



### **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 **11 February** starting at 4.00pm.



# Health & Wellbeing Board

Date: **11 February 2025**

Time: **4.00pm**

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

Who is invited:

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

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

**Non-voting members:** Isabella Davis-Fernandez (Sussex Partnership NHS Foundation Trust), Peter Lane (UHSx), Dr Colin Hicks (SPFT), Nigel Sherriff (UoB), Caroline Ridley (Impact Initiatives), Hannah Youldon (ESFRS), Tom Lambert (Carers Centre), Professor Robin Banerjee, Alan Boyd (Healthwatch), Spt Petra Lazar (Sussex Police), Siobhan Melia (SCFT), Deb Austin, Jess Gibbons, Steve Hook and Caroline Vass (Public Health)

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This agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 3 February 2025

# AGENDA

## Formal matters of procedure

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

### Part One

### Page

#### 12 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.

#### 13 MINUTES

7 - 18

The Board will review the minutes of the last meeting held on the 12<sup>th</sup> November 2024, decide whether these are accurate and if so agree them.

#### 14 CHAIR'S COMMUNICATIONS

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

#### 15 FORMAL PUBLIC INVOLVEMENT

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

#### 16 FORMAL MEMBER INVOLVEMENT

#### 17 LEARNING FROM THE LIVES AND DEATHS OF PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE (LEDER) 2023-24 REPORT

19 - 82

Report of Sussex Integrated Care Board (copy attached)

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

#### 18 BRIGHTON & HOVE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2023-24

83 - 160

Report of the Brighton & Hove Safeguarding Children Partnership (copy attached).

Contact Officer: Sarah Smart

Ward Affected: All Wards

- 19 BRIGHTON & HOVE FOOD STRATEGY ACTION PLAN 2025-30: HEALTH & WELLBEING BOARD** **161 - 214**
- (copy attached)
- Contact Officer:* Angela Blair  
*Ward Affected:* All Wards
- 20 BETTER CARE FUND QUARTER 3 UPDATE** **To Follow**
- Contact Officer:* Chas Walker  
*Ward Affected:* All Wards
- 21 CHILDREN & YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING** **To Follow**
- Contact Officer:* Bernadette Alves  
*Ward Affected:* All Wards



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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.

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- 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 George Colwell, (01273 291354, email [george.colwell@brighton-hove.gov.uk](mailto:george.colwell@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Monday, 3 February 2025



**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.30pm 12 NOVEMBER 2024**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor De Oliveira (Chair), Burden (Deputy Chair), Miller

**Also in attendance:** Stephen Lightfoot, Tanya Brown-Griffith (ICB), Dr Adam Fazakerley (Primary Collaborative), Peter Lane (UHSx), Dr Colin Hicks (SPFT), Steve Hook, Alistair Hill, Deb Auston (BHCC), Professor Robin Banerjee (University Of Sussex), Joanna Martindale, Tom Lambert (CVS), Lester Coleman (Healthwatch), Giles Rossington, Caroline Vass, Hannah Youldon (ESFRS)

**PART ONE**

**45 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**a) Substitutes and Apologies**

45.1 Councillor Miller is attending as substitute for Councillor Grimshaw.

45.2 Apologies from Mark Matthews (East Sussex Fire & Rescue Service). Hannah Youldon is attending as substitute.

45.3 Lester Coleman was attending as a substitute for Alan Boyd (Healthwatch).

**b) Declaration of Interests**

45.4 There were none.

**c) Exclusion of the press and public**

45.5 **Resolved** – that the press and public not be excluded from the meeting.

**46 MINUTES**

46.1 **Resolved** - The minutes of the 05 March 2024 meeting were agreed.

**47 CHAIR'S COMMUNICATIONS**

47.1 The Chair gave the following communications:

**Covid and Flu**

Keeping loved ones safe and healthy is everyone's priority and one of the best ways to protect yourself and others is to be vaccinated. Vaccines give safe and effective protection against severe illness and hospitalisation.

Covid-19 is still around – and it can cause serious infections in some people. The vaccines are still being offered because viruses change, and protection fades over time. It's important to top up your protection if you're eligible.

Free jabs are available for:

- frontline health and social care workers and staff in care homes for older adults
- residents in a care home for older adults
- all adults aged 65 years and over
- anyone aged six months to 64 years who is in a clinical risk group

If you are eligible for a free jab and you haven't been contacted, you can phone your GP practice or book an appointment with a community pharmacy, on the NHS website, by calling 119, or through the NHS app.

Free flu jabs are available for:

- those who are pregnant
- all children aged 2 or 3 years on 31 August 2024
- all children in clinical risk groups aged from six months to under 18 years
- anyone aged 65 years and over
- anyone aged 18 to under 65 who is in a clinical risk group
- anyone in a long-stay residential care home
- carers in receipt of carer's allowance, or if you are the main carer of an elderly or disabled person
- close contacts of immunocompromised people
- frontline workers in a social care setting.

## Inequalities

At the last Board meeting, members were asked to state their biggest priority for the Health & Wellbeing Board. A majority of us identified reducing inequalities as the most important thing for the Board to focus on.

This is something that is reflected in today's agenda. If our aim is to reduce inequalities, it is vital that we understand the nature of the barriers that some communities face. The Joint Strategic Needs Assessment is key to developing an in-depth understanding of the health and care needs of city residents, and we have an annual update report to consider today. We also have an initial analysis of the recent Health Counts survey, which will provide us with valuable data to plan and improve services.

We know that, nationally and locally, people from Black and racially minoritised communities often have worse health outcomes than White British

people, and we will have a discussion today about whether there is enthusiasm for establishing a BRM Health Forum to address some of these issues.

As well as understanding where there are inequalities, we need robust plan for addressing them, and we need to oversee the delivery of these plans. The Fuel Poverty & Affordable Warmth Plan sets out how city partners will work together on this key issue. The paper on the Joint Health & Wellbeing Strategy: Living Well outlines how well partners are performing in delivering against the Strategy's overarching ambitions to increase the number of years city residents live healthy lives and to reduce the gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city. Finally, the report on Integrated Community Teams provides an update on the implementation of a key measure to tackle inequalities.

#### **48 FORMAL PUBLIC INVOLVEMENT**

48.1 There were no public engagement items.

#### **49 MEMBER INVOLVEMENT**

49.1 There were no member engagement items.

#### **50 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

50.1 This item was presented by Kate Gilchrist, head of Public Health Intelligence, and was accompanied by Louise Knight, Needs Assessment Programme lead.

50.2 The board approved the Joint Strategic Needs Assessment (JSNA), and this paper gives an update on progress to note and approve.

50.3 Kate Gilchrist stated that, In the first year, a key focus has been on the move from the JSNA website to the council website and ensuring products meet accessibility standards and moving to a new framework around healthy lives, healthy places, and healthy people. This is working alongside mapping and guidance.

50.4 Kate Gilchrist stated that in years 2 and 3, there's a key focus on promotion and communication of JSNA resources. A further focus is around continuing to work collaboratively with East and West Sussex on shared Sussex priorities around needs assessment.

50.5 Section 2.1 includes a summary and appendix 2 of the paper along with other papers listed. Appendix 1 lists all the papers and memberships with the board asked to approve the program.

50.6 Councillor Miller appreciated the work and said it is well detailed. Councillor Miller raised a question on how the JSNA steering group is structured. It was asked if it would be sensible to have members from the Transport, Open Spaces, and Culture teams so that general quality of life could be looked at. Kate Gilchrist answered, stating that membership has already been widened out to Housing and to Sustainability. They

further stated they would be happy to pick up outside of the meeting the possibility of widening further.

- 50.7 Councillor Burden agreed with Councillor Millers comments and stated that the commercial determinants of health would be a welcome addition to this work and that young people are especially at risk from these factors, both positively and negatively. Kate Gilchrist responded stating that evidence is available on the JSNA website, including some area profiles which may be of use. The Public Health Annual report has information and pulls together some of this evidence around commercial determinants.
- 50.8 Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) asked when Special Education needs and Stability and Neurodiversity sections will be published. Kate Gilchrist responded stating that the stage one for this is in progress presently. Stage two exists to assess if any qualitative work is needed. Once stage one is complete, timelines around stage two can be given once it is assessed if it needs to happen.
- 50.9 Stephen Lightfoot (Chair of NHS Sussex) asked whether oral health can be added to the forward plan, pertaining to children in particular. Second, they asked how well joined up is the commissioning processes with the needs that were set out. Kate Gilchrist responded stating that they were happy to take the discussion around Oral Health to the City Needs Assessment Steering group and that there is a wealth of information that can be evidenced from the report.
- 50.10 Tanya Brown-Griffith Stated that they hoped that data would be fed into the JSNA framework from the population outcomes framework which then goes to the commissioning group based on current data sets and subsequently feeds in, allowing for strategic planning around population needs based on current data sets. Caroline Vass (Consultant in Public Health, Brighton and Hove City Council) stated that priorities were given to areas best informed.
- 50.11 Councillor Miller asked if it would be possible to look at the difference between on and off-licence premises and if there is a difference in harms, particularly with children. Kate Gilchrist responded stating that there is some evidence around this and will get back to Councillor Miller on the figures.
- 50.12 Tom Lambert (Chief Executive of the Carers Centre) asked a question on the methodology in engaging the voluntary and community sector in the development of the JSNA. Kate Gilchrist responded stating that engagement is conducted in several ways and further groups (including voluntary and community) were used when looking at the wider community. On the groups steering individual projects, there tends to be significant presence and input from voluntary and community groups.
- 50.13 **RESOLVED** – that the report be noted and approved.

## **51 JOINT HEALTH & WELLBEING STRATEGY: LIVING WELL**

- 51.1 This item was introduced by Caroline Vass (Consultant in Public Health, Brighton and Hove City Council) and supported by Laura Wood (Health Development Specialist) and Katy Harker (Consultant in Public Health). Laura Wood presented an update to the

board on the Joint Health and Wellbeing Strategy with a focus on Living Well, showing comparative data and metrics. These metrics look comparatively at how Brighton and Hove is doing versus the national averages and data from across the region and how it is doing now versus previously. Brighton and Hove was similar or better than the English average (barring smoking prevalence in adults, where Brighton and Hove was worse) and, in most metrics, Brighton and Hove had improved versus previous data sets (barring: self-reported wellbeing, smoking prevalence in adults in routine and manual occupations, and workers walking for travel, which had all worsened). STI diagnosis, drug misuse deaths, and the suicide rates had also increased.

- 51.2 Katy Harker presented slides on the cardiovascular disease prevention plan for the city. Developing a cardiovascular disease (CVD) prevention plan was a year 1 Shared Delivery Plan (SDP) milestone for Brighton and Hove. In March 2024, a list of the activities being delivered to reduce the impact of CVD in Brighton and Hove was taken to the Health and Wellbeing Board. Based on feedback from the board, NHS Sussex and Brighton and Hove City Council Public Health have worked together to develop a CVD prevention plan.

There were 5 key areas for the plan that were focused on:

- NHS Health Checks
- Tier 2 Weight Management
- Smoking Cessation
- Hypertension and Hyperlipidaemia
- Healthy Communities

Katy Harker presented further details within each of the 5 key action areas. Focus across each of the points were placed on deprived areas and towards targeted groups to improve engagement.

- 51.3 Laura Wood presented slides on outcomes and campaigns, specifically on Workplace Health Champions. This is a scheme open to organisations to work on health improvement and achieve health outcomes for staff. Medium business were targeted to signpost staff to the appropriate clinics to promote health and wellbeing. There are currently 105 workplace champions, with 32 being citywide, 37 being in schools and nurseries, and 36 being with Brighton and Hove City Council.
- 51.4 Councillor De Oliveira asked how the programme is promoted. Laura Wood responded stating that the team will go out to workplaces and host exhibitions and events to get the message out.
- 51.5 Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex) asked how Workplace Health Champions are made aware of within the workplace and how they work together to connect staff and recipients with what's available. In response to how workplace health champions are made aware of in the workplace and work together to connect with what is available, there are newsletters distributed and various levels of support.
- 51.6 Stephen Lightfoot (Chair of NHS Sussex) made a comment on cardiovascular disease as to who is doing what and asked about the prioritization process. In response to this question, all activities are run at the same time and are all priorities. A commission has

been in service in hospitals. There is a real challenge in areas of high smoking. The priorities will continue to be based on areas that the Board has asked to be prioritised.

51.7 Councillor Miller commented, referring to the language used on page 70 of the report, is the wording around the low happiness score referring to a percentage of the population with a low happiness score? The response is that this is self-reported score and is a percentage. This is statistically similar to other areas of England and has worsened in the area. The Councillor also commented that some of the evidence from the report should be informing Councillor's decisions more broadly. Katy Harker responded that on a couple of the indicators, the city is doing quite well, particularly around physical activity where collaboration with council colleagues has been very strong and shown very strong results. There have been workshops and engaged people across many backgrounds. While it is not all as joined up as it could be, there have been plenty of positive steps and collaboration seen.

51.9 Councillor Burden asked a question around walking as physical activity. In response, the table within the report shows that residents are walking and cycling at least 3 times a week with the highest rate in the country.

51.10 A question was asked around workplace health champions and how this will tie in with mental health first aid. In response, it was said that having more than one workplace health champion is welcomed and encouraged, especially across organisations with multiple sites. Mental health is also covered on this course for workplace health champions.

51.11 Lester Coleman (Healthwatch) asked a question on point 2.19 on page 73: should adult prevalence be included when considering the smoking rates? In response, it was stated that this would be explored and brought back to board.

51.12 Councillor Miller asked if work is being done with universities which is where mental health issues occur. In response it was confirmed that universities and schools are receiving support.

51.13 **RESOLVED** – that the report be noted and approved.

## 52 INTEGRATED COMMUNITY TEAMS

52.1 This item was introduced by Chas Walker (Programme Director, Integrated Service Transformation), Tanya Brown-Griffith (Director for Joint Commissioning and Integrated Community Teams at NHS Sussex), and Isabella Davis-Fernandez (Managing Director for Brighton and Hove at Sussex Partnership NHS Foundation Trust). Tanya Brown Giffith explained that this item is coming to the board to ensure the board is sighted on some of the recent changes in terms of the Integrated Community Team. The Integrated Community Teams are well linked to the Health and Wellbeing strategy for the city, especially as it is an all-age strategy. Integrated Community Teams will be a place for more preventative rather than reactionary care, including work with the voluntary sector. Strategic leads engage in areas that are diverse and ensure those voices are heard. In supporting Living Well, needs and bringing care into the community is what integrated Community Teams are striving for. A series of slides detailing further details to the



model and work were presented to the Board by Tanya Brown- Griffith, Chas Walker, and Isabella Davis-Fernandez.

- 52.2 Councillor De Oliveira asked how the needs of Brighton will be fulfilled given the different priorities and population centres across the city. Isabella Davis-Fernandez responded stating that a lot of planning from population data and what resources are needed has been conducted. Neighbourhood teams across Brighton and Hove will have the ability and flexibility to have the right staffing capacity and requirements for their local population. Tanya Brown-Griffith added that the integrated teams will have a care coordinating role and will have community forums for patients, driving the scheme forward.
- 52.3 Stephen Lightfoot (Chair of NHS Sussex) commented that 65-70% of the offer across all the 16 teams will be the same. The remaining 30% will be tailored to local needs. They stated that, in principle, they are supportive of the move to one Integrated Community Team for the Brighton area and that they hope that this can be moved forward in a relatively straight forward way.
- 52.4 Stephen Lightfoot asked a question to other colleagues on the Health and Wellbeing Board on if they feel sufficiently engaged in this particular programme of work.
- 52.5 Steve Hook (Assistant Director of Operations) responded by stating that this arrangement works well for the city. Realigning means that the existing partnership will continue to exist in slightly different forms. A lot of the embryonic work around Integrated Care Teams is already well lead. There was some difficulty in how we interface with primary care but this engagement has been good. Overall, there is a feeling of positive engagement.
- 52.6 Tom Lambert (Chief Executive of the Carers Centre) commented that the feedback from the sector has been very positive so far and brings a lot of clarity. Having the 3 delivery groups maintains the respect of the different characteristics of different neighbourhoods.
- 52.7 Genette Laws (Corporate Director - Housing Care and Wellbeing) commented on the evaluation going forward leading to greater job satisfaction to improvements to staff retention. Tanya Brown-Griffith responded that there are benefits of face-to-face communication and there was less frustration.
- 52.8 Councillor Miller asked a question around maternal mental health and how this would fit in. Isabella Davis-Fernandez responded stating that a specialist service is offered through a separate service line and, as such, is not part of the core team, but rather with the aligned services. Isabella stated they recognised the need for effective referrals.
- 52.9 Councillor Burden raised a question on the digital infrastructure that's being introduced and that the systems can stay connected. Tanya Brown-Griffith responded stating that a system called plexus will ensure interfacing with the other systems. The multidisciplinary team will run and interact with the primary care and pathways in all places. There is an action for Tanya to bring the information around the plexus interface back to the board in 6 months' time.

52.10 Tom Lambert asked a question on strategic commissioning. Tanya Brown-Griffith responded stating that any commissioning work will consider the strategic needs both for the present and future. There will be a review of the data and Chas Walker will bring back data to the Board. The mental health commissioning is joined up and enable to bring in children and young people to the neighbourhood team.

52.11 **RESOLVED** - that the Board agree to note the report.

### **53 FUEL POVERTY & AFFORDABLE WARMTH PLAN**

53.1 This item was presented to the board by Sarah Podmore (Health Promotion Specialist) and Miles Davidson (Sustainability & Energy Manager). Sarah stated that this plan has been developed as a refresh to the previous local strategy agreed by the board in 2016. The previous local Fuel Poverty & Affordable Warmth Strategy was developed in response to the release of the National Institute for Health and Care Excellence (NICE) NG6 guideline (2015). The new plan responds to the National Fuel Poverty Strategy for England and the ongoing cost-of-living crisis and high energy prices.

53.2 Sarah stated that reflecting a revised national strategy and changes to the national definition of fuel poverty, the intention is for this refreshed Fuel Poverty & Affordable Warmth Plan to both reflect and drive local action to tackle fuel poverty and cold homes. They added that estimates show that 13.2% of households in Brighton and Hove are experiencing fuel poverty and that this is having negative physical and mental health impacts.

53.3 Sarah stated that the provisions provided by the Fuel Poverty and Affordable Warmth Plan includes its own steering group which coordinates a collaborative approach to tackling fuel poverty and cold homes. They cited key resources through which residents can access support and stated that the plan is aligned with local and national strategy.

53.4 Councillor De Oliveira asked who sits on the Poverty Reduction Steering Group, which will be a new reporting line for the fuel poverty & affordable warmth steering group. Sarah responded that they haven't attended that group yet as it is relatively new within the council. They stated it is being chaired by Councillor Mitchie Alexander with representatives from a number of council departments with it currently being internal, though this may change to incorporate external organisations.

53.5 Stephen Lightfoot (Chair of NHS Sussex) thanked the presenters and asked what else can be done, using this work, to identify where there is a need for more local NHS services. Miles Davidson responded stating that it is important that local authorities and the NHS are joined up on matters such as these and that they are always trying to do more to ensure that information, data, and recommendations are passed on as appropriate. Sarah Podmore added that they have previously linked with community teams and that it would be good to refresh that link.

53.6 Councillor Miller commented that a high proportion of those living in fuel poverty are in private accommodation. They asked if we could use a new licencing scheme to compel landlords to improve fuel efficiency for their tenants. Miles Davidson responded that the licencing of houses of multiple occupation (HMO's) does allow for setting of certain standards, but that this doesn't always mean the heating is necessarily affordable. The

new government has indicated that the minimum EPC standard for private accommodation will likely be raised.

53.7 **RESOLVED** – That the board agree to note the report

## 54 HEALTH COUNTS

54.1 This item was presented by Kate Gilchrist (Head of Public Health Intelligence) and Nigel Sherriff (Professor of Public Health and Health Promotion in the School of Health Sciences at the University of Brighton). Slides were presented to the Board. Nigel stated that Health Counts take place every 10 years and provides a wealth of helpful local information and data and provides a data source for inequalities in the city, as well as providing a detailed picture of health and wellbeing in Brighton and Hove. The gap between surveys allows for time-based comparisons. Over 26,014 responses were submitted, representing 11.2% of the over 18 resident population.

54.2 Kate Gilchrist presented some of the key findings to the board. This included the way in which different demographics were represented in the data. It was noted that the data revealed that there has been a drop off in the number of people regarding themselves as being in good to excellent health. Low happiness scores across the city had increased with anxiety scores also increasing, effecting different parts of the city to greater and lesser extents. Self-harm instances were noted as being particularly high among 18–24 -year-olds, those in temporary accommodation, and people identifying as trans, non-binary, or intersex. Smoking has almost halved since 1992. Further such findings were detailed.

54.3 Regarding community at the cost-of-living crisis, Kate Gilchrist revealed that there was a small decrease in those satisfied with their local area as a place to live, as well as a small decrease in those who stated they felt they belonged in their immediate neighbourhood. Kate further revealed that 86% of people stated they were taking some measures to protect against the cost of living. It was further revealed that less people across the city feel 'very safe' compared to 2018.

54.4 Kate Gilchrist stated that there will be a city level briefing in January 2025, with are profiles by March 2025. There will also be an equalities profile in 2025/26. Evidence is being incorporated across the Joint Strategic Needs Assessment (JSNA).

54.5 Due to time constraints, board members were asked to direct questions directly to Kate and Nigel outside of the meeting. The Chair thanked the presenters.

54.6 **RESOLVED** – That the board agree to note the report.

## 55 BLACK & RACIALLY MINORITISED HEALTH FORUM

55.1 This item was presented to the board by Nora Mzaoui and Dr Anusree Biswas Sasidharen, the founders and directors of 'Bridging Change'. Slides were shown to the board, and they stated that they are a Local, Black racialised minority (BRM) organisation with the main aims of tackling social and health inequalities that a lot of BRM communities are facing, as well as strengthening the BRM community and voluntary sector.

- 55.2 Nora Mzaoui stated that they have been doing work around infrastructure in order to build up organisations. 'Bridging Change' have provided training, advised organisations on equality, diversity and inclusion, and have been championing BRM experiences and bringing them into conversations. They further stated that they have worked with a wide range of partners and funders.
- 55.3 Dr Anusree Biswas Sasidharen highlighted to the board some of the health and wellbeing focused projects they have undertaken and their successes. They also shared the broad number of health topics covered through the projects that they run, as well as a brief run down of the various organisations, boards, and assemblies that they sit on.
- 55.4 Dr Sasidharen added that there was previously a BRM Health Forum in 2009 that was led by the Black & Minority Ethnic Community Partnership. They stated that this was a space for statutory community organisations and individuals and operated as a sharing space for local intelligence, projects, and activities, as well as to raise awareness of health programmes. They further offered some suggestions to the board to consider moving forward.
- 55.5 Councillor De Oliveira commented, thanking the presenters and stated their surprise that a forum for BRM health had once existed but no longer does. They stated a wanting for something of this nature to return and invited comments from the board.
- 55.6 Councillor Miller commented that they agree that this is something that is needed and asked why it stopped previously. Dr Sasidharen responded stating that it stopped due to a lack of funding and didn't have clear or real connections with the NHS. Councillor Miller responded stating that we need clear structures in place and clear lines as to who would need to be involved in such a forum.
- 55.7 Tom Lambert (Chief Executive of the Carers Centre) asked a question on whether there would be an appetite from minority groups across the city to bring representation to such a forum. Tom further asked if there is a role in a forum such as this to address matters that particularly effect migrant and refugee communities or is this a big enough issue that it should have a separate forum on its own. Nora Mzaoui responded stating that it depends on what the offer is with respect to attendance and that attendees would need to feel it was something worth coming to. More structure would likely generate more interest.
- 55.8 Stephen Lightfoot (Chair of NHS Sussex) stated that they agree that this is something that is needed and that a 'talking shop' should be avoided and that it's important to hear from the lived experiences of those who wish to participate. To this end, they said that NHS Sussex would like to participate.
- 55.9 Councillor Burden expressed their thanks to the presenters and echoed that it is a shame that this had existed previously but no longer does. They stated that a half-day session would be welcomed to talk through this in greater detail.
- 55.10 **RESOLVED** – That the board note this item and work further to develop the idea of a new BRM Health Forum, with a report to be brought back to a future meeting for consideration to Cabinet.

The meeting concluded at 7.47pm

The meeting concluded at 7.47pm

Signed Chair

Dated this day of





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

Title: Learning from  
the Lives and Deaths  
of People with a  
Learning Disability  
and Autistic People  
(LeDeR)

Date of Meeting: 11  
February 2025

Report of: Sussex  
Integrated Care Board

Contact: Edel  
Parsons

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Wards Affected:

**FOR GENERAL RELEASE**

### **Executive Summary**

This report presents learning from the most recent year's (2023-24) reviews into the deaths of people with a learning disability and people with autism. The LeDeR programme reviews premature deaths in order to help identify the service improvements required to address the health inequalities experienced by people with a learning disability and people with autism.

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

- 1.1 That the Board notes the information provided in this report (Appendix 1).

## **2. Relevant information**

- 2.1 LeDeR has been operational in Sussex since 2017, with the annual findings of LeDeR reported to the relevant service and service commissioners and shared with Sussex Health & Wellbeing Boards for information.
- 2.2 Appendix 1 contains the LeDeR Annual Report for 20123-24.

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

Legal:

- 3.1 This report is provided to the Board for information relevant to its functions. It is a function of the Health and Wellbeing Board to set strategic direction to improve the health and wellbeing of people locally; this includes addressing the health inequalities experienced by people with a learning disability and people with autism.

Lawyer consulted: Sandra O'Brien

Date: 27/01/25

Finance:

- 3.2 There are no financial implications to this report.

Finance Officer consulted:

Date:

Equalities:

- 3.3 The purpose of the LeDeR programme is to reduce the health inequalities people with a learning disability face, by attempting to understand the determinants that underpin them. Sussex commits to the delivery of the LeDeR program which includes the additional protected characteristics under the Equalities Act 2010.

Sustainability:

- 3.4 No implications identified



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

- 3.5 These implications are explored in the LeDeR Annual Report 2023-24 (Appendix 1)

## **Supporting documents and information**

Appendix1: LeDeR Annual Report 2023-24

Appendix 2: LeDeR presentation slides



# **Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR)**

NHS Sussex: Annual Report 2023-24

*Improving Lives Together*

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# 1 Introduction

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- 1.1 LeDeR set out a structured way to review the lives and deaths of people with a Learning Disability and Autistic people, to identify the service developments needed to address the health inequalities that are leading to premature deaths. LeDeR in Sussex has been operational since 2017.
  - 1.2 Since 2023 and in line with the LeDeR policy 2021 Sussex has a dedicated LeDeR team. The team has the equivalent of three full time Reviewers, a Senior Reviewer and a Project Support Officer. The team is multi-disciplinary with skills and expertise of Registered learning disability, and general Nurses, as well as a social worker and Best Interest's Assessors. They complete all of Sussex LeDeR Reviews and act as points of contact for local partner organisations.
  - 1.3 LeDeR reviews are completed following the receipt of a notification of someone's death via the LeDeR Website: [leder.nhs.co.uk](https://leder.nhs.co.uk).

