSE workers in community MH services aligned to PCNs.

Continuing to strengthen the VCSE elements of the community transformation programme will be important in increasing community capacity to prevent people going into crisis as well as afterwards. In addition, as part of the MH-UEC programme we are working with VCSE to continue to look at opportunities for more joint working including redesigned the Staying Well Crisis Cafes to become open access.

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# What are we trying to achieve?

A high number of people with non-physical health attending ED due to issues with access, awareness and suitability of alternative options

1. We will **reduce mental health ED attendances** by 20% by March 2025. This equates to diverting 327 attendances away from EDs each month

A higher number S.136 detentions being conveyed to ED due to issues with access and awareness of alternatives

2. We will **reduce number of detentions under S.136 by 19% and** reduce the number of s.136s conveyed to ED by 30% by Sept 2024. This equates to a reduction of 70 S.136s each month, of which we will avoid 20 being conveyed to ED.

People are waiting too long in ED because of problems accessing a mental health bed or support in the community

3. We will eliminate all over 72 hour waits in ED for a MH concern by November 2023. **By November 2023 no one will wait in ED for more than 72 hours.**

People are spending too long in a mental health bed

4. By September 2024, we will **reduce the average length of stay** in a MH bed from 57 days to 46 days, representing a 21.5% improvement.

People are waiting too long for a MH bed either in ED or in the community

5. By March 2025 we will **reduce the average time waited for a MH bed** from nearly seven days to five and a half days, representing a 20% improvement.

Achieving these objectives will mean the population of Sussex will have their mental health needs cared for in the right place at the right time; improving patient experience.

Through achieving this step-change, people accessing wider physical healthcare and emergency services will have improved experience and outcomes as accessibility is improved.

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# System / Partner Support



## ACUTE HOSPITAL

Strengthen policies and procedures around MH patients in ED and where admitted to wards supported by the new ED and acute hospital wards discharge plans.

Deliver PSC review recommendations that relate to acute hospitals.



## POLICE

100% of people being considered for S.136 should have had specialist MH advice sought prior to undertaking unless consultation was not practicable in the circumstances - stepped plan to seek professional MH advice from MH colleagues. As part of that advice seeking should seek to reduce the use of S.136 in line with neighbouring systems such as Hampshire and Kent per 100k of population supported by advice seeking and the utilisation of alternatives such as Staying Well services and Havens.



## LOCAL AUTHORITY

Support robust housing and brokerage arrangement to facilitate reduced LoS and MRFD's where housing is an issue.

Review use of Sec 117 and support packages of care.

Review and where possible optimise the availability of AMHP's and MHA assessments to within the national standard of 3 hours.

Building awareness and support obligations under the Homelessness Reduction Act.



## VCSE

Mobilise open access Staying Well Services with SPFT.

Look at additional support opportunities within ED and where there are opportunities to support people open to community services post ED or wider contact with the MH UEC pathway.



## SECamb

Support police with conveyances following the perfect month work in September ensuring that S.136 conveyance is responded to as cat 2 and as a minimum the new metric of 30 min response time is adhered to.

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# Planned Initiatives (1)

