

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 16 July 2024 starting at 4.00pm.



Health & Wellbeing Board

Date: **16 July 2024**

Time: **4.30pm**

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

Who is invited:

B&HCC members: Councillors: Oliveira (Chair), Burden and Grimshaw

NHS voting members: Tanya Brown-Griffith and Stephen Lightfoot (NHS Sussex (Sussex Integrated Care Board)), Adam Fazarkerley (Primary Care Collaborative Lead)

Non-voting members: Steve Hook (BHCC Interim Corporate Director, [Health & Adult Social Care], Housing, Care & Wellbeing); Jess Gibbons (BHCC Chief Executive); Deb Austin (Corporate Director, Families, Children & Learning Services); Alistair Hill (Brighton & Hove Director of Public Health); Professor Robin Banerjee (University of Sussex), Superintendent Petra Lazar (Sussex Police); Tom Lambert (CVS representative); Siobhan Melia (Sussex Community NHS Foundation Trust); Peter Lane (University Hospitals Sussex NHS Foundation Trust); Mark Matthews (East Sussex Fire & Rescue Authority), Professor Nigel Sherriff (University of Brighton); Dr Jane Padmore (Sussex Partnership NHS Foundation Trust); Alan Boyd (Healthwatch)

Contact: **Giles Rossington**
Policy, Partnerships & Scrutiny Team Manager
Giles.rossington@brighton-hove.gov.uk

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This agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 8 July 2024

AGENDA

Formal matters of procedure

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

Part One

Page

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

2 MINUTES

To Follow.

3 CHAIR'S COMMUNICATIONS

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

4 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 Clerk to the Board at bola.roberts@brighton-hove.gov.uk

5 FORMAL MEMBER INVOLVEMENT

6 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL UPDATE 2023-24

9 - 54

Report of the Independent Safeguarding Adults Board (copy attached).

Contact Officer: Guy Jackson

Ward Affected: All Wards

7 SUSSEX SHARED DELIVERY PLAN (SDP) YEAR 2 REFRESH AND BRIGHTON & HOVE SDP UPDATE

55 - 64

Report of the Chief Integration and Primary Care Officer, NHS Sussex; and of the Interim Executive Director (Health & Adult Social Care), Housing, Care & Wellbeing (copy attached).

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

**8 BETTER CARE FUND END OF YEAR REPORT 2023-24 AND
REFRESH OF PLANS FOR 2024-25**

65 - 82

Report of the Executive Director, Health & Adult Social Care, and the NHS Sussex Director for Joint Commissioning and Integrated community Teams, Brighton & Hove (copy attached).

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to the Board and details of how questions can be raised can be found on the website and/or on agendas for the meetings. The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

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

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- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and
- Do not re-enter the building until told that it is safe to do so

Further information

For further details and general enquiries about this meeting contact Giles Rossington giles.rossington@brighton-hove.gov.uk or email democratic.services@brighton-hove.gov.uk



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 (ICB)), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title: Brighton & Hove
Safeguarding Adults
Board (BHSAB)
Annual Report 2023-
24

Date of Meeting: 16 July 2024

Report of: BHSAB
Independent
Chairperson

Contact: Guy
Jackson, BHSAB
Business Manager

Tel: 07919 483209

Email:
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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

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

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

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



and promote the welfare of adults with care and support needs

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

This annual report outlines progress the B&H SAB has made over the last year in respect to safeguarding adults with care and support needs. It covers the period 1st April 2023 to 31st March 2024.

Glossary of Terms

ADASS – Association for Directors of Social Services

CE –Criminal Exploitation

HASC – Health and Adult Social Care

HCW – Housing, Care and Wellbeing

NICE – National Institute for Health and Care Excellence

SAB –Safeguarding Adults Board

SAR – Safeguarding Adult Review

SARC –Sexual Abuse Referral Centre

MARAC – Multi-agency Risk Assessment Conference

LeDeR – Learning Disabilities Mortality Review Programme

PASA – Practitioners Alliance for Safeguarding Adults

SCARF – Single Combined Assessment of Risk Form

SE- Sexual Exploitation

1. Decisions, recommendations and any options

It is recommended that the Board:

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

2. Relevant information

- 2.1 It is a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.

- 2.2 The B&H SAB has continued to work in partnership with member agencies to safeguard adults with care and support needs, and to minimise any adverse consequences of abuse.
- 2.3 Details of the Safeguarding Board's work this year can be found in the Annual Report (**Appendix 1**).

3. Important considerations and implications

Legal:

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

Lawyer consulted: Sandra O'Brien Date: 14 June 2022

Finance:

- 3.2 The Brighton and Hove Safeguarding Adults Board has an agreed budget with multi-agency funding and received the following contributions in financial year 2023/24; the Local Authority £0.060m, the Police and Crime Commissioner for Sussex £0.033m and NHS Sussex ICB£0.027m. These contributions cover the running costs of the board and the expenditure is detailed in the annual report.

Finance Officer consulted: David Ellis Date: 4/07/2024

Equalities:

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

Sustainability:

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

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

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

Supporting documents and information

Appendix1: B&H SAB Annual Report 2023-24



Brighton & Hove

SAB

Safeguarding
Adults Board

Annual Report 2023-24



Contents

Contents.....	2
A Message from our Independent Chair.....	3
A Message from Healthwatch	4
About Us	5
What have we done this year?	8
What difference is this making?	11
Safeguarding Adults Reviews	13
Our Board Partner's Data.....	15
Brighton & Hove City Council Housing, Care and Wellbeing (HCW)	15
Sussex Police	21
NHS Sussex (Integrated Care Board).....	26
Sussex Partnership NHS Foundation Trust (SPFT).....	28
Sussex Community NHS Foundation Trust	29
East Sussex Fire and Rescue Service (ESFRS)	33
What will we do next year?.....	37
Appendix	40

A Message from our Independent Chair

It is a privilege to introduce the Annual Report for the Brighton & Hove Safeguarding Adults Board 2023/24.

As the newly appointed Independent Chair, I am grateful to all partners for their contributions and ongoing support. I would like to thank Annie Callanan for her support during the transition in September 2023, when I took up the role. It was important to lead the SAB in developing the priorities as part of the continuous learning journey for all engaged in adult safeguarding and the wellbeing of residents in Brighton and Hove.



As the Report highlights all partners of the Board have continued to deliver services, provide care and support to people, and are responding to the changing safeguarding needs and risks that occur, in what can be described as challenging times for public services, and post COVID19. The sub-groups, and in particular the Chairs are owed much gratitude for their dedication and commitment to ensuring that the SAB's priorities are delivered.

The Report details the work that has been undertaken, and outcomes that have been achieved. A major emphasis for the SAB is identifying the impact of the work undertaken for the people living in Brighton and Hove, and how we can ensure that we hear the voice of those who are requiring protection from risk and harm, and how partners work together with people to ensure they are safe to live a fulfilling life. This report provides some feedback from people linked with safeguarding adults.

The statutory partner organisations have provided details about how they are contributing to identifying and supporting people at risk, and those who may require care and support so they can live safely in our community.

The SAB has set its priorities for 2024/2025 on the basis of the information provided through reviews of practice, as part of the audit work the SAB undertakes, data collection, safeguarding adults' reviews, and national feedback from reviews and emerging issues that have been identified e.g. self-neglect, trauma and multiple and intersectional needs. This includes the development of a data dashboard to assist each SAB meeting understand the nature of safeguarding on the patch, and to support any additional areas of development that may require attention.

Finally, I would like to appreciate the contributions of Guy Jackson the Board Manager and staff for efficiently and effectively managing the business of the Board. I would also like to acknowledge the work of staff and managers across all statutory, voluntary and community partners who are committed to working together to keep people safe in the City.

Seona Douglas
Independent Chair, Brighton and Hove Safeguarding Adults Board

A Message from Healthwatch

I am pleased to provide commentary on this year's Annual Report on behalf of Healthwatch Brighton and Hove. As the city's patient watchdog, we are pleased to see that a focus of this year's report is the difference that the Safeguarding Adults Board (SAB) and its subgroups is having to ensure *"that people are able to live together in safety, in a city that does not tolerate abuse, neglect and exploitation and that works in partnership to actively prevent abuse occurring and ensuring that when it does happen everyone knows how to report it and that it is effectively responded to."* (SAB vision).

I would like to formally welcome Seona Douglas in her role as Chair of the SAB. Seona's leadership is already bringing a fresh perspective with a renewed focus on constructively challenging ourselves. The SAB Leadership group and full SAB Board have widened their membership and broadened their reach, inviting presentations which link to safeguarding from local providers and public health and a new data dashboard is under development – all of which is helping the SAB to identify *"where we can make best use of our time and efforts in achieving improved outcomes in adult safeguarding that benefit those who use services and those who care for them."* (SAB mission statement).

Healthwatch has continued to play a key role in supporting our city's overall approach to safeguarding. As well as working closely with the SAB, over the last year, our Healthwatch representative, Brigid Day, has continued to act in the capacity of Chair of the SAR subgroup. Brigid's role delivers independent scrutiny of the Group's work. Recommendations from two published SARs in 2023/4 have focussed on

developments, which aim to improve professional practice and the experiences of people who use services and people with safeguarding needs. Recommendations from previous reviews are also in development. My thanks to Brigid for her continued dedication to her role as Chair of the SAR subgroup.

Healthwatch takes its role in supporting the safeguarding ambitions of the SAB and city safeguarding seriously and this year we have reviewed and updated our safeguarding policies and conducted a self-assessment of our adults safeguarding knowledge and practice as part of the board's peer challenge process and identified opportunities for further training and clarified procedures for staff and volunteers. We continue to identify safeguarding concerns from our project work and report these.

Lastly, I would like to formally thank Annie Callanan for her hard work as the previous Chair of the SAB.

Healthwatch looks forward to our continued collaboration with the SAB.



Alan Boyd
Chief Executive Officer, Healthwatch Brighton and Hove

About Us

Our City



Population: Between the last two censuses (held in 2011 and 2021), the population of Brighton and Hove increased by 1.4%, from around 273,400 in 2011 to around 277,100 in 2021.

Did you Know: In the 2021 census, Brighton and Hove was home to around 23.9 people per football pitch-sized piece of land and was in the top 20% of most densely populated English local authority areas.



Ethnicity: In 2021, 85.4% of people in Brighton and Hove identified their ethnic group as "White" while 4.8% identified their ethnic group as "Mixed or Multiple".

Did you Know: 26% of people living in Brighton and Hove are from ethnic minority backgrounds. We have increased the accessibility of our BHSAB website with the information there now available in over 100 different languages.



People with a Disability: In 2021, just over one in nine people (11.5%) were identified as having a disability. The proportion of Brighton and Hove residents who were not classified as having a disability increased from 80.3% to 80.5%.

Did you Know: Residents in Brighton & Hove are more likely to have a disability than people living in the South-East in general. Nearly one in five residents are defined as having a disability under the Equalities Act.



Care: In 2021, 4.4% of Brighton and Hove residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased from 7.1% in 2011. These are age-standardised proportions.

Did you Know: One in twelve residents (20,800 people) in the city provide unpaid care. The SAB will develop our relationship with the Carers Centre going forward in response to the high number of carers locally.

Our Board

The Brighton and Hove Safeguarding Adults Board (SAB) is a multi-agency statutory partnership that provides leadership and strategic oversight of adult safeguarding work across Brighton and Hove. There are three statutory partner organisations, a wide range of further partner organisations, as well as other boards and partnerships we work with.

Our Statutory Partners








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

We focus on working in partnership, both locally and across Sussex where possible, to develop consistency across adult safeguarding arrangements.

Under the Care Act 2014 Safeguarding Adult Boards have three statutory duties;

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

Beneath our full board we have four formal subgroups and two further groups that are affiliated to the board who drive the strategic priorities in safeguarding adults within the city.

	Brighton & Hove Safeguarding Adults Board Chair - Seona Douglas
	Leadership Group Chair - Seona Douglas
	SAR Subgroup Chair - Brigid Day (Healthwatch)
	Quality Assurance Subgroup Chair - Michelle Jenkins (BHCC Housing Care and Wellbeing)
	Learning and Development Subgroup Chair - Richard Christou (NHS Sussex)
	Practitioners Alliance for Safeguarding Adults (PASA) Chair - TBC
	Pan-Sussex Policy and Procedures Group Chair - Rotating Chair

What have we done this year?

The SAB has a current three-year Strategic Plan (2022-25) that contains four overarching strategic aims, with several objectives under each strategic aim. These four strategic aims are –

Accountability and Leadership

Performance and Quality

Promotion and Engagement

Integration and Workforce Development

Each year the Safeguarding Adults Board partners review the progress made in delivering the strategic priorities based on local information, learning from SAB activities, and individual issues identified by partners. Areas of focus are identified and work plans for the board and subgroups developed to take forward key areas for improvement. These three areas of focus for 2023/24 were -

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

The work undertaken by the SAB in relation to these three areas of focus is summarised and the area indicated under the strategic priorities (in italics). Other work is also undertaken which relates to the role and responsibilities of the SAB.

A glossary is included at the end of this report to provide further detail on acronyms and terms used. A * is used to identify that further information can be found in the glossary.

Leadership and Accountability

A partnership self-assessment and peer challenge process took place this year. This led to the Strategic Plan and subgroup work plans being updated for 2024-25 with new areas of focus identified that reflect the issues and priorities identified.

- *Embedding and evidencing learning from SAB activities 2023/24*

Full board, leadership, subgroup, and affiliated group meetings have taken place throughout 2023-24. The membership has grown, in particular membership of the Practitioners Alliance for Safeguarding Adults (PASA)* as knowledge of the work of the board increases and learning is shared across the local system.

- *Inclusion, equalities, and risk 2023/24*

A new Independent Chair for the Brighton & Hove Safeguarding Adults Board was appointed during 2023-24 and a SAB Support Officer post was also created, and recruited to, to meet the current objectives and expand the work of the board.

Performance and Quality

Through the Quality and Assurance subgroup we have progressed our multi-agency audit programme by concluding an audit on transitions and trauma and commencing a joint audit with the East Sussex SAB on adults who move between local authority areas. Recommendations from these audits are presented to the full board to be taken forward.

- *Embedding and evidencing learning from SAB activities 2023/24*

A range of partner performance data was published in the Annual Report for 2022-23. One area of focus previously identified was to develop a multi-agency data dashboard to provide an overview of partner safeguarding activity. This is in development and will be established next year.

The SAB has published two mandatory SARs this year, Charlie, and Craig. There are more details on these, including the key learning themes such as multiple and intersectional needs, as well as the current SARs in progress on page 18 of this report.

- *Safeguarding those with Multiple and intersectional needs 2023/24*

Promotion and Engagement

Case studies and presentations to the board have come from organisations that include Public Health, LeDeR* programme, and Changing Futures (working with multiple intersectional needs) *, This is increasing understanding, and the opportunity to engage with, safeguarding activities across the city.

- *Safeguarding those with multiple and intersectional needs 2023/24*

The SAB has engaged directly with organisations working with people with lived experience to share learning from SAB activities. As the membership of PASA* has grown it is being used to seek feedback on the development of multi-agency resources as well as to embed learning across the system.

- *Inclusion, equalities, and risk 2023/24*

A range of partner performance data was published in the Annual Report for 2022-23. A multi-agency data dashboard to provide an overview of partner safeguarding activity is in development and will be established next year.

Integration and Workforce Development

The learning and development subgroup focused on trauma-informed practice, managing high-risk (both relating to multiple intersectional needs) and domestic abuse during 2023-24. These priorities were drawn from the Strategic Plan, learning from SAB activities, and views of individual partner agencies.

- *Safeguarding those with multiple and intersectional needs 2023/24*

Assurance has been gained from partners throughout the year on their progress of these. The SAB has also published multi-agency resources, including Hoarding Behaviour and domestic abuse guidance, and a local version of an animated video on domestic abuse.

At the NHS Sussex Safeguarding fortnight, we jointly delivered a session on hoarding and self-neglect. As part of Changing Futures* and Trauma-Informed networks we have contributed to the development of new learning resources and promote a Making Safeguarding Personal (MSP) approach.

- *Embedding and evidencing learning from SAB activities 2023/24*

What difference is this making?

As we go forward the SAB want to increasingly understand the difference being made as a result of the work undertaken both collectively as well as individually by partners. Here are examples of feedback received during 203-24.

"Thank you for the time and care and work that you put into my late mum's Section 42 that I raised".

-Feedback provided to BHCC Housing, Care and Wellbeing directorate

Trauma-informed Practice Training

" I enjoyed the training. I have changed the way I work with one person in particular as a result".

Homeless Worker homeless

Feedback to BHCC HCW

'P was thankful for the safeguarding input and experience. She said her needs had been met through the intervention offered.'

Brighton & Hove and East Sussex SAB Hoarding and Self-neglect Webinar

100% of the attendees who provided feedback on this jointly run webinar said they had found it useful and relevant to their work.

"Very useful session delivered with practice in mind."

"Good training with excellent resources"

Multi-agency Trauma-Informed Practice Training

" The training really helped to me to reflect on one of my cases in the way I have contacted and approached the work with them."

Changing Futures Social Worker.

"I appreciated discussing my concerns and knowing that there is support if I needed. The enquiry can come to an end now."

Customer Feedback

BHCC HCW Feedback

During most recent meeting with P, his family, and professionals, he looked incredibly happy when being informed that there are ways of removing the EPA (Enduring Power of Attorney) from the person.