- 1.4 LeDeR reviewers collect information from families, carers, providers, professionals, medical records and other relevant agencies and organisations in order to see where they can find areas of learning, opportunities to improve, and examples of good practice.
- 1.5 Once completed LeDeR reviews are shared with relevant stakeholders to agree learning and actions that will influence and drive forward service developments and improvements. Actions are followed up regularly with services and individuals by LeDeR reviewers and progress is tracked locally.
- 1.6 The total population of Sussex is approximately 1.8 million people. Based on a Learning Disability prevalence of approximately 2.16%, 41,730 people with Learning Disabilities are likely to live in Sussex. The prevalence of Autism is approximately 1% of the population and 40% of Autistic people will also have a Learning Disability; this means approximately 7,200 autistic people (without a learning disability) live in Sussex.

- 1.7 LeDeR tells the stories of important people. People who lived with their families or other support services but within our Sussex communities. We have included the stories of some of these people to illustrate our work and we thank these people. Their names have been changed.



## 2 Co-production

**2.1** LeDeR cannot operate in isolation and acknowledges the contribution our partners make under the current system pressures.

- These include:
- Families
- GP surgeries
- NHS Trusts
- Local authority duty desks
- Home managers and their staff
- Governance group members who all have large portfolios in senior roles
- Panel members including those with lived experience



**2.3** Working with families and carers is the most rewarding part of undertaking reviews and we are grateful for their candour and often courage. We often receive feedback that talking about a loved one can be a helpful part of the grieving process with one bereaved mother saying “LeDeR was the full stop in my grief.”

**2.4** “Living well for longer” is frequently discussed at all self-advocacy forums in Sussex including the West Sussex Autism board, Learning Disability Partnership Boards, the East Sussex Involvement Matters and Brighton and Hove ‘SpeakOut’. Those with a learning disability were clear about not wanting to talk about death and dying and a shared journey has resulted in being able to have honest conversations about good health care and how to overcome barriers in accessing it.

**2.5** It is those who may have experienced care throughout much of their lives often with the need to challenge stigma and face adversity that we thank the most. We are always reminded of their bravery. In last year’s Spot the Difference film produced by the Staying Alive and Well group, there is an important reminder in that “if you get it right for people with a learning disability you get it right for everybody.” Something LeDeR is helping us do in Sussex.

**2.2** Undertaking a LeDeR review requires compassion and sensitivity. As reviewers we are privileged to hear the stories of so many incredible people. Positive relationships are required to influence system learning and practice. Sussex holds a strong value in the importance of doing justice to an important person’s life recognising that LeDeR is likely to be the last words written about them.



# 3 Governance arrangements in the Sussex system

- 27
- 3.1 The Sussex LeDeR Governance Group was established in 2021, in line with the Policy requirements, and is responsible for the governance and local implementation of the LeDeR programme.
  - 3.2 Committed and consistent membership continues from the partner organisations in the Sussex integrated care system.
  - 3.3 LeDeR governance group in Sussex also employs a lay member who is an expert by experience with considerable knowledge and expertise in the LeDeR program.
  - 3.4 LeDeR separates its governance (business) and focused review panel sign off in Sussex. Focused panels are held fortnightly. Governance meetings are held quarterly. Both meetings have regularly reviewed terms of reference and have agreed quoracy.
  - 3.5 All reviews are shared with the relevant stakeholders and followed up by reviewers for updates on progress against agreed actions. Here is some feedback received from a GP surgery after a completed review was shared with them.

**“Thank you for the report and comments, and we took the opportunity to discuss it at our Clinicians’ meeting this week which involves all the GPs, nurses and HCAs.**

We reflected on the use of templates and frailty assessments, and whilst the templates are used regularly for reviews at the practice, they need to be used for home assessments too which we will do. We also noted the comments about the content of the LD review and will consider using the arm circumference for estimation of weight and also aim for better documentation of all aspects including constipation and epilepsy review.

Thank you for your positive comments. This year we have changed our meetings with some of the community services to a more frequent and useful format which we are finding improves communication too.”

“ ”

# 4 Ensuring compliance with policy and best practice



- 4.1 The LeDeR program in Sussex continues to be fully compliant with the 2021 national LeDeR policy. This policy is being reviewed nationally. Sussex welcomes this and will be part of this working group.
- 4.2 The standard operating procedure is regularly reviewed and revised to ensure clear and up to date process and governance. This includes updating data protection impact assessments and data sharing arrangements partners. Terms of reference have been agreed for LeDeR governance group and focused panel.
- 4.3 LeDeR team members also work to agreed 'portfolios'. This has enabled the development of trusted relationships with system partners such as our medical examiner colleagues and Local Authorities. This influences not just the engagement with LeDeR but the drive to improve services.
- 4.4 A service improvement project looking to improve cardiovascular disease prevention and management has had a poster submitted to a national health inequalities conference. Two submissions have been made for Health Service Journal awards.



# 5 The inclusion of autistic people in LeDeR in Sussex

- 5.1 Information has been provided to autistic people and system partners to ensure notifications are made to LeDeR when an autistic person dies.
- 5.2 The broad findings of completed reviews have been discussed at Autism Partnership boards and our specialist mental health trust is engaged at senior level in the development of service improvements.
- 5.3 LeDeR is a member of the Pan Sussex working group hosted by public health for suicide prevention.
- 5.4 Sussex has received 11 notifications for the deaths of an autistic person in this reporting period. Only three reviews have been completed due the high number of statutory processes underway which require LeDeR to go 'on hold'. In line with national guidance LeDeR is placed on hold for reasons explored in the performance section of this report.
- 5.5 Details of these three reviews will not be included in this report due to the risk of identifiable information. This does not preclude service improvement work in suicide prevention due to already known causes of death.



## A person's story

David lived with his parents until he was 42. His learning disability was quite mild, and he had needs associated with his mental health and autism diagnosis. David loved music and played air guitar to his favourite tunes. He particularly loved anything to do with airplanes.

David had experienced phobias that restricted him going out and about in his community. When he moved into his home 24 years ago, he developed trusted relationships with staff. This eventually enabled him to go on overnight stays to watch planes at airports which he thoroughly enjoyed.

David also had a fear of medical procedures including blood tests and blood pressure. These had not been possible despite lots of reasonable adjustments. Sadly, at the age of 52 David had a large stroke that he could not recover from. But his care staff wanted him to come home and die in a familiar environment with people who loved him.

David's LeDeR was a focused review as his care was funded by an area outside of Sussex.

The discharge was well co-ordinated, and his care staff were supported by the end-of-life care hub.

**LeDeR identified that David received regular reviews, and these were comprehensive and personalised and enabled coordinated support. This was from the funding authority's Mental health team.**

His discharge from hospital was described as "excellent" and his treatment in hospital was respectful and dignified.

“

# 6 Performance

**6.1** Sussex works hard to achieve the LeDeR key performance indicators (KPIs) set by NHSE.

✓ **100% of all reviews to be completed within 6 months.**

✓ **35% of all reviews to be undertaken as focused reviews.**

**6.2** Sussex has set an internal target for completion of reviews within four months of notification to ensure any delays in completion or panel sign off for focused reviews is mitigated.

**6.3** All notifications where a statutory process is undertaken are placed on hold until it is concluded. After this LeDeR will be completed within two months where possible. In Sussex we have a high number of reviews on hold and whilst not a KPI these are regularly reviewed in order that all holds are appropriate.

**6.4** Sussex LeDeR are involved with one safeguarding adults review (SAR) that is in progress. This is being undertaken by another area due to the person moving just before they died but there is NHS Sussex representation on the SAR panel.

**6.5** LeDeR collects data on high level themes which can be segmented by provider. These themes are taken from the LeDeR focused reviews, but initial review themes are captured in the same way.

**6.6** Performance data is reported to the ICB senior leadership team on a weekly basis. Outcomes and service improvements are also reported. A project management slide is reported monthly for inclusion in the ICS Learning disability, mental health, and autism board. On a quarterly basis LeDeR reports to Sussex system, Quality, governance and improvement group (QGIG) and to the Integrated Assurance Group and Patient Experience Committee.

**6.7** This annual report is produced, which is presented at executive board level in the ICB and joint committees across Sussex. The 3 Sussex Health and Wellbeing Boards and Safeguarding Adult Boards also receive the report for discussion and an agreed version including in accessible formats is published on the NHS Sussex website.

**6.8** The information contained in this report is then used to develop a briefing which is shared across the system including an accessible version.



## 6.9 This case study illustrates how LeDeR drives change through performance.

### Tapan

Tapan lived in Sussex all his life with his mum who was his main carer. Tapan was an Asian British man who was Hindu and loved his family, food and Jacuzzis.

Tapan had profound and multiple learning disabilities, Cerebral Palsy, Epilepsy, Dysphagia needs and a history of Sepsis and Pneumonias.

#### Background

A lot of Tapan's health oversight came from his GP, community nursing and learning disability specialism. Tapan also had long hospital admissions in the last 5 years of his life. Tapan was 53 years old when he died in hospital of multi-organ failure and community acquired pneumonia.

#### Thematic learning

LeDeR has learned that using frailty care for pathways for people with profound and multiple learning disabilities can be beneficial to their care planning. This isn't always identified in primary care due to frailty being associated with age rather than multi-morbidities.

#### LeDeR review learning

Tapan's LeDeR review identified some very good health practice as well as recognising that a frailty assessment might have resulted in earlier interventions for Vitamin D deficiencies, family carer signposting and use of the gold standards framework for advance care planning.

#### Service improvement

As a result of the LeDeR process the GP surgery for Tapan reflected on the use of templates and frailty assessments for patients with a learning disability especially when doing home visits for people who live with family carers and improvements in documentation for annual health checks and multi-morbidities.



# 6 Performance (cont.)

## 6.10 Benchmarking

Comparative performance ICB data is now available via the NHSE LeDeR internal reporting dashboard.

- ✓ Sussex ICB completed 100% of eligible reviews compared with 95% nationally.
- ✓ Sussex is in the top 10 ICBs for completion of all reviews in 6 months.
- ✓ Sussex undertakes 35% of reviews as focused compared to 32% nationally.

### A person's story

Ruth was our longest living person with a learning disability in Sussex. Ruth spent a lot of her life in a long stay hospital, she then lived at a care home for over two decades and died in 2023 at the incredible age of 98 years old.

Ruth's carers were like her family, they told us how mischievous she was, that her favourite thing was fish and chips and that she was loved. Ruth died at home with the people who cared for her by her side. Her life is remembered and celebrated by us all.



# 7 Equality

## 7.1 Equality impact

The purpose of the LeDeR programme is to reduce the health inequalities people with a learning disability and autistic people experience by attempting to understand the determinants that underpin them.

## 7.2 Four domains of analysis

The next part of this report focuses on the analysis of all the reviews received and completed in the reporting period.

These domains are:



Demographics of all notifications received: age, gender, ethnicity.



The cause of death as recorded on the death certificate of completed reviews.



Health conditions in order of prevalence and levels of multiple morbidities.



Themes identified in the recommendations made in completed reviews.



# 7 Equality (cont.)

## 7.3 Age

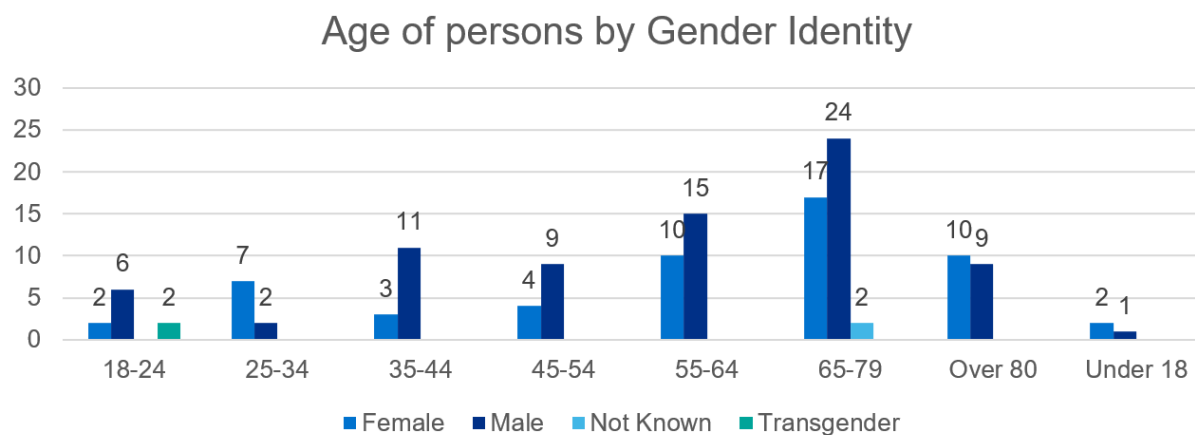
138 deaths were notified to LeDeR during the reporting period.

- The range of age of death was 18-98.
- The median age of death was 65.

## 7.4 Gender

- 55 females died in the reporting period.
- 77 males died in the reporting period.
- 2 people who died identified as transgender.

The following illustrates the age range by gender for the reporting period.



# 7 Equality (cont.)

## 7.5 Ethnicity

LeDeR in Sussex is committed to developing a better understanding of the intersectional needs of our minority ethnic communities. The table above details the ethnicity of notifications received into Sussex for this period.

Whilst improved reporting is still required for those who have a learning disability or who are autistic this year demonstrates improvement in receiving notifications from the Asian community in Sussex.

In July 2023 the NHS Race and Health Observatory published their report into the health inequalities experienced by those with a learning disability from a minority ethnic community. This found that the life expectancy of this group was 34. This will be addressed in our priorities.

	No. of reported deaths	% of all reported deaths	Ethnicity% of local populace
<b>White</b>			
British	131	94	89
Irish	0	0	1
Traveller or Gypsy	0	0	0.1
Any other White background	0	0	4
<b>Mixed/Multiple ethnicity groups</b>			
White & Black Caribbean	1	0.72	0.3
White & Black African	0	0	0.3
White & Asian	0	0	0.5
Any other mixed background	0	0	0.5
<b>Asian or Asian British</b>			
Indian	1	0.72	0.8
Pakistani	1	0.72	0.3
Bangladeshi	1	0.72	0.3
Any other Asian background	0	0	0.7
<b>Black or Black British</b>			
Caribbean	0	0	0.2
African	1	0.72	0.5
Any other black	0	0	0.1
<b>Other Ethnic Groups</b>			
Chinese	0	0	0.4
Any other ethnic group	1	0.7	0.3
Not stated	1	0.72	



# 7 Equality (cont.)

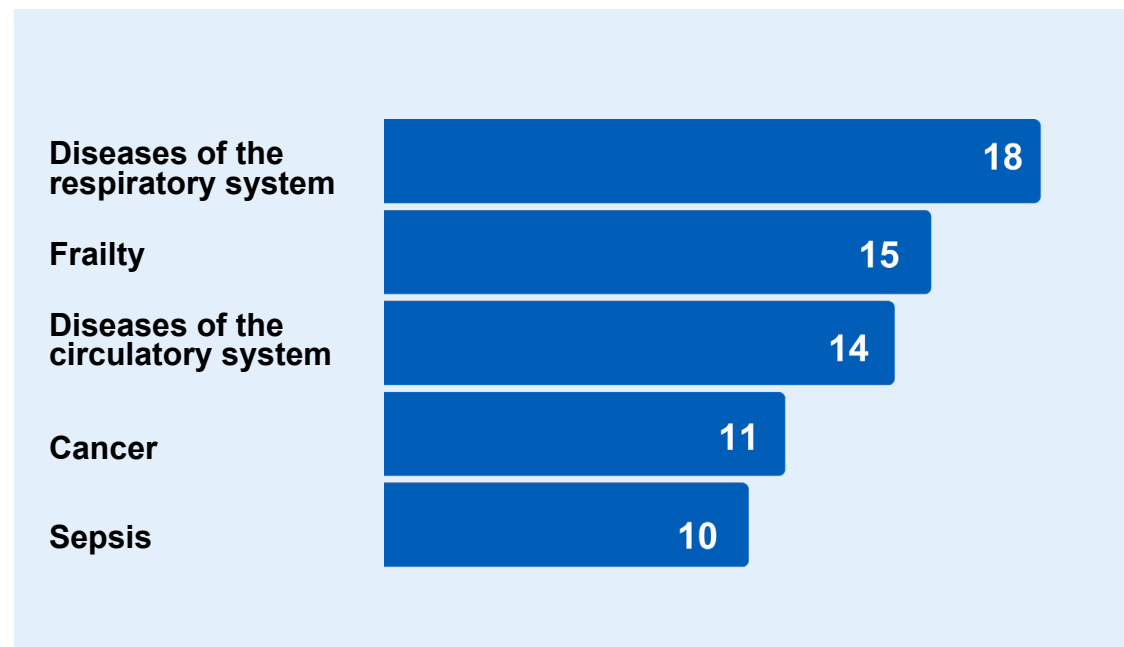
## 7.6 Cause of death

In 2023/24 pneumonia was the most common cause of death in those with a learning disability. This is in line with national trends. This year's interpretation into the cause has included the influencing factors of the whole medical certification into the cause of death (MCCD).

This is due to the consideration that a death is not avoidable when it is known that a person is in the last year of their life due to their frailty which is included in the MCCD.

The inclusion of frailty as the second most common cause of death is important when considering whether a death is considered avoidable. LeDeR defines avoidable deaths as determined by the [Organisation for Economic Co-operation and Development \(OECD\)](#).

The other top four causes of death have remained in the top five since LeDeR began reporting in Sussex in 2019. LeDeR also collects data on the long-term conditions a person has and below is taken from the LeDeR power BI data tool.



# 7 Equality (cont.)

## 7.7 Recommendations made in completed reviews

Sussex recognises the importance of learning and making improvements based on the findings of reviews.

Learning and actions in initial reviews are also themed using the same grouping. This grouping is included in table 2 below. This enables aggregated themes to be collected from both initial and focused reviews. Initial reviews are in depth reviews, but which allow for two areas of learning and action. They are signed off by a LeDeR local area contact. Focused reviews required more details about a person's health and social care, for example treatment and outcomes of specific health conditions, and actions are agreed by a panel of senior decision makers and experts by experience.

Focused reviews are undertaken for all autistic people, all from an ethnic minority, where a family member requests one, where a reviewer feels there is need and when a local priority is met.

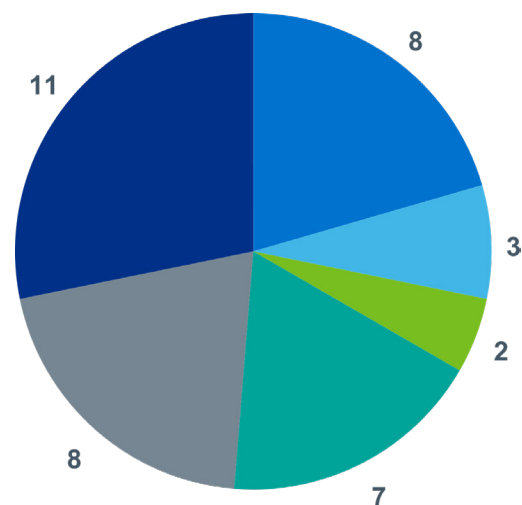
### The following were the local priorities in Sussex for 2023-24.

- Where a person is placed into Sussex by an out of area funding authority.
- Where epilepsy is associated with the cause of death.
- Where there are concerns that have met the threshold for a safeguarding enquiry.



# 7 Equality (cont.)

Here is the break down for the reasons focused reviews were undertaken:



- The person was from an ethnic minority community (11)
- The person was autistic (8)
- Epilepsy was associated with the cause of death (3)
- The reviewer felt further review was warranted.(2)
- The person was placed into Sussex from another area (7)
- The person had experienced care that required a safeguarding enquiry (8)

The LeDeR platform groups actions by themes and the following is the analysis of grouping of action by theme:

Theme	Learning	Positive practice
Learning disability awareness	9	0
DNACPR decisions and end of life care	8	4
Deterioration	3	0
Care pathways	21	2
Involving the coroner	0	0
Family and care awareness of available support	8	
Transition	2	0
Safeguarding	13	1
Training on specific conditions	14	0
Professional practice and provision of care.	63	30

## 7.8 Examples of learning and positive practice from reviews

Themes	Positive Practice
<b>Safeguarding</b>	<ul style="list-style-type: none"> <li>• Good application of MCA to promote rights</li> </ul>
<b>Professional practice and the provision of care</b>	<ul style="list-style-type: none"> <li>• Good application of frailty and the provision of accessible information</li> <li>• Duty desk providing a high level of flexible support</li> <li>• Good multi-disciplinary working in the community.</li> <li>• Highly person-centred care and health advocacy and literacy from the care provider</li> <li>• Improved outcomes due to good learning disability liaison support.</li> <li>• Supportive and responsive care by the GP</li> <li>• Specialists going above and beyond.</li> </ul>
<b>DNACPR and end of life care</b>	<ul style="list-style-type: none"> <li>• Flexibility by the care provider to enable a person to die at home.</li> <li>• Early identification of end-of-life care needs and co-ordination.</li> <li>• Person centred visiting policies.</li> <li>• Flexibility to enable end of life medications to be given by a familiar carer.</li> </ul>
<b>Care pathways</b>	<ul style="list-style-type: none"> <li>• Person centred discharge planning.</li> <li>• Acute liaison nurses enabling coordinated care on discharge.</li> </ul>
<b>Learning disability awareness</b>	<ul style="list-style-type: none"> <li>• Good use of easy read material.</li> </ul>

## 7.8 Examples of learning and positive practice from reviews (cont.)

Themes	Learning
<b>DNACPR recommendations and end of life care</b>	<ul style="list-style-type: none"> <li>• Poor exploration of advocacy</li> <li>• Lack of involvement of the person or their representative.</li> </ul>
<b>Safeguarding</b>	<ul style="list-style-type: none"> <li>• Inadequate safety alarms</li> <li>• Lack of formal advocacy requirements when needed.</li> </ul>
<b>Learning disability awareness</b>	<ul style="list-style-type: none"> <li>• Screening not undertaken due to a lack of reasonable adjustments.</li> <li>• Not being flagged on the GP learning disability register</li> <li>• Annual health checks not being undertaken when living in an older person's care setting.</li> </ul>
<b>Deterioration</b>	<ul style="list-style-type: none"> <li>• Lack of swallowing assessment in hospital</li> </ul>
<b>Family and carer awareness of available support.</b>	<ul style="list-style-type: none"> <li>• Lack of bereavement support.</li> <li>• Lack of available respite.</li> <li>• Lack of carers assessment</li> </ul>
<b>Training on specific conditions</b>	<ul style="list-style-type: none"> <li>• Poor understating of the risks of constipation</li> <li>• Historical use of seizure prevention medication not reviewed.</li> <li>• Poor understanding and recognition of frailty</li> <li>• Lack of neurology support to enable de prescribing</li> <li>• A lack of autism affirmative care.</li> </ul>

## 7.8 Examples of learning and positive practice from reviews (cont.)

Themes	Learning
<b>Care pathways</b>	<ul style="list-style-type: none"> <li>• Lack of specialist referrals</li> <li>• Vaccines not administered as required</li> <li>• Lack of community nursing</li> <li>• Poor application of NICE weight management guidance</li> <li>• Key worker scheme being too narrow.</li> <li>• Lack of referral to prevention services, particularly weight loss and tobacco dependency</li> <li>• Women with a learning disability not receiving mammograms.</li> <li>• Health action planning not addressing a lack of screening.</li> </ul>
<b>Transition</b>	<ul style="list-style-type: none"> <li>• No handover from out of area funding authority</li> <li>• Poor transition to adult services.</li> </ul>
<b>Professional practice and the provision of care</b>	<ul style="list-style-type: none"> <li>• Prescribing contrary to the principles of STOMP</li> <li>• Lack of co-ordination and care planning from specialist (neurology) services</li> <li>• Lack of social care review and poor monitoring of out of area placements.</li> <li>• Timely completion of structured judgement reviews</li> <li>• Seizure prevention prescribing contrary to NICE guidance.</li> <li>• A lack of recognition of family/carer expertise</li> <li>• Screening not undertaken as required</li> </ul>

# 8 Action from learning

## 8.1 What we have learned:

### Best practice and positive outcomes we have learned from reviews



More people are living for longer in Sussex.

That single points of contact enable person centred and co-ordinated end of life care.

That care providers feel well supported by their GP when there is regular “ward round” contact.

That care providers support people when they are in hospital despite not being paid to do so.

That agencies work together when there are high risks associated with the person’s behaviour.

That learning disability liaison nursing improves the outcome when a person is in hospital.

Identifying that a person is living with frailty supports collaborative advance care planning.

That identifying when a younger person with profound disabilities and multiple health conditions is living with frailty supports early discussions about advanced care planning.

Structured medication reviews by a primary care pharmacist being undertaken as part of an annual health check adopt the principles of STOMP and initiate deprescribing.

That hospices are crucial in supporting care services with limited experience in palliative and end of life care, to enable a person to die at home.

That a provider is employing a learning disability nurse to support the needs of the people with profound and multiple learning disabilities based on learning from LeDeR

# 8 Action from learning (cont...)

## 8.1 What we have learned:

### The areas for improvement that were identified in recommendations from reviews.



That reasonable adjustments are not universally available.

That people remain on medications that are not always reviewed under the principles of STOMP (stop the over medication of people with a learning disability).

That medical certification and cause of death (MCCD) still, if occasionally, uses protected characteristics in part 1 without explaining how these contributed to the person's cause of death.

That the language of frailty in those who are younger but have multiple morbidities resulting in multiple admissions to hospital is not used and advanced care planning is not undertaken.

That people with a learning disability who have non-diabetic hyperglycaemia (previously pre-diabetes), or type 2 diabetes do not receive structured education due to their learning disability.

That annual health checks for those with a learning disability who have a body mass index of over 30 (obese range) do not result in structured weight loss support.

That capacity is not formally assessed when the decision a person is making places them at risk of self-neglect.

That women with a learning disability have died of breast cancer when they are of screening age and where screening has not been undertaken.

That the additional needs of an autistic person such as their sensory needs and processing needs are not well understood in services that are supporting them.



## 8 Action from learning (cont.)

Below is an example of how LeDeR supported a care home to make service improvements when a number of people they supported died over a short period of time. LeDeR received feedback that the home felt supported by this.

### Triaging

We triaged notifications and identified a group of deaths within one residential care home over a short period of time. We contacted the service and arranged to visit them.

### LeDeR Process

We completed the reviews as a group within our focused review panel process. The care home's registered manager attended, and we learned about the amazing people and their lives and deaths.

### Learning

We identified several areas of learning and some great practice. Specifically, we established there were lots of health needs that required skilled communication with clinicians to respond to effectively.

### Service Improvement

Local Health Facilitators did face to face training for the care home staff team on a wide range of health issues and provided easy read info, advice and support for them and their residents.

# 8 Action from learning (cont.)

## 8.2 Impact

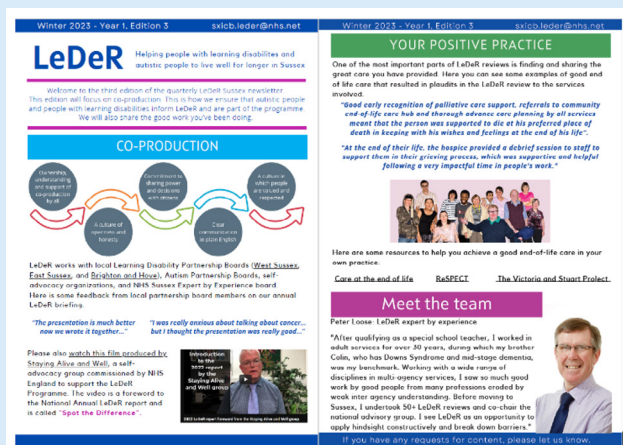
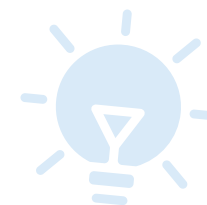
Increasing the impact of completed reviews in Sussex is a large part of the work undertaken by the LeDeR team and it works hard to drive the service improvements made because of reviews.