219

1. STAYING WELL SERVICES	Staying Well Services becoming open access and co delivered.	Phase 1 – Oct 2023 Phase 2 – July 2024
2. POLICE & AMBULANCE	Perfect month initiative with Sussex police and SECamb to support increased Police use of advice and support prior to detention under S.136 and increased conveyance by SECamb (as per national guidance and contracting arrangements).	Sept 2023
3. TEXT SUSSEX	Increased advertising and visibility for TEXT Sussex to 85258 following its extension of contract for a further year – including targeted campaigns for exam results weeks and university freshers.	Dec 2023
4. BLUE LIGHT SERVICES	Reimagining of the offer to police, other partners (and the public) in light of RCRP. Coproducing a new model based on the positive impact of the BLT service in NWS to support rapid advice and guidance and hear/see and treat (including community based mental health assessments undertaken 24/7).	Phase 1 March 2024 Phase 2 Oct 2024
5. MH VEHICLES	Phased procurement and roll out of the nationally funded mental health response vehicles (MHRV). The vehicles will be staffed by SPFT Blue Light Services Staff (qualified staff and support worker with additional physical health training) and provide 24/7 assessment and triage in the community.	Phase 1 - March 2024 Go live Phase 2- Sept 2024-March 2025
6. SMHL/ NHS 111 PRESS 2 FOR MH	Continued review of the SMHL NHS111 press for mental health service to optimise as far as possible including development of a SPoA within the current contracted envelope. Potential to include Compassionate calls within this initiative and combine existing resources providing telephone based clinical advice and guidance.	March 2024
7. CRHTT	Working with the CRHTTs to establish a new clinical model across Sussex, supporting rapid assessment, facilitated discharges and therapeutic home treatment, reducing unwarranted variation and the potential for access inequity.	Phased steps to be defined. Full implementation planned for Sept 2024

# Planned Initiatives (2)

8. OPTIMISING USE OF HAVENS	Optimize the work of Havens to support flow and alternatives to inpatients.	Sept 2023
9. WORK TO REDUCE LoS	PSC supported work to reduce LoS: to deliver a sustainable reduction in average LoS across three different projects. Other work relating to housing initiatives such as discharge to assess and housing discharge pathway.	Sept 2024
10. REVIEW OF HEALTH BASED PLACES OF SAFETY	This work will review the use of HBPoS to maximise ability to receive S136s. There has been a reduction in the numbers of S136s taken to the HBPoS of -52%. (Jul 21–Jun 22 vs Jul 22-Jun 23). This trend is exacerbated by fixed capacity in HBPoS being used by patients are waiting for a bed or long term placement. At times the HBPoS are also unavailable due to remedial works required after incidents.	March 2024
11. REDUCE TIME SPENT IN ED AND ASSESSMENT WARDS	This short term initiative to reduce the length of time people are waiting in ED and associated assessment wards for a bed will see wait time reduced to under 72hrs by November 2023.	Nov 2023
12. REDUCTION IN NON SPFT CONTRACTED BEDS	Commissioning & Contracting: Ongoing quality and contractual reviews to deliver a phased reduction in total non-SPFT beds to an average of 35 by January 2024. ii) To sustain zero inappropriate out of area placements (OAPs).	Jan 2024
13. RECOVERY HOUSING	Delivery of the West Sussex Recovery (crisis) beds. Increasing recovery capacity – should reduce time people are waiting for a MH bed.	Phase 1 Sept 2023 Phase 2 March 2024
14. INSIGHTS	This work is being underpinned and supported by Insights work including in August an ICB led insights forum focused on MH UEC.	Aug 2023

# Commissioning and Investment Considerations

NHS England publish spending on mental health services per person. Figures are adjusted for need and populations are weighted to account for issues such as population characteristics, service usage and household composition. **In Sussex, the actual spending per person on this measure for 2021/22 is £201.40, compared to £210.86 across England overall (4.5% lower).**



There are historical geographical differences in the levels of investment across Sussex for both children and adults services that do not necessarily align with prevalence and demand and capacity. Investment in the MH-UEC pathway needs to be considered within the context of the total investment profile as part of our longer-term strategic approach.

Our strategic approach to investment in this pathway in recent years has focused on evidence of best practice in line with the Long-Term Plan to deliver a range of services to support alternatives to admission. This has including strengthening liaison services into acute hospitals and developing the Blue Light Triage model in North West Sussex.