He was visibly relieved when signing the deed of revocation, which within itself is a sign that this long battle to have his voice heard has paid off.

Customer Feedback

"I wanted action taken and the police contacted, and they were."

Safeguarding Adults Reviews

Under section 44 of the Care Act 2014 Safeguarding Adults Boards (SABs) have a statutory duty to commission Safeguarding Adults Reviews.

Mandatory Safeguarding Adult Reviews (known as SARs) must be undertaken when an adult with care and support in its area dies, or experiences serious harm, and it is suspected this was as a result of abuse or neglect, including self-neglect and there is concern organisations could have worked together more effectively to protect the adult from harm.

Discretionary SARs can be undertaken by SABs in situations where this duty is not met, but it is considered there would be benefit in a review being undertaken. This is usually because there is considered to be new learning that will reduce the likelihood of something similar occurring in the future or it is in the public interest.

The purpose of Safeguarding Adult Reviews is to identify effective multi-agency learning, which can be shared and applied in the future to prevent similar harm re-occurring. They are not about blame or apportioning any one organisation being accountable.

During 2023-24 the SAB received four SAR referrals, with the primary issues in these referrals identified as:

- **Self-neglect**
- **Discriminatory abuse**
- **Physical abuse**
- **Financial abuse**
- **Exploitation**

In response one mandatory SAR is being commissioned and further information is being gathered in relation to two other referrals. There are also two mandatory and one discretionary SARs currently in progress, with the aim being to conclude the reviews in progress during the next year.

The SAB published two SARs during 2023-24 and the following page you can find summaries of both of these reviews on the following page.

We have also continued to develop our SAR governance arrangements over the last year. The membership of the subgroup has increased with the local acute hospital trust joining the group.

Updated versions of the groups Terms of Reference and accompanying membership pack have been developed, which will ensure the methodologies and approaches being considered in commissioning and undertaking reviews remain up-to-date and in line with national guidance.

Craig

Craig was a 41-year-old white, British man with a history of mental health issues and significant physical health issues.

In the period following the end of his relationship, in which he had experienced domestic abuse, Craig's overall wellbeing began to deteriorate. Safeguarding concerns were raised in relation to several categories of abuse and neglect, but no enquiries were undertaken as a result. During the pandemic Craig stated that he felt unable to leave his flat. However, he had no further contact with services before his body was found there two months later.

This SAR focused on several themes; local multi-agency safeguarding processes and procedures, risk management processes, as well as mental health and mental capacity.

Seven recommendations were made, which include the creation of a local multi-agency risk management framework and review of current multi-agency safeguarding screening processes.

You can find the full review report [here](#) and a summarised learning briefing [here](#). An Action Plan has been developed to take the recommendations forward.

Charlie

Charlie was a young white, British, transgender person with a history of mental health issues, including self-harm, and substance use.

He transitioned from children to adult services and received support from a number of organisations in different local authority areas. Charlie moved into temporary accommodation in the city shortly before it is believed he took his own life.

A SAR was jointly commissioned with the East Sussex Safeguarding Adults Board that focused on several themes: transitional safeguarding arrangements and the need for a whole systems approach, multi-agency risk management, non-engagement approaches, improved understanding of mental health needs and self-harm, and recognition of the impact of social media.

Sixteen recommendations were made with an action plan being led by the East Sussex SAB. You can read the executive summary report [here](#) and the accompanying learning briefing [here](#)

Our Board Partner's Data

Brighton & Hove City Council Housing, Care and Wellbeing (HCW)

Overview

The Housing, Care and Wellbeing (HCW) directorate, which was formerly known as Health and Adult Social Care, continues to have robust oversight of safeguarding performance across all areas of service. This is achieved through improved reporting capabilities in the Information Technology (IT) database for the teams on the front line of safeguarding practice, and via a monthly performance oversight senior management board.

Challenges

The directorate continues to receive a very high level of information submissions from partners that do not indicate a need for social care advice/information, a need for care and support assessment or review, or abuse and neglect safeguarding concerns. These predominantly include information highlighting a need for a person to access community wellbeing mental health or GP/health services. Discussions are ongoing working with partners to ensure that people are signposted to relevant services at the right time to support their needs.

Through analysis with partners, it has been identified there are a number of safeguarding enquiries outstanding where we have 'caused' another organisation to complete the enquiry, or an element of the safeguarding enquiry, on our behalf. A number of these have been addressed, and we are continuing to address this through the partnership on an ongoing basis.

Safeguarding performance data

Safeguarding enquiries under section 42 of the Care Act 2014 are provided by the social care assessment teams across the city. The data provided by Brighton and Hove City Council's Housing, Care and Wellbeing (HCW) directorate identifies the statutory safeguarding activity which took place during 2023-24 and in prior financial years to assist in measuring operational effectiveness, and in identifying trends and emerging challenges.

Please note that some HCW data relating to 2022/23, and originally contained in the SAB Annual Report for 2022/23, has been updated and amended in this year's Annual Report. Unless otherwise stated, this is because the data was provisional and had not been fully validated at the time it was originally published.

During 2023-2024, 840 safeguarding enquiries were opened which is a 3% reduction on the number of enquiries opened during 2022-23. **Table 1** below shows the overall number of safeguarding enquiries over the past five years. The numbers have been broadly consistent, with a typical fluctuation of around 8-9% year on year.

Table 1: Overall number of Section 42 safeguarding enquiries undertaken over the past five years

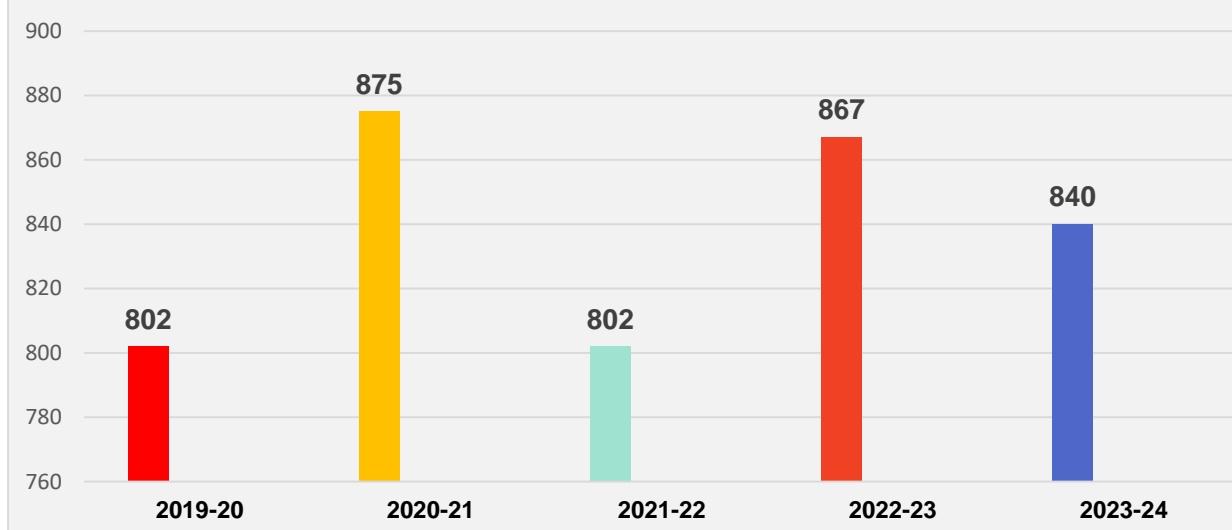
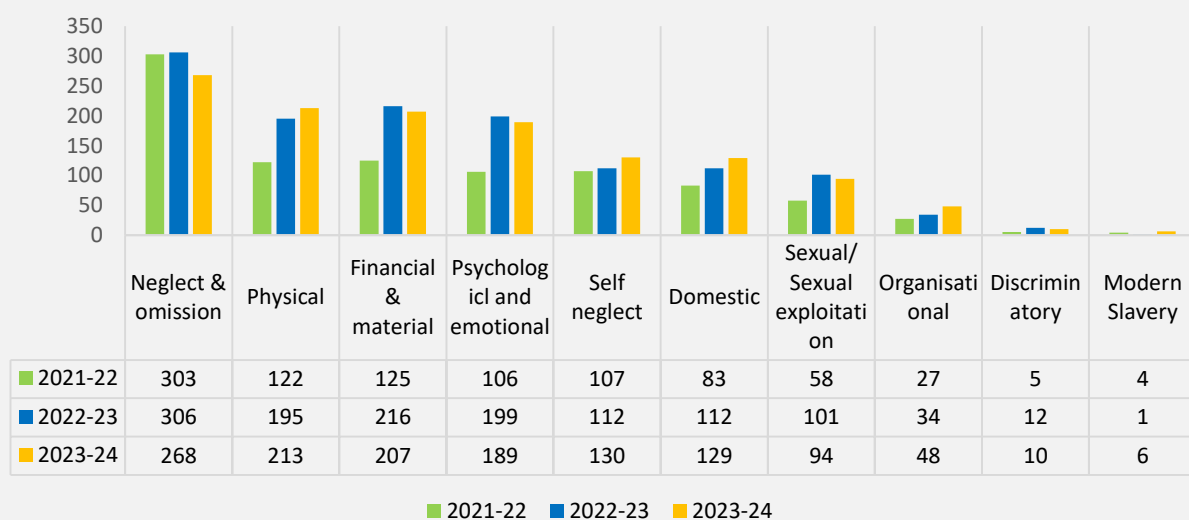


Table 2 below breaks down the overall number of safeguarding enquiries opened by abuse and neglect category over the past three years. The IT database allows more than one category of abuse or neglect to be recorded for each enquiry, so the individual numbers total significantly more than the figure for the overall number of enquiries opened. This reflects that abuse or neglect often relates to more than one single concern and may encompass several issues.

Table 2: Overall number of safeguarding enquiries opened from 2021-24, by abuse and neglect category



Neglect and omission remain the category identified most frequently in enquiries, but the overall number of enquiries it featured in has reduced by 12% since 2022-2023. Neglect and omission was a factor in 32% of the total number of safeguarding enquiries opened over the past year.

There has been a large increase (41%) in the number of enquiries undertaken in relation to organisational abuse. The chapter on quality and safeguarding in the

Sussex Safeguarding Procedures is in the process of being updated and will include an expanded section on organisational abuse and a new section on organisational risk. HCW will also be exploring the development of a provider risk framework to enable progress in this area.

Other categories of abuse and neglect which have seen a sizable increase in the past year include self-neglect (16% increase), domestic abuse (15% increase), and physical abuse (9% increase). The increase in self-neglect has also been identified nationally through the national SAR analysis and has been identified as an area of focus for the SAB in 2024/25.

Despite work undertaken by the SAB to promote awareness of modern slavery and discriminatory abuse, these continue to be the categories with the lowest number of safeguarding enquiries undertaken.

The directorate, and organisation, remain committed to identifying and responding to modern slavery and are refreshing their modern slavery corporate statement currently. Anecdotally, there has been an increase in concerns received regarding modern slavery which do not involve individuals with care and support needs, but the care staff themselves. This intelligence continues to be shared with Sussex Police and the Care Quality Commission and there are effective processes in place through our Quality Monitoring team and Service Improvement Panel where information is shared between agency partners. This ensures signposting to relevant agencies when needed.

Tables 3 and 4 below show the age range of those who had Section 42 enquiries undertaken in 2023-2024. It can be seen that there has been an 8% increase in the number of enquiries undertaken in relation to those aged 85+.

Table 3: Safeguarding enquiries by age group; 2022-23

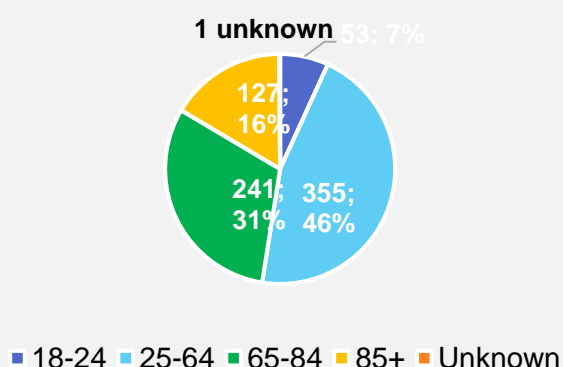


Table 4: Safeguarding enquiries by age group, 2023-24

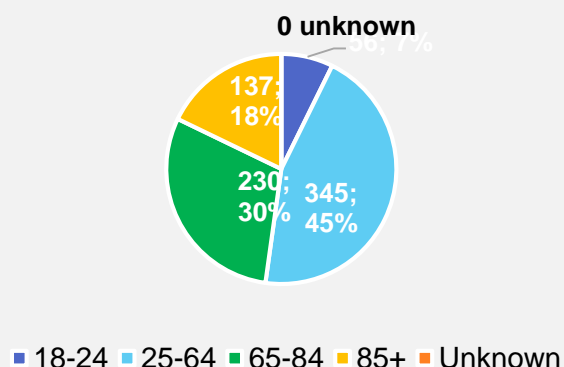


Table 5 below shows the number of safeguarding enquiries opened between 2022-24 according to ethnicity, with those who identified as White British remaining most prevalent. The directorate's recording of ethnicity continues to improve, as there has been a 14% decrease in the number of enquiries where ethnicity is not recorded or unknown. However, the directorate recognises this as an area which requires more focus, and this will be considered in a forthcoming review of safeguarding processes and documentation to ensure that accurate recordings are improved and maximised.

Please note that the data sets relating to ethnicity for the 2022/23 financial year have been updated and amended in this year's annual report¹. This is because an individual's ethnicity can be amended on the HCW IT database records at any time, including once an enquiry has been closed. The changes therefore demonstrate the department's drive to ensure improved recording of ethnicity for individuals which have previously been recorded as 'unknown'.

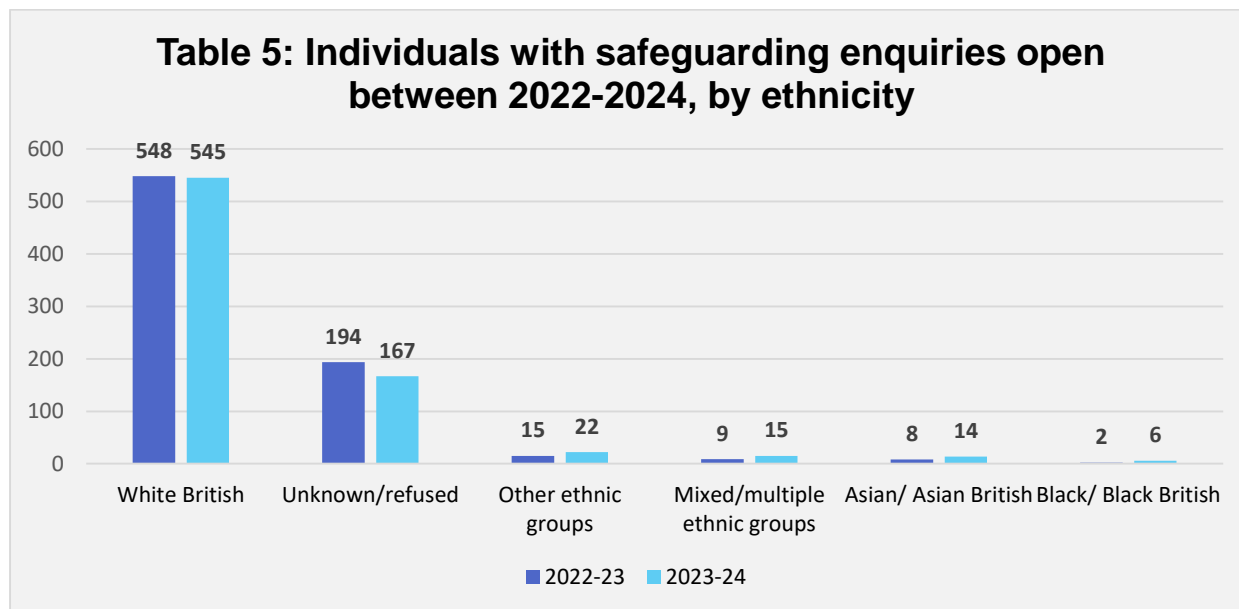
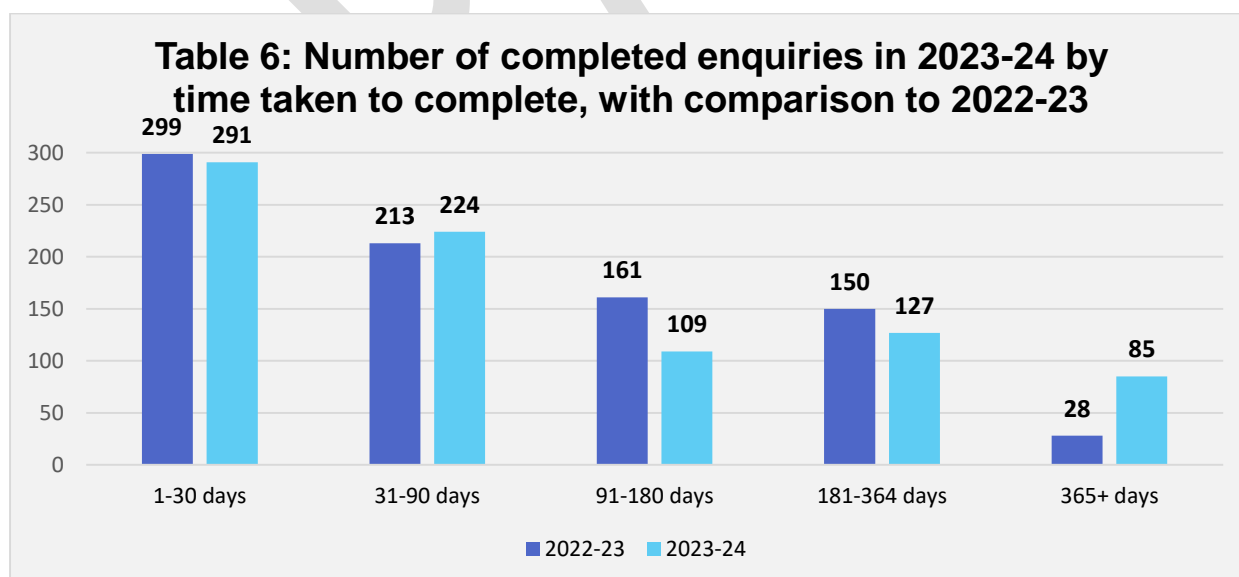


Table 6 below shows the time taken to complete safeguarding enquiries during 2023-24 in comparison to 2022-23.