A LeDeR briefing was produced after last year's annual report and then revised when the national report was published. It includes the findings of the annual report and details of all the service improvement work undertaken as a result.

An easy read version of the briefing is also produced. This is shared with learning Disability Partnership Boards and self-advocacy groups in Sussex.

The briefing has been presented at strategic and operational forums including:

- NHS Sussex staff webinar.
- Chief nursing directorate meetings.
- NHS Trust mortality meetings.
- The safeguarding adults' boards in Sussex.
- All age continuing care meetings.
- Learning disability partnership boards.
- Autism partnership boards.
- Local authority social work teams.
- Local authority forums in Sussex.
- Shared lives teams.
- Parent carer forums.



LeDeR produces a quarterly newsletter. This is public facing newsletter and is widely circulated and well received. An example of the newsletter is below, and the following feedback was received from strategic health facilitator

**“Amazing – your introduction in the LeDeR newsletter is fantastic – I love the fact that you are flying the flag for neuro diversity.”**



LeDeR has strong links with both local and national providers. One provider is employing a learning disability nurse to support their services for those with profound and multiple learning disabilities based on learning from LeDeR. Below is an example of how a LeDeR review supported change.

**Rashid** was of Black African descent and a non-practicing Muslim; he moved to residential care under a care order just before his 18th birthday.

Rashid loved being read stories, watching action films and listening to pop music. Rashid was not a fan of Elvis and whenever Elvis was on, Rashid would take himself to his room and play The Carpenters instead. Rashid was described as a cheeky monkey, he loved nothing more than pulling over chairs, turning on taps and watching and giggling as people tidied up his mess, he had a collection of stuffed toys which were all monkeys, and he would choose one to sleep with every night.

Rashid had diagnosis of Spastic Quadriplegia Cerebral Palsy, Scoliosis and Microcephaly, he had some mild hearing loss and refractory Epilepsy.

Rashid was described as having signs of a temperature and cold then some pain before appearing to have a sudden deterioration in his health requiring hospital admission. Rashid required acute treatment but sadly this wasn't effective, and Rashid passed away on the ward at the age of 35 of Sepsis.

Rashid had lived at his care service for over 20 years, he was estranged from his family at the time of his death and his friends at his home had a memorial and remember and miss Rashid.

### Learning and Actions

Rashid's review was presented at focused review panel where some of the learning identified, and actions agreed were:

- Rashid died of Sepsis which continues to be not well recognised in some settings and remains a leading cause of death for people with learning disabilities.
- As a team we provided comms and resources to providers in community services via provider forums and our newsletter to improve Sepsis awareness.
- Rashid had lots of conditions known as multi-morbidities resulting in high risk of early and preventable death and he died at a very young age.
- The service supporting Rashid implemented the use of a Decision Support Tool for Physical Health. This is a risk stratification tool that can help identify underlying health needs that contribute to poor health outcomes. It aims to reduce the need for acute hospital admissions and focus on interventions to improve health outcomes.
- Rashid had lived at a full-time care service for over 20 years and was estranged from his family at the time of his death. His early history and family background was quite poorly known but very impactful on his care needs.

We did a life story presentation with the local provider forum, service and the organisation's manager conference. We shared the learning and resources for them to take forward to other care services across the country.



# 8 Action from learning (cont.)

## 8.3 The Sussex NHS Learning Disability and Autism Health Inequalities Project Board

This integrated care system board was established to drive the service improvements identified as a result of LeDeR.

The board is co-chaired by NHS Sussex and the Clinical Director from Sussex Partnership NHS Trust who delivers specialist learning disabilities and neurodevelopmental services in Sussex. It has membership of self-advocacy organisations, parent carer groups, primary care, and other NHS workstreams such as cancer screening, diabetes and social prescribing.

Clinical priorities for the group are set by the thematic analysis of LeDeR and this year has seen a focus on respiratory health as well as the completion on a project supporting better heart health.

Based on local and national LeDeR priorities work groups for the LDA HI Project Board are focused on the following clinical areas:

- Respiratory.
- Immunisation and vaccinations.
- Cardiovascular disease.
- Hearing and sight checks in residential special schools.
- Bowels/constipation.
- Diabetes – flash glucose monitoring.
- Epilepsy awareness.
- Cancer and cancer screening.

Members of this group have also worked with the NHS Sussex digital comms team to make the Sussex Health and Care website more accessible.








# 9 Learning into action

## 9.1 Respiratory

A Sussex wide project was undertaken and presented at a NHS Sussex 'reducing health inequalities in infection prevention and control' conference.

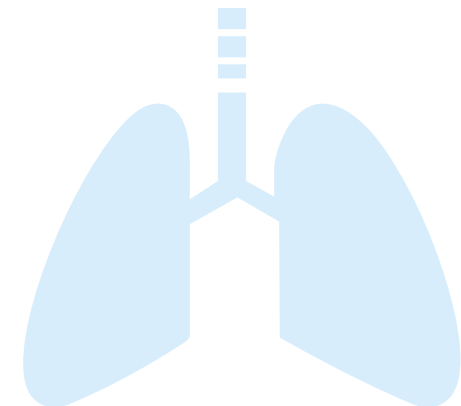
This project has been sustained by making all the resources developed and training delivered on the Sussex Health and Care website. This also includes a co-produced easy read checklist for preventing pneumonia.

Do you have any of these?		
		Yes  or No 
	Had a chest infection before	<input type="checkbox"/>
	An illness that you have had for more than 2 years	<input type="checkbox"/>
	Difficulty coughing up <b>phlegm</b> from your chest	<input type="checkbox"/>

Sussex Partnership NHS Foundation Trust continue to support people referred with linked dysphagia and respiratory care pathways. Since their Sussex-wide project and increased engagement with respiratory services, we are making more onward referrals and carrying out joint clinical appointments with specialist physio and respiratory consultants to reduce and optimise community acquired pneumonia risk factors.

Specialist speech and language therapy and physio have looked in more detail at the evidence around saliva and reflux management in order that their pathways reflect evidence and national guidance.

The Trust has also established a Positive Expiratory Pressure clinic for those who have difficulty clearing sputum (phlegm) from their lungs. With improved governance those needing this support will be overseen by specialist physiotherapists.



Details and accessible resources about all our services improvements can be found on [our website](#).



# 9 Learning into action (cont.)

## 9.2 Sepsis

Work has been undertaken across NHS Sussex to identify opportunities for improvement in the current Sepsis pathways in Sussex specifically:

- General compliance within providers
- Training re sepsis, to ensure alignment to roles and responsibilities
- Review any unwarranted harm in the Sussex pathway due to gaps/challenges

Learning from LeDeR was included in this work and supported the survey of those supporting people with a learning disability and autistic people.

### Themes identified include:

- More awareness needed in the general population, including public health and the social care workforce
- Pathways are not always effective.
- That there are no untoward or unusual sources of infection, however there are challenges in prescribing when infections may be more long term.



Details and accessible resources about all our services improvements can be found on [our website](#).



# 9 Learning into action (cont.)

## 9.3 Cardiovascular disease prevention and management

Sussex has produced a comprehensive suite of accessible resources for carers to use to support CVD prevention and management for people with a learning disability and/or autism.

### • Two films for people with a learning disability

- How to look after your heart
- Getting your blood pressure checked.



### • Two films for carers and health professionals

- Making health choices together- the role of carers and families.
- Supporting people with a learning disability – making reasonable adjustments to ensure universal services are inclusive.

## Key objectives



**Explore and map Sussex** universal services looking at what data is collated on people with a learning disability and autistic people accessing them.



**Develop** a dataset to help detect and manage CVD risk to enable targeted support.



**Co-produce** a suite of accessible resources to raise awareness of CVD, how to reduce risks, and how to make health services more inclusive.



**Deliver** training by people with a learning disability on CVD, how to support people to look after their heart health, and using reasonable adjustments to improve access to universal services.



**Promote and share** resources across all stakeholders including family carers and prevention services.



Details and accessible resources about all our services improvements can be found on [our website](#).

# 9 Learning into action (cont.)

## 9.3 Cardiovascular disease prevention and management

Resources were used as part of training packages for carers in each Sussex locality. The training was delivered by two trainers with a learning disability.

The training sessions were attended in total by 58 webinar participants, and 20 face-face participants. 40 surveys were completed across these sessions.

The films were launched at a public event in a local cinema where they were followed by a panel questions and answers session with those who wrote, made, and acted in the films and delivered training.



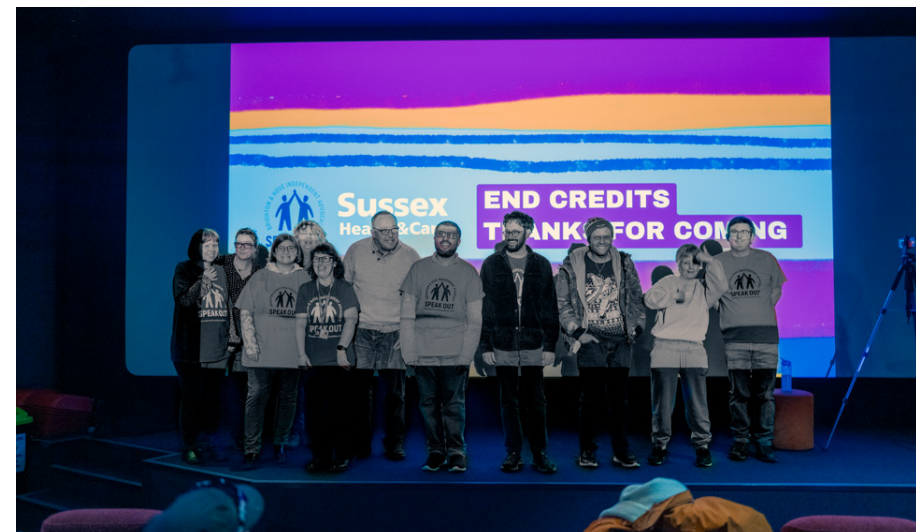
Details and accessible resources about all our services improvements can be found on [our website](#).

“resources provided will be very useful for me to share with team and people I work with”

“listening to the trainers’ experiences was useful, also finding out more about AHC challenges”

“the presenters were outstanding. really well done”

“tips about how to make our service more relevant and accessible for clients with LD or autism - was the most useful”





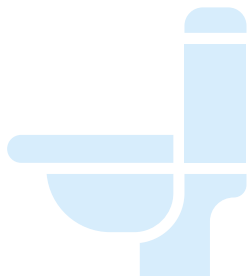
# 9 Learning into action (cont.)

## 9.4 Reducing risks associated with constipation

The focus this year has been to ensure the sustainability of work undertaken last year.

### This includes:

- Inclusion of the webinar on the Sussex Platform for Education, Careers and Skills (SPECS).
- Inclusion of the webinar and blurb in the LeDeR newsletter.
- A slide on the webinar and link to the Poo Busters film in all briefings.
- Promotion of the work at provider forums.



Details and accessible resources about all our services improvements can be found on [our website](#).

## 9.5 Cancer and cancer screening

The suite of developed resources explaining cancer screening for people with a learning disability is available under the “Help to prevent cancer” tab of our website. These were runners up for an award from the Patient Experience Network National Awards (PENNA) in the “Cancer experience of care” award.

Two subsequent films have been made to support this work. One shorter film explaining the importance of understanding how to apply the Mental Capacity Act to protect rights and another which details the undertaking of a capacity assessment and best interest decision making where a colonoscopy is needed due to a positive faecal occult test for possible bowel cancer.

The pan Sussex health facilitation teams are collaborating to update guidance for primary care in how to improve access to all screening for people with a learning disability including proactively advising about reasonable adjustments, good application of the Mental Capacity Act and following up non-attendance in annual health checks.



# 9 Learning into action (cont.)

## 9.6 Improving tobacco dependency treatment for those with a learning disability and autistic people in Sussex

Smoking is a leading risk factor for the development of cardiovascular disease, respiratory disease and cancer. Smoking significantly raises the risk of developing type 2 diabetes, eye disease and dementia. It leads to decreased bone mineral density and is associated with increased risk of osteoporosis, bone fractures, back pain and degenerative disc disease. Secondary conditions such as type 2 diabetes, are highly prevalent among adults with learning disabilities. Smoking harms nearly every organ in the body.

Personalised reasonable adjustments are crucial tools to support people to access mainstream services and reduce health inequalities. These should be available across all smoking cessation services in Sussex. Nationally and locally resources to facilitate reasonably adjusted smoking cessation have not been identified.

Sussex is therefore undertaking a project to meet the following objectives utilising and existing service provided by Sussex Partnership NHS Foundation Trust.

This project has an established steering group with public health membership of all three local authorities in Sussex and a project plan working to agreed time frames.



**Details and accessible resources about all our services improvements can be found on [our website](#).**

# 9 Learning into action (cont.)

## 9.7 Advance, anticipatory and end of life care planning

Specialist learning disability services in Sussex have all received bespoke training in the importance of initiating ReSPECT when a person has multiple health conditions that cannot be cured. This includes when treatment is indicated but where a review is required if they experience repeat episodes of illness and are becoming more unwell over time.

Understanding frailty and how to plan for the person's last year of life has been included in the community learning disability team's physical health care suite of training.

LeDeR continues to provide data and stories into the pan Sussex Palliative and End of Life Oversight Group. Here are two stories that demonstrate the benefit of a single point of contact when a person is entering the last phase of their life. This is something that the group is work on as this is not currently pan Sussex.



Details and accessible resources about all our services improvements can be found on [our website](#).

# 9 Learning into action (cont.)

## Some stories:

Jim	Jim's LeDeR Review Learning	Ronald	Ronald's LeDeR Review Learning	Thematic Learning and Service Improvement
<p>Jim lived in Sussex all his life, he had jobs in civil service, supported the Albion and always had a cup of tea with his daily newspaper. He had a mild learning disability with cerebral palsy and a long history of cardiovascular disease. He moved to a care home in his late 60s up to his death from Frailty, Old Age and Cerebral Palsy at 76 years old.</p>	<p>Jim was referred to ECHO. His advanced care plan wishes were for symptom management so he was comfortable and could remain at home to die. In his last few weeks, he got up every day, the hospice nurses administered medications as needed and Jim passed away peacefully in his sleep with his carers.</p>	<p>Ronald had lived independently until he was 70. His favourite hobby was to smoke outside and provide a commentary on his surroundings to anyone who would listen. He had a mild learning disability with long term respiratory issues, kidney disease, cardiovascular issues and Type 2 Diabetes before dying of community acquired pneumonia, influenza and COPD at the age of 73.</p>	<p>Ronald was known to have a moderate level of frailty; he had developed some dysphagia needs and experienced a fall before presenting with a chest infection in the week before his death. He was admitted to hospital with no advance care plan and no DNACPR in place. He died alone on the ward in the hospital and had a 'non-attended' funeral.</p>	<p>People with access to ECHO in the Coastal area of West Sussex typically have better outcomes at the end of their life than others in Sussex. LeDeR has provided regular evidence to the Palliative Care and End of Life Care (PCEoLC) Programme oversight group. NHS Sussex ICB have signed off a proposal to utilise Macmillan Social Finance to develop a Pan-Sussex 24/7 PCEoLC coordination service.</p>



Details and accessible resources about all our services improvements can be found on [our website](#).



# 9 Learning into action (cont.)

## 9.8 Identifying a deteriorating patient – Restore 2, Restore 2 mini and Stop Look Care

Learning disability services are experts in advocating for the right to inclusive and meaningful lives. However, LeDeR reviews in Sussex identified that ill health was not escalated early enough due in part to a difficulty in having the right information to handover in a meaningful way to a health care professional.

Stop Look Care is a NICE recognised tool and handbook for care workers and carers, which is used to identify, prevent and respond to deterioration among older people in the health and care sector.

►STOP►LOOK►CARE

Training in using Stop Look Care in a learning disability care setting has been provided by NHS Sussex since 2021. This training is adapted to be inclusive of the variety of settings that a person with learning disability may live in and with different models of support. It contains case studies based on LeDeR and outside of the usual residential care setting. It also includes a basic set of observations (Restore 2 mini) and the SBARD handover tool.

It is now delivered online and quarterly by health facilitation teams supported by LeDeR team members across Sussex. 218 people received this training over the year which is an increase of 116 from the year before.

A Learning Disability and Autism version of the Stop Look Care booklet has been co-produced. This includes additional guidance on epilepsy care, postural and respiratory management, the prevention of chest infections, and STOMP as identified by LeDeR. It also contains a “staying well for longer” section with details of annual health checks, the reasonable adjustment digital flag and care passports.

The following are quotes from people who have attended this training.

We book all our new staff onto this training as part of their induction



We will definitely trial this booklet in our services.

Knowledge is key, thank you for your training session.

Thank you for your training today. It was clearly presented, well-paced and informative

I didn't know about the Dis Dat before and now I do.



Details and accessible resources about all our services improvements can be found on [our website](#).

# 9 Learning into action (cont.)

## 9.9 Annual Health Checks

LeDeR reviews examine the undertaking of AHCs and their output and is a member of the Sussex AHC steering group which is responsible for their delivery.

**Sussex achieved its target of 75%.**



Sussex has a large number of people with a learning disability who are not on their GPs learning disability register and the steering group is working to improve this.

Sussex supports GPs to work towards a quality kite mark called the Thumbs Up.

Five practices have now been awarded the quality kite mark award and here is a link to a short film about a surgery winning a gold award.

Easy read appointment summary and medication information sheets have been distributed to all practices and all clinical content relating to AHCs and learning disability and autism has been updated on the ICB website.

The Involvement Matters Team have developed and shared a presentation on the barriers experienced in accessing primary care and this continues to be presented in training to primary care.

'Was not brought' guidance has been developed to ensure that safeguarding is considered when a person misses an appointment and is in receipt of support.

				M12 2023/24 Target	
	Checks M12 YTD	Register	Performance	YTD	Performance
Brighton and Hove	1,195	1,695	70.5%	1,204	75%
East Sussex	2,744	3,498	78.4%	2,534	75%
West Sussex	3,926	5,131	76.5%	3,713	75%
Sussex	7,865	10,324	76.2%	7,451	75%

➔ Details and accessible resources about all our services improvements can be found on [our website](#).

# 10 How did we do? Achievements against local priorities for delivery in 2022-23

## “Working with public health and well-being services to improve access to services”

- ✓ We trained 74 health care professionals working in NHS and local authority prevention services including third sector providers.
- ✓ Public health are members of the tobacco dependency project steering group.
- ✓ We are working with public health colleagues who lead on suicide prevention strategies based on learning we have identified and suicide being the most common cause of death if you live in Sussex and are an autistic person.

## Continue the delivery of ‘Stop Look Care’ training to social care to ensure the tool becomes embedded and development of a version of the booklet based on the learning from LeDeR

- ✓ We have increased the number of people being trained in Stop Look Care by 314 in this reporting year.
- ✓ A co-produced booklet is going through the final preparations to print.
- ✓ We have several providers who would like to test the use of the booklet so that we can evaluate its benefit.

## Sussex will continue to look to develop innovative ways of delivering Annual Health Checks for autistic people. Including the co-production of these health checks via the Sussex experts by experience board and Autism partnership boards

- ✓ We have met with Autism partnership boards and heard that they are keen to have annual health checks.
- ✓ We have provided information about the reasonable adjustment digital flag, and its benefit for autistic people.
- ✓ We will continue to gather more information the health inequalities autistic people experience to drive improvements.

# 10 How did we do? Achievements against local priorities for delivery in 2022-23 (cont.)

Sussex will continue to provide training and support to health and social care partners to ensure reasonable adjustments are understood and implemented in order to improve access to universal services such as screening.

- ✓ We have supported the development of the campaign to launch the reasonable adjustment digital flag formally in Sussex.
- ✓ We have commissioned training delivered by people with a learning disability in why reasonable adjusted are needed and how NHS services can better meet their duties under the Equalities Act.
- ✓ 74 people have received this training, and recordings are available to ensure a training legacy.
- ✓ We have met jointly with health facilitation colleagues to speak to Sussex mammographers to help them understand how to overcome the barriers woman with a learning disability experience when called for their mammogram.

Building on the British Thoracic society guidance and training provided, clinical pathways have been developed across Sussex for people with learning disabilities who have respiratory needs requiring specialist care.

Sussex continues to increase the rates of Annual Health Checks for people with learning disabilities, and the 'Thumb's Up' campaign supports the focus on quality check with an additional focus on the health action plan produced

- ✓ We have doubled the number of surgeries that have achieved the Thumbs Up award from three to six.
- ✓ We have produced guidance on what a good health check should look like and what is generated in the health action plan.
- ✓ We have worked with providers to ensure that they understand every AHC must result in an outcome.

Continued work with the population health management and personalisation team at NHS Sussex to enable a focus on reasonable adjustments to reduce health inequalities

- ✓ We have presented project closure reports to prevention boards.
- ✓ We have maintained relationships with those still working in the this are but where there have been significant organisational changes.



# 11 Our priorities for 2024-25



## Mammography

LeDeR has identified that women with a learning disability continue to die of breast cancer when they are of screening age but have not attended for the mammogram. We are working with the Surrey, Sussex and Frimley cancer alliance to deliver training across primary reduce the barriers to mammography for woman who have a learning disability or are autistic.



## Health inequalities

LeDeR continues to identify a gap understanding of the health inequalities autistic people in Sussex experience. We will work hard to undertake LeDeR as soon as possible to ensure we have better information to make service improvements.



## Diabetes

LeDeR has identified that a lack of structured education and support is provided to people with a learning disability and autistic people who are obese and/or have type two diabetes or non-diabetic hyperglycaemia. LeDeR will support work already underway in the mapping and improvement of these services by informing ICB colleagues of the barriers identified in reviews.

LeDeR will work with stakeholders to increase the use of continuous glucose monitoring and in line with guidance.



## Sepsis

Sepsis continues to result in too many deaths of those with a learning disability or who are autistic. We will work jointly with NHS Sussex and other ICS stakeholders to deliver training to those supporting people with a learning disability or who are autistic in identifying sepsis.

# 11 Our priorities for 2024-25 (cont.)



## Epilepsy

LeDeR will build on relationships formed to formalise work to improve the treatment of epilepsy in peoples with a learning disability and autistic people. This includes the promotion of the Clive Treacy check list and working with commissioning colleagues in the ICB.



## Frailty

LeDeR will undertake a deep dive into deaths where frailty is included in the MCCD to ensure that its application is appropriate.



## Advance Care Planning

LeDeR will develop and implement a communication plan to promote the use of the [Victoria and Stuart toolkit](#) to support advance care planning for those with a learning disability.



## Minority ethnic communities

LeDeR will increase it reach and influence by active engagement into our minority ethnic communities with the support of ICB colleagues. This will enable LeDeR to understand the intersectional barriers experienced to ensure notifications are in line with the demographics of Sussex and result in culturally informed service improvements.

# 12 Conclusion

**LeDeR is proud of the role it plays in driving service improvement in how people with a learning disability and autistic people receive personalised health care.**

But it acknowledges that too many reviews find learning that it is not new, and people continue to be unable to live well for as long as possible.

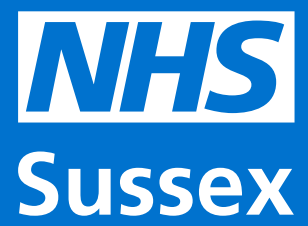
The life expectancy of a person with a learning disability from a minority ethnic community is simply not acceptable and we continue to better understand these intersectional needs.

LeDeR continues to value the story of incredible people including brave families and carers who share often very sad stories. We are grateful to use these to influence how services operate and how strategy is developed.

Most of all it is the meaningful involvement of people with learning disabilities, autistic people, and their families/carers in service improvement continues to develop and strengthen. We are particularly grateful to our colleagues with a learning disability and our autistic colleagues for their help in making real change.

LeDeR in Sussex is also able to demonstrate the benefit of committing resource and adopting a truly integrated care system approach to addressing inequalities and it is nice to see that this has been nationally recognised.







# LeDeR 2023 - 2024

## NHS Sussex Report

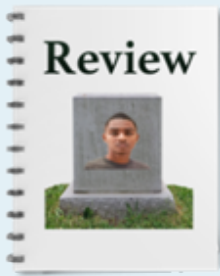


**Learning from the Lives and Deaths of People with a Learning Disability and Autistic People**



**An easy read guide**

## What is LeDeR?



**LeDeR is the name for Learning from the Lives and Deaths of People with a Learning Disability and Autistic People.**



**It finds out why people with a learning disability or autistic people have died. To make improvements in care.**



**This report is about people with learning disabilities and autistic people who died in Sussex from April 2023 until April 2024.**

## What is LeDeR?



**We believe everyone has the right to good health. Getting the care you need is very important.**





**People with learning disabilities and autistic people are more likely to have health problems. They die at a younger age than other people.**



**Sometimes they die from things that are easy to cure with early treatment.**



**The review finds out why this is and what we can do about it. It helps us plan how to make healthcare better for people with learning disabilities and autistic people.**

## **Working together**



**People with learning disabilities, autistic people, families and carers know most about the care they need.**



**We think it is important to work together with them to plan services.**



**We involve local groups, Learning Disability Partnership Boards, Autism Partnership Boards, and the Sussex Learning Disability board.**

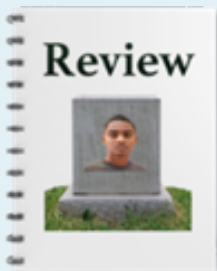


**If you want to have your say, please contact the team:**

**[sxib.leder@nhs.net](mailto:sxib.leder@nhs.net)**

## **What we found out**

### **Life stories**



**We found out about each person with a learning disability that died in Sussex from April 2023 until April 2024.**



**We learned about their lives and the things that mattered to them.**



**We want to thank the families of the people who died for sharing their memories with us.**





**This helped us understand what support and care people need.**



**We also want to thank other people that helped. GP surgeries, NHS, social care, carers, residential home managers and staff.**

## **The facts**



**138**

**65**

**55**

**77**

**2**

**From April 2023 until April 2024:**

- 138 people with learning disabilities and autistic people in Sussex died.
- The average age people died was 65 years old.
- 55 women died.
- 77 men died.
- 2 transgender people died.

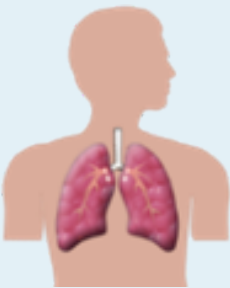


**Transgender is when the gender you are born with does not feel right. If you are transgender, you might start living your life as a different gender than what you were born as.**

## What people died of



**We found out about the illnesses people died from. The most common causes of death were:**



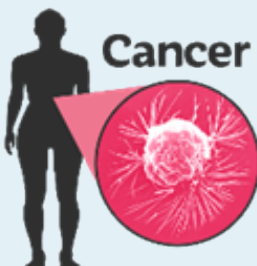
**1. Pneumonia: Pneumonia is an infection in one or both lungs.**



**2. Frailty: Frailty is when your body becomes weak due to age or health condition. It makes it harder to recover when you become ill.**



**3. Diseases of the circulatory system: Cardiovascular Disease is when your heart does not work well. It can cause high blood pressure, heart attacks, and strokes.**



**4. Cancer: Cancer is when cells in your body grow in an uncontrolled way. These cells develop into tumors.**



**5. Sepsis:** Sepsis is when your body fights too hard against a serious infection. It can damage your organs and stop them working. For example, your kidneys might stop working.