It is recognised that there still remains unwarranted variation in consistency of offer across the MH-UEC pathway. Of particular note are the following variations:

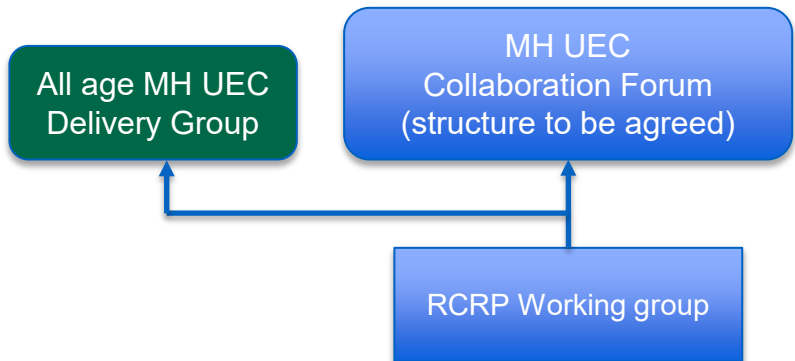
- **Crisis cafes** are not open access across all five sites (Brighton and Eastbourne are intended to be open access by winter 2023) and lack of rural access to crisis alternative services.
- **Crisis house** provision is available in East Sussex and being mobilised in West Sussex for winter 2023 but there remains a gap in provision in Brighton and Hove.
- **Discharge to Assess:** Brighton and Hove has an established service, Coastal West Sussex is being mobilised Autumn 2023, funding is available but no site has been found yet for North West Sussex.
- **Discharge to Assess care hours** (key element of service) in West Sussex have been commissioned by SPFT non-recurrently beginning August 2023. East Sussex does not have a service.
- **NHS111 press for MH / SMHL:** capacity has not been significantly increased since the inception of the service and demand is significantly outstripping capacity currently.
- **Section 136 pilot** has been mobilised for 6 months only with a view to continue for the remainder of 2023/24.

The resources required to address these variations along with the expected additional impact on the MH-UEC pathway is currently being scoped and will be completed by the end of August 2023.

## Further Steps

Demand and capacity modelling is underway across the whole pathway in order to map this to the current investment profile and outcomes delivered. This needs to be considered within the wider system investment across the ICB, Local Authorities and SPFT in order to optimise the total available resource and enable evidence based prioritisation decisions that may require decommissioning of less impactful interventions. Flexibilities to support short term impact in year through rapid redesign based on modelled outcomes will be considered.

## 222



The working group will also feed into the MH-UEC delivery group as much of the work will need to be aligned and integrated.

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# Overarching Risks and Mitigations

There are four key risks that may impact on the delivery of this plan, potentially resulting in the targets and outcomes contained within not being met. These are noted below, along with mitigations and current risk score.

ID	Risks	Original risk score	Mitigations	Risk score with mitigations
1	<b>Insufficient workforce</b> to staff existing and additional services. Insufficient capacity in current workforce to support increased community support at all levels and accelerated discharge.	16	Recruitment and retention initiatives for recruitment into UEC pathway roles Development of rotational posts. Development of new roles – ensuring senior supervision available. Expanding from traditional workforce model to including 3 <sup>rd</sup> sector and peer working.	9
2	<b>Insufficient investment</b> to support right sizing and expansion of MH-UEC services resulting in inequity of provision and under resourcing	16	Demand and capacity modelling to be undertaken to understand current provision and gaps . Development of a co-produced strategic clinical model, recycling of current envelope to support developments. Utilisation of efficiencies to support transformation within with current finances as much as possible. Collaborating with other providers to support economies of scale and best use of public purse. Staging investment and service delivery. i.e. rebasing services either financially or in delivery terms to provide what is funded only	9
3	<b>Lack of engagement</b> from system partners	12	Utilise current forums and governance arrangements to support engagement at all levels. Agree plans with partners to ensure engagement from the outset. Co-produce new models.	9
4	<b>Significant increase in demand</b> that has not been included in modelling (e.g. pandemic)	8	Early warning of demand increases by continuous demand and capacity modelling and monitoring of performance metrics, enabling iterations of plan to be produced.	8



# Gantt chart