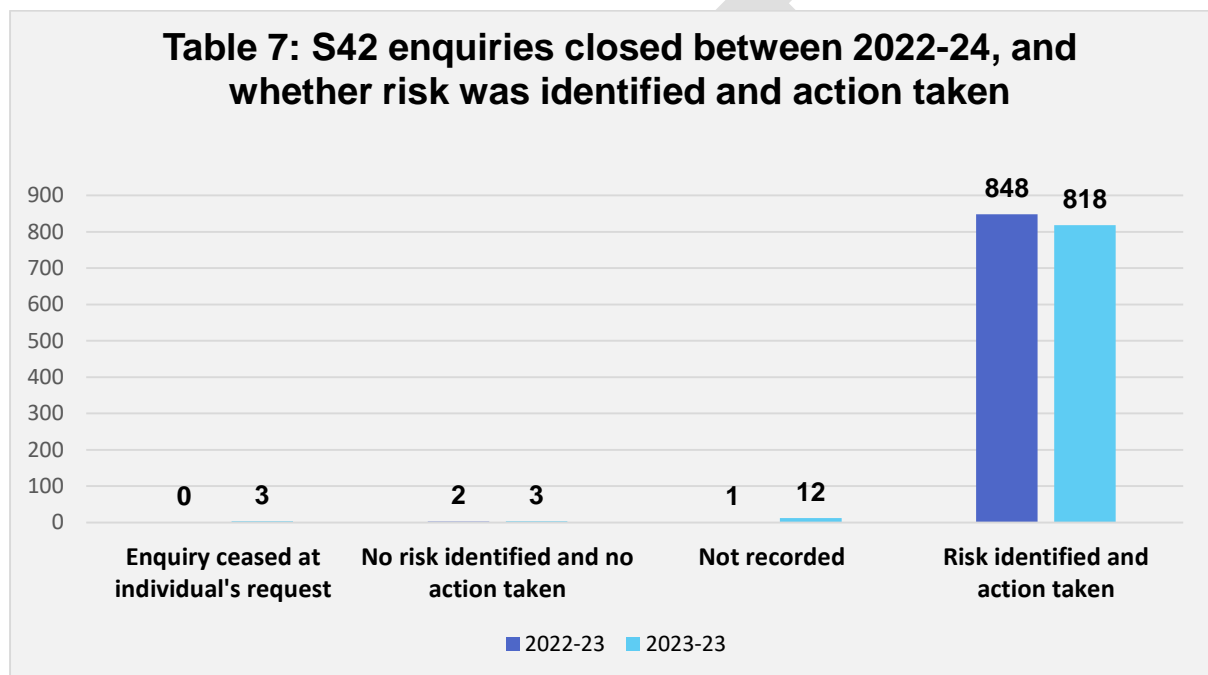
It can be seen in the table above that the majority of enquiries were closed within a 30-day period, and that 61% of all enquiries were closed within 90 days. There has, however, been a large increase in the number of enquiries which take over 365 days

¹ Ethnicity (White). 2022/23 total as stated in last year's annual report: 505; now amended to 548.
 Ethnicity (unknown/ refused). 2022/23 total as stated in last year's annual report: 243; now amended to 194.

to complete. This is in part due to the number of outstanding ‘causing other’ enquiries sitting with other organisations.

Table 7 below records the proportion of safeguarding enquiries where risk was identified. From the total 836 enquiries closed during 2023-24, 98% led to risk being identified and action taken in response, which is consistent with the previous year.

Please note that two data sets relating to the outcome of enquiries closed in 2022/23 have been updated and amended from information contained in last year’s Annual Report². This is owing to two different databases being used during this period but this is no longer the case so it is unlikely this issue would arise again.



Making Safeguarding Personal is central to adult safeguarding and continues to be an area of focus for the local authority and the SAB. It is mandatory to record what outcomes individuals would like from a section 42 safeguarding enquiry, and achieving these outcomes is a key element of safeguarding enquiries.

The percentage of safeguarding enquiries where individual outcomes are fully or partially achieved is a HCW directorate-wide key performance indicator and receives monthly oversight through our Finance and Performance Board. Internal audits are undertaken to ensure we understand the narrative and the recording practice, and to consider samples of enquiries where the person felt their outcomes were not achieved and the reasons for this. Engagement has been completed with all assessment teams to ensure this positive practice and recording performance is acknowledged and

² Outcome (no risk identified, and no action taken). 2022/23 total as stated in last year’s annual report: 114; now amended to 2.

Outcome (risk identified and action taken). 2022/23 total as stated in last year’s annual report: 634; now amended to 848.

engaged.

Table 8 below shows that in safeguarding enquiries that were opened where risk was identified and actions taken in response to this risk, the number of people who felt their outcomes were fully achieved was 61%. The number of individuals who felt their outcomes were partially achieved was 24%, with 15% feeling their outcomes had not been achieved. This is an improvement on the outcomes for 2022-2023, as outlined in **Table 9** directly below **Table 8**.

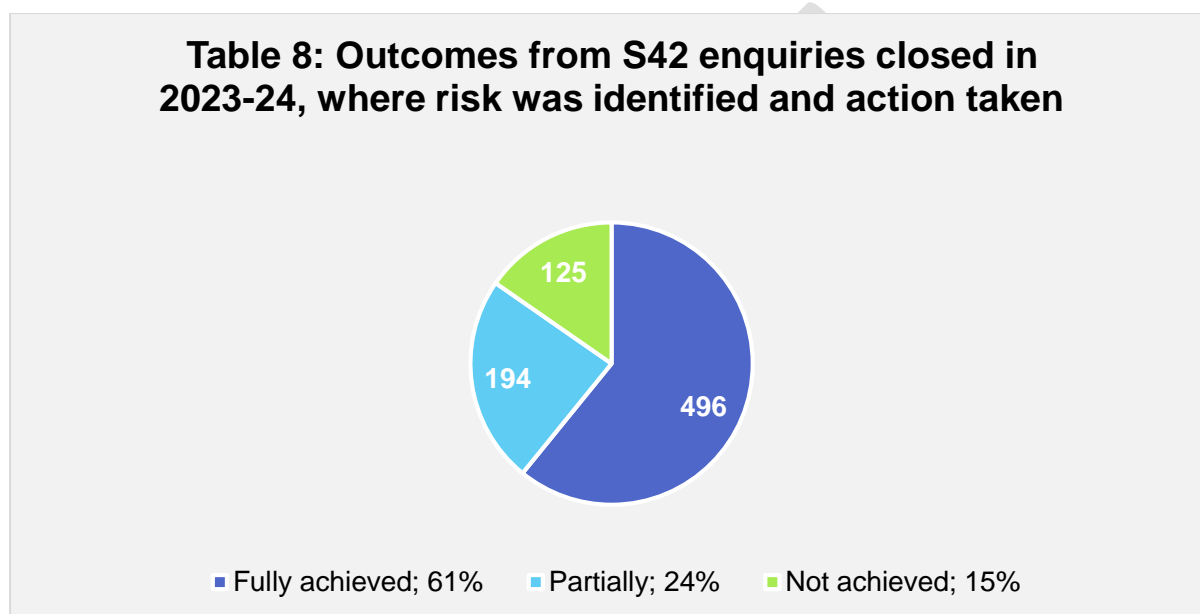


Table 9		
Outcome	2022-2023³	2023-2024
Fully achieved	54%	61%
Partially achieved	27%	24%
Not achieved	18%	15%

Please note that all three data sets relating to the outcome of section 42 enquiries closed in 2022/23 have been updated and amended in this year’s annual report⁴. This was because the full data set totals were not available at the time the BHSAB’s 2022/23 annual report was published.

⁴ Outcome (fully achieved). 2022/23 total as stated in last year’s annual report: 358; now amended to 461.
 Outcome (partially achieved). 2022/23 total as stated in last year’s annual report: 192; now amended to 232.
 Outcome (not achieved). 2022/23 total as stated in last year’s annual report: 83; now amended to 155.

Conversion data

The HCW directorate have begun to measure data on the conversion rate for the number of safeguarding concerns which are raised, and which meet the statutory eligibility criteria to progress to a Section 42 safeguarding enquiry.

In 2023-24, the relevant conversion rate for safeguarding concerns sent to the various operational areas ranged between 20-30%. Engagement has been completed with all assessment teams to ensure this positive practice and recording performance is acknowledged and encouraged.

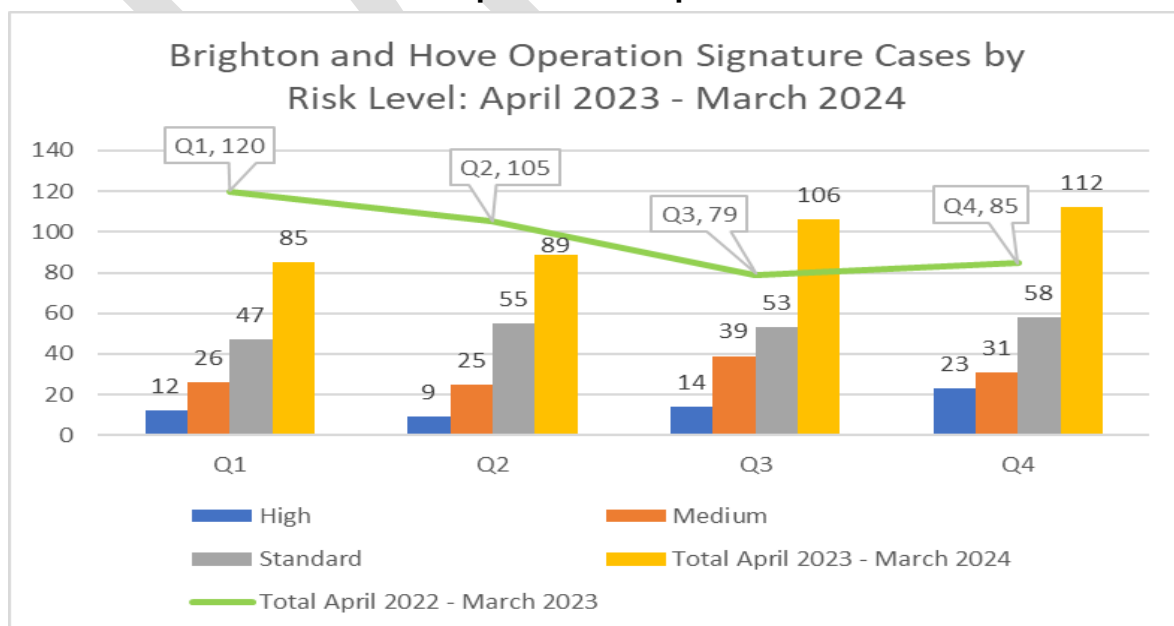
Sussex Police

Operation Signature (known as Op Signature) ensures all vulnerable fraud victims receive a visit from a uniformed officer or Police Community Support Officer (PCSO), who provide reassurance and support, and makes referrals to or signposts to other agencies who can help.

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

As sextortion is a blackmail offence and not fraud, this has not been included within the Brighton and Hove overview demographic data. This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data. The data period in this report is inclusive of data between April 2023 – March 2024. There is also data from April 2022 – March 2023 included within this report, when comparing trends.

Brighton and Hove Operation Signature Cases by Risk Level: April 2023 – March 2024 with a Line of Comparison for April 2022 – March 2023.

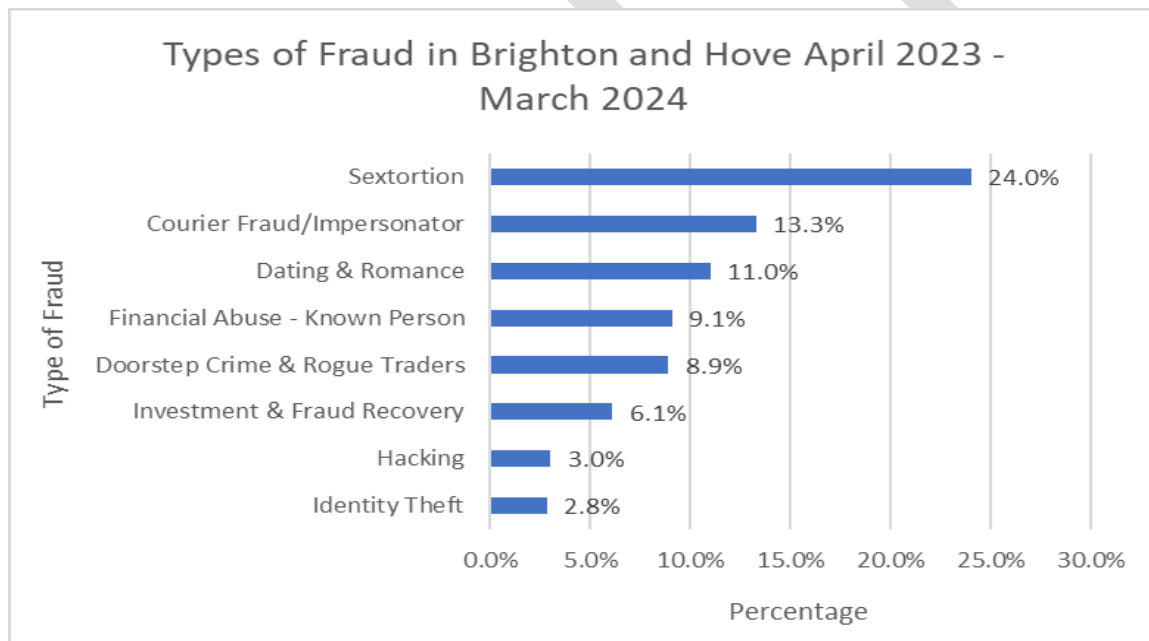


There was a continual increase in the number of Operation Signature cases between April 2023 – March 2024 in Brighton and Hove. In 2023/24, cases were at the lowest in Q1 and peaked in Q4, compared to April 2022 – March 2023 data where cases peaked in Q1 and continually decreased through to Q3 where there was the fewest number of cases during this period, before a slight increase in Q4. Despite the continual increase in cases in the last year, there was a slight increase in overall cases numbers in 2023/24 of 0.77% compared to the previous year period (increase of 3 actual).

High risk reports were at the lowest in Q2 (9 actual) and peaked in Q4 (23 actual). Medium risk reports were at the lowest in Q2 (25 actual) but peaked in Q3 (39 actual). Standard risk reports were at the lowest in Q1 (47 actual) and peaked in Q4 (58 actual).

There was a total of £3.22 million lost in Brighton and Hove between April 2022 – March 2023. Between April 2023 – March 2024 the total lost was £4.16 million.

Types of Fraud in Brighton and Hove – April 2023 – March 2024.



Between April 2023 – March 2024 in Brighton and Hove, the top 3 fraud types were sextortion, courier fraud/impersonator, and dating and romance fraud. Compared to the previous year period of April 2022 – March 2023, the same top 3 offence types featured.