## What we learned



**The Equality Act** is law. It is about making sure people have the support they need to access services, like reasonable adjustments.



**Reasonable adjustments** are things like:

- Extra time
- Special equipment
- Easy read information
- Quiet spaces



**Not using reasonable adjustments** puts people's lives at risk.



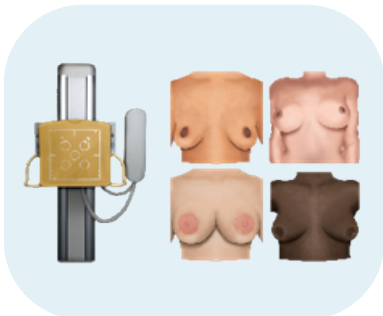
**People with learning disabilities** from ethnic minorities die at a much younger age than white British people. A national report in 2023 found the average age people from an ethnic minority died was 34 years old.



**We need more information about the health needs of people from ethnic minorities. So they can get the right care.**



**People who have diabetes or who are overweight need to get the right information and support.**



**Screening helps spot some cancers early on. We need more women with a learning disability to have their breast screening.**



**The Mental Capacity Act is law. It is about making sure that people have the support they need to make decisions and protects people who need others to make decisions for them.**



**Staff need to understand how to use The Mental Capacity Act when a person is making an important decision about their health.**



**Services should understand the needs of autistic people so they can get the right care.**



**Care for a person at the end of their life should be co-ordinated. This means that different people should work together to make things as easy as possible.**



**Keeping information about a person in one place is important. It helps them get better care at the end of their life.**



**People should get support from learning disability nurses when they are in hospital.**

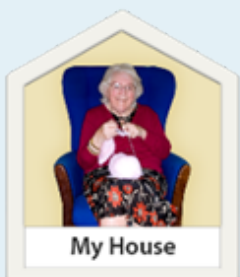


**People are being given some medications they don't need. More doctors should use STOMP to make sure people are taking medication that is right for them.**



**STOMP stands for STopping Over-Medication for People with a learning Disability and/or autism.**

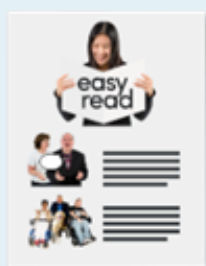
## The good things we heard about



**People with learning disabilities are living for longer in Sussex. A lady called Ruth lived to 98 years old.**



**Advanced care planning helps make sure people have a good death in their own home.**



**Care providers supporting people when they are in hospital for free.**



**Doctors doing medication reviews as part of the annual health check. So people are not given medication they do not need.**

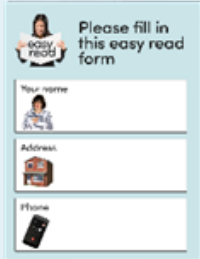


**Learning disability nurses working together with care providers to give people better care.**





**Care homes using a new tool to spot when a person is at risk of becoming seriously ill.**



**Better use of easy read information so that people with a learning disability and/or autism can understand what is happening.**

## **What are we doing**

### **Chest infections**



**We have put an easy read check-list on our website to help people understand how to prevent chest infections.**



**We are helping people understand and get help for those who are at risk of chest infections.**



**We have set up a clinic to help people who are at risk of getting chest infections.**

## Sepsis



**It is important that everyone understands more about sepsis. We will give training to staff about sepsis.**

## Cardiovascular disease heart health



**We made some easy read information and films. We trained 78 people to support people to make healthy changes.**



**2 people with a learning disability gave the training.**

## Constipation



**Constipation is when it is hard or painful to go for a poo. This can be very serious and make people ill.**



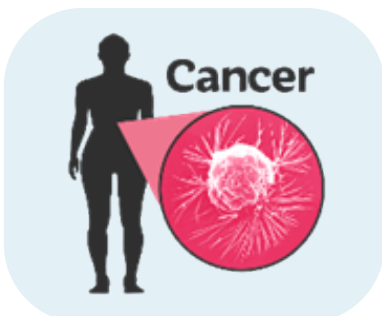


You can learn some fun things about constipation by watching this film:  
<https://www.youtube.com/watch?v=R16WY6MLBBU>



We gave training to more staff about preventing people dying from constipation. You can watch this on our website (below).

## Cancer



Cancer screenings are tests to see if a person has cancer. We want more people with a learning disability and autistic people to have their cancer screening.



We put better information about cancer screenings on our website. The information helps people know what to expect and understand what is happening.



We made 2 films for NHS staff so that they use the Mental Capacity Act properly.



**We are training staff about reasonable adjustments to make screenings easier for people with a learning disability and autistic people.**



**Reasonable adjustments are things like:**

- Extra time
- Special equipment
- Easy read information
- Quiet spaces

## **Support to stop smoking**



**Smoking is very dangerous for your body.**



**We have started a project to help make it easier for people with learning disabilities and autistic people to get help to stop smoking.**



**We are working to help services that help people stop smoking make reasonable adjustments for people with learning disabilities and autistic people.**

## Planning for a good death



We gave training in ReSPECT to show people why it is important and how to complete one.

ReSPECT means **Re**commended **S**ummary **P**lan for **E**mergency Care and Treatment.



We are helping the Community Learning Disability Team understand about frailty and how to help people have a good death.

## Stop Look Care



We trained 218 people in Stop Look Care. This is a booklet that helps you spot if a person is starting to become ill.



People who work with anyone with a learning disability can do the training on-line.



We created a new learning disability and autism version of the Stop Look Care booklet.

This includes epilepsy care, preventing chest infections, annual health checks, and STOMP.

# Annual health checks



**People with learning disabilities should get an annual health check if they are on their GPs learning disability register.**



**We reached our target of 75% of people getting their annual health check and a health action plan.**



**We know autistic people also need annual health checks.**



**We are working to make sure every annual health check means a person has a health action plan.**

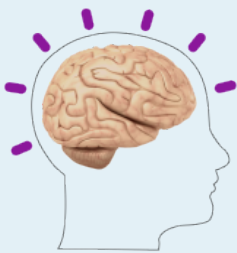


**We use a checklist and gave the Thumbs up award to six surgeries that are doing good annual health checks and health action planning.**



Here is a video about having an annual health check here [Support for people with a learning disability - Sussex Health & Care](#)

## What we are going to do over the next year



**We will work with others to find better epilepsy treatments for people with learning disabilities and autistic people.**



**We will train NHS staff to make it easier for women with learning disabilities to have their breast screening.**



**We will make services better for people with learning disabilities and autistic people who have diabetes and who are overweight.**



**We will teach people who support people with learning disabilities and autistic people how to spot if somebody has sepsis.**



**We want to hear more about the lives of people from ethnic communities who have died. To make improvements in care.**

## **For more information**



**For more information about LeDeR in England:**

**<https://www.england.nhs.uk/learning-disabilities/improving-health/mortality-review/>**



**You can find the easy read resources we have made on this website**

**<https://www.sussex.ics.nhs.uk/your-care/support-for-people-with-a-learning-disability/>**



**If you have any questions or feedback please email:**

**Sxicb.leder@nhs.net**



**Easy Read by Brighton and Hove Speak Out, made with Photosymbols.**



*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 Children  
Partnership Annual Report  
2023-24

Date of Meeting: 11  
February 2025

Report of: Chair of BHSCP  
Deb Austin

Contact: Giles Rossington,  
Scrutiny Manager/Sarah  
Smart, LSCP Business  
Manager

**Email:**

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

Wards Affected: All

**FOR GENERAL RELEASE**

**Executive Summary**

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





## 1. Decisions, recommendations and any options

- 1.1 That the Board notes the information contained in this report and its appendix (BHSCP Annual Report 2023-24)

## 2. Relevant information

- 2.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Wellbeing), Health (through NHS Sussex ICB) and Sussex Police.
- 2.2 The BHSCP's objectives are to:
- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
  - Ensure the effectiveness of that work.
- 2.3 Deb Austin, Corporate Director of families, Children and Wellbeing, chairs the Partnership and is responsible for considering how effectively the local safeguarding arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.
- 2.4 Health & Wellbeing Boards are required to receive for information and discussion annual reports/updates from the relevant local safeguarding children's partnership. The BHSCP Annual Report 2023-24 is included as **Appendix 1** to this report.

## 3. Important considerations and implications

Legal:

- 3.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) is a statutory body. Under statutory guidance Working Together 2023 the three safeguarding partners (being the Council, Health and Sussex Police as defined under the Children Act 2004 as amended by the Children and Social Work Act, 2017) should agree on ways to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others, and implement local and national learning, including from serious child safeguarding incidents. The three 'key safeguarding partners' collectively hold statutory responsibilities for safeguarding in the city
- 3.2 As described in the body of this report Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. The report is for noting only.

**Lawyer consulted: Sandra O'Brien**

**Date: 16/01/25**

Finance:

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

**Finance Officer consulted: David Ellis**

**Date: 03/02/25**

Equalities:

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

Sustainability:

- 3.5 None identified in this report to note.

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

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

## **Supporting documents and information**

Appendix1: BHSCP Annual Report 2023-24





# Brighton & Hove Safeguarding Children Partnership Annual Report 2023-24





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# Foreword from our Delegated Safeguarding Leads

Welcome to the 2023-24 Brighton & Hove Safeguarding Children Partnership’s annual report. The report outlines the Partnership’s work over the past year and shows the coordinated approach across statutory agencies and community sector partners to deliver the best possible safeguarding services to children and their families in the city.

Brighton & Hove’s Safeguarding Children Partnership is well-established with proactive subgroups and robust links with East and West Sussex. The subgroups, Steering Group and Partnership Board provide comprehensive oversight and scrutiny, bringing together strategic leaders and practitioners. There is a strong commitment to being a learning partnership, developing safeguarding services and responses through training, reflection, evaluation, and challenge.

Our vision to improve the lives of children and young people in Brighton and Hove remains our shared priority. The Partnership believes language is important in describing how we deliver services to children and their families. The ethos and aim are always, the right support at the right time.

2023-24 has been a year of significant developments and success across services:

- In March 2024, an Ofsted inspection of Local Authority Children’s Services resulted in an Outstanding judgement, with inspectors highlighting that “Partnership working at all levels, led by the safeguarding partnership and the multidisciplinary practice are real strengths in Brighton and Hove”.
- Family Hubs were launched across the city in April 2023, providing multi-agency help and support to families with children pre-birth to age 19, (up to 25 for those adults with Special Educational Needs and Disability).
- The Partnership developed the Family Help: Right Support at the Right Time document, a framework for how support and safeguarding services are provided to children and families across the city. It includes our vision of Family Help, model of practice, and the importance of poverty aware assessment and intervention.

Working Together to Safeguard Children 2023 was published in December. This requires the introduction of updated multi-agency safeguarding arrangements. We welcome this as an opportunity to strengthen our existing arrangements, locally and pan Sussex. The Partnership will continue to keep the safeguarding of children and young people in our city at the heart of what we do moving forward. This is only possible with the continued support, diligence and dedication of those working with children and families in the city. We would like to say thank you to colleagues from across statutory and community and voluntary services who work so hard to keep children and young people safe in Brighton and Hove.



*Naomi Ellis, Deputy Chief Nursing Officer & Director of Patient Experiences and Involvement, NHS Sussex*

*Naomi Ellis*



*Deb Austin, Corporate Director, Families, Children & Learning Services, BHCC*

*Deb Austin*



*Richard MacDonagh, Chief Superintendent, Public Protection, Sussex Police*

*Richard MacDonagh*

# Role of Scrutiny and the Annual Report by the Independent Scrutineer

Thank you for taking the time to read this year's Annual Report. BHSCP have a statutory duty to be transparent in how they co-ordinate, deliver and fund services for children and families locally. In order that others can hold the safeguarding partners to account there are two mechanisms for reporting on service delivery and leadership, one of these is the publication of this document, the Annual Report. I hope that the report helps you understand the work and efforts made by the Partners to safeguard children in Brighton and Hove. One of my roles is to ensure that this report is accurate and gives an honest assessment of children's safeguarding. Having read it I am content this is the case. I would like to thank the Business Team, particularly the Business Manager who has worked incredibly hard to draw this document together. Their consistent support and professionalism throughout the year is essential to the smooth running of our day-to-day business.



I would also ask that when you read this document you consider the incredible work that our people do to protect children. We all read headlines that deal with tragic cases, but we rarely consider the fantastic professionalism of people who dedicate their lives to safeguarding children, making their lives better and providing them with opportunity for the future. Brighton and Hove is blessed with some of the most dedicated professionals and volunteers who go over and above to assure our children are safe. On behalf of the BHSCP, I would like to offer them our sincere thanks for all they do.

This Annual Report includes detail of how scrutiny has been delivered to the BHSCP in 2023-24. Scrutiny affords those who lead the Partnership an opportunity to seek assurance that they are doing all they can to safeguard children. WT23 sets out the necessity to have independent scrutiny and the different ways this can be achieved. The same document also sets out the functions of independent scrutiny and states: 'Independent scrutiny should drive continuous improvement and provide assurance that the arrangements are working effectively for children, families and practitioners.'

During 2023-24 the BHSCP employed an Independent Scrutineer and an Independent Chair for the Monitoring and Evaluation (M&E) Subgroup. The Independent Scrutineer also performed the role of Independent Chair for the Partnership, a role that has been removed from the structure in the latest iteration of Working Together. These roles provided critical analysis and challenge for various aspects of the Partnership, and there was an increased focus on data collection and analysis. The Independent Chair of M&E led a significant review of how data was collected, putting systems in place, improving the wider contribution to the overall data picture for the Partnership. This, in turn, afforded strategic leaders with opportunities to give more considered directions in key practice areas. The BHSCP completed several audits that highlighted good practice, gaps in service provision and opportunities for improvements. This scrutiny was presented to strategic leaders and the wider Partnership. Action plans to learn from this work are now in place with a view to improving practice, service delivery and outcomes for children. The independent Chair and Scrutineer acted as a critical friend to the Partnership, chairing Partnership meetings and providing challenge. Reviewing and advising on a Rapid Reviews and submissions to the National Panel. Advising on Safeguarding Children Practice Reviews, leading the pan Sussex section 11 process and acting as an essential conduit between Partners.

Looking forward, WT23 provides an opportunity to further optimise independent scrutiny. The removal of the chairing role will afford the BHSCP to task individual pieces of scrutiny to be completed more frequently focusing on the priority areas. It will also increase opportunities to engage with children, families and practitioners gaining insight into their lived experiences. As the Independent Scrutineer I am happy to be able to say that the BHSCP continues to do all it can to safeguard children and improve outcomes for them and their families. They have developed and maintained a culture where independent scrutiny is seen as a vital part of their core business. I believe they will focus on developing this culture to provide the best possible scrutiny and seek opportunities for continual improvement.

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



# Introduction to Brighton & Hove Safeguarding Partnership



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

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

## Our vision and values

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

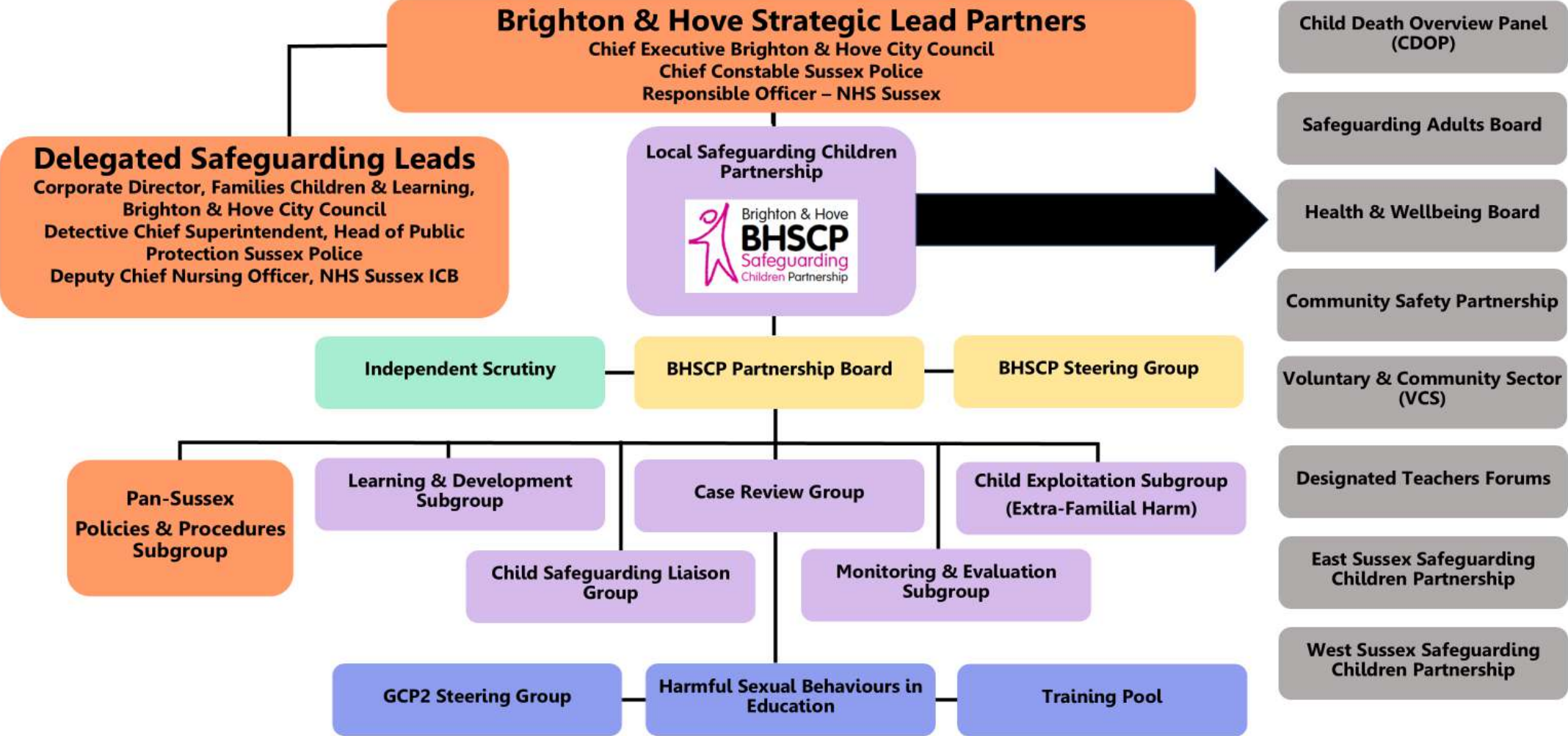
## Our vision is underpinned by our core values:

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

## Our principles

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

# BHSCP Structure 2023-24



# Brighton & Hove: Our Population

The data included on pages 7 and 8 comes from the *Joint Strategic Needs Assessment Executive Summary May 2024* and the *Brighton & Hove JSNA Summary March 2024 - Population* produced by Public Health Intelligence Team, Brighton & Hove City Council . JSNA information is available online from [What the Joint Strategic Needs Assessment \(JSNA\) is](https://www.brighton-hove.gov.uk/what-the-joint-strategic-needs-assessment-jsna-is) ([brighton-hove.gov.uk](https://www.brighton-hove.gov.uk))

## PEOPLE

### Population

277,965

resident population of Brighton & Hove, 2022

### Population estimates and projections

Please read

Due to the need for the Office for National Statistics (ONS) to rebase national and local population estimates and projections following the 2021 Census there are currently no population projections beyond 2022 available.

According to the ONS release calendar, the new population projections based on the 2021 Census have a provisional release date of 'early' 2025.

In December 2023, the ONS released:

- Rebased national and local population estimates covering the years 2012 to 2020
- Updated 2021 national and local population estimates
- 2022 population estimates

This report will be updated shortly to include these estimates, meanwhile the data is available on the [ONS website](#).

Our population profile is younger than the South East and England

15% (41,300) under 16 (19% South East, 19% England)  
73% (201,700) 16 to 66 (64% South East, 65% England)  
11% (29,300) 67 to 84 (15%, South East, 14% England)  
2% (5,600) 85 or older (3% South East, 2% England)

% of total population

Age

— Brighton & Hove — South East — England

## STARTING WELL

### Population

In 2022 it is estimated that Brighton & Hove has a **significantly smaller number of children aged under 18** (46,900 people, 17%) compared to the South East (21%) and England (21%) and a **significantly higher number of young adults aged 18 to 24** (38,100 people, 14%) compared to the South East (5%) and England (6%)

**Proportion of residents aged 0 to 24 years old, 2022**

% of total pop

Single year of age

— Brighton & Hove — South East — England

Our children and young people's wellbeing is influenced by a wide range of social, economic and environmental factors:

### Children in care

**74 per 10,000 children and young people (0-17 years old) in care (31 March 2023)** South East (57), England (71)

### School readiness

**69% achieving a good level of development at end of reception (2022/23)** South East (70%) England (67%)

### Education

**Educational progress pupils make between primary and secondary schools is above the England average (2021/22)**

### Child poverty (IDACI)

**15% of children live in poverty (2019)** South East (13%), England (17%).

%

### Youth unemployment

**3.8% 16-17 year olds (200 people) not in education, employment or training (2022/23)** South East (6.9%), England (5.2%).

### Disabilities and sensory impairments

More than 4,500 children and young people with a disability on the local register (2019/20)

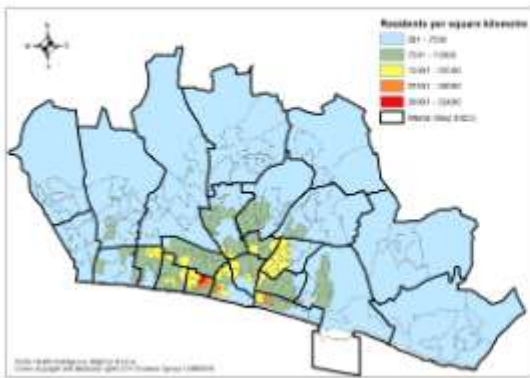
It is estimated that there up to **600** children and young people with Autistic Spectrum Conditions living in the city

7



# Brighton & Hove: Our Population

## Population density, Brighton & Hove, 2021 Census



Brighton & Hove contains some of the most densely populated neighbourhoods (LSOAs) in England. According to the 2021 Census, Brighton & Hove has seven neighbourhoods in the 1% most densely populated areas in England. The most densely populated areas of the city are the two neighbourhoods north of Western Road between Montpelier Road and Palmeira Square. Both neighbourhoods are in the top 100 (out of 33,755 LSOAs) most densely populated areas in England.



## Brighton & Hove has an unusual population profile compared to the South East and England



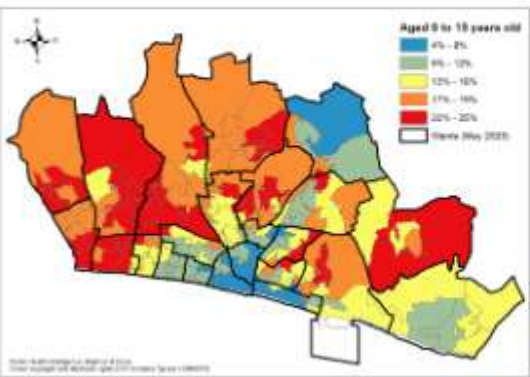
**Brighton & Hove has a much higher proportion of people aged 19–31 years (23%, 63,900 people) compared to only 15% in the South East and 16% in England.** The difference is most pronounced between the ages 19 to 22 years old. Nearly one in ten of Brighton & Hove's total population (9%, 25,000 people) is aged 19 to 22 years old compared to only 4% in the South East and 5% in England.



**Brighton & Hove has a lower proportion of children aged 0 to 17 years of age.** (17%, 46,900 people) compared to 21% in both the South East and England.

**There are also fewer people across all ages from the age of 60 years old.** In Brighton & Hove less than a fifth of the total population (19%, 53,800 people) is aged 60 years old or older compared to 26% in the South East and 25% in England.

## Brighton & Hove population distribution by age group, 2021 Census



**Children aged 0 - 15 years old are concentrated towards the west and north of the city with comparatively fewer children in the central and coastal areas of the city.** The highest proportions of children aged 0-15 years old can be found in areas of Whitehawk (25%) and in the areas north of Portland Road on the border of Wish and Westbourne & Poets' Corner wards (25%). To the east of the city there are also significant concentrations of children in Woodingdean ward.

## Partner Contributions – Partner Profiles

Working Together to Safeguard Children 2023 requires all local Safeguarding Children Partnerships to prepare and publish a 'yearly' report about activities to improve safeguarding and the promotion of the welfare of children in their local area. The BHSCP annual report 2023-24 sets out how effective the multi-agency partnership working has been within this context. We asked agencies to report on the following areas:

The impact of multi-agency partnership work to safeguard children.

- Progress made against Business Plan Priorities 2023-26, including key achievements and barriers/challenges/risks and issues.
- Challenges Partnership members faced during this period.
- Areas to celebrate.

Partnership members were asked to set out the multi-agency work they have undertaken to demonstrate how their agency has contributed to 'the functioning and structure of the multi-agency safeguarding arrangements'.

Partner agencies were asked to:

- ✓ Describe their agency's/organisation's key safeguarding functions, including a brief description of the cohort of children/young people they work with/provide services for.
- ✓ Detail how they raised awareness, embedded learning and improved practice for each of the Business Plan 2023-26 Priorities.
- ✓ To identify and include any audit activity, training, and learning from local or national Child Safeguarding Practice Reviews, and responses to concerns detailed in any agency reports (IMRs) they had undertaken.
- ✓ To identify any work their agency had undertaken to promote the voice of children, young people and their families in their work, processes, and policies.
- ✓ Areas to celebrate and any identified gaps in activity or services including action taken to mitigate risks to safeguarding.
- ✓ How their agency contributed to any other multi-agency activity to improve the safety and well-being of children during 2023-24.

The following pages are used to collate agency responses demonstrating the multi-agency response to safeguarding risks in Brighton and Hove.



# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Lead Safeguarding Partner: Brighton &amp; Hove City Council (BHCC) Children's Social Care (CSC)</b>	<ul style="list-style-type: none"> <li>○ CSC: 'Business as Usual' is to safeguard children and young people.</li> <li>○ All aspects of statutory safeguarding work under the Children Act</li> <li>○ Responsible for all safeguarding and child in need processes for children 0 to 18 and beyond for Care Leavers up to 25.</li> </ul>	Children and young people aged 0-18 and up to 25 years for Care Leavers supported from Front Door For Families (FDfF) through to our Family Help Services and Social Work under Child in Need, Child Protection and Children in Care.
<b>Lead Safeguarding Partner: NHS Sussex ICB</b>	<p>NHS Sussex represent health as one of the three Lead Partners of the BHSCP.</p> <p>Designated professionals provide training, supervision, leadership of complex cases and issues and leading on partnership work to help assure the safeguarding and looked after children standards of healthcare provision across the county.</p> <p>NHS Sussex safely discharge a statutory duty to identify and respond to safeguarding risks and themes.</p>	NHS Sussex is a commissioning organisation and does not deliver direct patient-facing care, however they hold statutory responsibilities to oversee and assure the care delivered by provider organisations across Brighton is safe and effective.
<b>Lead Safeguarding Partner: Sussex Police</b>	<ul style="list-style-type: none"> <li>○ Sussex Police provides support and information to partners to encourage the best safeguarding outcomes.</li> <li>○ Partnership activity extends to a range of functions and arrangements including safeguarding practice reviews, the chairing and participation in a variety of themed subgroups in addition to learning programmes.</li> <li>○ Allocates resource to multi-agency safeguarding hub (MASH).</li> <li>○ Emergency protective powers in relation to children that allow for immediate safeguarding activity to be taken where associated concerns are identified.</li> <li>○ Investigate every crime or incident where a child is involved as the victim or as a suspect. Understanding the "why" is fundamental with the desire to not criminalise children unnecessarily.</li> <li>○ Proactive patrol activity in places and spaces where children can be found enabling the agency to use its powers to proactively safeguard children both within and beyond the home, but also disrupt those responsible for perpetrating harms.</li> </ul>	<p>Sussex Police works with all children coming to police attention, regardless of age, and where there is a policing need.</p> <p>Sussex Police are the biggest referring agency to the MASH/FDfF with this information being shared with the broader child protection network.</p> <p>Sussex Police leads on finding / returning missing children and all subsequent investigations including Child Sexual Exploitation / Child Criminal Exploitation.</p>



# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Safer Communities, BHCC</b>	<ul style="list-style-type: none"> <li>Co-chair of BHSCP Exploitation Subgroup along with Sussex Police.</li> <li>Member of Community Safety Partnership.</li> <li>Member of the Brighton &amp; Hove Violence Reduction Partnership.</li> <li>Coordination of Violence &amp; Exploitation Reduction Action Plan (VERAP).</li> <li>Ownership of BHCC's internal pathway for Modern Slavery</li> <li>Attendance of BHCC's National Referral Mechanism (NRM) Decision Making Panel pilot &amp; Adolescent Vulnerability Risk Meeting (AVRM)</li> </ul>	The work of Safer Communities in this space primarily addresses children and young people who have experienced or at risk of involvement with various forms of exploitations and/or serious violence. This work is largely advisory or related to commissioning, procedures and training, rather than working directly with children and young people as practitioners.
<b>Family Hubs Service, BHCC</b>	<p>The service includes:</p> <ul style="list-style-type: none"> <li>Intensive whole family work at level 3.</li> <li>Whole family work at level 2.</li> <li>Group and 1-1 interventions.</li> <li>Information, advice and guidance.</li> <li>Youth participation.</li> <li>Youth advocacy.</li> <li>Independent Visiting.</li> </ul>	The Family Hubs service provides support to families from conception – 19 / 25 with Special Educational Needs and Disabilities (SEND) across all levels of need providing Early Help to prevent needs escalating to social work or specialist support.
<b>Sussex Community Foundation Team (SCFT)</b>	<p>SCFT has a safeguarding team which provides specialist advice for adults and children across all services and supports staff to recognise signs of abuse and how to report it. The Trust works effectively with pan Sussex safeguarding partnerships to ensure a multi-disciplinary and cross agency approach. The safeguarding team provide safeguarding training specific to role as defined by the Intercollegiate Document (NMC 2019) across SCFT services.</p> <p>The safeguarding team works closely with new service developments to ensure SCFT 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 SCFT focus on learning for improvement and strengthens our personalised approach to safeguarding.</p>	<p>SCFT serves a wide geographical area which includes, West Sussex, Brighton &amp; Hove, and High Weald, Lewes, and Havens, and provides health services in the community to adults and children.</p> <p>SCFT provide a range of health services for children and young people including the Healthy Child Programme (0-19 years); Community Children's Nursing Service, Child Development Centres, Speech and Language Services, Occupational Therapy, Special School Nurses, Specialist Dental Services and Physiotherapy.</p>





# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Sussex Partnership Foundation Trust (SPFT)</b>	SPFT are the specialist mental health provider pan Sussex. To discharge their safeguarding section 11 functions SPFT have an established integrated safeguarding team. The team is imbedded in workstreams within and across SPFT. This includes policy development specific to safeguarding and ensuring all policies have a safeguarding lens, designing and delivering safeguarding children training for all staff, clinical consultations and subgroup activity across Sussex.	SPFT provide mental health services to working age, children, older age, forensic and learning disabilities service users and their families.
<b>SouthEast Coast Ambulance Service NHS Foundation Trust (SECAmbs)</b>	<p>As a Trust, SECAmbs:</p> <ul style="list-style-type: none"> <li>○ Receive and respond to 999 calls from members of the public.</li> <li>○ Respond to urgent calls from healthcare professionals e.g., GPs.</li> <li>○ Receive and response to NHS 111 calls from members of the public.</li> </ul> <p>SECAmb reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.</p>	<p>SECAmbs provide services across the Southeast Coast region – Kent, Surrey, Sussex and parts of Northeast Hampshire and Berkshire (except for the NHS 111 service).</p> <p>In 2023/24, a total of approximately 35,000 referrals were received across the NHS111 and 999 services: 28,000 for adults and 7,000 for children. This equates to an increase of 17 per cent compared to the previous year.</p>
<b>National Probation Service (NPS)</b>	<p>Assess risk to children posed by adults on probation. To liaise with partner agencies to share information and manage risks of harm to children.</p> <p>Manage risks of harm to children posed by adults on probation.</p> <p>Complete interventions with people on probation to address risks of harm.</p>	<p>NPS work with adults on probation – on community sentences or during the licence period of custodial sentences.</p> <p>NPS work with prisoners during their pre-release period to support resettlement and public protection. Whenever adults within NPS service have contact with children risk is assessed and referrals made to partner agencies for support as needed.</p>



# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Oasis Project</b>	<p>Oasis Project provides services for women with drug and alcohol problems and provides care and support to children and young people affected by drug and alcohol misuse in the family. We work in partnership to deliver treatment services across Brighton and Hove.</p> <p>Oasis have a broad portfolio of services which reflect the diversity of the women and families they work with, their specific needs, and their routes into accessing support.</p> <ul style="list-style-type: none"> <li>○ Drug/alcohol treatment for adult women including POCAR (Parenting our Children, Accessing Recovery) for parents whose children are open to social services.</li> <li>○ A dedicated therapy service for children/young people 5-18 years affected by a parent or family member's substance misuse.</li> <li>○ 'Looking Forward' service for women who have had children removed from their care, who may still have contact either indirect or indirect with their child/children.</li> <li>○ Substance use recovery Partners In Change (PIC) workers- based in Brighton and Hove children social work hubs.</li> <li>○ Sex Workers Outreach Project - in the context of child protection processes.</li> </ul>	<p>Children of women receiving services from Oasis Project, children and young people receiving services i.e. therapy service.</p> <p>Oasis also provide a free, therapeutic creche (registered with Ofsted, on voluntary children's register) for babies and children of parents with a treatment need (the main cohort is 0-4years old, however they extend provision for older children during holiday periods).</p>
<b>University Hospital Sussex (UHSx)</b>	<p>UHSx provide care to people for West Sussex, Brighton and Hove and parts of East Sussex and other areas. UHSx hospitals include Worthing, Royal Sussex County Hospital, Royal Alexandra Children's Hospital, St Richard's, Princess Royal and Southlands.</p> <p>Section 11 (s11) of the Children Act 2004 places a statutory duty on key organisations to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. UHSx has important and distinct duties to ensure that children and young people receiving services, experience safe and dignified care, and that they are safeguarded from harm, abuse, and neglect. This includes ensuring appropriate action is taken when staff become aware of concerns taking place outside of the Trust.</p>	<p>Dedicated paediatric and urgent and emergency care services are provided for children and young people at Brighton, Chichester, and Worthing Hospitals. Maternity services are provided from St Richard's, Worthing, Royal Sussex County Hospital and Princess Royal Hospital.</p>



# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Public Health</b>	Public Health commissions services that provide universal, early help and targeted support for children and young people and their parents and carers. Safeguarding children and young people and vulnerable adults is an essential part of the commissioning and delivery of those services.	Service users of Public Health commissioned services.
<b>Virtual School (VS)</b>	<p>The VS role is to enhance the life opportunities for children in care (CiC), children previously in care and children who have a social worker, by supporting their education and enabling them to achieve the best they can.</p> <p>The VS tracks the attendance of CiC and acts if a child becomes persistently absent or is suspended.</p> <p>The VS uses Pupil Premium Plus (PPP) to ensure interventions support good progress, engagement and attendance.</p>	The VS is responsible for ensuring all CiC have high quality termly Personal Education Plan (PEP), which outline bespoke plans to remove barriers to children achieving their full potential.
<b>Youth Employability Service (Y.E.S)</b>	<p><b>Youth Employability Team:</b></p> <ul style="list-style-type: none"> <li>Statutory tracking of Yrs12-Yr13 - reporting to the Dept for Education (DfE) monthly.</li> <li>Data collection for September Guarantee and Annual Activity Survey (offers and enrolments) from Post 16 education providers to the DfE which is then published benchmarking against Local Authority's in the Not in Education Employment or Training (NEET) and Participation Scorecard.</li> <li>The NEET and Not Known cohorts are allocated to advisers to call and build a trusting relationship to engage in support and then education, employment or Training. Sit on AVR panel, attend Channel Panel.</li> </ul> <p><b>Youth Employment Hub:</b></p> <ul style="list-style-type: none"> <li>Department of Work and Pensions (DWP) partnership with BHCC.</li> <li>Young people aged 16-18 can join weekly activities to increase confidence, independent living skills and peer support.</li> <li>Those who are eligible to claim for Universal Credit receive wrap around support as well as being able to access benefits in a safe, youth led space.</li> </ul>	<p>NEET children and young people, the team provide careers guidance up to age 25 to groups facing additional challenges such as young people who have experienced care, young carers and Special Educational Needs and Disabilities (SEND) young adults.</p> <p>Children and young people aged 16-25 years.</p>



# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
East Sussex Fire & Rescue Service (EFRS)	<p>ESFR Schools Education Programme School sessions include learning about fire, road and water safety, as well as knife crime, alcohol, drugs and smoking, and mental health for their secondary-age sessions.</p> <p>ESFR Firewise scheme is a one-to-one intervention for CYP for whom there are concerns about their behaviour with fire.</p> <p>Safety in Action events at Hove Community Fire station, delivered in partnership with Sussex Police, Sussex Safer Roads Partnership, Southern Rail, UK Power Networks, RLSS Lifeguards, Safety Net, SECamb and Brighton &amp; Hove Buses.</p>	<p>Attended by 930 primary and secondary school children and young people in Brighton &amp; Hove including at Blatchington Mill School following the fire on the school grounds and Russell Martin Foundation Extra Time project.</p> <p>21 CYP through our Firewise scheme in the city.</p> <p>Attended by 1240 year 6 pupils in Brighton &amp; Hove.</p>
Impact Initiatives	<p>Services include:</p> <ul style="list-style-type: none"> <li>Whitehawk After School Project (WASP) - based at City Academy in Whitehawk.</li> <li>Stopover Supported Housing Mother and Baby project in Whitehawk and a Move-on Project in Moulsecoomb.</li> <li>Young People’s Centre (YPC).</li> </ul>	<p>Impact Initiatives provide services to clients who have experienced a high level of childhood trauma resulting in current behaviours including serious mental health concerns, suicidal ideation, self-harm and substance misuse.</p>
Trust for Developing Communities (TDC)	<p>TDC offer universal and targeted youth work services, focussed on young people in Brighton &amp; Hove who face disadvantage and exclusion through poverty, racism and other factors.</p> <p>Key safeguarding functions include monitoring concerns and disclosures, sharing information in line with Section 11 of the Children Act, 1989, and reporting concerns where appropriate with statutory bodies in line with guidance in Section 17, and joining Strategy and other information-sharing meetings in line with Section 47 of the Children Act, 1989.</p>	<p>TDC work with approximately 1,800 young people each year.</p> <p>In the year to the end of March 2024, 41.5% of all young people TDC worked with were in the bottom decile of the IDACI Scale. 31% had SEN support or an Education , Health and Care Plan (EHCP) in place.</p>



## Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>Stonewater (Brighton Refuge)</b>	<p>The Brighton refuge is a safe space providing accommodation and support for women and their children who are fleeing domestic abuse. Stonewater support children with physical, emotional and mental health support needs, safeguarding concerns, education and any other support as required.</p> <p>Within the local Capacity Building Programme for the Black and Global Majority (BGM) community Stonewater provide safe places for women experiencing domestic abuse or living with the trauma of domestic abuse. Stonewater specialise in creating inclusive spaces for women from BGM communities. Stonewater support children by offering advice, support and safety plans to families. They provide sessions outlining people's rights ensuring communities are educated ensuring the support needs of children are paramount.</p>	Stonewater support children fleeing domestic abuse with their mothers and support from newborn up to 18 years, male and female.
<b>Brighton &amp; Hove Albion Foundation (B&amp;HF)</b>	<p>B&amp;HF are the official charity of Brighton &amp; Hove Albion (BHA), using the power of football to engage and inspire people to change their lives and help them to get active, learn new skills and improve their wellbeing.</p> <p>The Foundation offers a safe space, and free football, particularly in the more socially deprived areas of the city to encourage young people to engage in a healthy lifestyle, and personal development opportunities, giving young people a positive outlet for their energy.</p>	<p>B&amp;HF work with around 5,000 children every week in BHA.</p> <p>B&amp;HF disability programme is one of the biggest in the South.</p>
<b>YMCA Downlink Group</b>	<p>YMCA DownLink is the largest regional charity in Sussex and Surrey working to prevent youth homelessness and support children and young people's emotional and mental health. YMCA Downlink employ 325 people and have 80 volunteers.</p> <p>Support offered in three service areas:</p> <ul style="list-style-type: none"> <li>○ Housing provision and sustaining accommodation</li> <li>○ Specialist information, advice and support</li> <li>○ Emotional wellbeing and mental health</li> </ul>	<p>YMCA Downlink support children and young people up to the age of 25 with multiple and complex needs.</p> <p>Services are inclusive supporting children and young people who are LGBTQ+, Black and Racially Minoritised, neurodiverse, have experienced exploitation, care experienced, young families, young carers, young refugees and unaccompanied asylum-seeking children.</p>



# Our Partner Agencies

Name of Agency or Organisation	Safeguarding Function	Description of cohort of children/young people worked with/provide services for
<b>RiSE</b>	<p>RiSE is the local specialist domestic and sexual abuse service.</p> <p>RiSE work with all levels of safeguarding in the context of domestic and sexual violence and abuse up to level 4 providing specialist expertise and collaboration including support in family courts, safe housing support, counselling, therapy and targeted interventions with schools and health providers working closely with early help, public health and child protection teams.</p>	Services provided to women, children, and LGBT people in Brighton & Hove.
<b>Community Works</b> <b>(Voluntary and Community Organisations VCS)</b>	<p>VCS organisations operate across BHSCP Threshold Document Tiers 1-4 from Universal Level to Specialist Services to address Acute &amp; Chronic Need for young people in Brighton &amp; Hove. They provide early recognition and intervention, referral to partner agencies and Front Door for Families.</p> <p>The large and diverse reach of charities, community groups, clubs and not for profit organisations is a cornerstone of good safeguarding practice with an umbrella provided through Community Works.</p>	Children and young people in Brighton and Hove, ages and circumstances of cohort dependant on VCS organisation services.
<b>Lioncare Group</b>	Lioncare Group care for children on a medium-long term basis who have social, mental, emotional and behavioural difficulties – referred to as complex needs. Children from the age of 6 – 18 years old are supported in three homes based in the City.	All the children supported by Lioncare have experienced abuse, neglect and trauma which brings different safeguarding concerns across all homes and staff teams. Children are chronologically delayed due to the abuse they have suffered whilst not in care and this is acted out at a subconscious level which needs experienced and trained adults to contain, keep safe and enable them to grow.





# BHSCP Business Plan 2023-26

This section of our annual report looks at the Brighton & Hove Safeguarding Children Partnership (BHSCP) Business Plan 2023-2026 which sets out our strategic intent in making our vision a reality. The Business Plan and Partnership Workplans underpin the statutory objectives of the BHSCP to coordinate agencies, practice, and approaches to ensure the effectiveness of safeguarding arrangements in Brighton & Hove.

**The BHSCP Business Plan 2023 – 2026 priorities are informed by the following:**

- Learning from local and national Safeguarding Practice Reviews (formally known as Serious Case Reviews).
- Legislation and policy.
- Inspection reports.
- National learning, briefings and research including National Review Panel reports and guidance.
- Local audit findings through monitoring and evaluation.
- Data sources including BHSCP Dashboard.
- Learning through Subgroup activity and professional challenge.



**How we deliver our priorities:**

Our priorities are delivered through our Subgroup activity. Each Subgroup reports to the Statutory Lead Partners, the Steering Group, and Partnership Board every quarter. BHSCP works collaboratively with other Partnerships and Boards in Brighton and Hove to co-ordinate services, whilst collectively focussing on safeguarding the children and young people in our city. Our partner agencies coordinate audit and evaluation to effectively monitor the effectiveness of services and improve outcomes for local children, young people, and families. We work with our Pan-Sussex Partners to provide cross county professional challenge, shared learning, and a shared approach to safeguarding practice.

**Business Plan 2023 – 2026 – Priority 1: Partnership Engagement and Accountability**

Partnership arrangements have provided strategic leadership to fully embed the principles of multi-agency safeguarding across all aspects of our work, and that children, young people and their families, the local community, and professionals assist in shaping the work of BHSCP. Since the publication of Working Together to Safeguard Children (WT23) the Partnership has developed new Multi-Agency Safeguarding Arrangements (MASA) to continue this further.

The Partnership demonstrates effectiveness in delivering against statutory functions, leads the safeguarding agenda in Brighton and Hove, and challenges the safeguarding work of partner agencies and organisations. The Partnership has committed to an approach that learns lessons and embeds good practice. Public safeguarding awareness has improved through the on-going ‘See Something, Say Something’ campaign, enabling our community to act as the eyes and ears and understand how, when, and where to seek help should they witness, or suspect abuse or neglect is happening.



# BHSCP Business Plan 2023-26

BHSCP has strengthened the governance between the Partnership and other key strategic forums including the Safeguarding Adults Board (SAB), Community Safety Partnership, Pan-Sussex strategic leadership meetings, the Association of Safeguarding Partners (tASP), Pan-Sussex Policies and Procedures Group, and the Health & Well-being Board. The Partnership has maintained robust relationships with community and voluntary organisations in training, challenge, and consultation. BHSCP has involved and consulted children and young people in the process of helping to keep them safe. However, this is an area we need to focus on as we implement the new MASA from 2 September 2024 and the 2024-26 Section 11 Audit cycle.

The Partnership has adopted anti-racist working to identify where people are discriminated against because of race or membership of global majority communities, and has taken active steps to address the systems, privileges and everyday practices that maintain this unequal treatment, whether they be intentional or unintentional. We have also developed the Poverty Aware Practice Statement as part of our Threshold Document refresh in collaboration with Children's Social Care colleagues.

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

As engagement and accountability continue to be part of the foundations and daily business of the Partnership; the Business Plan 2023 – 2026 focus is Priorities 2,3 and 4. Our business objectives will be reviewed after the introduction of the new MASA in September 2024 to ensure they continue to reflect current safeguarding trends, concerns, and developments in Brighton and Hove and as well as nationally.

## Priority 2: Safeguarding Children and Young People from Violence and Exploitation - Lead Agency: Sussex Police

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

**Outcome:** The risk of children and young people experiencing criminal or sexual exploitation has reduced.

### Strategic Objectives:

**2.1** Develop a profile analysis for each of the elements of complex safeguarding to target interventions.

**2.2** Organisations and agencies have the skills and knowledge to recognise and undertake high quality assessments regarding exploitation delivering interventions for children, young people, and families at all levels of need.

**2.3** Target intervention where children and young people are deemed to be at risk of extra-familial harm.

Prevent the exploitation of children through raising awareness, building young people's resilience, providing appropriate diversionary activities, and upskilling practitioners across the partnership.

# BHSCP Business Plan 2023-26

## Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage – Lead Agency: Brighton & Hove City Council

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

**Outcome:** All children where neglect is a feature are identified and helped at the earliest opportunity, without drift or delay.

### Strategic Objectives:

**3.1** Strengthen and maintain the governance of partnership arrangements to further support a co-ordinated and multi-agency response to neglect. Review and refresh our multi-agency neglect strategy to underpin this work, highlighting the importance of poverty aware practice. Strengthen strategic links through the engagement of the wider partnership, including those services that do not predominantly work with children.

**3.2** BHSCP in partnership with the Voluntary, Community Sector to ensure the roll out and use of neglect tools and strategies to ensure early prevention and detection of neglect.

**3.3** The Partnership is assured that an effective whole family approach to assessing neglect, as well as planning and monitoring interventions is embedded city wide across agencies and organisations.

**3.4** The Partnership is assured that all agencies are equipped to tackle the impact of neglect, to recognise the impact of child poverty and disadvantage, and the importance of poverty aware practice.

## Priority 4: Supporting Mental Health, Emotional Health and Well-being – Lead Agency: NHS Sussex ICB

**Aim:** Ensure that service provision for children who need support for emotional and mental health issues is consistently good across Brighton & Hove.

**Outcome:** Children and young people have access to effective support that helps them deal with a range of pressures arising from the different contexts in which they live their lives.

### Strategic Objectives:

**4.1** Evaluate the availability and impact of services and resources on the safety of young people experiencing emotional and mental health issues, and contribute to future service developments, particularly where gaps are identified.

**4.2** Strengthen the governance interface between the BHSCP, NHS Sussex ICB and Public Health on the local suicide prevention strategy and action plan.

**4.3** BHSCP in partnership with the Voluntary, Community Sector to ensure roll out and use of Harmful Sexual Behaviours (HSB) in Schools tools and strategies to ensure early detection and prevention of HSB in schools.

The following pages are used to demonstrate the impact of multi-agency partnership work to safeguard children, and the progress made against our business plan priorities in 2023-24 including key activities and evidence as identified by agency leads. Full responses from all partners are published on the BHSCP website with this report, website links are included as Appendices (Annex A) in the reference section.

# BHSCP Business Plan 2020-23 – Partner Contributions to Priorities

## Priority 2: Safeguarding Children and Young People from Violence and Exploitation Lead Agency: Sussex Police

Agency or Organisation	Activity	Impact	Evidence
<b>Sussex Police</b>	<p>In Autumn 2022 Sussex Police funded and recruited to a small exploitation team. The funding for this has been renewed for the 2023 – 2024 financial year.</p> <p>The objectives of this team are multi-faceted and includes challenge, improving practice, reviewing the forces strategic approach, in addition to supporting thematic leads through the development and delivery of training, focused action and engagement.</p> <p>Force has a designated Child Exploitation lead (DCI Public Protection) advocating for focus, resource and practice improvement.</p>	<p>Impact has been significant, including the impact on training:</p> <ul style="list-style-type: none"> <li>○ Jan 2023 – Child Exploitation Recognition and Response – Response</li> <li>○ Feb 2023 – Local Authority Designated Officer (LADO) – Public Protection (PP)</li> <li>○ April 2023 – Childrens Services Powers and Policies – Criminal Investigations Department (CID) &amp; PPP</li> <li>○ July 2023 – Hydrant Programme and Under Cover Online (UCOL) – PP Detective Inspectors &amp; Detective Sergeants and key divisional reps</li> <li>○ Aug 2023 - Child Exploitation – PP</li> <li>○ Aug 2023 – Child Sexual Assault Referral Centre &amp; Child Protection Medical – PP.</li> <li>○ Sept 2023 – Child Exploitation and Online Grooming – Force Contact, Command, Control Department (FCCCD).</li> <li>○ Jan 2024 – Online Grooming – Response, Response Investigation Team (RIT) &amp; Neighbourhood Policing Team (NPT).</li> </ul>	<p>Provision of products and awareness to support investigators and front-line practitioners in recognising, responding to and investigating child criminal exploitation.</p> <p>Strong attendance at various groups, such as AVRМ Escalation and CEIM (Child Exploitation Intelligence Meeting), with representatives drawn from a range of internal disciplines.</p>

Agency or Organisation	Activity	Impact	Evidence
Children's Social Care (CSC)	<p>Front Door for Families (FDfF) make decisions on pathways of support and intervention.</p> <p>CSC have a specialist Adolescent Service to prioritise those most at risk. This includes the Adolescent Vulnerability and Risk Management Meeting (AVRM), a multi-agency forum.</p> <p>CSC RBP Model puts children at the centre of their practice with containment and support for Social Workers as key.</p> <p>CSC internal audits raise awareness and learning alongside thematic audits. Recent engagement and learning from BHSCP Exploitation and Missing Audits.</p> <p>Learning around adultification across the service.</p> <p>CSC are piloting devolved National Referral Mechanism (NRM) decision making.</p> <p>CSC have reviewed and strengthened their response to Missing including dedicated missing workers and close working in partnership with Sussex Police.</p> <p>Engaged in early learning from a Safeguarding Children Practice Review into a death of a young person linked to exploitation.</p> <p>Driven multi-agency learning from case studies.</p> <p>Driven practice developments on the disruption of exploitation.</p>	<p>CSC have robust and thorough support services for children at risk of exploitation.</p> <p>Children are supported and listened too.</p> <p>Muti-agency work is of good quality.</p> <p>Targeted interventions are in place to support escalating risk.</p> <p>The risk is that despite high quality services CSC and partners cannot always eliminate all contextual safeguarding risks as demonstrated through the sad death in 2023 of a young person through a knife incident.</p>	<p>Ofsted Inspecting Local Authority Children's Services (ILACS) inspection Feb 2024 - Outstanding</p> <p>Ofsted Youth Offending Service (YOS) Inspection 2022 - Outstanding</p> <p>Ofsted Special Educational Needs (SEN) Inspection 2023 – Grade 1</p>

Agency or Organisation	Activity	Impact	Evidence
NHS Sussex ICB	<p>November 2023, Safeguarding and children in care fortnight:</p> <ul style="list-style-type: none"> <li>13 virtual events held and an in-person conference.</li> <li>Sessions included <b>transition in safeguarding, response, 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.</b></li> <li>Conference: Links between health inequalities and safeguarding and children in care.</li> </ul>	<p>NHS Sussex received extremely positive Feedback from staff –</p> <ul style="list-style-type: none"> <li>How this training would alter and develop their patient-facing practice.</li> <li>How learning from statutory safeguarding reviews was being implemented into frontline care delivery.</li> </ul>	<p>Evaluation Responses (from 195 attendees) –</p> <p>Organised &amp; easy to follow: Strongly agree 125, Agree 59</p> <p>Content relevant and useful to my work: Strongly agree 128, Agree 62</p>
Safer Communities, BHCC	<p>Multi-agency activity with Sussex Police - visiting hotels, guesthouses, hostels and language schools to promote Op Makesafe (how to spot, challenge and report potential exploitation) and changes to the law regarding possession of offensive weapons in private spaces.</p> <p>Safer Communities are part of the NRM Decision Making Panel, chaired by Adolescent Services. This commenced in Spring 2023.</p>	<p>Greater understanding and knowledge of exploitation within the community.</p> <p>The panel has driven much swifter decisions for those referred and noted a greater shared understanding of the NRM and exploitation in general across partners.</p>	<p>Demonstrating immediate impact from preventative work is consistently challenging. However, during visits Safer Communities saw Op Makesafe resources displayed within premises that had been visited during previous days of activity, and robust procedures and knowledge from service managers/proprietors.</p> <p>All first stage decisions reached within 45 days of referral (for context some referrals that went to the Home Office under previous arrangements took 18 months+ to get a response) / Increased number of submissions to the NRM for u18s locally.</p>

Agency or Organisation	Activity	Impact	Evidence
East Sussex Fire & Rescue (ESFR)	Safety in Action	Improved knowledge of risks that children and young people face and how to keep themselves safer.	Evaluation: Pre and post event knowledge assessment.
	Firewise	ESFR Firewise interventions often include discussions around how to deal with peer-pressure. ESFR occasionally find that young children are spending time with and are influenced by older young people. When this is the case, ESFR signpost families to support and make a safeguarding referral as appropriate.	Very low rate of reoffending, as measured by re-referral after intervention, and feedback.  Number of *Coming to Notice Referrals.  <i>*ESFRS internal safeguarding alert form</i>
Impact Initiatives	Worked with service users in respect of emotional literacy to identify safe and unsafe behaviours and practices. <ul style="list-style-type: none"><li>○ WASP 1:1 work.</li><li>○ Stopover 1:1 work.</li><li>○ Stopover accredited group work.</li><li>○ Stopover professional. psychological interventions.</li><li>○ YPC drop-in.</li><li>○ YPC workshops.</li><li>○ E-motion online counselling provision.</li></ul>	Improved sense of self, with service users more able to recognise when feeling unsafe. Built a network of trusted adults.	Feedback from service users

Agency or Organisation	Activity	Impact	Evidence
University Hospital Sussex (UHSx)	Introduction of Extrafamilial Harm and Violence Reduction single agency Learning & Development.	Staff able to support young people who are vulnerable and/or at risk of violence.	Feedback/evaluation from training. Supervision and team meeting notes. Feedback from Sussex Police.
	Sexual Health representation at B&H AVRМ – identifying learning/areas of risk and feeding back to clinical areas.		
	Improved information sharing - child's name, context of assault and location of assault shared with Police to help identify vulnerable children & support multi-agency working.		
	Child Sexual Exploitation (CSE) tool utilised by UHSx practitioners.		
	<b>TDC Hospital Youth Workers:</b> signposting, risk reduction, positive impact on young person's wellbeing and mental health. Youth workers for the children's emergency department at the Royal Alexandra Children's hospital (RACH).		
	<b>Domestic Abuse:</b> Hospital Independent Domestic Violence Advisors (IDVA) in post on all sites. MARAC process being developed across sites to manage alerts on Sussex IT systems and to ensure information sharing for MARAC is supported across all sites.	Developing trusting relationships and good communication with young people, healthcare practitioners and, where relevant, young people's parents and carers. Keeping youth work values central to practice.  Impact being collated. A process is being developed for Princess Royal hospital to input into the Multi Agency Risk Assessment Conference (MARAC) process.	TDC Hospital Youth Work Report.  Feedback from staff has been positive, valuing IDVA support
	Maternity Service has been involved in the development of SCARF process. Maternity attend MARAC meetings for all areas covered by UHSx.	Collaborative approach encourages information sharing to reduce risks for both pregnant women, unborn babies and the staff providing care.	