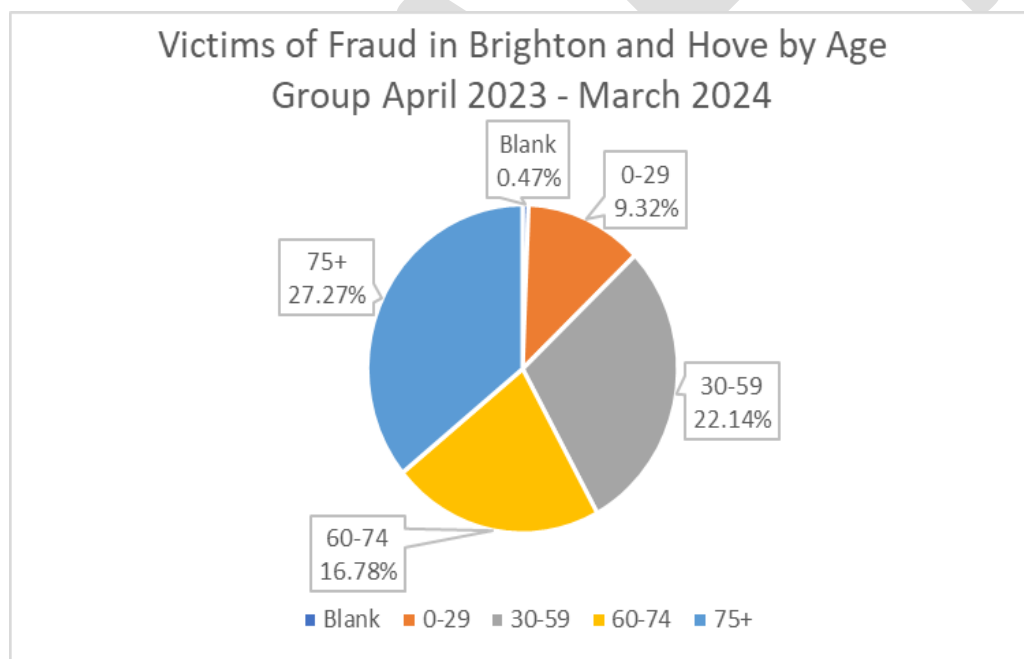
Sextortion offences accounted for almost a quarter of all fraud reports in Brighton and Hove in the last year (24.0%) and compared to the previous year the number of reports increased by 15.7% (increase of 14 actual). In the last year, 87.4% of victims were aged 0-29 years old. Males were most frequently victims of sextortion offences, accounting for 95.2% of victims; victims more frequently did not live alone (85.4%). Sextortion is a form of blackmail where a perpetrator threatens to reveal intimate images of the victim online unless they give in to their demands – these demands are

typically for money or further images. Criminals might befriend victims online by using a fake identify and then persuade them to perform sexual acts in front of their webcam. Criminals will then threaten to share the images with the victims' friends and family which can make the victims feel embarrassed and ashamed and prevent them from coming forward to report the incident.

Courier Fraud was the second most frequent type of fraud between April 2023 – March 2024; compared to the previous year, courier fraud decreased by -10.9% (decrease of -7 actual). Victims of this type of fraud were most frequently men (52.6%). More than half of courier fraud victims in Brighton and Hove were over the age of 75 (56.1%) and 52.6% of victims lived alone.

Dating and Romance fraud was the third most frequent type of fraud between April 2023 – March 2024 – there was a 2.2% increase compared to the previous year (increase of 1 actual). There were slightly more female victims than male victims (a difference of 1 actual). Victims age groups were most frequently aged 30 – 59 (38.3%) and 60-74 years old (38.3%). It was more frequent that victims of dating and romance fraud lived alone (66.0%).

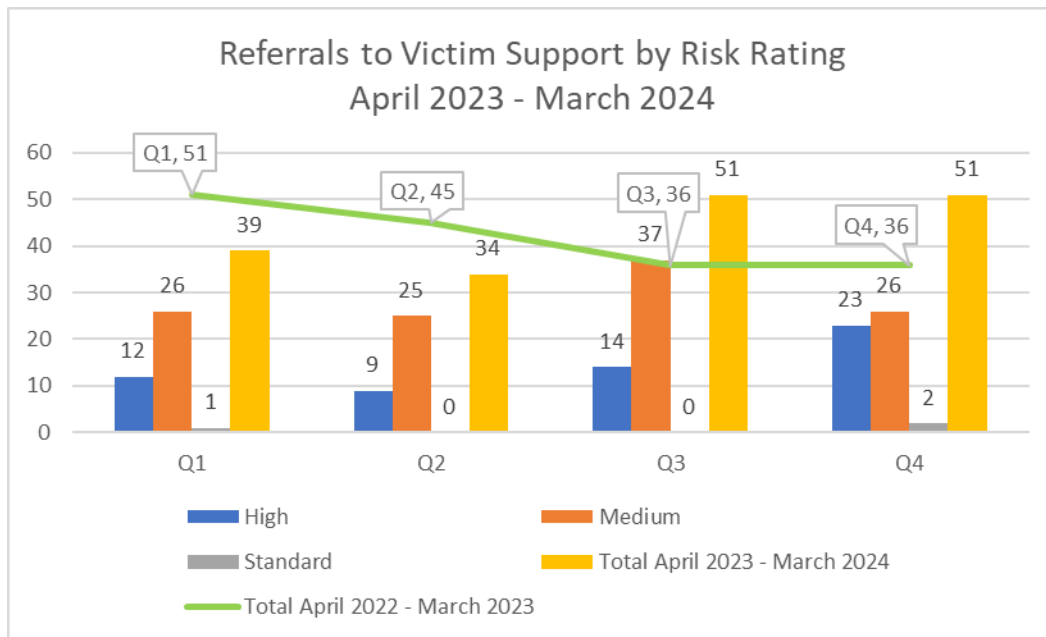
Victims of Fraud in Brighton and Hove by Age Group – April 2023 – March 2024



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

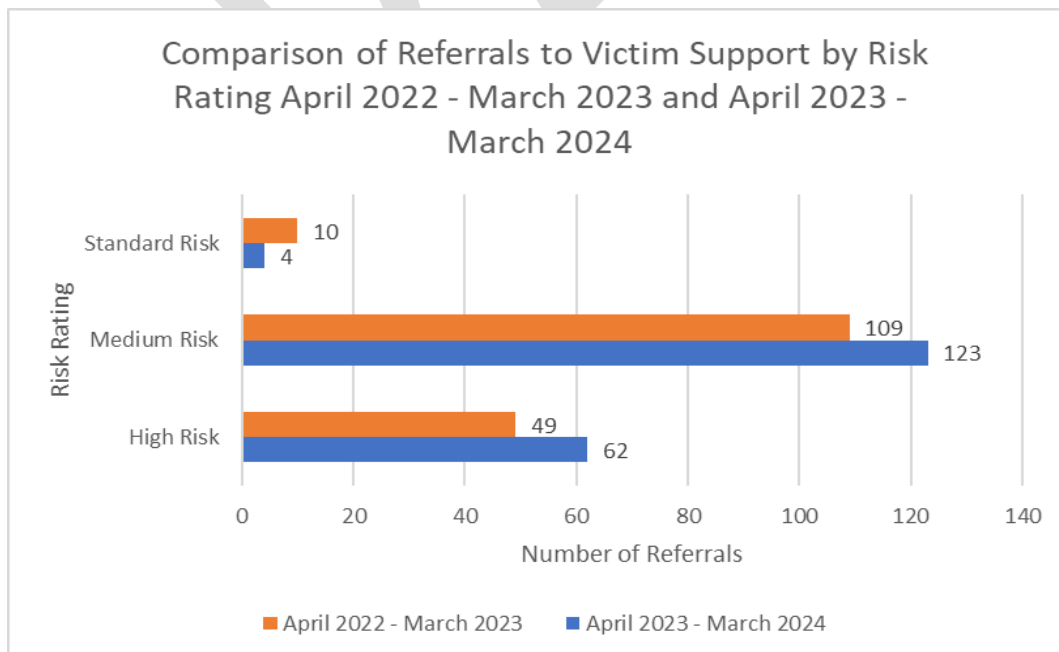
Between April 2023 – March 2024, there were more than a quarter of fraud victims in Brighton and Hove aged 75 and over (117 actual) – the most frequent age group of fraud victims. Combing the age groups of those aged 60 – 74 with those aged 75+, there were 189 victims of fraud, an increase of 2 actual compared to April 2022 – March 2023.

Referrals to Victim Support by Risk Rating – April 2023 – March 2024

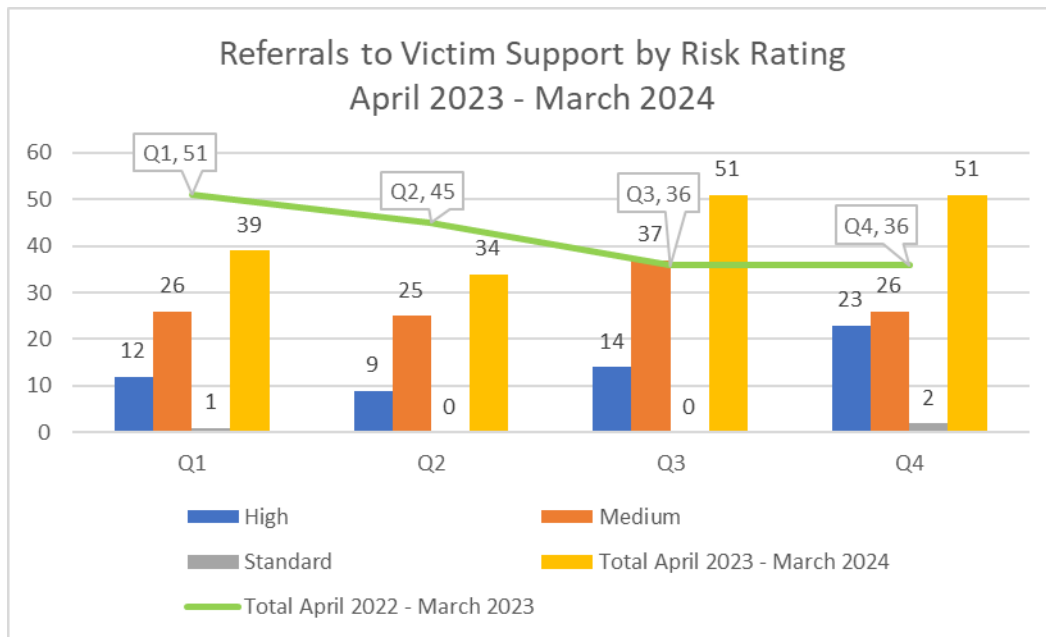


Between April 2023 – March 2024 the number of referrals to Victim Support decreased slightly between Q1 and Q2 – Q2 had the lowest number of referrals. However, the number of referrals increased in Q3 (by 17 actual) and remained the same in Q4.

Referrals to Victim Support by Risk Rating – Comparison.

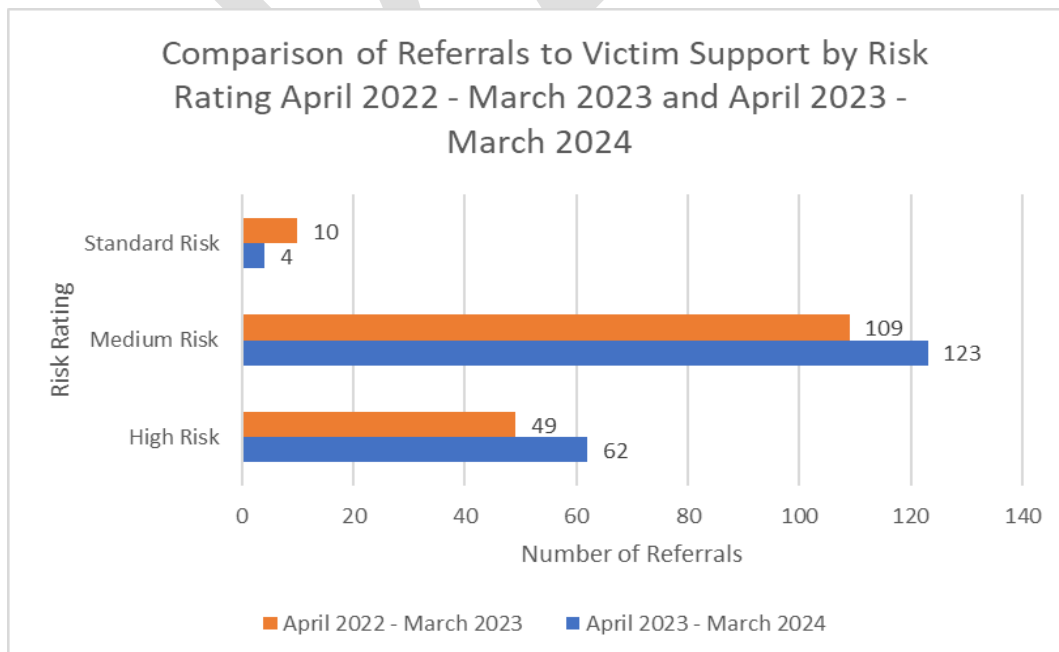


Referrals to Victim Support by Risk Rating – April 2023 – March 2024



Between April 2023 – March 2024 the number of referrals to Victim Support decreased slightly between Q1 and Q2 – Q2 had the lowest number of referrals. However, the number of referrals increased in Q3 (by 17 actual) and remained the same in Q4.

Referrals to Victim Support by Risk Rating – Comparison.



Medium and high-risk referrals to Victim Support increased in April 2023 – March 2024 compared to the previous year. The number of standard risk case referrals decreased. Overall, the number of referrals to Victim Support increased by 12.5% in the last year

compared to the previous year. Medium risk referrals were the most frequent referral risk rating.

NHS Sussex (Integrated Care Board)

NHS Sussex (also known as the local Integrated Care Board, or ICB) continues to work alongside both statutory and the wider partners of the Safeguarding Adults Board to safeguard the local population.

NHS Sussex is represented on all SAB subgroups, its leadership group, and Chairs the Learning and Development Sub-Group. In addition to fulfilling its statutory obligations, as per the NHS: Safeguarding accountability and assurance framework⁵, during the 2023-24 year, NHS Sussex have continued to support strengthening Health safeguarding practice and arrangements, both across Brighton & Hove and the wider Pan-Sussex Health landscape, with some notable highlights this past year including:

- In partnership with Brighton and Hove City Council, **NHS Sussex have contributed to the funding a Health Independent Domestic Violence Advisor (HIDVA)** and worked in collaboration with University Hospital Sussex for the HIDVA to be based at their Royal Sussex County Hospital Site, working alongside their existing safeguarding team. This additional resource allows patients and their families in receipt of care at the Trust to receive additional specialist domestic abuse support and advice on-site, this is in addition to, not in replacement of, existing domestic abuse and safeguarding arrangements. Further work is planned for the 2024-25 year to expand referrals into HIDVA from the Cities General Practitioners (GPs) and Primary Care staff with related training offered.
- Following on from the success in the previous year, **during November 2023 NHS Sussex once again co-ordinated a “Safeguarding and Children in Care Fortnight” and a conference at the Amex Stadium.** Across the two weeks thirteen virtual events were held, attended by over 900 multi-agency workers from a wide array of organisations. The conference focused on the links between health inequalities and safeguarding and children in care. Many of the session themes related to areas within the Brighton and Hove SABs Learning and Development Priorities and included transition (children to adults), sexual safety, exploring extreme right-wing narratives, safer sleep, self-neglect, fraud, intimate partner violence, adversity and mental health, crimes of honour and learning from the lives and deaths of people with a learning disability/autistic people.
- **The SAB contributed to the fortnight by holding a session “self-neglect with a focus on responding to hoarding behaviour session”** where 110

⁵ NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework

attendees joined. All attendees who completed an evaluation either agreed or strongly agreed that the content covered was useful and relevant to their work.

- **Strengthening partnership working between Safeguarding Leads from NHS Provider organisations and those within the Independent Health sector** (many of which who provide NHS care). As a result of feedback from members, an NHS Sussex led supportive Pan-Sussex forum (which meets quarterly) extended its membership to support increased partnership working across the Health Sector, notwithstanding recognising all are working with our communities within the city, along with the relevancy learning from SARs across the Health landscape.
- As part of its overall assurance process with its large health providers, we have **worked in partnership with our Health Providers in supporting them complete the NHS Sussex Safeguarding Standards**. Feedback received from Trusts is that this has been a particular helpful exercise with Designated Professionals working closed with the Named Nurses and Heads of Safeguarding, with a focus on impact on improving outcomes and patient experience as well as embedding learning from SARs across its workforce. This work continues during the 2024-25 year with progress monitored both via Trusts internal governance arrangements as well via Commissioning arrangements.
- **NHS Sussex launched the Safeguarding Standards for Registered Care Home and Domiciliary Care Providers**. The safeguarding standards were co-produced with providers and other key stakeholders providing them with a resource tool to evidence compliance with safeguarding legislation and statutory guidance and supporting them to demonstrate that people with care and support needs can feel safe within their care.
- Following a successful bid to NHS Health Education England, **NHS Sussex co-ordinated a comprehensive Mental Capacity Act (MCA) training programme of sixteen webinars for up to 750 delegates from across Sussex Health and Social Care** (through May 2023 to January 2024). Following excellent multi-agency participation and positive feedback, NHS Sussex are now supporting NHS providers with their own MCA improvement plans through supervision, audit work, exception reporting under Sussex Safeguarding Assurance Framework (SAAF) to enable embedding of MCA application in everyday clinical practice.

Sussex Partnership NHS Foundation Trust (SPFT)

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

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

SPFT records safeguarding incidents within its incident management system. This provides a central database for the storage and analysis of the Trust's safeguarding data.

Table 1 shows the number of safeguarding adult concerns that were shared by the Trust with Brighton and Hove City Council in 2022/23 and then in 2023/24. The largest change relates to the number of recorded domestic abuse incidents. This is likely to be due to increased awareness and identification of domestic abuse rather than a proportionate increase in the levels of domestic abuse.

Table 1 - Adult Safeguarding Concern Incident Numbers 2022/23 and 2023/24

Categories of Abuse	2022/23	2023/24	+/-
Physical	98	91	-7
Sexual	17	19	+2
Financial	27	34	+7
Discriminatory	5	2	-3
Domestic	24	45	+21
Psychological/emotional	47	29	-18
Neglect & acts of omission	44	36	-8
Self-neglect	27	32	+5
Organisational	5	10	+5
Modern slavery	0	0	N/A
Total	294	298	+4

Section 42 Enquiries

SPFT safeguarding enquiry information records fourteen enquiries within Brighton & Hove where the Trust was named as the cause of risk- two more than in 2022-2023. The majority of these enquiries were linked to inpatient mental health settings where patients at risk to themselves or others are together in a confined space. The integrated working of SPFT and Brighton & Hove City Council adult social care mental health teams enables close working to manage these safeguarding enquiries.

Safeguarding Adult Reviews

SPFT participates in the Safeguarding Adult Review (SAR) work of the SAB. SAR Craig was a significant review for SPFT because Craig was a mental health service user who was open to its services when he died. SPFT has addressed recommendations from the review about the supervisory support it provides to its staff. It has worked with the local authority through Section 75 integrated mental health service arrangements to respond to recommendations about the screening processes for concerns about patients in the community and how their assessment and care planning is managed. Work to address recommendations linked to ADHD assessment capacity remains ongoing.

Safeguarding Initiatives & Projects

Domestic Abuse- The Trust implemented new domestic abuse training in December 2023. The training was developed in conjunction with Safelives, a national domestic abuse charity, and addresses recommendations from SARs and domestic homicide reviews. The new training includes an increased focus on the importance of routine enquiry of domestic abuse as part of all patient assessments.

The Trust continues to provide mental health representation at Brighton & Hove Multi-agency Risk Assessment Conferences (MARACs)* and its safeguarding service participates in regular meetings to address high risk "cuckooing" cases (a practice where people take over a person's property and then use the property to facilitate exploitation).

Information Sharing - The SAB information sharing protocol enabled the Trust's safeguarding service to gain read only access to Brighton & Hove safeguarding information held within the local authority's client database. This is improving the speed and efficiency of the Trust's safeguarding work and is in line with multi-agency safeguarding best practice.

Digital Device & Internet Access Policy for Service Users in Inpatient Settings - Safeguarding service staff with Prevent responsibilities have contributed to the development of this policy which will be published in 2024/25. The Trust has recognised the risks to patients' mental health and their susceptibility to radicalisation through the internet when acutely unwell within inpatient settings.

Quality Reviews - The Trust Safeguarding Adult Team is now an integrated member of its internal services' quality review process. In the last year it has contributed to quality reviews of community and inpatient services. These have provided opportunities to promote the pan Sussex *Safeguarding Adults Thresholds: Guidance for Professionals*. This SAB document is key to guiding staff about when to contact the local authority with safeguarding concerns.

Sussex Community NHS Foundation Trust

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

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

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

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

Our safeguarding strategy has been produced and is underpinned by our commitment to providing excellent care at the heart of the community.

The aim of the strategy is to ensure that everything we do, wherever it takes place, ensures the safety, security, and well-being of children and adults who are involved with our services. This will be achieved through the following goals, which reflect the priorities of the Trust Strategy:

Our People - We will provide effective safeguarding advice and guidance to our staff, volunteers, and carers to enable them to support people with any safeguarding concerns.

Inclusive - We will recognise and respect diversity to meet the safeguarding needs of marginalised and seldom-heard groups, reducing inequalities and deprivation within our communities.

Learning - We will continue to promote a culture of continuous safeguarding improvement and learning in the face of economic uncertainty.

Partnerships - We will build on internal and external partnerships to strengthen our safeguarding practice.

Developed with the help of the Safeguarding Adult Board partners, the strategy sets out how we will deliver our commitment to safeguarding and our strategic priorities for the next three years.

Safeguarding adults training compliance:

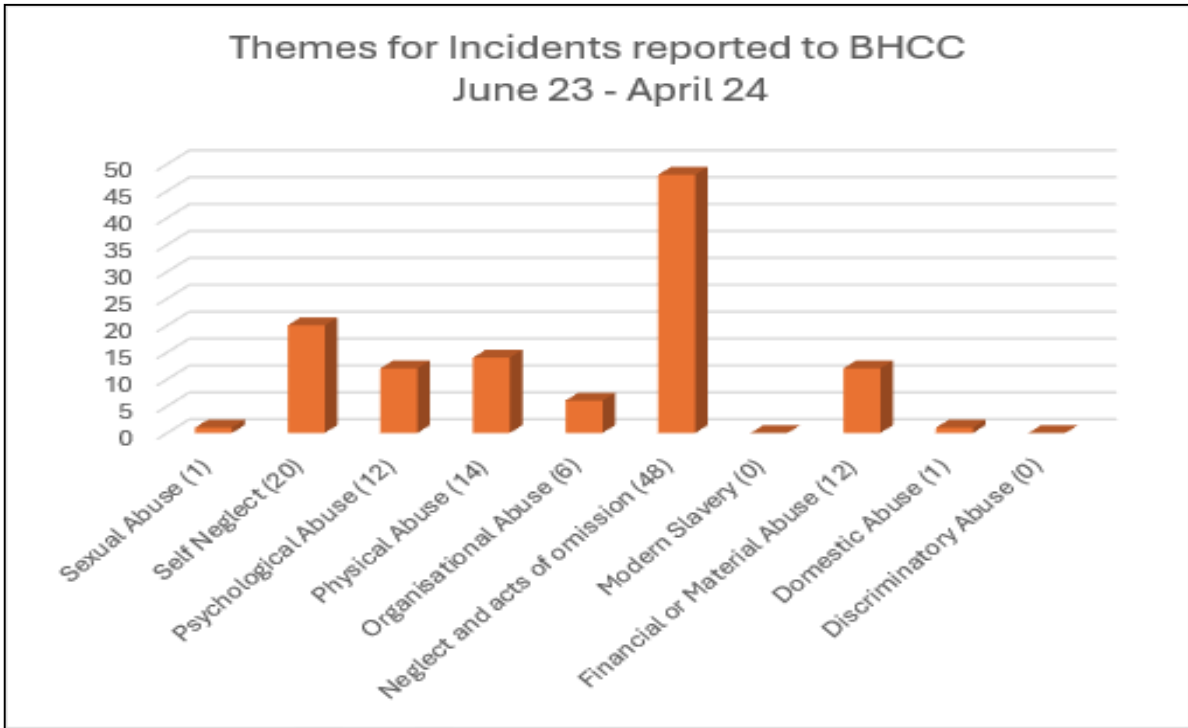
Level	Target Cohort	Target Compliance	2023-2024 Data	Analysis of Variance
L2	Mandatory for all staff	85%	97.4%	Compliance remained above SCFT compliance target of 95%
L3	Mandatory for all Adult and Specialist Services registered nursing and AHP staff Band 5-8a	85%	92.4%	In line with the NHS Intercollegiate Guidance the annual target is 85%
L3 WRAP	Mandatory for Adult and Specialist Services staff that require Adult Safeguarding L3, and Childrens Services.	85%	97.1%	Compliance evidences that the final stretched third year target of 85% by Q4 23-24 has been met.
L3 MCA	Mandatory training for all new starters (in L3 cohort) and is also accessible to all staff should they chose to complete it.		Staff completion: 1341	ESR Module MCA: Assessing Mental Capacity. Completion will fluctuate depending on new staff flow into SCFT, and substantive staff choice to complete.

Raising safeguarding concerns:

As it is not possible to predict when an adult safeguarding concern may be found at any given time it is not possible to provide a baseline of adult safeguarding concerns that may be raised by SCFT, and the below data evidences that SCFT are considering risk and escalating adult safeguarding concerns to enable support to the adults involved.

Adult safeguarding concerns raised by SCFT to BHCC 2023-2024	
BHCC	139

The safeguarding concern themes raised to Brighton and Hove City Council are as follows, and please note that due to a change in SCFT internal reporting systems the themes raised data period is June 2023-March 2024 therefore the below figure does not equate to the above:



The above table provides a comparison in relation to the domains captured within the safeguarding concerns raised to BHCC, and the key theme of neglect/acts of omission is as expected given the wide range of health and social care delivery that can be captured with the neglect domain. It is of note that the concerns raised may be in relation to SCFT care delivery, care delivery from another health or social care provider, or unpaid carers (including family and friends).

SCFT internal Safeguarding Adults Advice Line

The SCFT safeguarding adults' advice line data evidences that access to specialist advice is fundamental to good safeguarding practice; it supports better outcomes for adults who need care and support, and enables SCFT staff to improve their knowledge, confidence, and competence in safeguarding. This in turn supports the organisations culture to improve outcomes in the promotion of safeguarding adults from harm and abuse in line with the visions and values that are expected from every healthcare professional.

SCFT: Safeguarding Adults Advice Line	2023-2024	Variance against previous year
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Contacts (Trust-wide):	519	↑7
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The advice line contacts evidence that SCFT staff are discussing concerns directly with the patient (when it is appropriate to do so and following consideration of mental capacity), mitigating risks where able, providing safety-net advice and care-planning, and liaising directly with Adult Social Care where a more urgent approach is required. In addition, the SCFT Adult Safeguarding Team escalates potential quality issues within other provider services (care homes and care agencies) to the NHS Sussex Integrated Care Board (ICB) Safeguarding Team for consideration of wider discussion.

East Sussex Fire and Rescue Service (ESFRS)

Table 1 below shows the number of Home Safety Visits (HSV) conducted by East Sussex Fire and Rescue Service (ESFRS) in 2023-2024 and includes the number of HSV referrals received from Brighton and Hove HASC, and Brighton and Hove Carelink.

Table 1: Home Safety Visits & Referrals in Brighton & Hove; 2023-2024	Qtr 1 Total	Qtr 2 Total	Qtr 3 Total	Qtr 4 Total	Total
Home Safety Visits Completed in B&H	693	615	554	550	2412
Home Safety visit Referrals from B&H Adult Social Care/Access	41	14	30	19	104
Home Safety visit Referrals from B&H Carelink	10	14	4	17	45

In addressing the higher rate of referrals made in Q1, ESFRS have previously noted that they deliver annual mandatory safeguarding training towards the end of the year and- with refreshed knowledge- staff are then more confident in identifying safeguarding concerns.

Table 2 below shows the number of CTN (Coming to Notice) Safeguarding Concerns raised by ESFRS in Brighton and Hove over the past year.

Table 2: Safeguarding Coming to notice forms raised to Adult Social Care 2023-2024	Total
Hoarding	59
Additional Support	25
Living Conditions	18
Welfare Concerns	9
Mental Health	7
Unattended Cooking	5
Unsuitable Living accommodation	5
Self-Neglect	4
Alcohol	3
Substance Misuse	2
Bariatric	2
Cuckooing	1
Financial Abuse	1
Modern Slavery	1
Suicidal/Self Harm	1
Threats of Harm	1
Smoking	1
Arson (including threats)	0
ASB	0
Building Concerns	0
County lines	0
Domestic Abuse	0
Falls	0
Firewise - Firesetting	0
Hate Crime	0
Possible Abuse	0
Repeats Incidents	0

University Hospitals Sussex NHS Foundation Trust

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

The Safeguarding Adults Team at UHSussex offers specialist leadership and support across all hospital sites and outlying services. The team faced challenges with reduced

services, particularly at the Brighton and Haywards Heath hospital sites during an extended period in 2023. However, they have now resumed full capacity and are actively collaborating with colleagues in both the ICB and SAB to enhance safeguarding practices throughout the organisation.

Fig1: Safeguarding Concerns raised by UHSussex regarding patients

Total number of patients: 63⁶

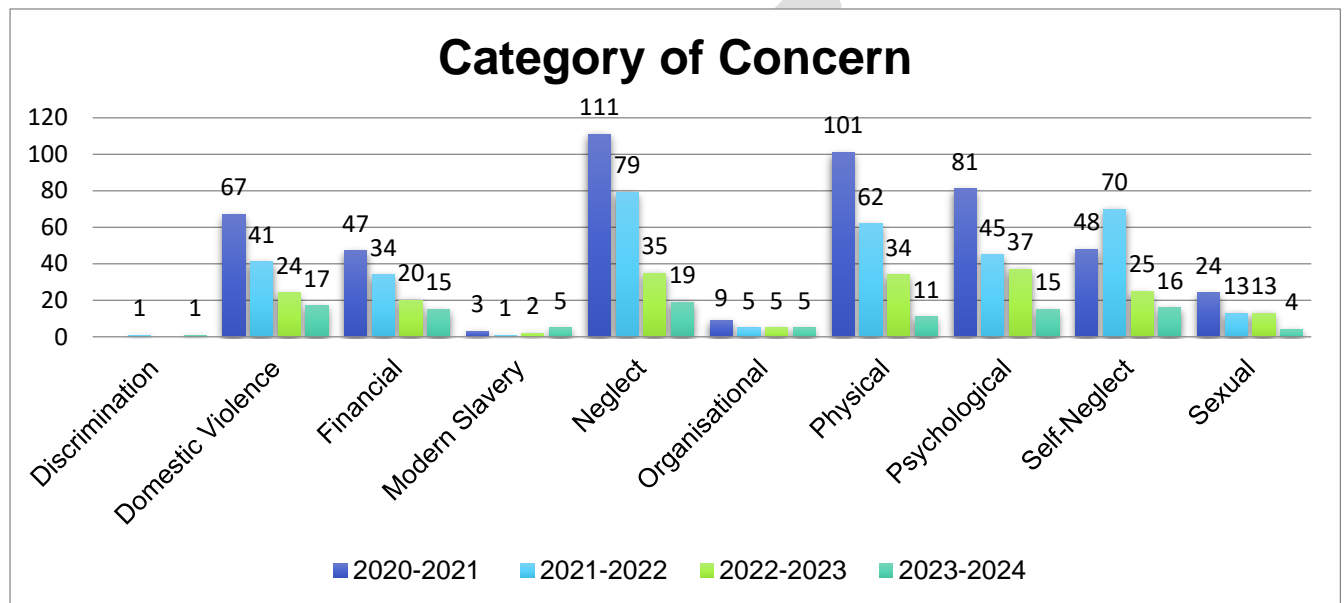
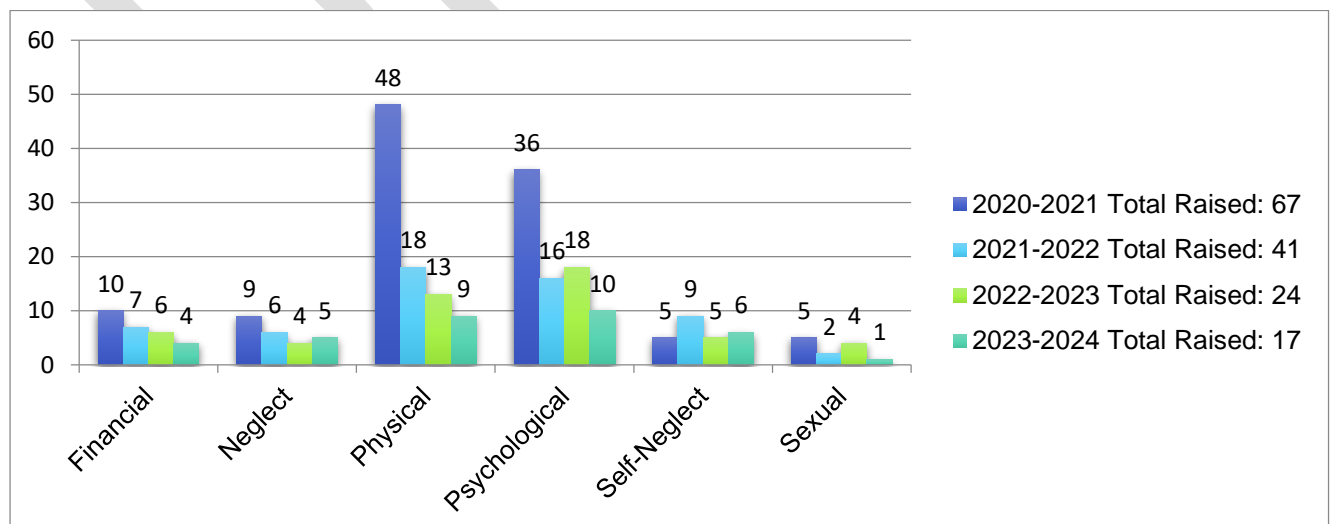


Fig 2: Safeguarding Concerns Relating to Domestic Abuse



⁶ Please note that safeguarding concerns may be raised in relation to multiple categories of abuse for an individual patient, meaning that the totals in the 'categories of concern' chart is higher than the total number of patients referred.

Figures 1 and 2 above pertain to the number of safeguarding referrals made by UHSussex on behalf of Brighton and Hove residents who have attended hospitals in Brighton and Haywards Heath, with an additional focus on safeguarding in relation to domestic abuse. The data indicates that referrals seem to have decreased. This was previously thought to potentially be a return to pre-COVID levels, but the numbers have continued to decline. UHSussex is collaborating with the Local Authority to better understand the reasons behind this trend and to consider necessary actions to address it.

Victim Support provides specialised domestic abuse services across Brighton and Hove. A Health Independent Domestic Violence Advisor (HIDVA) employed by Victim Support offers on-site support at the Royal Sussex County Hospital in Brighton. They provide specialised assistance to both patients and staff who disclose domestic abuse. The HIDVA collaborates with the Safeguarding Adults team to provide in-person training for staff on identifying and responding to signs of domestic abuse. Additionally, Victim Support has played a role in creating a 20-minute domestic abuse training video which has been included in the mandatory safeguarding adults training requirements for clinical staff.

UHSussex contributed to the Craig Safeguarding Adult Review (SAR). Following the review's findings and recommendations, the mandatory training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) has been revised and updated. An MCA Working Group now convenes bi-weekly, and a program of MCA/DoLS audit is being prioritised for 2024-25 as a safeguarding initiative. The SAR Craig learning briefing from the SAB has been distributed to ward managers/matrons during internal Safeguarding Operational Governance meetings for further dissemination to their teams. These learning briefings, along with the SAB website, are referred to during safeguarding training as additional resources for staff. UHSussex has recently become a member of the SAB SAR subgroup, enhancing organisational learning.