Agency or Organisation	Activity	Impact	Evidence
<b>Sussex Community Foundation Trust (SCFT)</b>	<p>SCFT have participated in the B&amp;H Pilot NRM to support the national framework for victims of modern slavery within the criminal justice system. This has included sharing information for children subject to a NRM to support the NRM panel's analysis of all available information across agencies for the best outcome for each child. NRM's are parallel process to existing Safeguarding and child protection structures. SCFT completed 26 requests for information in 2023-24.</p> <p><b>Introduction of Training:</b></p> <ul style="list-style-type: none"> <li>○ School Nurse Level 3 - <i>Criminal Exploitation and School Aged Children</i>.</li> <li>○ Trust wide <i>Level 3 Safeguarding Children Training 2023-24</i>.</li> <li>○ School Nurse Level 3 - <i>Safeguarding children</i> with the school liaison officer from YMCA Downlink group to present a discussion called <i>Harmful Sexualised Behaviour</i> and the prevalence of CSE amongst boys.</li> </ul>	<p>NRM referral added as significant event to their SCFT health record; this alerts services should the child be in receipt of care or become in receipt of care to the risk of exploitation to support curiosity within their assessment, consider communication with other agencies and the child's support needs.</p> <p>Improved professional understanding of criminal exploitation (CE), recognition and prevention of CE, and how to support children at suspected risk of CE.</p> <p>The BHSCP Exploitation audit October 2023 showed school nurse service activity (3 of the 8 children were receiving a specialist service from a school nurse) - this included evidence of creative ways to engage with the child, as well as understanding to the number of professionals involved and how that may feel for the child.</p>	<p>SCFT health records and data stored by the safeguarding team.</p> <p>Attendance, concerns, and plan is recorded within SCFT records visible to all services on System one and AVRМ minutes.</p> <p>Positive feedback from the training sessions – i.e. relevant to role, increased understanding and motivation to change practice. HSB in education training feedback included all responses as 'agree or strongly agree'.</p>
<b>National Probation Service (NPS)</b>	<p>Collaboration with Brighton and Hove YOS, Sussex Police and housing providers re young adults linked to county lines and risks in terms of exploiting young children (siblings and/or associates).</p>	<p>Improved communication and understanding of the links between young adults and children known to agencies. This helps improve risk assessment and risk management plans and the targeting of interventions.</p>	<p>Feedback from practitioners and partner agencies.</p>

Agency or Organisation	Activity	Impact	Evidence
<b>RiSE</b>	<p>Early recognition and intervention, referral to partner agencies and Front Door for Families. Attending key training and conferences</p> <p>Leadership through partnership and forums from VCS. Sharing learning opportunities through VCS.</p> <p>Deliver <i>Domestic Violence &amp; Abuse: The Impact on Children &amp; Young People</i> training as part of the BHSCP multi-agency training programme.</p>	Improved practice and local expertise.	Attendance at training and events.
<b>Lioncare</b>	<p>Each child has a Safeguarding Risk Profile which highlights the risks they arrive with.</p> <p>Working with the Police and Youth justice around children presenting violent behaviours towards the staff team. Always trying to use a restorative pathway so no child becomes criminalised.</p>	<p>To decrease and manage this within the team and with each child.</p> <p>Positive impact using a restorative approach and allowing the child to remain and progress.</p>	<p>The risk profiles show a decrease in each child starting point throughout their journey with Lioncare.</p> <p>Child is settled in placement and their risks have decreased due to working together.</p>
<b>Oasis Project</b>	<p>Development and growth of Hope Service – targeted intervention for 16–25-year-olds with substance use needs. This service was developed to respond directly to the wants and needs of young adults requiring support with substance use, including risk of extra-familial harm including violence and exploitation.</p> <p>In recognition that young people with substance use needs may be at increased extra-familial harm including risk of violence and exploitation, services are trauma-informed and developed with knowledge from Transitional and Contextual Safeguarding models.</p>	Access to specialised drug and alcohol interventions which include psychosocial support, clinical treatment and therapy. This increases access to holistic support to make changes which increase safety, enhance well-being and prevent issues becoming embedded into adulthood. Young people who have accessed youth services may be less likely to disengage from services when turning 18 through a transitional approach between youth and adult providers.	Oasis Project’s Hope Service received national recognition and contributed to knowledge sharing and improving practice nationally. The Hope Service was featured in Transitional Safeguarding textbook authored by Holmes, Cooper and Cocker (2024) as an example of innovative practice for young people at risk of harm and transitioning into adulthood.

Agency or Organisation	Activity	Impact	Evidence
<b>YMCA Downlink Group</b>  *Commissioned by BHSCP including Safer Streets 4 PCC funding.	<b>WiSE (What is Sexual Exploitation) Project:</b> <ul style="list-style-type: none"> <li>Offers direct support for children experiencing Child Sexual Exploitation (CSE) and harmful sexual behaviours (HSB).</li> <li>Pan Sussex Exploitation Learning Network – for professionals to understand victim blaming and language, support networks and interventions.</li> </ul> <b>YMCA Downlink offer:</b> <ul style="list-style-type: none"> <li>Consultations for professionals.</li> <li>CSE awareness training: Level 1 and Level 2 training days.</li> <li>*School liaison services to 10 secondary schools in B&amp;H to raise awareness of HSB and deliver bespoke training, including PSHE lesson plans for KS3 and KS4 students, and support for home educated students and their parents/carers. Commissioned by BHSCP including PCC Safer Streets 4 funding.</li> <li>*HSB support to alternative education providers (in pupil referral units, connected hub and special educational schools) with PSHE lesson plans on this subject to explore with students plus guidance for teachers to use.</li> </ul>	Children and Young people up to the age of 25 years old can access our service for direct support to understand CSE, trauma responses and contextual safeguarding.  Upskilling and sharing knowledge and resources to other professionals.  Increased professional knowledge and confidence including a better understanding of impact of CSE on children, families and wider communities and be equipped with resources and interventions.  Improved knowledge of HSB across school staff teams including impact on children and proportionate responses.	Feedback from children, young people, professionals, commissioners.  More details of the Harmful Sexual Behaviours Project and evaluation included on page 29.
<b>Trust for Developing Communities (TDC)</b>	Youth Work delivery on projects, including: <ul style="list-style-type: none"> <li>Hospital Youth Work.</li> <li>Brighton Streets Detached Youth Work.</li> <li>School Youth Work.</li> <li>Pattern &amp; Progress Young Men’s Mentoring.</li> <li>Turnaround Community Navigation.</li> <li>Neighbourhood Youth Work.</li> <li>Health &amp; Wellbeing Youth Work.</li> <li>New View Youth Mentoring.</li> <li>Networking and Learning, including:               <ul style="list-style-type: none"> <li>Convening the Brighton &amp; Hove Youth Services Network.</li> <li>Developed Safeguarding Audit for Universal Youth Services in the city.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>37% reduction in knife-enabled serious violence – under 25s.</li> <li>44% reduction in Serious Violent Crime – victim under 25.</li> <li>40% reduction in robbery.</li> <li>24% reduction in hospital attendances in A&amp;E for assault with a knife.</li> <li>43% reduction in possession of weapons.</li> </ul> Causation not proven.	End of Q2 (2023-24) report to the Violence Reduction Partnership.

# Harmful Sexual Behaviours in Education Project

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour displayed by children and young people which is harmful or abusive.

After the Sarah Everard case came to light, many children in schools started campaigns and protests around the experiences of young girls within our schools and our society. There had been an increase in Front Door for Families (FDfF) referrals involving incidences of concern where girls had been victims of various levels of abuse up to quite serious assaults. A practice review was completed by FDfF and CSC to ensure operations were appropriate and support for the children was correct, but also considering the boys that may be displaying harmful sexual behaviours in our schools.

A self-assessment activity completed by the local authority HSB Task & Finish group confirmed that services were good and there was a robust understanding of not having a punitive approach to perpetrators but having a strong approach about how to address harmful behaviours. It was apparent this was a cultural issue across all spaces in society, not just high-end issues. The review looked at experiences of children in schools and other young people's spaces and looked at the various low-level incidents – a service risk assessment was completed. This generated schools-based actions such as a review of PSHE and the Safe and Well at School Survey, and an Action Plan was developed.

**BHSCP Response:** As part of the action plan BHSCP agreed to commission YMCA Downslink (WiSE) and the Trust for Developing Communities (TDC) to deliver support to local secondary schools including:

- **A Harmful Sexual Behaviours Schools' Worker:**

- To support schools to feel confident to effectively address and combat harmful sexual behaviours in their settings.
- Schools would know how to identify and respond to problematic behaviours earlier, develop robust and clear procedures to ensure consistent responses, and work collaboratively to begin to engender an anti-misogynist, positive culture when approaching violence against women and girls.

- **Pattern & Progress Young Men's Mentoring offer:**

- 4 x Pattern & Progress programmes (delivered in 4 secondary schools).
- Targeted mentoring focusing on positive masculinity and the reduction of HSB for 24 young men, identified by each school setting (6 in each school).

BHSCP also used Police Crime Commissioner funding to extend the programme to non-mainstream Alternative Education Provision in Brighton & Hove:

- Connected Hub (a Year 11 only Pupil Referral Unit).
- Connected School - Homewood College (A maintained special school for students aged 11 to 16 with social, emotional and mental health difficulties).
- Electively Home Educated Children.
- Special School(s).

Initial evaluation of the project has been positive with schools reporting the value of the support received. Full reports from the TDC and WiSE are available from [Keeping Children Safe - BHSCP](#)



# BHSCP Business Plan 2020-23 – Partner Contributions to Priorities

Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage  
Lead Agency: Brighton & Hove City Council

Agency or Organisation	Activity	Impact	Evidence
Children’s Social Care (CSC)	<p>This is a priority action area for the LA.</p> <p><b>Development of –</b></p> <ul style="list-style-type: none"><li>○ Poverty Aware Statement, now adopted as a BHSCP Statement.</li><li>○ The development of a Communities of Practice around Poverty.</li><li>○ Development of a shared model of practice.</li></ul> <p><b>Promotion of –</b></p> <ul style="list-style-type: none"><li>○ The Graded Care Profile (GCP2) toolkit and training across all Social Work Teams.</li><li>○ Learning from Case Studies promoted via Learning 9 min briefings.</li></ul> <p><b>Approach –</b></p> <ul style="list-style-type: none"><li>○ Driven the development of the Neglect Working Group and GCP2 reviews.</li><li>○ BHCC disadvantage strategy in place, ‘A Fairer Brighton &amp; Hove’ 2022 to 2025.</li><li>○ Review and relaunch of CSC CIN Procedures to ensure robust oversight and effective plans are in place for our CIN.</li><li>○ Closer working with Family Hubs and development of improved step across processes between our Family Help and Social Work services.</li><li>○ Current Thematic Audit on Long Term Neglect taking place Q1 2024/25 which will develop an action plan.</li></ul>	<p>CSC are monitoring impact. Awareness of neglect as a major priority area.</p> <p>Learning is being promoted to ensure practitioners are skilled.</p> <p>A systemic review has enabled CSC to consider responses to Neglect.</p> <p>This is still under way, so impact is to be considered.</p> <p>Overall CSC decision making is good however they are seeing for some families the escalation to chronic neglect is not engaged with early enough meaning some children suffer neglect.</p>	<p>Ofsted Inspecting Local Authority Children’s Services (ILACS) inspection Feb 2024 - Outstanding</p> <p>Ofsted Youth Offending Service (YOS) Inspection 2022 - Outstanding</p> <p>Ofsted Special Educational Needs (SEN) Inspection 2023 – Grade 1</p>

Agency or Organisation	Activity	Impact	Evidence
NHS Sussex ICB	<p>NHS Sussex deliver safeguarding training to all their staff and partner services as per the Intercollegiate Documents.</p> <p><a href="https://www.rcn.org.uk/Professional-Development/publications/pub-007366">https://www.rcn.org.uk/Professional-Development/publications/pub-007366</a></p> <p>Neglect is a key focus of Level 3 training during the last 12 months. This included training delivered to NHS Sussex staff and Primary Care staff in Brighton and Hove.</p>	All training now contains focus on Trauma Informed Practice, to ensure staff are aware of the impact of neglect and the importance of early identification and intervention.	Feedback from staff is that they find the training helpful and informative. Moved training to in-person sessions from September 2023, with a focus on 'lifespan' – based on feedback from virtual sessions - received positively by trainers and attendees.
Sussex Police	<ul style="list-style-type: none"> <li>○ <b>Op Denver:</b> Offender Managers disrupt NFA'd (no further action) suspects investigated for a sex offence against a child. Suspects are targeted to find any other opportunities to prevent further risks including neglect.</li> <li>○ <b>Crewmate Neglect Tab:</b> Accessible guidance on neglect via Officer's devices at the scene and remotely.</li> <li>○ <b>Training:</b> Neglect sessions through BHSCP Learning &amp; Development used to embed use of common language around neglect.</li> <li>○ <b>CSE Child Protection Working Group:</b> Includes neglect and poverty.</li> <li>○ <b>AVRM Escalation:</b> Sussex Police response to the AVRM is being reviewed jointly by CSC and Sussex Police.</li> </ul>	<ul style="list-style-type: none"> <li>○ Multiple partner agency meetings on the AVRM escalation process. CSC and Sussex Police proposing new joint process.</li> <li>○ Child Protection Working Group is well attended.</li> <li>○ Improved knowledge of neglect and Child's Voice through training and use of Cre Mate Neglect tab.</li> </ul>	Data not available in this timespan, however, could be possibly mapped upon request with a discussion about what was required.



Agency or Organisation	Activity	Impact	Evidence
Family Hub Service	<p>Whole family work at tier 3 and tier 2 – Priority 2 for full explanation of tiers 2 and 3.</p> <p>Targeted interventions around <i>Cost-of-Living</i> and <i>Employment Support</i>.</p> <p>Staff across the service including nurseries are trained in use of neglect GCP2 assessment tool.</p> <p><i>Poverty Focus Month</i> delivered.</p>	<p>Reduce demand for social care service and holding cases in Early Help</p> <p>Support provided to families to support with employment and cost of living issues.</p> <p>Staff trained to support families.</p>	<p>94 of Early Help whole family assessments completed in 2023-24 identified that the family required support with their finances and/or have unmanageable debt. 101 whole family closure forms identified the same, of which 82 recorded positive progress.</p> <p>160 families supported with <i>Cost-of-Living</i> interventions and 72 with <i>Employment Support interventions</i>.</p> <p>342 multi agency staff attended the <i>poverty focus month</i>.</p>
Sussex Partnership Foundation Trust (SPFT)	<p>Learning from Local Child Safeguarding Practice Reviews (LCSPR) and Rapid Reviews, direct consultation work, and continued engagement with BHSCP and Trust’s neglect workstreams constantly see a focus in neglect.</p> <p>These areas are reflected in our Neglect Strategy and overarching commitment to neglect across Sussex.</p>	<p>Increased awareness and confidence within practitioner teams - use of Neglect Strategy within our overarching policy and procedure.</p>	<p>Neglect Strategy, overarching policies and procedures.</p>
Public Health	<p>Public Health, working with Families, Children and Learning and the UHSx Medical School using <b>Safe and Well at School Survey</b> anonymised data to evidence the impact of the Poverty Proofing programme for schools and colleges.</p>	<p>This evaluation is ongoing and will report in 2024.</p>	<p>Unavailable at time of writing.</p>

Agency or Organisation	Activity	Impact	Evidence
<b>Brighton &amp; Hove Foundation (B&amp;HF)</b>	<p>Award-winning educational and outreach programmes –</p> <ul style="list-style-type: none"> <li>○ Improve wellbeing.</li> <li>○ Supports learning.</li> <li>○ Enable those at greater risk of inequalities to access the opportunity for support.</li> <li>○ 53 schools including Alternative Provision and SEND, delivering school sports and PE, literacy, numeracy and STEM to support learning and personal development.</li> <li>○ Provide free sessions in low affluent areas and a bursary scheme to low-income families to attend our football pathway sessions.</li> <li>○ Holiday football camps, providing financial assistance for low-income families.</li> <li>○ Free kit and boots for families struggling to afford sports and PE kit.</li> <li>○ Free football tournaments to 121 refugees.</li> </ul>	<ul style="list-style-type: none"> <li>○ 103 young people through the Holiday Activity and Food (HAF) programme</li> <li>○ Improve teachers' confidence in delivering PE.</li> <li>○ Increased children's confidence in English activities.</li> <li>○ Improved children's communication skills and resilience.</li> <li>○ Healthy eating workshops and assemblies in schools.</li> <li>○ Nutritional advice for young people and their families.</li> <li>○ Healthy cooking sessions in schools and at community events.</li> </ul>	<p><a href="https://bhafcfoundation.org.uk/impact-stories/">https://bhafcfoundation.org.uk/impact-stories/</a></p>
<b>Trust for Developing Communities (TDC)</b>	<p>Distribution of Household Support Fund to families in need.</p> <p>Community Development and Leading the Inclusive Communities Partnership. Equalities and Health Inclusion work with migrants and refugee/asylum seekers.</p>	<p>50 families supported with an average grant of £200 to help with food, energy or clothing in the year to 31 March 2024.</p> <p>Healthy, inclusive city where people can thrive.</p>	<p>Reports to funders</p>
<b>Lioncare</b>	<p>On referral children can enter with signs of severe neglect i.e no clothes, toys, signs of dental neglect, and growth and development issues. Lioncare service includes the development of a therapeutic package for all children on arrival.</p>	<p>Therapeutic package living and treatment plan enables the children ant Lioncare to feel safe, loved and contained.</p>	

Agency or Organisation	Activity	Impact	Evidence
Stonewater (Brighton Refuge)	Child Empowerment stars completed for each individual child.	These ensure that children's voices are heard and central to the support they receive.	Support plans are produced from these sessions which ensure that the needs of children are addressed and set goals are worked towards.
	Applications to Pelican Parcels	These allow families to access support for equipment they may need in relation to the children such as cots, push chairs etc.	Families can access equipment needed for the care of their children
	Applications to Buttle	Applications are made in relation to children with SEN and learning difficulties. They allow families with low income to access equipment and support to assist with the care of their children and enable them to access sensory equipment and learning tools.	Applications and referrals made.
	Application for free school meal placement	Child support workers assist residents to apply for free school meals ensuring that all children have access to healthy balanced meals through the school day.	Applications are made in conjunction to nursery and school applications and part of the support planning process.
	Applications for local schools	When a family arrives in refuge, applications are made to local schools immediately ensuring children do not miss out on their right to education despite having to flee.	Children are provided with access to education in a timely manner when arriving at refuge.
	Cooking workshops with Healthworks	Sessions were run in conjunction with food provided through our Fareshare provision. They allowed families to understand how different ingredients could be utilised to make healthy meals for their families.	8 families attended sessions – some feedback received :- <ul style="list-style-type: none"> <li>F4 - <i>It was good, I signed up to a zoom meeting with the nutritionist.</i></li> <li>F9 - <i>It was very good; the ladies were lovely. Nice group session.</i></li> </ul>

Agency or Organisation	Activity	Impact	Evidence
University Hospital Sussex (UHSx)	<p><b>Neglect Champions</b> Named Safeguarding midwife has recently completed the Train the Trainer GCP2 course. Plan is for the evidence-based tool to become embedded within Maternity practice for use alongside other practitioners. Named and specialist safeguarding practitioners have also undertaken additional BHSCP child neglect training and are participative members of the Neglect Forum.</p> <p><b>Learning &amp; Development</b> Neglect remains a core component of the level 3 safeguarding children training - risk factors included, and resources <a href="#">Neglect - BHSCP</a> shared. There is also the opportunity for discussion and reflection using scenarios and sharing the learning from LCSPR (Child Delta).</p> <p><b>Supervision and Escalation</b> Complex cases including those related to children young people experiencing neglect are discussed at weekly Group supervision - psychosocial/ safeguarding meeting and peer review - concerns escalated in accordance with partnership guidance.</p> <p>UHSussex Safeguarding Supervision Policy currently open to consultation</p>	<p><b>Case Example - Child B:</b> 2-year-old recently diagnosed with a diabetes and a neuro/muscular disorder which would require long term health management. Concerns raised following frequent hospital attendances when Child B presented unwell. Considerable parental conflict noted during their hospital attendances/admissions. Parent disclosed they were finding the situation overwhelming and difficult to meet their children's needs. One parent had notable chronic health needs which made it difficult for them to practically provide some of the health interventions Child B required to have stable diabetes. Therefore, concerns raised that parents were struggling to meet their child's health needs. The needs of the other siblings in the home were also considered as they may also be young carers. A referral was made to CSC following discussion with family for early help support however this was closed with no further action.</p> <p>Discussed at weekly safeguarding / psychosocial meeting due to continuing concerns. Actions were agreed to gather further evidence and complete a health chronology. Concerns escalated to children's social care with additional information. Outcome: a child and family assessment was agreed alongside additional community health package of support.</p>	Referrals to CSC for Neglect: 476 (19 %) out of total of 2,455 referrals to CSC during 2023/24

Agency or Organisation	Activity	Impact	Evidence
<b>Virtual School (VS)</b>	<p>VS support the most disadvantaged children in the city. VS use Personal Education Plans (PEPs) to remove barriers to achievement, especially literacy and numeracy.</p> <p>VS provide training to professionals on how best to support educational achievement.</p> <p>VS run "Raising Aspirations" trips. These trips provide children and young people with an insight into the possibilities of further and higher education and a wide range of potential graduate careers.</p>	<p>Children in Care (CiC) receive bespoke support to progress educationally.</p> <p>Professionals are aware of impact of disadvantage on learners and on strategies that are useful to support.</p>	<p>Training programme</p> <p>PEPs</p> <p>School visits.</p> <p>Well attended Raising Aspiration Trips.</p>
<b>Youth Employability Service (Y.E.S)</b>	<p><b>Improved data flows:</b></p> <p>Y.E.S have over a thousand young people who do not appear on enrolment lists and ensuring they reach those most in need of support on a database which isn't linked to any other Family Children and Learning (FCL) service database.</p> <p>Y.E.S have used <i>Studybugs</i> attendance data, Free School Meals, Youth Justice Service, Special Education Needs and Disabilities (SEND) indicators to mark young people in Yr11 at risk of not in education, employment or training (NEET) and ensure they are contacting those young people first.</p> <p><b>Working in partnership with the Skills &amp; Employment Post 16 Consultant:</b></p> <p>To provide a quarterly meeting to share good practice and introduce new processes such as the vulnerability index between schools and Post 16 education. Police attend this network and give updates and training to safeguarding teams in Post 16 education.</p>	<p>It has meant increased referrals before leaving school and in the future will hopefully mean reducing NEETs and early leavers.</p>	<p><b>Referral numbers and low <i>Not Known</i> figures:</b></p> <p>Due to robust tracking processes with qualified advisers BHCC were aware of the whereabouts and status of 5154 young people. Y.E.S had not managed to contact only 30 young people during this period.</p> <p>Brighton and Hove are a leading local authority for <i>Not Known</i> situations nationally.</p>

Agency or Organisation	Activity	Impact	Evidence
<b>Sussex Community Foundation Trust (SCFT)</b>	<p><b>BHSCP GCP2 steering group and BHSCP training programme:</b></p> <ul style="list-style-type: none"> <li>Specialist Nurse Safeguarding Children delivery of the GCP2 multi-agency training.</li> <li>Specialist Nurse Safeguarding Children delivery of multi-agency Child Neglect training.</li> <li>Two Healthy Child Programme Practitioners trained to deliver GCP2 multi-agency training.</li> <li>GCP2 refresher training package delivered on 3 occasions for Health Visitors and School Nurses to support the practical application and overcome some of the barriers experienced by staff using the tool.</li> </ul> <p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>Neglect is a regular theme within safeguarding supervision - this will always include the impact of neglect on child's health, growth, and development.</li> <li>Reminder to all staff re: handover of care between Health Visitor (HV) and School Nurse (SN) for a child receiving a Healthy Child Programme (HCP) specialist service (formerly universal partnership plus level of service) at age 5 years.</li> </ul> <p>Participation in BHSCP Neglect Audit (January 2023).</p>	<p>Supports a multi-agency delivery and perspective in neglect training and incorporates health expertise and view within the GCP2 steering group. For the desired impact to see an increase in GCP2 tool use - at the time of writing SCFT cannot confidently evidence this.</p> <p>Increased health representation and availability to deliver the multi-agency training.</p> <p>Improved staff understanding and confidence in tool application and recording on child's health record – positive feedback received.</p> <p>A plan is made to support parents to address their children's health, development, and growth needs; and communication/referral/escalation to other agencies as required.</p> <p>Children who received HCP specialist service transfer between HV to SN (for oversight of health needs) – an opportunity for SN to review child's health needs and any ongoing role with child.</p> <p>Children and their family where services found to be hard to engage with, are discussed in safeguarding supervision.</p>	<p>Feedback from training and minutes form the GCP2 steering group. Minutes for training pool meeting.</p> <p>Attendance registers and feedback/evaluation.</p> <p>Safeguarding supervision forms.</p> <p>HCP and Safeguarding record keeping audit 2023:</p> <ul style="list-style-type: none"> <li>19 out of 22 audited records which showed indicators of neglect had a plan to address them.</li> </ul> <p>Reaudit of handovers (children aged 5) between HV and SN in June 2023: showed all children (9 audited) had appropriate handover recorded.</p> <p>HCP and Safeguarding records keeping audit 2023:</p> <ul style="list-style-type: none"> <li>23 of a 100-case audit where the service found difficult to engage child/family - 17 had been discussed in Safeguarding supervision.</li> </ul>



Agency or Organisation	Activity	Impact	Evidence
SECAmbs	<b>Case Study:</b> A 999-call received from CSC (Friday PM) – 11-year-old child, neglect and self-neglect identified by CSC. <ul style="list-style-type: none"> <li>Child hadn't left the house, attended school, or washed for several months.</li> <li>Clinical review would have been well-placed, but call was not indicated as an emergency that required immediate conveyance on the Friday.</li> <li>Saturday AM: Child was reluctant to engage and became distressed and worried about attending A&amp;E.</li> <li>Clinicians on scene contacted SECAmb Safeguarding on Call and CSC Emergency Duty.</li> </ul>	<b>Case Study Outcome:</b> <ul style="list-style-type: none"> <li>Specialist Safeguarding Practitioner and Duty Social Worker (SW) agreed conveyance to A&amp;E was inappropriate and hospital admission should be formally arranged with input from the mental health team.</li> <li>SW agreed they would make an urgent referral to the Emergency Approved Mental Health Professional Team with a recommendation for assessment.</li> <li>Clinicians on scene explained the plan to the child and their parents who were satisfied with the plan.</li> <li>Child and parents appreciated the care and support from SECAmb.</li> </ul>	This case evidences the value of strong multi-agency working that proportionally supported the needs of a neglected 11-year-old child.
<b>Community Works</b>  <b>(Voluntary and Community Organisations VCS)</b>	CW members provide information, advice, guidance and support to local families providing: <ul style="list-style-type: none"> <li>Money advice.</li> <li>Access to food banks.</li> <li>Provide culturally sensitive independent help.</li> <li>Support families to access education and training options to support movement out of poverty.</li> <li>Support families to access hardship grants and support to maximize household income.</li> </ul>	Relief of hardship. Families can access a range of support from across the CVS organisations.	Number of services provided. Number of people accessing services.
<b>Impact Initiatives</b>	WASP Whitehawk top 5% of disadvantaged areas in the country - support services for the most at-risk children.  Stopover accommodation for young women aged 16 and over who present as homeless at BHCC - 1:1 support and group work activities.  Young Persons Centre (YPC) provides workshops and online counselling services for children and young people aged 13 and over via the E-motion platform.	Improved sense of self, with clients more able to recognise the impact of poverty and neglect.  Within Stopover continual monitoring of self-neglect and subsequent impact.	Service users feedback including WASP Whitehawk, Stopover and YPC.