UHSussex continues to make improvements to its safeguarding assurance processes. A weekly Harm Free Care panel has been established to review instances of pressure damage, patient falls and venous thromboembolism (VTE) occurring during a patient's hospital stay. Safeguarding Adult Specialist Nurses are integral members of the panel, collaborating with Matrons and Heads of Nursing to identify learning and improvement action plans. Moving forward, Safeguarding Adults Lead Nurses will collaborate with Divisional governance teams to amalgamate learning from these incidents with insights from safeguarding inquiries, supporting the formulation of improvement plans.

Safeguarding Adults Training remains a focal point at UHSussex. All training content has been reviewed against the Intercollegiate Documents outlining competencies required for different staff groups. Level 1 training is now mandatory for all healthcare workers at UHSussex, integrated into the induction program for all staff, irrespective of their role. Enhancing Level 3 safeguarding adults training provision has been earmarked as a priority for 2024-25. A bi-weekly safeguarding training working group has been initiated to drive this agenda forward, with plans to review training content continually in response to local and national learning and enhance compliance monitoring and reporting processes within UHSussex.

The CQC conducted various service inspections across the Trust in 2022-23, including a Well Led inspection in October 2022. These inspections led to improvement actions, overseen by the Board and its Quality Committee. Progress against these improvement actions has been reported to the Integrated Care Board and the CQC. The Trust remains vigilant in monitoring performance against CQC standards through its governance mechanisms and procedures.

What will we do next year?

The work undertaken over the course of this year, both directly by the SAB and by our partners, has led to the Strategic Plan being updated for 2024-25 as we enter the last year of the current three-year plan.

Whilst embedding learning from SAB activities remains an ongoing area of focus and there is a need to ensure the progress made in respect of multiple and intersectional needs and inclusion, risk and equalities is continued new areas of focus have also been identified that the board will take forward.

These reflect priorities identified from recently published and ongoing Safeguarding Adult Reviews, other SAB activities, individual partner priorities, as well as the self-assessment and peer challenge process undertaken at the end of last year. This involved partners across Sussex being requested to assess their own performance in relation to four safeguarding-related themes (with twelve questions in total) and an in-person event then held to discuss and challenge each other on the outcomes from these.

The new areas of focus for 2024-25 are -

- **Embedding learning from SAB activities**
- **Transitional Safeguarding**
- **Development of Effective Outcomes in Self-neglect**
- **Embedding trauma-informed and multiple and intersectional needs into organisational practice**

Safeguarding Adult Reviews (SARs)

The SAB will continue to progress the SARs already underway and those in the process of being commissioned to ensure these are completed in a timely manner and learning is effectively shared across the partnership.

We will continue to progress SAR action plans already underway, completing the outstanding actions including the development of a multi-agency risk management

(MARM) framework, and working in partnership with independent reviewers and partner agencies to develop action plans to translate recommendations made into effective improvement actions.

We will incorporate learning from the second national SAR analysis into all our review processes and develop updated guidance to support partner organisations in providing accurate and timely information to support SAR processes.

Quality Assurance

Having recruited a Board Support Officer, we will progress the previously identified aim of developing a multi-agency data dashboard. This will consist of strategic high-level data from statutory partners providing regular updates on safeguarding activity across the city throughout the year.

We will continue our SAB multi-agency quality assurance audit programme, firstly concluding the audit currently underway on adults who move between local authority areas. Audit themes are based on learning from SAB and SAR activities as well as the work of the learning and development subgroup.

We will continue to receive updates, discuss queries, and seek assurance on quality assurance issues, both through the subgroup and through the full board where necessary and appropriate.

Learning and Development

New learning and development priorities will be identified by the subgroup and taken to the full board for confirmation. These will be based on the outcomes from the Self-Assessment and Peer Challenge and other quality assurance processes, learning from local and national SARs, and adult safeguarding themes and issues identified as priorities by individual partner members.

Multi-agency learning and development resources will be developed in response to these priorities, and we will continue to look to take an innovative approach in this area and to work in partnership with our pan-Sussex colleagues where possible in ensuring that these are accessible and meet the needs of local communities.

We will continue to request updates from partner agencies in relation to the relevant learning and development activities they are undertaking internally and seek to share learning opportunities where relevant.

Communication and Engagement

We will actively seek to increase our level of engagement across local communities during 2024-25 through a range of activities.

The Practitioners Alliance for Safeguarding Adults (PASA) will become a formal subgroup of the SAB, with terms of reference and a work plan agreed by the members. We will continue to increase the membership so that professionals across the system in safeguarding roles, whether in the statutory or independent sectors, can use this to increase their knowledge and understanding of adult safeguarding.

The SAB will continue to share our learning, including published SARs, across a range of formats – attending in-person and virtual multi-agency and single agency events and meetings as well as through the SAB newsletter, website, and targeted emails that seeks to improve how learning is disseminated within partner agencies at all levels.

The Brighton & Hove SAB will continue to work with our colleagues at the East Sussex and West Sussex SABs, and our statutory partners, in relation to the pan-Sussex safeguarding procedures and shared resources that support a consistent approach to adult safeguarding across Sussex wherever possible. This includes a new website to host the pan-Sussex Safeguarding Policy and Procedures that will improve accessibility and contains several new and updated chapters reflecting learning from recently published SARs.

In continuing to focus on Making Safeguarding Personal (MSP) we will also consider how we can engage with people who use services across organisations in relation to safeguarding to share their experiences as this is key to understanding what is done well or what needs to change.

DRAFT

Appendix

Glossary of Terms

Changing Futures

Changing Futures Sussex is one of fifteen programmes set up across the country to improve the way local systems and services work for adults experiencing multiple disadvantage. The aim is to create an environment where individuals experiencing multiple disadvantage can receive flexible, trauma informed, person-centred support when they need it, leading to increased periods of stability and more opportunities to make positive changes in their lives.

Intersectional (Multiple and Intersectional Needs)

In this context intersectional needs is used to describe the ways that multiple needs (homelessness, mental health issues, substance use, domestic abuse and current or historical offending behaviour) interact or compound and exacerbate each other, so that a combination of increasing health and social care needs are experienced simultaneously.

LeDeR (Learning Disabilities Mortality Review Programme)

LeDeR is a service improvement programme, funded by the NHS, established to improve healthcare for people with a learning disability and autistic people. It aims to improve care for people with a learning disability and autistic people, reduce health inequalities for people with a learning disability and autistic people, and prevent people with a learning disability and autistic people from early deaths.

Multi-agency Risk Assessment Conference (MARAC)

MARAC is a domestic abuse Multi-Agency Risk Assessment Conference held on a regular basis in each area. They bring together representatives from a range of agencies to discuss the safety, health and well-being of people experiencing domestic abuse (and their children)

Practitioners Alliance for Safeguarding Adults (PASA)

This is a group that enables frontline professionals from organisations involved in adult safeguarding, including those working in the independent and voluntary sector, to come together to identify and discuss current or emerging adult safeguarding themes and issues. It provides an opportunity for these themes or issues to be communicated to the SAB and for the group to provide direct feedback on work undertaken by the board, and by individual partner organisations, and for members of PASA to contribute to the development of this work.

Prevent

Prevent is a government-led, multi-agency counter-terrorism programme that aims to stop individuals felt to be vulnerable to potential radicalisation becoming involved in or supporting terrorism. A range of partners participate in the Prevent programme, including Police, the local authority, and community organisations.

SCARF

The Single Combined Assessment of Risk Form (SCARF) is a document used by the Police in situations where they believe they have identified an adult at risk. In these situations, SCARFs are shared with statutory partners to facilitate early and effective identification of risk, joint decision making, and coordinated action.

Our Partners

In addition to the three statutory partners the further partners of the Brighton & Hove Safeguarding Adults Board are:

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

In addition, the Board maintains links with the following:

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

Our Budget

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

Income for 2023 - 2024

Brighton & Hove City Council	£86,000
Sussex Police	£32,610
NHS Sussex	£26,600
Total	£145,210

The board carried forward some of the Brighton & Hove City Council and third-party income into the 2023/24 budget, with some again carried forward to 2024/25. Staffing costs and review costs were reduced this year due to a significant period with reduced staffing levels and costs for current reviews to be paid next year. With all staffing vacancies now filled expenditure in this area is expected to increase in 2024/25.

Expenditure in 2023 - 2024

Item	Subtotal	Total
Staffing		£115,000
<i>Business Manager</i>	£69,978	
<i>Administrator</i>	£24,735	
<i>Board Support Officer</i>	£9,446	
<i>Independent Chair</i>	£9,154	
<i>Other</i>	£500	
Safeguarding Adult Reviews		£500
<i>Thematic Learning Review</i>	£500	
Website costs		£1,805
BHSAB Development Day		£330
Other costs		£1,127
<i>Sundry costs</i>	£216	
<i>Apprenticeship levy</i>	£449	
<i>Mobile costs</i>	£187	
<i>Learning and Development</i>	£275	
Total		£118,762



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:

Sussex Shared Delivery Plan Year 2 Refresh

Date of Meeting:

16 July 2024

Report of: Amy Galea, Chief Integration and Primary Care Officer, NHS Sussex

Contact: Chas Walker

Email:

Chas.walker@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

This report builds on the report to the March 2024 Health & Wellbeing Board where we set out the achievements for year 1 (23/24) in delivering our Place-based Shared Delivery Plan objectives. This report sets out the deliverables planned for year 2, 2024/25 and how these support the Sussex Integrated Health and Care Strategy, *Improving Lives Together*, respond to the NHS Operational Planning Guidance for 2024/25 and support the strategic aims of the Brighton & Hove Joint Health & Wellbeing Strategy

Decisions, recommendations and any options

The Health and Wellbeing Board is asked to note and support the objectives of the Sussex Shared Delivery Plan (SDP).

1. Relevance to the [Brighton-Hove Joint Health & Wellbeing Strategy](#)

The strategy sets out our vision for improving the health and wellbeing of local people and reducing health inequalities. Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life. Our Shared Delivery Plan specifically support the following Health & Wellbeing strategy objectives

Starting Well

- High quality and joined-up services will consider the whole family and, where appropriate, services will intervene early to provide support to prevent problems escalating.
- Risks to good emotional health and wellbeing will be addressed, including parental substance misuse and domestic abuse, and mental health services will be easier to access.

Living and Working Well

- Information, advice and support will be provided to help people to eat well, move more, drink less and stop smoking to reduce their risk of developing long-term health conditions. Local people and communities will be encouraged to make the most of these opportunities to improve their health and wellbeing.
- Mental health and wellbeing will be improved and easier access to responsive mental health services will be provided.

Ageing Well

- People will be supported to reduce loneliness and social isolation and to reduce their risk of falls.
- More people will be helped to live independently in the community by services that connect them with their communities.

In addition to this the Shared Delivery Plan also supports the following population priority groups as agreed by the Brighton & Hove Health & Care partnership in 2022

- Children & Young People
- Adults with Mental Health illness
- Adults with long-term conditions
- Adults with Multiple Compound Needs
- Adults with Cancer

And through the National Core20Plus5 health inequalities programme our 20% most deprived wards and our five local health inequality priority groups.

3. Background and context

- 3.1.1 The Sussex Health and Care Assembly approved the Sussex Integrated Health and Care Strategy, *Improving Lives Together* with full support and engagement from system partners at its meeting in public on 14 December 2022. It was formally launched in January 2023. Within the strategy, the Assembly identified three key strategic priorities of:
- A new joined-up community approach to health and care,
 - Growing and developing our workforce and
 - Improving the use of digital technology and information
- 3.2. In late December 2022, the Department for Health & Social Care published guidance for Integrated Care Boards to develop a five-year joint forward plan (our *Shared Delivery Plan*). This was formally launched as part of the NHS Anniversaries communication campaign.
- 3.3. The SDP is written as a single plan that incorporates the NHS Operating Plan requirements for 2023/24, the delivery plan for the five-year Sussex Health and Care *Improving Lives Together* Strategy and for each of the three Place Partnerships Joint Health & Wellbeing Strategies. It reflects our ambition to improve the lives of everyone living across Sussex now and in the future. We want local people to thrive to be the best they can be, to be healthier and feel supported; and have the best possible services available to them when and where they need them.
- 3.4. Our Integrated Care Strategy, *Improving Lives Together* represents this ambition and sets out the agreed long-term improvement priorities, as well as the immediate and continuous improvement areas that will bring the greatest benefits to local people and our workforce.
- 3.5. Sussex Integrated Care Board (ICB) and partner organisations are required to prepare a joint forward plan before the start of each financial year, setting out how they intend to exercise their functions in the next five years.
- 3.6. This paper sets out the refreshed deliverables for the second year of the Shared Delivery Plan (SDP).
- 3.7. Due to sequencing of respective HWBBs, work has been undertaken with Local Authority partners to approve this paper through their sovereign governance arrangements to ensure approval ahead of publication.
- 3.8. Once approved, a public facing document will be developed to complement the year 2 refreshed deliverables paper. NHSE have confirmed that following the announcement of the election and the immediate start of the pre- election period, systems should publish their

JFPs as soon as possible after 4 July, in line with published pre-election guidance.

4. Proposal details

- 4.1. The proposed year 2 updated deliverables have been developed and signed off by each of the ICB 11 delivery boards and the Place-based SDP objectives have also been signed off by our Brighton & Hove Health & Care Partnership Executive Board
- 4.2. The Brighton & Hove Health and Care Partnership, which brings together key local health and care partner organisations to work collaboratively to deliver the objectives of the Joint Brighton & Hove Health and Wellbeing Strategy and the Sussex wide strategy, *Improving Lives Together* has led the development of the local transformational priorities and the SDP oversees their delivery.
- 4.3. The SDP demonstrates that significant steps forward have been achieved across all our priorities to support delivery of the system Strategy (*Improving Lives Together*). There is much still to be done if, as a system, we are to achieve the ambitions we set for our population in *Improving Lives Together*, by 2027/28.
- 4.4. Our Place-based year 2 SDP deliverables, for 24-25, are based on the same 7 key workstreams as last year but we have refreshed the objectives and now have 23 objectives that support our local health & care priorities and the delivery of the Sussex wider strategy, *Improving Lives Together*. Some of these objectives will be delivered Sussex wide and subset of that report reviewed at place.
- 4.5. The Brighton & Hove plans for Year 2, build on many of the achievements from year 1 and reflect the next phase for them. The specific changes & highlights to note are:
 - The transitioning of the learning from our Multiple Compound Needs Transformation Programme and reframing as our community frontrunner programme for the development of Integrated Community Teams (ICTs)
 - With the focus, this year, on Place-based partnerships leading the development and implementation of ICT, we have included in our SDP objectives, the development of a local ICT implementation plan. This plan will be developed in alignment with the Sussex programme milestones and ambition for ICTs. This is also be reviewed in alignment with the East and West Place.
 - In delivering the Sussex Mental Health Community Transformation programme the implementation, in Brighton & Hove, of our new Neighbourhood Mental Health Teams will be aligned to the ICTs.
 - Building on the success last year of our Community Health Inequalities Programme, which we presented in detail to the Board in March. We

have taken the learning from this programme into a new Healthy Communities Programme that will align this important work with our development of ICTs and our continued commitment to tackling local health inequalities.

- As part of our urgent care transformation work the roll out of our new Transfer of Care Hub at the Royal Sussex County Hospital.
- 4.6. For Year 2 there will be an amended approach to the Sussex wide oversight of delivery of the SDP workstreams, with a move away from the need for a delivery board for each workstream and a clearer separation between oversight of the operating plan requirements versus those priorities which support delivery of our long term strategy and/or areas requiring improvement. The proposal reflects the changing system architecture but also looks to address concerns raised through 2023/24 about the resource burden created within the system by the 11 Sussex delivery boards alongside individual Place oversight boards, including challenges with attendance and servicing the associated governance and reporting. We will be streamlining our local Oversight Boards to ensure clear alignment with our SDP objectives, but reducing duplication across our System.

5. Consultation, engagement and advice

- 5.1. The SDP was informed by patient, public and workforce insight and feedback. As part of the development of the Sussex Integrated Care Strategy, *Improving Lives Together*, our engagement approach successfully delivered direct feedback from 18,000 people, face to face and virtual workshops with 420 people, 500 interviews and direct feedback through partners, 1440 survey responses on our ambition priorities, 800 individual conversations in public engagement events and online communication that has reached more than 200,000 people. At Place there is ongoing and strong community and lived experience involvement in our SDP deliverables. Examples include the Community Health Forums and the specialist Multiple Compound Needs & Mental Health lived experience groups that are all supporting our shared aims for Integrated Community Teams.
- 5.2. The SDP refresh builds upon this engagement. A suite of easy read, public facing material is being developed in parallel to ensure that we can effectively communicate to our population, where we intend to focus our efforts in 2024/25 and the impact that this will have on how they experience healthcare in Sussex. This will be published on our website once the detailed plan has been approved.

Contact: Chas Walker, Brighton & Hove Joint Programme Director for Integrated Community Transformation

Appendices Presentation Papers

- Our Sussex Integrated Care Strategy: [Improving Lives Together](#)



- Shared Delivery Plan objectives 24/25

5. Important considerations and implications

Legal:

- 5.1 The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare a plan setting out how they propose to exercise their functions in the next five years. These should be reviewed and/or revised before the start of each financial year, with further developed and/or revise the joint forward plans (JFP). The report sets out Sussex Shared Delivery Plan for year 2.