Agency or Organisation	Activity	Impact	Evidence
OASIS Project	Increased 'foodbank' provision for families accessing Oasis Project. Provision of ad-hoc food, clothes and toiletries to families who may be in need. Staff will also signpost or refer families to foodbanks or services such as Pelican Parcels, for specialist and ongoing assistance.	Families are provided food, items and advice to reduce impact of poverty. Offer of food and provisions has been an opportunity to explore living circumstances with family, identify any impact of poverty and cost of living, and provide advice and support to families in need.	Case study provided by Oasis Project as evidence
	Oasis Project continues to deliver POCAR programme which delivers specialist family-focused drug and alcohol support to parents. With parental drug and alcohol use often a risk factor for neglect, POCAR seeks to enhance safety and reduce risks to children and young people through support to parents. The programme works with families who are open to BHCC Children's Social Care and can be referred by Social Worker.	Parents with substance use needs and have intervention from children's social care, have opportunity to receive specialist family focused recovery support. The programme promotes reduction or abstinence of drug and alcohol use, increased self-awareness, confidence and enhances resilience and safety for families.	
	Family Practitioners on the POCAR programme all received BHSCP Graded Care Profile training.	Oasis Project's holistic family-centric approach responds to both parents and children, providing a nurturing environment for families where relationships are built across the organisation, and support can be effectively targeted at the family members needs at different stages. This has been identified as effective for families through learning exercises such as <i>BHSCP Neglect Audit</i> . Oasis have sought to retain this approach and advocated for the needs of children and families within local commissioning from national drug strategy via Office for Health Improvement & Disparities. The connection with the organisation promotes relationship-based support and empowers change through a sense of community. Highly-trained staff work internally with colleagues across disciplines to keep families together and enhance safety.	

# BHSCP Business Plan 2020-23 – Partner Contributions to Priorities

## Priority 4: Supporting Mental Health, Emotional Health and Well-being Lead Agency: NHS Sussex ICB

Agency or Organisation	Activity	Impact	Evidence
NHS Sussex ICB	<p>Through triangulation of data (see evidence*) it was identified that clinical and CSC front line staff often lack confidence or competence to use the Mental Capacity Act (MCA) (2005) in decision making, care planning and patient care.</p> <p>To enable development and delivery of a comprehensive MCA education programme across Sussex Integrated Care System (ICS), a successful bid for funding was made to the NHS Health Education England (HEE) Community Upskilling programme (NHS Long Term Plan 2023). The funds received enabled the development of a comprehensive MCA training programme of 16 webinars for 648 delegates from across Sussex Health and Social Care with training delivery completed during 2023/24.</p>	<p>A nationally respected expert legal trainer/ Court of Protection lawyer was commissioned to work alongside safeguarding and MCA professionals across all NHS organisations in Sussex.</p> <p>A series of 16 three-hour workshops using anonymised real life case studies provided by NHS and CSC colleagues:</p> <ul style="list-style-type: none"> <li>○ Hospital Discharges – Capacity and Best Interests</li> <li>○ Unwise Decision? Self-Neglect and the Mental Capacity Act (2005)</li> <li>○ Medical Intervention – How to approach delivering treatment where capacity is in question</li> <li>○ MCA and the use of restraint in care delivery</li> <li>○ Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS) for 16–17-year-olds</li> </ul> <p>A wide range of clinical practitioners reached to help improve outcomes for children and their families within this critical area of care.</p>	<p>*MASH data, Care Act (2014) Section 42 enquiries, learning from Safeguarding Practice Reviews and local audits/ Serious Incident Investigations (SI).</p> <p>Attendance data provided by NHS Sussex ICB including roles of attending professionals.</p>

Agency or Organisation	Activity	Impact	Evidence
Sussex Police	<p><b>OP Encompass.</b> Work continues to embed. <a href="#">Operation Encompass   Sussex Police</a></p> <p>As a result, schools are informed of children that are subject to Domestic Abuse households and are notified of new incidents within 24 hours.</p> <p><b>Embedding of Op Moonlight and Multi-agency Mental Health Education Triage (MAHMET)</b> - Op Moonlight was constrained to three schools but is being increased to additional educational establishments.</p>	<p>Encompass is now well embedded, and Sussex Police are looking to expand to pre-school and Private Schools. This will be done after an upgrade to Signs V2.</p> <p>Better information sharing with GPs assists in building a broader awareness among professionals of children living within households experiencing DA.</p>	<p>Highest use of Signs across Sussex falls within B and H.</p> <p>Officer compliance is rising and officer understanding with Signs improves.</p> <p>Weekly Op Moonlight meetings to discuss at risk children.</p>
Children's Social Care (CSC)	<p>This is an area of concern for BHCC. CSC are not the main statutory partner providing mental health (MH) support to children however they do promote good practice.</p> <ul style="list-style-type: none"> <li>○ CSC have a well-established Schools Wellbeing Team alongside our Educational Psychology (EP) Team.</li> <li>○ The development of Multi Agency Mental Health Education Triage (MAMHET) is best practice and includes learning from suicide clusters across Sussex.</li> <li>○ CSC have driven the review of Child Suicide Response processes through PSP&amp;Ps.</li> <li>○ Development of a Special Educational Needs (SEN) Alternative Provision (AP) Change Programme in response to escalating SEN need aiming to keep our children in local provision in the city.</li> <li>○ SEN Forum embedded to review children of concern.</li> <li>○ MH practitioners within our Partners in Change (PIC) service to provide consultation support to all Social Work Pods.</li> <li>○ Regular training offers in place. MH part of core SW training.</li> </ul>	<p>Demand is increasing and pressure on services is a challenge.</p> <p>CSC engage proactively with Health Partners around MH impatient and MH Section reviews and S17 aftercare planning.</p> <p>Children are supported by trained and supported staff.</p> <p>Our safeguarding response is coordinated and appropriate.</p> <p>There is a national challenge on the lack of MH Tier 4* beds which impacts on CSC.</p> <p>* Tier 4 - specialised day and inpatient units, where people with more severe mental health problems can be assessed and treated.</p>	<p>Ofsted Inspecting Local Authority Children's Services (ILACS) inspection Feb 2024 – Outstanding.</p> <p>Ofsted Youth Offending Service (YOS) Inspection 2022 – Outstanding.</p> <p>Ofsted Special Educational Needs (SEN) Inspection 2023 – Grade 1.</p>

Agency or Organisation	Activity	Impact	Evidence
Family Hub Service	Whole family work – supporting families	<p><b>Early Help whole family assessments completed in 2023-24:</b></p> <ul style="list-style-type: none"><li>○ 191 identified that a child needed support with mental health.</li><li>○ 153 identified that an adult needed support with mental health.</li><li>○ 183 closure forms with child mental health identified, of which 146 showed improvement.</li><li>○ 158 closure forms with adult mental health identified, of which 116 showed improvement.</li></ul> <p>Accreditations gained where often young people were not attending school or may not have been able to access any other formal qualifications.</p>	Data supplied from FH records and Eclipse.
	Youth Arts Interventions	<p><b>Youth Arts Worker:</b></p> <ul style="list-style-type: none"><li>○ 1:1 support session(s) offered to 23 young people in 2023-24.</li><li>○ 8 young people completed their Youth Arts Award as achieving 48 AQA Unit Awards.</li><li>○ 48 Positive Mental Health Outcomes recorded including applying for further education, being inspired to apply for GCSE Art, improving their school attendance, and having the confidence to attend a 'gig' in London after previously struggling to leave the house.</li></ul>	

Agency or Organisation	Activity	Impact	Evidence
East Sussex Fire & Rescue (ESFR)	Schools' lessons	ESFR lessons covered MH and wellbeing, encouraging children and young people to talk if they are struggling, as well as strategies to deal with peer pressure.	Evaluation: Pre and post event knowledge assessment.
	Firewise	ESFR Firewise interventions often include discussions around how to deal with peer-pressure and they occasionally find that 'fire setting' behaviour is because of MH concerns. When this is the case, ESFR can signpost to support and make a safeguarding referral as appropriate.	Very low rate of re-offending, as measured by re-referral after intervention, and feedback.
Sussex Partnership Foundation Trust (SPFT)	As a specialist mental health provider SPFT's core business is the mental health and wellbeing of the people SPFT serve.		
Trust for Developing Communities (TDC)	<b>Youth Work delivery of projects, including:</b> <ul style="list-style-type: none"> <li>○ Health &amp; Wellbeing Youth Work</li> <li>○ Hospital Youth Work</li> <li>○ New View Youth Mentoring</li> <li>○ Pattern &amp; Progress Young Men's Mentoring</li> <li>○ Brighton Streets Detached Youth Work</li> <li>○ School Youth Work</li> <li>○ Turnaround Community Navigation</li> <li>○ Neighbourhood Youth Work</li> </ul>	Improved mental health & wellbeing.	Hospital Youth Work evaluation into MH impact currently underway.  TDC internal Youth Work review.  Pattern & Progress evaluation.  Health & Wellbeing Youth Work user surveys and Case Studies.



Agency or Organisation	Activity	Impact	Evidence
Sussex Community Foundation Trust (SCFT)	BHSCP training opportunities shared onto staff groups within B&H.	Upskill in staff.	Training attendance data.
	<b>Chat Health</b> (school nurse (SN) texting service): <ul style="list-style-type: none"> <li>Available to children and young people (11 to 19 yrs.) - use to chat to a SN - can include emotional health and well-being. Emotional health is a regular topic within Chat health. Safeguarding supervision is opportunity to share resources, guidance and learning.</li> </ul>	Responses / communication to text in relation to emotional wellbeing.	Chat health Safeguarding supervision notes.
	<b>Multi-agency mental health education triage (MAMHET):</b> <ul style="list-style-type: none"> <li>SN representative attends to discuss children within the 4 secondary school who currently take part in MAMHET.</li> </ul>	Sharing information, multi-agency contribution to decision making.	Case discussion outcomes.
Public Health	Commissioned <b>suicide awareness training for education professionals</b> alongside development and launch of the <b>Toolkit for Schools</b> in the Event of an Unexpected Death.	<b>SCFT have specific support service for staff - connect service:</b> <ul style="list-style-type: none"> <li>Supports improving trauma informed practice and available for staff debrief after difficult and complex situation.</li> </ul>	SCFT Intranet pages.
		Staff are supported and have access to well-being services.  Trauma Informed Care training was delivered to Healthy Child Programme (HCP) 0-5 service in January 2023 and strengthened by a further course to all HCP Team leads during 2023.	Training evaluations showed participants valued the sessions.  Educations settings experiencing critical incidents have reported using the guidance.

Agency or Organisation	Activity	Impact	Evidence
University Hospital Sussex (UHSx)	<p><b>Strengthening Psychological support for parents / carers / families during the antenatal and postnatal period:</b></p> <ul style="list-style-type: none"> <li>o 2 specialist Perinatal MH midwives who liaise with the Perinatal MH leads to ensure pathways of care are followed.</li> <li>o Monthly Maternity Multi-agency Safeguarding meeting for each site.</li> <li>o Parents/carers/families are directed to Bliss service resources and 'DadPad' provides additional information and support for fathers.</li> <li>o Maternity staff attend training yearly and staff report this has had a positive impact on their practice. feedback has been positive.</li> <li>o Funding for Specialist Psychological support currently for Trevor Mann Baby Unit (TMBU) – Brighton Neonatal Unit. parents/carers/families and staff.</li> </ul> <p><b>Children &amp; Young People Mental Health Project Group:</b></p> <ul style="list-style-type: none"> <li>o Developed and led by UHSx in partnership with multi-agencies to ensure Children and Young People (CYP) attending emergency department with a MH need and/or admitted to an acute paediatric ward with a mental health need, receive timely and appropriate care. Policies and new ways of working have been developed; including new clinical posts Head of Mental Health Nursing and enhanced workers to support care.</li> <li>o The hospital Safeguarding team continue to have oversight for young people in hospital with MH difficulties and facilitate partnership working to enable safe care.</li> </ul>	<p>Impact is to be evaluated however initial feedback from parents/carers and families who received specialist psychological support on the TMBU-neonatal unit at Brighton is particularly positive.</p> <p>Anecdotal feedback: In response to multi-agency policy development and new ways of working the impact has been welcomed by patients, carers and staff.</p>	<p>There were 1,513 referrals to CSC for children and young people with MH and emotional health difficulties which is <b>61.6%</b> of the total number of referrals made by UHSx to CSC for 2023/24 (Trust wide).</p>

Agency or Organisation	Activity	Impact	Evidence
<b>University Hospital Sussex (UHSx) continued</b>	<p><b>‘Valuing mental health equally with physical health’ (NHS England):</b></p> <ul style="list-style-type: none"> <li>Mandatory training for all Maternity staff to increase awareness of mental health impacts within pregnancy and immediate postnatal period, including trauma informed care.</li> </ul> <p><b>Development of holistic care for CYP presenting to acute hospital settings with emotional and MH difficulties</b> through an educational programme.</p> <p><b>Trauma informed care</b> included in safeguarding children training.</p> <p><i>Oliver McGowan Training - mandatory for all UHSx Staff to ensure they have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability.</i></p>	<p><b>‘Valuing mental health equally with physical health’ (NHS England): Training feedback:</b> Positive feedback and indication that great changes have already started to happen in practice.</p> <ul style="list-style-type: none"> <li>Increased confidence in all areas, increase in awareness and intentions to improve documentation and plans, adjustments in practice, cultures, and debriefing.</li> <li>Staff report increased confidence – MH Act and Mental Capacity Act (MCA), adding they would like to use the MCA more in practice.</li> <li>The programme won an NHS England SE Green award.</li> </ul>	<p>Formal evaluation is currently in progress.</p> <p>UHS strategy for MH &amp; well-being narrative and data.</p> <p>Minutes from Children &amp; Young People MH Protect group. <a href="#">Sussex team win award for delivering green initiative to improve care for young patients - University Hospitals Sussex NHS Foundation Trust Green Award (uhsussex.nhs.uk)</a></p> <p><a href="#">The Oliver McGowan Mandatory Training on Learning Disability and Autism   NHS England   Workforce, training and education (hee.nhs.uk)</a></p>
<b>Community Works (Voluntary and Community Organisations VCS)</b>	<p>MH &amp; well-being services available through CVS organisations.</p> <p>Attending key training and conferences through BHSCP training programme.</p> <p>Sharing learning opportunities through VCS.</p>	<p>Children and young people supported through non-statutory agencies through increased options available.</p> <p>Improved practice, confidence, and expertise within CVS organisations.</p>	
<b>Safer Communities, BHCC</b>	<p>In addition to the activity mentioned under Strategic Priority 3:</p> <ul style="list-style-type: none"> <li><b>Commissioning of Fresh Youth Perspectives</b> via the Violence Reduction Partnership - community group providing advocacy for parents of those involved in exploitation or violence, as well as a Peer Support Drop-in service.</li> </ul>	<p>Parents/Carers of children being criminally exploited by Organised Crime supported.</p> <p>8 Parents supported intensively through 1:1 Parental Befriending Advocacy to assist navigation of Health, Education and Criminal Justice services.</p>	

Agency or Organisation	Activity	Impact	Evidence
<b>Brighton &amp; Hove Foundation (B&amp;HF)</b>	<p>COVID-19 pandemic had a significant impact on children and young people. This has included an increase in childhood obesity, diabetes, stress and anxiety, eating disorders and much more. This increased need has led to children and young people often having to wait too long to access assessment and treatment or support, across the range of services offered.</p> <p>B&amp;HF programmes aim to address this increased need post-pandemic.</p>	<p><b>B&amp;HF programmes:</b></p> <ul style="list-style-type: none"> <li>○ Help to inspire and empower young people.</li> <li>○ Offer support from an early outset to support MH, wellbeing and prevent ill-health later in life.</li> <li>○ Offer mentoring to young people.</li> <li>○ Improve quality of life and MH through physical activity including football.</li> <li>○ Unite communities.</li> </ul>	<p><a href="https://bhafcfoundation.org.uk/impact-stories/">https://bhafcfoundation.org.uk/impact-stories/</a></p>
<b>Virtual School</b>	<p>In Personal Education Plan (PEP):</p> <ul style="list-style-type: none"> <li>○ Support for MH and emotional health and well-being is discussed.</li> <li>○ If a child in care (CiC) has a high Strengths &amp; Difficulties Questionnaire score (SDQ) the CiC will be discussed at a multi-disciplinary MH meeting. A clinical psychologist can advise on useful courses of action to support the child.</li> <li>○ A current focus of the VS is to ensure all CiC have their voices heard and accurately reflected in the PEP.</li> </ul> <p>Raising Aspirations trips:</p> <ul style="list-style-type: none"> <li>○ Provide CYP with an insight into the possibilities of further and higher education and a wide range of potential graduate careers.</li> </ul> <p>Extra-curricular programme:</p> <ul style="list-style-type: none"> <li>○ Includes a Dance club, Art and Table-Tennis clubs.</li> <li>○ Provide CiC with an opportunity to learn new skills and a space to socialise and grow in confidence, alongside other CiC.</li> </ul>	<p>PEPs include a plan of action to support mental and emotional health.</p>	<p>PEPs</p>

Agency or Organisation	Activity	Impact	Evidence
Oasis Project	Free training delivered to professionals in Brighton and Hove including kinship carers, social workers, trainee social workers, and health visitors. "Unlocking the Family Secret Working with families affected by parental alcohol or drug problems"	Professionals and kinship carers across Brighton and Hove were more confident with discussing therapy offer with families/children/young people and referring to Young Oasis for support. Trainees were given skills and resources to support with their relationships with children and young people.	Young Oasis therapy service noticed an increase in referrals to service following delivery of training, resulting in more young people and children referred for support with mental health, emotional health and well-being.
	Training was developed and delivered by Specialist Substance Use Social Worker, Lead Young Oasis therapist and volunteer with lived experience as a child of alcohol dependent parent.	Professionals and kinship carers were provided opportunity to consider the importance of the child's experience, and the narrative adults give to children about parental substance use. Professionals and kinship carers provided opportunity to build confidence and consider ways to support children with their understanding of parental substance use, reduce shame and enhance resilience.	Self-reported benefits to trainees' skills and confidence in training evaluation.
	Young Oasis Therapy sessions	Promotion of resilience, understanding of circumstances and enhance emotional well-being. Therapeutic offer seeks to improve mental health and outcomes in child and into adulthood.	<b>Quotes from families who have accessed Young Oasis therapy:</b>  "My child's confidence has grown, and she felt safe and happy attending sessions." Mother of 11-year-old girl, whose father is long term drug user, facing charges for domestic violence.  "Seeing my child get the help she needs, her behaviour is getting slowly better" Father of 10-year-old girl, mother with long term drug and alcohol problems,  "I saw my child blossom" mother of 8-year-old, father with alcohol problems.
	N.B Examples of co-production with people with lived experience of issues affecting children and young people adopted within Transitional Safeguarding/Hope Service training and 'Unlocking the Family Secret- Working with Families Affected by Parental Alcohol or Drug Problems' demonstrate Oasis Project's commitment to including the voice of the child in all aspects of their work - referenced in all priorities.		

Agency or Organisation	Activity	Impact	Evidence
<b>Youth Employability Service (Y.E.S)</b>	<p>Successful bid £100k with the Department of Work &amp; Pensions (DWP):</p> <ul style="list-style-type: none"> <li>○ BHCC provision of wellbeing and signposting.</li> <li>○ Y.E.S have provided city wide well-being fairs, drop-in services from e-well-being, <i>Art in Mind</i> courses.</li> <li>○ The range of activities mean young people can access education and peer support on a drop-in basis.</li> </ul> <p>Social Media campaigns regularly include local and national wellbeing, mental health campaigns.</p>	<p>Additional resource for families and professionals based in East Brighton.</p> <p>Reported increased confidence, improved outcomes for the same cohort for the DWP.</p> <p><b>Social Media:</b></p> <ul style="list-style-type: none"> <li>○ 3000 followers on Y.E.S Fan page.</li> <li>○ Reach includes parent and carers.</li> <li>○ Regularly tagged in community groups or <i>Raising Teens</i> group as an excellent resource.</li> </ul>	<p>March 2023 – Apr 2024: Over 800 unique registrations, 66% self-disclosed SEND, 356 paid employment outcomes</p> <p>March 2024: Awarded 'Highly Commended in a Local Government Chronicle Award for illustrating good practice and a 'no-wrong-door' approach through partnership working. <a href="#">LGC Awards 2024 - Public/Public Partnership 2024 (lgcplus.com)</a></p>
<b>Stonewater (Brighton Refuge)</b>	<p><b>Engagement of play therapist</b></p> <p><b>Bike sessions</b></p> <p><b>Activities including:</b></p> <ul style="list-style-type: none"> <li>○ PRIDE BBQ's, Spring and Easter Picnics, Celebration of International Women's Day events, Ramadan and many more.</li> <li>○ A trip to the local pier, to go for a day out as a family - tickets for the family, allowing them a day out of refuge where they could embrace one another and have some fun.</li> </ul>	<p>Refuge has supported a play therapist to achieve her qualification. Following this Refuge have secured funding to offer this service at the refuge 3 hours per week. Service includes:</p> <ul style="list-style-type: none"> <li>○ 1:1 and group support sessions for children.</li> <li>○ Child led and trauma informed and allow the children to express their emotions through play.</li> </ul> <p>In collaboration with local charity Sustrans: Project offers:</p> <ul style="list-style-type: none"> <li>○ Free bikes for all children and women and individualised sessions.</li> <li>○ Allows the children and women to learn a new skill and boosts confidence and self-esteem.</li> </ul> <p>Activities allow children to experience joy with their family increasing their self-esteem by trying out new experiences.</p>	<p>Formal referrals and applications made to play therapist.</p> <p>Positive feedback includes:</p> <p><i>'...my older son is particularly uplifted and calmer after having a cycling session...'</i></p> <p><i>'...I feel like the first time in my life that I could just go for a nice ride with my children as it is something we do together as a family practicing our riding. So, it has brought us closer especially when mummy almost falls off the bike - which I can actually laugh at and not feel ashamed!'</i></p>



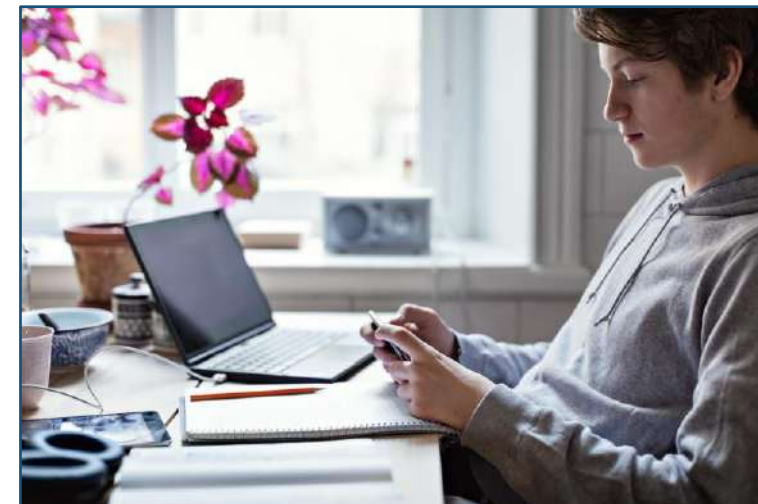
Agency or Organisation	Activity	Impact	Evidence
Lioncare	Provision on CAMHS support as needed. All children at Lioncare receive individual therapy including mental health and well-being. 'All about me' section developed for all children.	Voice of the children evident in all therapeutic interventions.	
YMCA Downlink Group	Safeguarding Training delivered to YMCA DLG teams across Sussex - refresher required every 3 years.	Clinicians, supervisors and managers kept up to date with safeguarding practices.	Feedback from counsellors demonstrates a sense of increased skill & confidence.
	Termly CPD days for all YMCA DLG counsellors on a range of issues including Child Sexual Exploitation, Managing Risk & Safety Planning, Supporting & Validating our Autistic Children & Young People	Clinicians feel increased confidence when working with specific issues and presentations.	
	MH and any other risk safety plan working group established.	Improved cross agency consistency and quality of mental health and any other risk safety planning for children & young people	Initial uptake from key external organisations & YMCA internal services; this is an ongoing project currently and evidence of impact will be gathered once further progress has been made.
	Piloted use of Outcome Rating Scale *(ORS) / Session Rating Scale (SRS) clinical evaluation tools in primary & secondary schools (school counselling service) already in use in YMCA DLG West Sussex Community Service	Gain increased insight & understanding of changes in wellbeing/mental health of the children & young people receiving school counselling. Monitoring the therapeutic alliance, giving children & young people a voice in how their therapy progresses.	Full project will be launched in September 2024, following pilot in Jan-May 2024.
	Creation & development of the <b><i>'Dialogue Helping Children and Young People Mental Health Threshold Framework'</i></b>  *Assessment tools designed to provide clinicians with direct feedback from clients about the clients' views on progress in therapy and their views on the quality of each session provided by the clinician	Counsellors and schools have a deepened understanding of who our service can work with effectively and helps to support schools know where else they can refer children & young people onto to get more specialised support.	Counsellors feel more able to signpost schools to other services who may be more appropriate in supporting the child or young person. Increased appropriateness of referrals.