As set out in guidance published in March 2024 ICBs and their partner trusts should expect to be held to account for delivery of the JFP – including by their population, patients and their carers or representatives – and through the ICP, Healthwatch and the local authorities’ health overview and scrutiny committees.

Lawyer consulted: Natasha Watson

Date: 8 July 2024

Finance:

- 5.2 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.
- 5.3 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: David Ellis

Date: 1/07/2024

Equalities:

- 5.4 This is covered in the main body of the report



Sustainability:

5.5 None identified.

Supporting documents and information

Appendix1: Brighton & Hove Shared Delivery Plan Refreshed Objectives & Deliverables for 2024-25

What we will do	What we will achieve	When
Multiple compound needs (MCN) community frontrunner- as part of our Central ICT we will use the learning from the MCN transformation programme to establish an MCN Integrated Community Team	<ul style="list-style-type: none"> Complete the external evaluation of the multidisciplinary team pilot Develop the detailed business case for the MCN Integrated Community and integrated commissioning approach Sign off MCN partners compact agreement 	March 2025
NEW Integrated Community Teams (ICT)- to support the development of our new ICT footprints. We will establish a local ICT implementation plan that builds on our community development approach and establishes strong local partnerships	<ul style="list-style-type: none"> Map of our local ICT community assets across the four ICT footprints Align ICT development with our Healthy Communities, Family Hubs and Community Mental Health programmes Establish four Health Forums and test two ICT partnership pilots across our four ICT areas 	March 2025
Health inequalities- we will continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people .	<ul style="list-style-type: none"> Develop the learning from last years health inequality programmes as part of our local ICT development We will implement locally the priorities set out in the new Sussex Health Inclusion Framework 	March 2025
Children & young people (CYP) We will improve the health & care outcomes for children & young people across the city-.	<ul style="list-style-type: none"> Develop a joint triage for Wellbeing Service, CAMHS and Schools mental health service Through a joined up approach between Family Hubs and the development of ICTs Through delivering the SEND health & care partnership priorities as set out in the city's SEND Strategy 2021-26 	March 2025
Mental health- we will continue implement the recommendations of the 2022 B&H Mental Health & Wellbeing JSNA, aligning our local community mental health transformation programme with ICT development	<ul style="list-style-type: none"> Neighbourhood Mental Health Teams tested with at least two PCN populations/ICT partnerships Reduce demand on urgent and crisis care, improve system flow and reduce the numbers of inappropriate out of area placements Increase the number of people both on SMI registers and having a physical health check 	March 2025
Cancer - we will continue our work to improve early diagnosis of cancer with a particular focus on Core20 & Health Inclusion groups	<ul style="list-style-type: none"> Increased screening rates across our Core 20 communities & health inclusion groups Improve performance against the headline 62-day standard Improve performance against the 28 day Faster Diagnosis 	March 2025
Multiple long-term conditions- we will develop our cardiovascular disease reduction priorities including hypertension and the restoration of the NHS health checks programme with health inequalities lens	<ul style="list-style-type: none"> Cardiovascular disease reduction action plan Increase the % of patients with hypertension treated according to NICE guidance Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies 	March 2025
Hospital discharge – implement 2024-25 Discharge Transformation Plan	<ul style="list-style-type: none"> Improve patient waiting times to meet NHSE targets for patients seen within 4 hours (through generating flow thereby increasing front door capacity) Roll out new Care Transfer Hub model Improve outcomes for patients through same day discharge team at front door, preventing admission 	March 2025



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:

Better Care Fund 2023-25 Report

Date of Meeting:

16 July 2024

Report of: Steve Hook Executive Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

Contact: Chas Walker

Email:

Chas.walker@brighton-hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

- Reports on 2023-25 Better Care Fund Plan Agreed by the Board July 2023
- Reports on performance against the Plan for 2023-24
- Reports on changes to the Better Care Fund policy framework for 2024-25
- Reports on recommended changes to the Plan for 2024-25
- Sets out recommendation for future reporting of the Better Care Fund to the Health & Wellbeing Board

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note performance against the Better Care Fund plan for 2023-24
2. Note the Better Care Fund requirements for 2024-25.
3. Approve the revised Brighton & Hove Better Care Fund Plan for 2024-25 recognising these represent a refresh of the 2023-25 plans approved by the Board in July 2023.
4. Agree recommendation that Better Care Fund is reported to Board every six months

1. Background

- 1.1. Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).
- 1.2. The BCF has two core policy objectives:
 - Enable people to stay well, safe and independent at home for longer.
 - Provide people with the right care, at the right place, at the right time.
- 1.3. The BCF has four national conditions:
 - A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
 - Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
 - Implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
 - Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.
- 1.4. The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working

collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.

- 1.5. Since last year, the Additional Discharge Funding to enhance community and social care capacity is also required to be included in the BCF pooled budget arrangements.
- 1.6. Following approval of the full BCF narrative Plan, for 2023-2025, by the Board in July 2023. This report updates the Board on progress on the first year of the plan, revisions to the BCF framework policy and proposed revisions to our BCF plan for 2024-2025

2. Performance against the BCF Plan for 2023-24

- 2.1. We are required to submit a detailed expenditure plan demonstrating how the investment supports our agreed BCF plan and national conditions for the BCF. Our total BCF income and planned spend for 2023-24 was £39.468 million and our actual spend for the year was £39.267 million.
- 2.2. Our performance against the agreed metrics on our BCF plan for 2023-24 are set out in the table below. Noting that we met three out of five of the metrics we set in the BCF plan for 2023-24. Appended to the reports is more detailed set of graphs showing metric performance trends over period of time to provide further context.

Metric	Detail	Performance standard	Performance against metric
Avoidable admissions	Unplanned Admissions for chronic ambulatory care sensitive conditions (NHS OF 2.3i)	Average per quarter of 131.6 per 100,000 of the population. We met and exceeded the planned targets by 2.3%.	Metrics in line with plan
Falls Admissions	Emergency hospital admissions due to falls in people over 65	Our rate per 100,000 was 2,405 admissions. We met our planned target, significant improvement on previous year	Metrics in line with plan
Residential care admissions	Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes. (ASCOF 2A part 2)	Our rate per 100,000 of the population was 634. This meant we did not meet our planned target	Did not meet planned targets
Discharge destination	Percentage of discharges to a person's usual place of residence (SUS data)	91.96% of people being discharged to normal place of residence. We met the planned target	Metrics in line with plan
Effectiveness of reablement	People over 65 still at home 91 days after discharge from hospital with reablement (ASCOF 2B part 1)	73% still at home after 91 days. This meant we did not meet our planned target	Did not meet planned targets

- 2.3. The metrics where we did not meet our planned targets were around our rate of residential care admissions and the effectiveness of reablement services. These are both statutory local authority reporting measures under the Adult Social Care Outcomes Framework (ASCOF)
- 2.4. Residential care admissions: the metric is an annual rate of people over 65 whose long-term support needs are best met by an admission to a residential care setting. This is measured as a rate per 100,000 of the local population. Local demographics around the profile of the ageing population will be factored into determining the performance rate. In line with the overall aims of the BCF the performance measure is about how effective we are at enabling people to remain independent at home for longer. Brighton & Hove is above the national average for people entering residential care funded by the local authority. Comparing with other local authorities in the Southeast our rates of people in residential care is consistent with other unitary authorities like Portsmouth and Southampton. We are doing some work to better understand how much of this is down to population demographics outside of the control of the local authority i.e. higher percentages of older people eligible for local authority assistance, the impact of deprivation levels on people needing local authority assistance to access residential care. One area we have identified where we can potentially improve the metric performance, outcomes for individuals and cost effectiveness for the Local Authority is the development of more extra care provision in the city that enables older people to remain independent for longer in their own homes rather than entering residential care. We are currently profiling provision against level of need in the city to see whether there is a good business case for developing more extra care resource.
- 2.5. Effectiveness of reablement: the metric focuses on the number of people over 65 that are still at home 91 days after discharge from hospital. This measure is difficult to measure accurately and consistently as it requires us to contact everyone who fits the criteria 91 days after they have left hospital. This is recognised nationally, and it has been agreed that this metric will not be a BCF reporting requirement going forward. In terms of partnership work around reablement. Local reablement services were part of an external review this year by Professor John Bolton, an expert in this field. Our reablement services are provided in three ways:
- Patient mobilisation on the ward, to prevent our people losing skills and ability which may delay them going home or affect their long-term recovery and level of independence. This work is being further developed through the recommendations from the reablement review.
 - SCFT provide community rehabilitation services supporting people to regain self-sufficiency after illness or injury.
 - Residential reablement where we have 16 reablement beds run by the local authority with specialist physio and occupational therapy staff

working alongside social care staff. These are short term/ respite care beds designed to support reablement and enable to return home

The community rehabilitation and residential reablement are part of our BCF investment

3. National BCF Planning Guidance

- 3.1. The Addendum to the BCF 23/25 Policy Framework was published on 28th March 2024. This provided a refreshed planning template to update on income, expenditure, setting outputs and new metric targets, capacity and demand planning for 2024-25 alongside updated narrative to provide assurance of meeting the national conditions for the year ahead.
- 3.2. The Addendum also confirms the overarching approach to, and the funding conditions for the Discharge Fund for 2024 to 2025 to which expenditure is to be outlined within the plan and monitored quarterly.
- 3.3. Further information relating to the Addendum can be found on the external web link below.

[Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121111/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements)

4. Brighton & Hove updated Better Care Plans 2024-25

- 4.1. The contributions to the BCF Pooled budget for 2024-25 are outlined below.

Funding Source	Lead Org	2024/25 Contributions
NHS Minimum Contribution	NHS Sussex ICB	£25,369,113
Additional LA Contribution	BHCC	£487,830
Disabled Facilities Grant	BHCC	£2,522,833
Improved Better Care Fund	BHCC	£9,459,107
Discharge Funding	BHCC	£2,210,253
Discharge Funding	NHS Sussex ICB	£2,382,192
Total BCF Resources		£42,431,328

- 4.2. The NHS minimum contribution has risen by 5.66% for 2024/25 as in previous years.
- 4.3. The additional Discharge funding for 2024/25 has been allocated to Local Authorities (LAs) and the ICB to be included in the BCF. The ICB is required to

agree with local Health and Wellbeing Boards how the ICB element of Discharge funding will be allocated at HWB level rather than being set as part of overall BCF allocations, this being based on allocations proportionate to local area need.

- 4.4. Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) conditions remain as previous years and the allocations for each remain at the 2022/23 rate for both years of these plans.
- 4.5. Adult Social Care contribution and NHS commissioned out of Hospital services ringfences have increased in line with the overall increase i.e., 5.66%.
- 4.6. The previous Section 75 agreement which facilitates the pooling of the Better Care Fund in Brighton & Hove will be updated for 2024/25 once these plans have been approved.
- 4.7. Majority of the schemes and services previously funded through the Better Care Fund have continued into this year. Additional investment areas identified in the plan for 2024-25 are:
 - Home care: additional block hours to support hospital discharge.
 - High Intensity Users/Mental Health Discharge Co-ordinators
 - Additional Adult Social Care assessment capacity
 - Additional discharge to assess beds and therapy in-reach support
 - Assisted Discharge to Home: additional capacity for this service provided by the British Red Cross to support low level hospital discharges.
 - Additional homeless and mental health intermediate care bedded provision

Appended to this report is more detail breakdown of the investment for 2024-25

- 4.8. Modelling of the Capacity and Demand on community services to support avoidance of admission to and reduction in length of stay in bedded care have been reviewed for 2024-25. It is anticipated a further review of this will be required in October.
- 4.9. Metrics targets for 14-25 have been reviewed for the following measures:

Metric	Detail
Avoidable admissions	Unplanned Admissions for chronic ambulatory care sensitive conditions (NHS OF 2.3i)
Falls Admissions	Emergency hospital admissions due to falls in people over 65
Residential care admissions	Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes. (ASCOF 2A part 2)
Discharge destination	Percentage of discharges to a person's usual place of residence (SUS data)

4.10. There is one measure which has been removed from BCF reporting for 24-25.

Effectiveness of reablement	People over 65 still at home 91 days after discharge from hospital with reablement (ASCOF 2B part 1)
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5. Assurance

5.1. The 2024-25 revised BCF Plan was presented and supported at the B&H Health & Care Partnership Executive Meeting on 11 July 2024, with representation from.

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

5.2. The 2024-25 revised BCF Plan has been reported to and signed off through the Integrated Care Boards internal governance.

5.3. The 2023-24 Year End report and the 2024-25 revised BCF Plan was submitted to NHSE in June 2024

5.4. Assurance milestones

2023-25 BCF Plan signed off by HWB	18 July 2023
2024-25 refresh of the BCF Plan submitted	10 June 2024
NHS Sussex Brighton & Hove and BHCC internal sign off	15-19 June 2024
HCP Executive Board sign off	11 July 2024
Better Care Fund Steering Group	31 May 2024
Brighton & Hove Health & Wellbeing Board	16 July 2024

6. Conclusion and reasons for recommendations

6.1. This paper summarises the Better Care Fund requirements for this year and sets out the Brighton & Hove revised plans for 2024-25 confirming their alignment with the national conditions.

6.2. The Health and Wellbeing Board is asked to:

- Note performance against the BCF plan for 2023-24
- Note the Better Care Fund requirements for 2024-25.
- Approve the Brighton & Hove Better Care Fund Plans for 2024-25 recognising these represent an update on 23-25 plans approved by the Board in June 2023.

- It is being recommended to the Board that we report on the Better Care Fund every six months/ every other Board meeting. This recognises that the governance of the Better Care Fund is important statutory requirement of the Board. More regular reporting will build the familiarity of the Board with the Better Care Fund and further develop the governance around the performance and investment of the Better Care Fund. More regular reporting will be supported by a new BCF dashboard that is being developed by NHS Sussex Business Intelligence Team. This will provide more detailed reporting and comparison data on the BCF metrics which will help inform the governance of the BCF.

7. Important considerations and implications

Legal:

- 7.1. The national Better Care Fund (BCF) Policy Framework sets out the requirements for two year plans to enable areas to deliver tangible impacts in line with the vision and objectives set out in the Policy Framework. It is published by NHS England and Government to be actioned jointly by Integrated Care Boards (ICBs) and local councils. The priorities for 2023-25, referenced in the body of the report, is underpinned by the two core BCF objectives:
- Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time
- 7.2. It is a requirement that the Better Care Fund is managed locally though a pooled budget. The power to pool budgets between the Council and the (then) CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement in a prescribed format .

Lawyer consulted: Natasha Watson

Date: 8 July 2024

Finance:

- 7.3 The Better Care Fund is a section 75 pooled budget which totals £42.431m for 2024/25. The ICB contribution to the pooled budget is £27.751m and the Council contribution is £14.852m, which includes the £9.459m Improved Better Care fund and the £2.523m Disabled Facilities Grant.
- 7.4 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: David Ellis

Date: 01/07/24

Equalities:

7.5 The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHIA's and the local JSNAs. There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Sustainability:

7.6 None

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

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

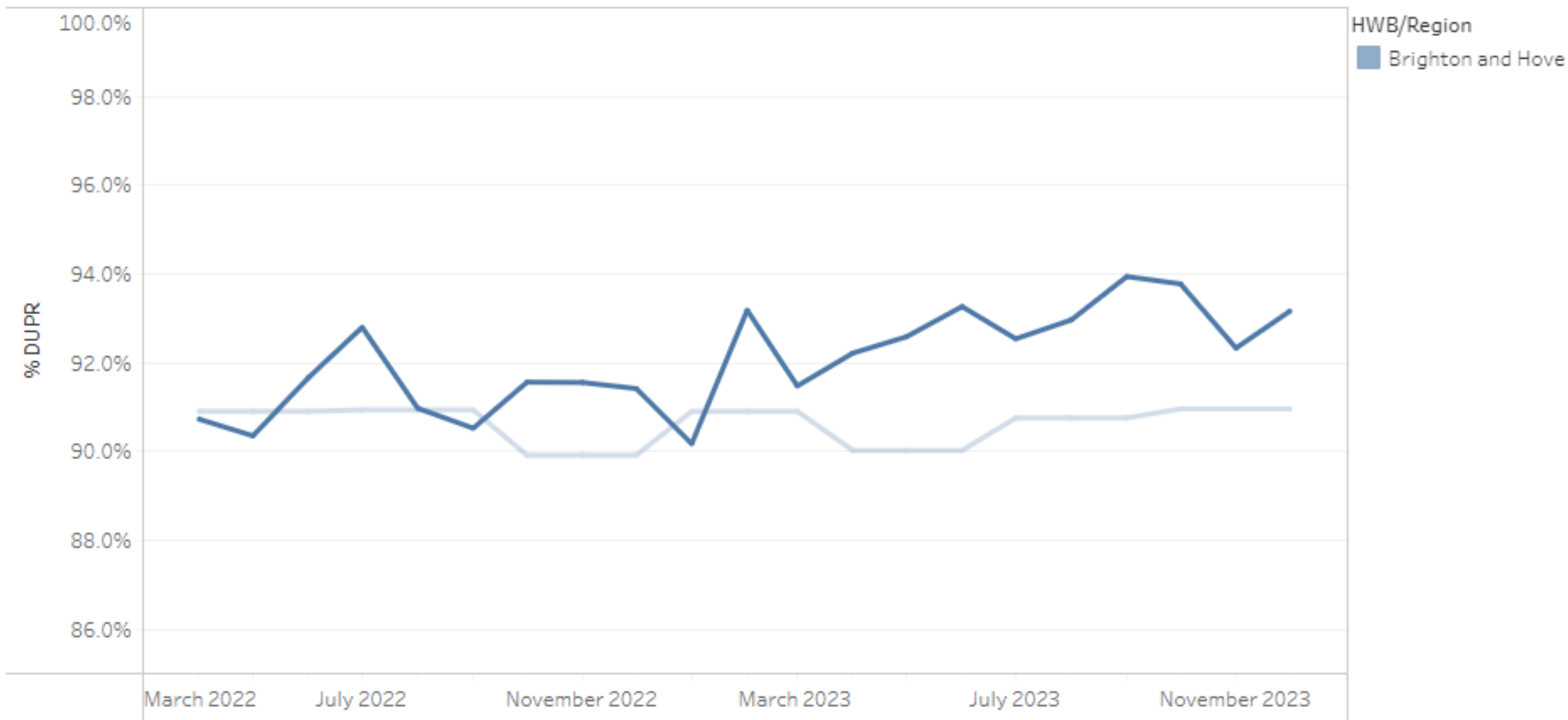
8 Supporting documents and information

Appendix 1: Brighton & Hove HWB Better Care Fund Metrics Performance Graphs

Appendix 2: BCF 2024-25 new scheme investment schedule

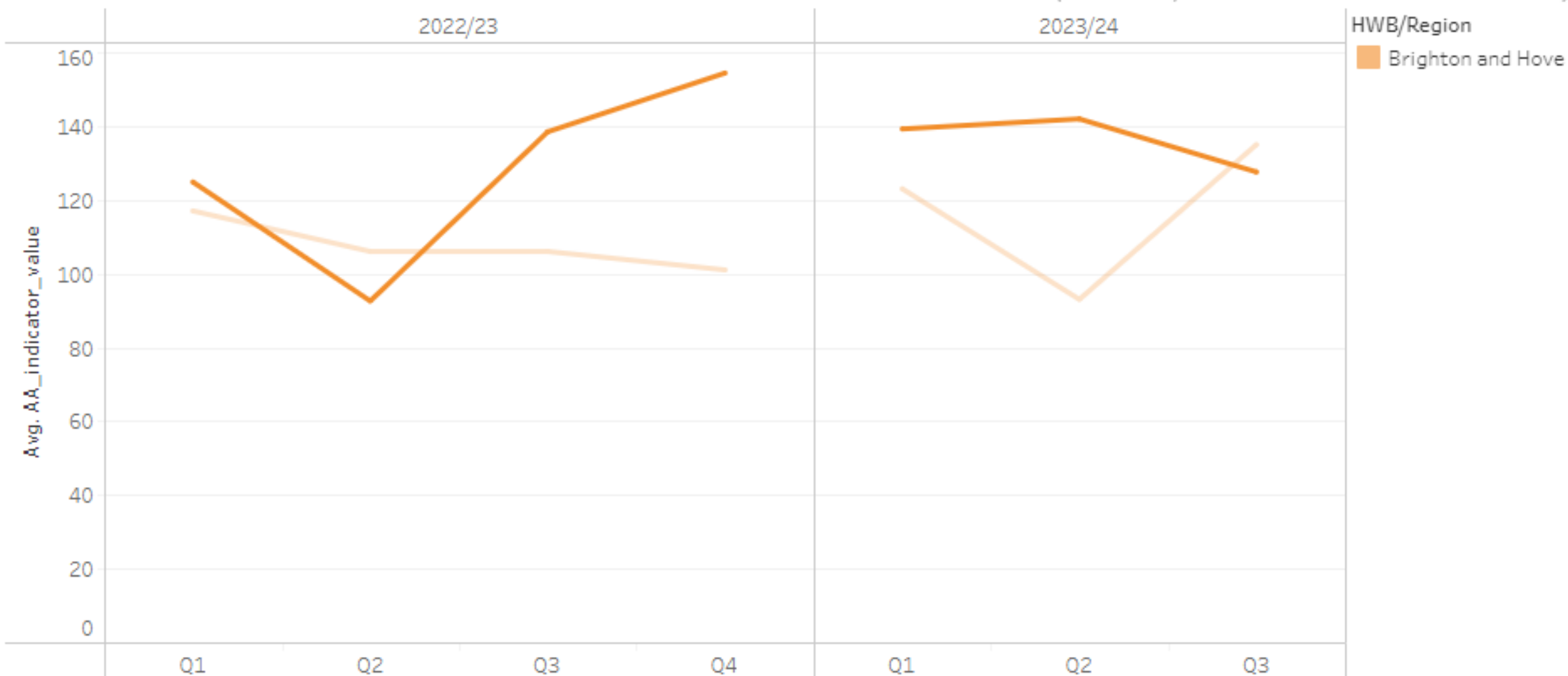
*% of people (age >= 18) who are discharged from an acute hospital bed to their normal place of residence.
Excludes zero length of stay spells, regular day/night attenders and deaths (Source: SUS)*

% Discharged to Usual Place of Residence - *Actuals vs Plan*



Avoidable Admissions - Actuals vs Plan

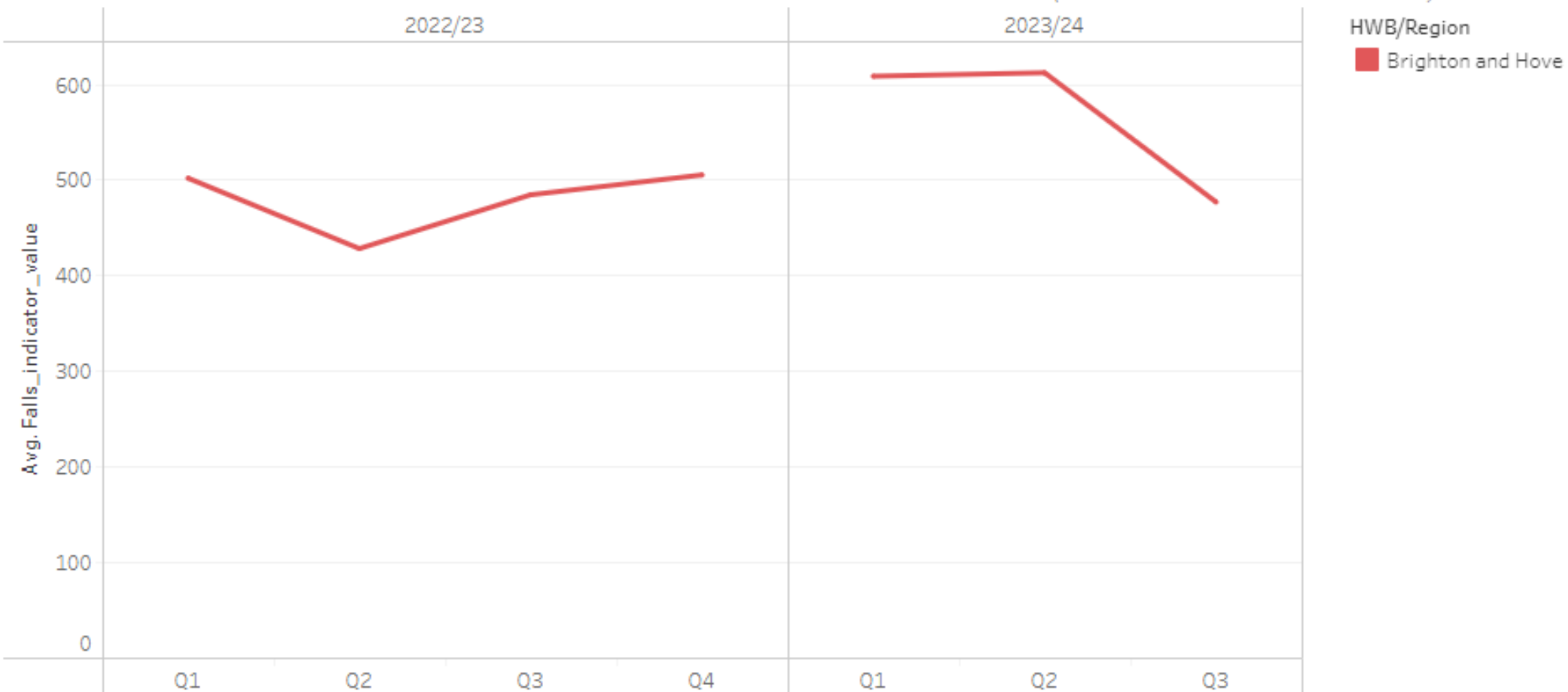
Unplanned hospitalisation for chronic ambulatory care sensitive conditions
 (Source: SUS/NHS Outcome Framework indicator 2.3i)



HWB Name	2022/23				2023/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Brighton and Hove	124.84	92.56	138.45	154.40	139.23	141.95	127.56	
	Plan	117.00	106.00	106.00	101.00	123.00	93.00	135.00

Falls - Actuals vs Plan

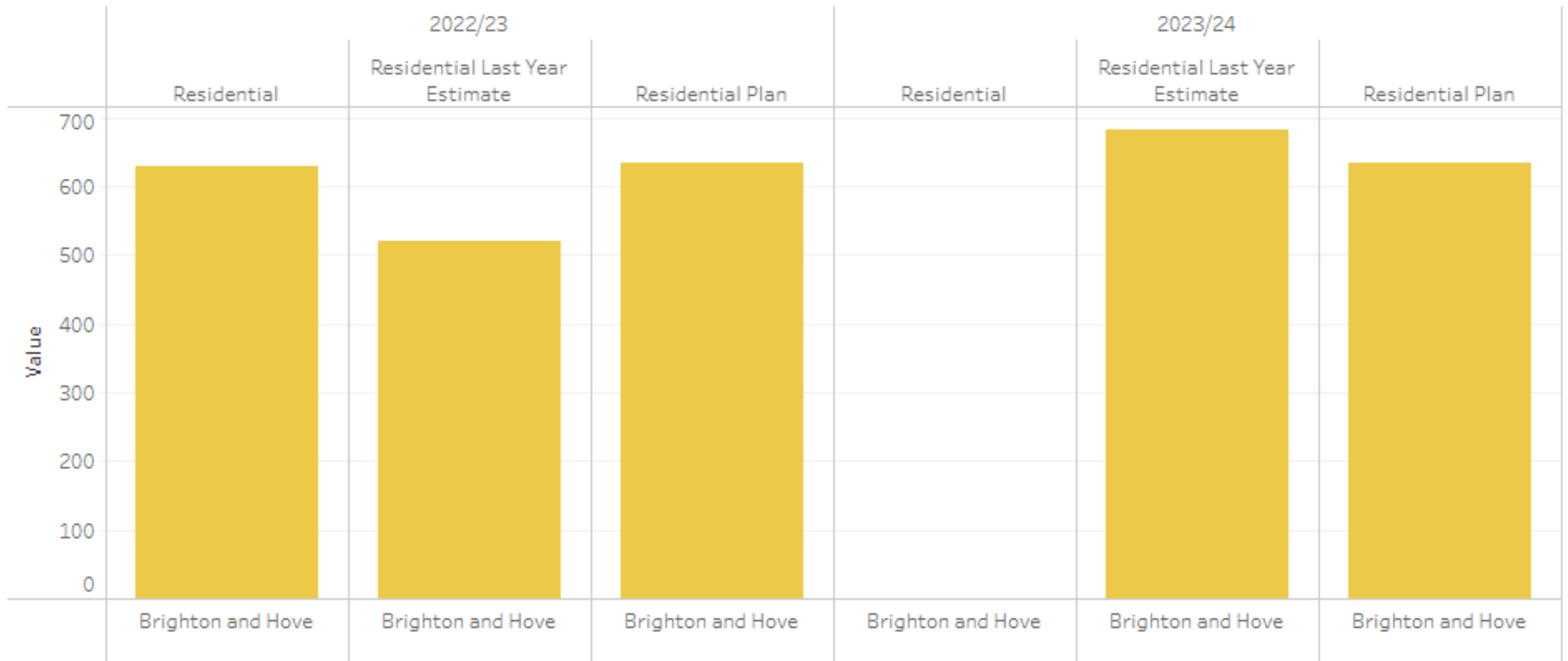
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
 (Source: PHE Outcomes Framework C29)



HWB Name	2022/23				2023/24		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Brighton and Hove	501.4	427.7	484.0	504.8	608.0	611.6	476.5

Rate of permanent admissions to residential care per 100,000 population (65+)
 (Source: ALT returns/ASCOF)

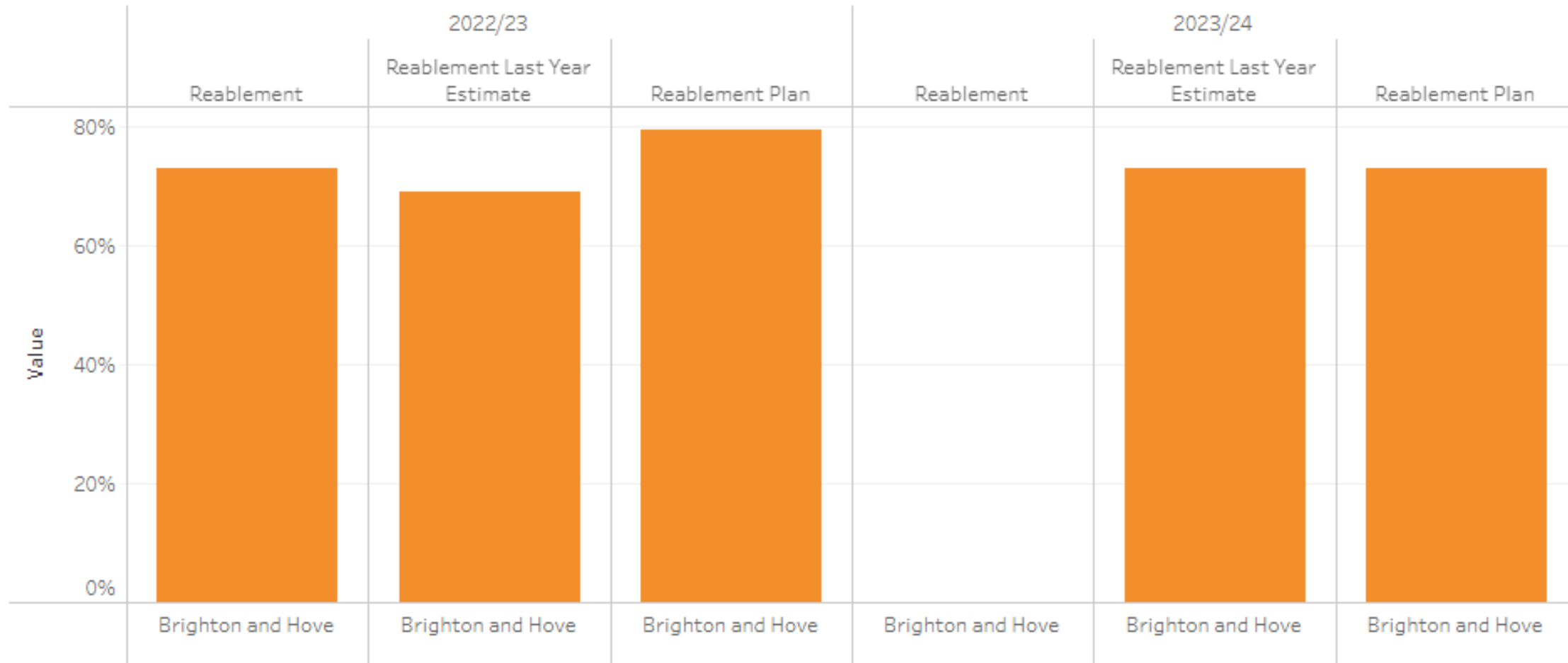
Residential Admissions - Actuals vs Plan



HWB Name	2022/23	2023/24
Brighton and Hove Residential	629.6	
Brighton and Hove Residential Last Year Esti..	521.3	602.2
Brighton and Hove Residential Plan	634.6	633.7

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
 (Source: SALT returns/ASCOF)

Reablement - Actuals vs Plan



HWB Name	2022/23	2023/24
Brighton and Hove Reablement	73.0%	
Brighton and Hove Reablement Last Year Est.	69.0%	73.0%
Brighton and Hove Reablement Plan	79.4%	73.0%

Appendix BCF 2023-25 Report- New scheme investment as part of refresh of 2024-25 Plan

Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Outputs for 2024-25	Units	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure for 2024-25 (£)
Homeless Beds	Provision of 5 Homeless beds to support hospital discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)	7	Number of placements	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£280,000
Mental Health Bed	Provision of Mental Health step-down beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)	4	Number of placements	Mental Health	LA	Private Sector	Minimum NHS Contribution	£260,000
LD Co-ordination Manager	Coordination of LD placements between LA/NHS	Integrated Care Planning and Navigation	Care navigation and planning			Social Care	LA	Local Authority	Minimum NHS Contribution	£25,000
Urgent Community Response	Responsive service development	Urgent Community Response				Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£3,280,409
Discharge Transformation	Discharge Transformation	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			Community Health	NHS	NHS	ICB Discharge Funding	£704,871
Total				11						£4,550,280