# Governance, Accountability, Challenge & Scrutiny

**Steering Group** – This group was responsible for strategic direction and work of the Partnership during 2023-24 as set out in the Children and Social Work Act 2017 and at the time Working Together to Safeguard Children 2018 (WT2018). The Steering Group was attended by Lead Partners, agency Leads, Subgroup Chairs and was Chaired by the Independent Scrutineer. However, new statutory guidance Working together to safeguard children 2023 was published in December 2023. This guidance requires all Partnerships to develop new Multi-Agency Safeguarding Arrangements (MASA), under these arrangements the Steering Group will be replaced by the BHSCP Partnership Group. More details on the MASA 2024 and updated statutory guidance Working together to safeguard children 2023 (WT23) are included on page 68.

## Purpose of the Steering Group in 2023-24

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



**Partnership Board** – The Children and Social Work Act 2017 in conjunction with statutory guidance, WT2018 required partner agencies, to work together to safeguard children, young people, and their families effectively and to promote their emotional health and wellbeing. WT2018 was replaced by WT23 in December 2023 as described above.

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

The Partnership Board ensured that all agencies and organisations have access to and an understanding of the full scope of the BHSCP's work and how they contributed to working together to safeguard children and promoted their wellbeing across the city. Under the new MASA 2024 the Partnership Board will be replaced by the Partnership Group.

## Purpose of the Partnership Board in 2023-24

The main purpose of the Partnership Board was to:

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

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

# Governance, Accountability, Challenge & Scrutiny

## Independent Scrutiny

The role of independent scrutiny is to provide assurance to the whole system in judging the effectiveness of multi-agency safeguarding arrangements through a range of scrutiny methods. During 2023-24 the BHSCP was supported by an Independent Scrutineer and Chair, a Quality Assurance Scrutineer who Chaired the Monitoring and Evaluation Subgroup, and volunteer Lay Members. Our Independent Scrutineer and Chair provided an independent voice in decision-making processes and provided constructive challenge to leaders, partners and agencies as the Partnership's 'critical friend'. Our Independent Scrutineer was also the Independent Chair of the strategic Steering Group and Partnership Board.

Under WT23: *'Independent scrutiny should drive continuous improvement and provide assurance that arrangements are working effectively for children, families, and practitioners. It should also consider learning from local child safeguarding practice reviews, national reviews and thematic reports. The independent scrutineer or scrutiny group should be able to demonstrate knowledge, skills and expertise in the area being scrutinised and consequently add value to the work of local agencies.'* (2023, p.37)

Independent Scrutiny arrangements are currently being reviewed under WT23 and the new MASA but will remain a priority area for the Partnership, the lead safeguarding partners, and the wider Partnership as we move through 2024-25.

During this reporting year the Partnership was supported by three volunteer, independent Lay Members who attend our Partnership Board, Case Review Group, Learning and Development, and Monitoring and Evaluation subgroups, as well as Child Safeguarding Liaison Group towards the latter part of the year. The role of a Lay Member is crucial to the Partnership as they provide an independent voice in the decision-making processes and provide a unique perspective as members of public from the Brighton and Hove community.

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

## What our Lay Members Say...

*"I'm a parent of two children at school in the city and a former Chair of a school government body and know how important it is that there's strong support for our children and young people so that they are safe and can thrive -they deserve the best! I enjoy bringing some external support and challenge ... focussed on securing successful outcomes for children and that lessons are learnt quickly. Partnership working takes time and effort – it's a challenge to keep up with so many expert and professional views. It is challenging to be exposed to issues where children and young people's welfare has not been secured but independent scrutiny is essential for increased accountability and the development of stronger partnerships over time - this fosters learning not blame. I feel I've been listened to when I have contributed and being a Lay Member has enabled me to contribute to my home city."*

*"I wanted to do something for our wider community, having a child combined with my experience working in a risk environment inspired me to join BHSCP. I enjoy being part of a collective multi-agency to make a change in the prevention of harm to children. The most challenging part of being a lay member is ensuring some time to understand how the whole safeguarding system works. Independent scrutiny ensures strategy goals have been delivered. I have enjoyed the learning journey and have always been welcomed. I've met some outstanding people who are spending their working career to serve our public and protect our children. This is very empowering."*

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

This section will detail the work of BHSCP Subgroups and how they contribute to meeting Business Plan Priorities and objectives, returns were completed by subgroup Chairs.

The **Learning and Development (L&D) Subgroup** exists to support the BHSCP meet its Business Plan objectives and discharge its multi-agency safeguarding arrangements and responsibilities as outlined in WT18 and more recently WT23. Our role is to provide high quality, up to date training on safeguarding to enable practitioners working in Brighton and Hove to keep safeguarding at the centre of their work. The subgroup seek assurance that both single agency and multi-agency training on safeguarding and promoting the welfare of children and young people is provided to meet local needs. The subgroup monitors multi-agency training and development and demonstrates a learning culture which supports multi-agency local services to reflect, respond and implement changes to practice. The subgroup is chaired by the ICB Designated Nurse Safeguarding Children and is accountable to the BHSCP.

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

Training Needs Analysis (TNA) was completed in 2023-24 which indicates a broad and mainly sufficient training offer available to all partners which meets the needs of practitioners. The Exploitation Audit was completed in Q4 2023-24, and a learning event planned for Q1 2024-25.

## **Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage**

Making Every Contact Count is promoted and embedded in practice across the partnership. Graded Care Profile 2 (GCP2) training and refreshers have been provided throughout 2023-24. Multi-agency Trainers and Champions have been recruited from broader section of agencies including education, NHS Sussex providers, and Family Hubs/Early Help. A GCP2 Steering Group has been reestablished and well attended with a multi-agency commitment to improve the quality and number of completed GCP2 assessments in 2024-25. This will include the introduction of GCP2 antenatal. The wider partnership is engaged in the development and city-wide implementation of the refreshed Neglect Strategy. The Strategy will deliver a whole family approach to addressing neglect.

Conference The focus of the 2023-24 conference was Neglect and co existing factors which was attended by 196 professionals. The evaluations showed learning outcomes were met.

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

The partnership has developed Trauma Informed Practice which supports partners to recognise the trauma responses, resilience and the impact of vicarious trauma. The BHSCP Learning programme includes training for staff working with adult mental health services to understand the impact of parental mental health on the lives of children and young people. We also provide training on Suicide and self-harm which is a new agreement on a rolling programme with RUOK.

## **Potential barriers, response actions, coordination with other Subgroups/Business Team:**

The TNA identified gaps in provision - specifically around 'Hidden Children' including refugees. Approaches have been made to organisations who may be able to provide training for these areas which will be a 2024-25 Priority. The TNA and Subgroup activity has been included in the yet unpublished Training Strategy 2024. Engagement of fathers and male carers was identified by the Partnership in 2022 which resulted in the commissioning of DadPad - see page 64. As part of expansion of the L&D offer, we have developed Child Sexual Abuse (CSA) podcasts with Survivors Network as an easily accessible tool to educate on CSA including making a disclosure, spotting the signs, and have developed a toolkit for social care.

The impact of the L&D Officer vacancy was mitigated by the Business Team and the Training Pool will be supported by a partner from within the education safeguarding team until successful recruitment processes conclude.

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

Course	Attendances
Graded Care Profile (GCP2)	89
GCP2 & Neglect Overview for Sussex Police	62
Child Neglect	22
Safeguarding Children 1: Developing a Core Understanding	155
Safeguarding Children 2: Assessment Referral & Investigation	121
Safeguarding Children 3: Child Protection Conferences & Core Groups	102
The Impact of Domestic Violence and Abuse	42
Harmful Sexual Behaviours	7
Harmful Practices	23
The Impact of Parental Substance Misuse	7
Child Sexual Abuse	19
Trauma Informed Approaches	70
Suicide Awareness with Under 16s and Over 16s	11
Mental Health & Children's Services: Working Together with Families	8
Working with Parents with Learning Difficulties	2
Working Effectively with Parents	19
Fabricated/Induced Illness & Perplexing Cases	14
Non-Accidental Injuries	13
Foetal Alcohol Spectrum Disorders	18
Safeguarding Adolescents	12
Safer Sleep: Coping with a Crying Baby	44
Exploitation	23
Safeguarding in a Digital Age and Online Safety	62
Adultification: Addressing Barriers to Safeguard Children	46
Safeguarding Children with Disabilities	18
DadPad Launch & Introduction to CoParentPad Event and Sessions*	56
Professional Difference and Challenge	3
Improving Outcomes for Children who are Looked After	7
Cultural Competence	34
LGBT+	37
Joint Investigations	10
Working with CYP in the Gypsy and Traveller Communities	38
<b>Grand Total</b>	<b>1194</b>

Agency Type	
Local Authority i.e., SW, PiC, Adolescent Services, FH etc.	320
Health Providers i.e., SCFT, SPFT, UHSx etc.	147
Sussex Police	90
Education including LA schools and LA early years providers	246
Independent schools and private early years providers	119
Community and Voluntary Organisations	136
Foster Carers	18
BHCC Other	46
National Probation & ESFR	16
Unknown (DadPad/CoParentPad*)	56
<b>Total</b>	<b>1194</b>

**Evaluation of Training Programme:** Responses from learners was overwhelmingly positive including:

**Do you think this training could make you more effective in your role?**

Not at all – 0-2.38%

Partially – 0-50% (average 20.6%)

Completely – 50-100% (77.92%)

**How well was the voice of the service user represented in the training?**

Excellent – 70.9-85.71%

Good - 17.72-75%

Average – 0-12.5%

Poor - 0%

**Qualitative feedback from learners included in Appendices as Annex F.**

The Subgroup Chairs Forum meets formally to discuss ongoing themes of work and potential cross-over themes - this promotes collaboration and maintains a coordinated approach with support from the Business Team. As a result of these meetings the L&D Subgroup worked in partnership with the Child Exploitation and the Monitoring & Evaluation Subgroups to plan and deliver a multi-agency Exploitation Audit Learning Event in Q1 of 2024-25 based on the findings of the audit from 2023-24.

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

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

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

The group has positive engagement from all agencies with positive feedback on outputs. The group looks at agency engagement as related to individual children and families and pushes for learning and best practice across the partnership. This leads to changes to Policy and Procedures, National Challenge and the development of Learning Briefings shared widely with front line staff.

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

The group engages in learning in this area. It is currently developing a learning briefing around exploitation from a case study discussion into the experiences of a young person that provided systemic learning opportunities.

## **Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage**

As above discussions has also included neglect and linking with the thematic audits in BHSCP. A current learning briefing is looking into bruising pathways and the role of neglect.

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

The group has made representations nationally about the gaps in Tier 4 beds for children with Mental Health difficulties. A policy review and development took place into inter-agency planning around transfer to hospital or another place of safety between Police, SECAMBS, SPFT/ CAMHS, Hospital and AMPS.

## **Potential barriers, response actions, coordination with other Subgroups:**

The group membership is broad, engagement is consistently good. The group is evidence based and has outputs in learning across all agencies. The group uses a model of case studies to pull out learning for agencies. There are also avenues to policy discussion and challenges in the multi-agency system from all agencies.

The group has an open safe environment which encourages challenging conversations and 'critical friend' approaches to discussions. The group models Relationship Based Practice (RBP) to allow this difficult work to be done. Using a RBP model the group is able to identify gaps and barriers to service provision and development. The approach to learning is a systemic one and the group avoids blame but looks to learning. The case studies always aim to represent the voice of the child.

The value base of making a difference for all children is clear.

CSLG regularly feeds into L&D and the pan Sussex Policies & Procedures (P-SP&P). The group has shared information with the Exploitation Subgroup and M&E thematic audits have used CSLG to discuss families where learning may be apparent. The Subgroup Chairs meet formally quarterly to share practice and activity. Informally, fertilisation of ideas and activity between the groups happens regularly.

Actions of the group are proactively managed by the chair and minute taker to avoid drift. This is in the context of acknowledging all services are busy however CSLG has a good reputation of being impactful for children and a group that has outputs that make a difference.



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

The **Child Exploitation Subgroup** works in direct partnership with the Safer Communities and the Safeguarding Adults Board providing oversight of BHSCP work on exploitation, modern slavery and human trafficking of children and young people, and of the Violence & Exploitation Reduction Action Plan (VERAP). The Exploitation Subgroup is Co-Chaired by the Detective Chief Inspector from Serious Investigations Unit, Sussex Police and the Head of Safer Communities, with support from the Exploitation and Violence Reduction Coordinator. This Subgroup approached reporting slightly differently linking responses directly to their areas of responsibility within the Business Plan 2023-24 providing rich evaluation of progress made and challenges.

## 2.1 (i) Sussex Police to undertake a problem profile across the geographical area.

- The BHSCP has a comprehensive understanding of the local Child Exploitation (CE) picture and uses this to inform operational activity and aid disruption work.
- Repeat victims of Child Sexual Exploitation (CSE) problem profile is nearing completion, sanitised version will be shared with partners in due course, a broader problem profile has been requested and is in the early stages of negotiation. As part of the early work, data analysis has been completed regarding our repeat victims of CSE. Testing and comparison Adolescent Vulnerability Risk Meeting (AVRM) currently underway, once complete conversations to begin with partners around activity in relation to children identified.

## 2.1 (ii) Violence and Exploitation Reduction Action Plan (VERAP)

- VERAP in place and reviewed at quarterly Exploitation subgroup meetings.
- Subgroup has received updates on VERAP at each quarterly meeting and reviewed versions for next financial year presented to the group for feedback.
- Compared to the baseline (*year to December 2019*) there has been a 35% reduction in serious violent crime where the victim is under 25 years old in Brighton & Hove (106 fewer offences)

## 2.1 (iii) Develop practice of National Referral Mechanism (NRM) panel pilot and use learning to inform understanding of NRMs for children across the partnership.

- Thorough, well-evidenced NRM referrals submitted by children's practitioners for potential victims.
- 15 of 17 submissions have resulted in a positive "reasonable grounds" decision, of which 12 of 15 also received a positive "conclusive grounds" decision at the first hearing at the panel.
- All "reasonable grounds" decisions reached within prescribed 45-day target.
- Only 2 of 12 "conclusive grounds" decisions have been challenged via quality assurance by the Single Competent Authority at the Home Office.

## 2.1 (iv) BHSCP to have oversight of existing scrutiny related to exploitation and serious violence.

- BHSCP assured that sufficient interventions are in place through membership to relevant Boards / Partnerships.
- Community Safety Partnership Board (CSPB): Serious Violence and Exploitation - quarterly oversight Exploitation & Violence Reduction sections of the Community Safety Strategy 2023-26.
- Combatting Drugs Partnership: has oversight of the development and delivery of the Combatting Drugs Strategy (10-year strategy). One of the pillars and associated action plan is stopping the supply of drugs – links with exploitation and serious violence.
- Safeguarding Adults Board (SAB) & Anti-Slavery Network: links with modern slavery and cuckooing.
- B&H Violence Reduction Partnership (VRP): looks at serious violence across the city and links to exploitation. Data produced and discussed by the Sussex wide VRP.

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

## 2.1 (v) Consideration of Transitions work in B&H

- BHSCP assured that sufficient interventions are in place through membership to relevant Boards / Partnerships.

### **BHSCP has oversight of existing work through partners linked to / membership of –**

- Safeguarding Adults Board (SAB)
- Transitions Working Group (chaired by H&ASC AD) with representation from Safer Communities and Head of Child Safeguarding

## 2.2 (iii) Embed and progress understanding of the Serious Violence Duty across relevant partner organisations.

- All “Specified authorities” of the Serious Violence Duty engaged at Brighton & Hove level.
- Serious Violence Steering Group established, with attendance from all “specified authorities” at the correct level.
- Progress in community engagement and use of community voices in shaping the local response.
- Planned Hope Hack event held 1<sup>st</sup> of March 2024, and learnings used to guide interventions and implementation for subsequent financial years. Steering group composed of 6 local young people involved in design of the event.
- 6 peer researchers trained via Young Ends+ project.

### **Potential barriers, response actions, coordination with other Subgroups:**

- Key stakeholders came together to review the function of the group to minimise overlap with the VERAP and focus the role of the group in meeting the BHSCP objectives more effectively. We held a workshop in June 2024 bringing together attendees for their feedback and input regarding the future work of the group, refocussing on the strategic priorities laid out in the BHSCP business plan.
- The Home Office’s use of a local hotel for accommodating Unaccompanied Asylum-Seeking Children (UASC) was a significant driver of concern across the partnership following high numbers of missing children in the summer autumn of 2022-23. This developed into a piece of published independent scrutiny completed in January 2023 - [BHSCP statement - Unaccompanied Asylum-Seeking Children \(UASC\) Scrutiny Paper - BHSCP](#)
- The level of missing children from the local UASC hotels was an obvious and unacceptable driver of safeguarding risk, drawing concern politically and from the public. Sussex Police Missing Persons Team committed significant resources to tracing those who had gone missing, and pressure was brought to bear on the Home Office by partners at the regular meetings with their points of contact, to improve the preventative measures within the hotel (provision of information and support/educational, recreational and health offerings) as well as legal proceedings from the local authority to challenge the ongoing use of the hotels for this purpose. The hotel was eventually closed in early Q2 2023 following the successful legal challenge by the charity [ECPAT.org.uk](#) and Kent County Council, supported by BHCC.
- The Exploitation Audit was presented by the Independent Chair and Scrutineer for the M&E Subgroup and was later the subject of a learning event. The audit report highlighted weaknesses within the current approach to exploitation across the partnership in terms of outcomes for those at highest risk. The learning taken from this work will inform the future development work within the Exploitation Subgroup in response to these challenges.

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

A key function of the Partnership is to reflect on systems and practice following a serious child safeguarding incident. A Local Child Safeguarding Practice Review (LCSPR) is undertaken when a child dies, or the child has been seriously harmed. The purpose of a practice review is for agencies and individuals to learn lessons to improve the way in which they work individually and collectively, to safeguard and promote the welfare of children and young people, and ultimately to deliver improved outcomes for them. Our **Case Review Group (CRG)** meets monthly, overseeing the process for undertaking LCSPR in accordance with the guidance set out in WT23 and [The Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#). CRG work closely with the L&D Subgroup.

**Child Delta LCSPR** was published in November 2022. An **Adultification Bias & Safeguarding Children** practitioners learning event was held in June 2023 and included contributions from the Review author, members of the Brighton & Hove Adolescent Team, and one of the UK's leading specialists in the safeguarding of black and global majority children Jahnine Davis. The 60 multi-agency attendees received a Review Summary Briefing and the L&D 9-Minute Briefing to support their learning before the workshop. The learning objectives for the virtual workshop were:

1. To understand what a Child Safeguarding Practice Review is and why we have them.
2. To understand the key learning and recommendations from the Child Delta Review.
3. To explore and broaden participants' understanding of Adultification Bias within the safeguarding children forum.
4. To consider unconscious bias and stereotypes and how to address them within us as well as challenge them.
5. To understand the challenges faced by Black, Asian and Minorities Ethnic Communities.
6. To understand some the challenges faced by adolescents and young people in Brighton and Hove.

## Feedback and identified learning from the workshop:

*'Excellent training session – and very well organised'.*

*'The importance of capturing the voice of the child and identifying the different perspectives ... getting staff to provide that detail and separate out what's happening for each vulnerable party.'*

*'Considering the needs of black and global majority children more, in relation to Child Sexual Exploitation, Child Sexual Abuse and re extra familial harm generally.'*

## What changes to practice will your agency make considering continued learning from the Child Delta Learning Event? responses:

*'Being mindful of trauma and racialised trauma and how this may present in black and global majority children, with lived experience of racism.'*

*'Approaching patients transitioning from Child to Adult Mental Health Services with greater sensitivity and trauma awareness.'*

The ongoing challenge in 2023-24 involved **unavoidable delays to progressing safeguarding practice reviews due to parallel processes** and in particular the impact this has on the families and the practitioners involved. As a Partnership we acknowledge the impact the review subject, and the associated processes, can have on those involved. Partner agencies are committed to ensuring sufficient well-being support is in place for all. The **Child Epsilon LCSPR** has been on hold for some time due to parallel processes. Solution focused discussions with Crime Prosecution Service colleagues are ongoing. Early learning was circulated to professionals and a Learning Event is in the pre-planning stages whilst we await conclusion of parallel processes. CRG currently have one other LCSPR in train – **Child Zeta** – this review is ongoing and currently unpublished and was commissioned after the sad death of a teenager in Brighton town centre in October 2023.

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

The **Monitoring & Evaluation (M&E) Subgroup** commit to listening, monitoring and continually evaluating our practice because we recognise that good anti-racist practice for the Partnership leads to better outcomes for our children in our city. The subgroup performs quality assurance (QA) through audit, data, assurance requests and additional information requests (AIR).

## Priority 2: Safeguarding Children and Young People from Violence and Exploitation

The partnership completed a multi-agency audit to test the partnership objective that '*Organisations and agencies have the skills and knowledge to recognise and undertake high quality assessments regarding exploitation delivering interventions for children, young people, and families at all levels of need.*' The purpose of the audit was to provide assurance that those safeguarding processes, including child protection reduce the risk to children of criminal and sexual exploitation in the Brighton & Hove . The audit leads were from Sussex Police and Children's Social Care demonstrating the collaborative culture within the subgroup; 58 audits completed by 15 agencies - all were graded as good or better. This is a marked improvement in multi-agency practice and the first time, since audits began being graded that all practice has been at this level.

### Strengths identified in the Exploitation Audit:

- Recognition of risk was a strength as evidenced by schools and Police who made timely and appropriate referrals to the Front Door.
- Risks around contextual safeguarding understood and identified in most cases.
- When exploitation was identified the initial response was effective.
- Evidence of good professional curiosity including by the school, the Missing Team, UHSX and GP.
- The Adolescent Vulnerability Risk Meeting (AVRM) was effective in monitoring risk – it ensured that there was a shared understanding of the vulnerabilities, and that alternative timely action was taken when change was not secured and/or the risk to the child remained or intensified.
- The value of building trusting relationships with children and young people who were being exploited/at risk of exploitation was evident with some very good practice reported.
- Strong evidence that systems and processes to support best safeguarding practice were being utilised by agencies.

## Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage

*The Partnership is assured that an effective whole family approach to assessing neglect, as well as planning and monitoring interventions is embedded city wide across agencies and organisations.*

Needs, risks and strengths are consistently clear in Strengthening Families Assessments. Quarterly QA shows this as 100% for 2023-24 with the majority (93% - 96%) of plans good quality. Most (84.8%) of Strengthening Families Assessments completed during the year ending 31st Dec 2023 were completed within 45 working days, above the 22/23 national average of 82.5%

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

## Priority 4: Supporting Mental Health, Emotional Health and Well-being

Evaluate the availability and impact of services and resources on the safety of young people experiencing emotional and mental health issues, and contribute to future service developments, particularly where gaps are identified.

- The partnership has made progress on the above objective. The BHSCP Performance Dashboard has been developed to include several indicators to deepen the Partnership's understanding of progress in working towards the outcome that: *Children and young people have access to effective support that helps them deal with a range of pressures arising from the different contexts in which they live their lives.*
- Indicators show that children and young people do not have timely access to the right mental health services to meet their needs and that hospital admissions as result of self-harm for children aged 10-14, 15-19 and young adults 20-24 are at a significantly higher rate than national – see data in following slides.

## Potential barriers, response actions, coordination with other Subgroups:

- We introduced a system of making Assurance Requests and Additional Information Request (AIR) to agencies. Between **89-100% of Assurance Requests were completed** by agencies as required by the M&E subgroup. These requests were made based on audit findings and/or recommendations and **indicate the Partnership's continued culture of learning.**

In 2023-24 these include:

- AIR: Impact of the CSARC Pathway.
  - AIR: To confirm response times for the provision of health information for red/amber/green MASH enquiries.
  - Assurance Request: To deepen understanding of access to effective support for adolescent mental health. This currently remains unresolved and has therefore been escalated to DSPs and Steering Group for discussion and action.
  - Assurance Requests relating to elective home education, child neglect and exploitation audit findings, and single agency QA Framework.
- The Exploitation Audit provided a good opportunity to coordinate with other Subgroups, this is a process M&E are keen to continue.

## Identified areas of improvement for BHSCP and M&E for 2024-25:

- Maximising opportunities for earlier intervention and identification of risks.
- Quality of Return Home Interviews (RHI).
- Involvement of the child's voice.
- Accessibility of services particularly to support mental health and emotional well-being.
- Professionals understanding of the needs and risks for adolescents with SEND.
- Adulthoodification.

# What does our Data Dashboard and Audit Activity tell us?

This section highlights some of the key statistical indicators used to guide the Partnership's priority safeguarding areas collated quarterly for sharing as the Partnership data Dashboard developed through our Monitoring & Evaluation (M&E) Subgroup.

## Multi-agency Audit Activity in 2023-24:

- ✓ We completed two multi-agency audits in 2023-24 - '*Children with Repeat Missing Episodes*' and '*Child Exploitation*'.
- ✓ Responses and cases in both audits demonstrated concern about adolescent mental health which has resulted in the planning of a deep dive audit in 2025-26.
- ✓ Audit findings indicated that as a safeguarding system we are learning from audits and LCSPR findings to improve practice.
- ✓ A total of 20 case audits were completed – 75% (15) were rated GOOD compared to 50% (10) in 2022-23 demonstrating a 25% improvement.



## Development of Data Dashboard:

- ✓ The Dashboard has continued to develop and improve since its introduction in 2021-22.
- ✓ The Dashboard is used as a quality assurance and reporting tool to Steering Group and is shared with Partnership Board members.
- ✓ The Dashboard discussions provide independent scrutiny of single agency and multi-agency performance against business plan priorities but also provides narrative, identification of trends, and highlights emerging risks through discussion and challenge.
- ✓ The BHSCP would like to thank agencies for providing comprehensive data and subsequent narrative through agency leads and completed AIRs.

## Priority 1: Partnership Engagement & Accountability

1. 100% of partner agencies responded with a **completed section 11 self-assessment** audit tool 2022-24 cycle. **100% of agencies** reported they were **confident all staff/volunteers are aware of how safeguarding policies and procedures are applied in practice.**
2. BHSCP **website views have significantly increased** from 154,744 in 2022-23 to 190,672 in 2023-24.
3. Social Work Regular Audit: 94-100% where **consideration was given to the child's identity** (age, disability, race, ethnicity, culture, faith/belief, gender, gender identity, language, & sexual orientation) and the impact of this addressed in the work with the child. Furthermore, for Black & Global Majority children, there is **good evidence of social workers using the audit to reflect on the child's identity and to consider whether racism has been discussed with the child/family.**

## Priority 2: Safeguarding Children and Young People from Violence and Exploitation

1. We now have a **better understanding of children experiencing sexual harm** – data highlights that this is a significant issue in Brighton and Hove. This includes when both victim and suspect/offender are under 18 and when the suspect/offender is over 18.
2. Data indicates a **higher than England average for hospital admissions caused by unintentional and deliberate injuries to children across all ages.** However, we are working on getting locally significant data because current data potentially includes children from outside of Brighton and Hove who have attended local hospitals including Royal Alexander Children's Hospital Accident and Emergency. Locally significant data will provide a better indication of where we need to focus.



## Priority 2: Safeguarding Children and Young People from Violence and Exploitation

### 3. The 2023 **Safe and Well at School Survey** data indicates:

- 85% of primary school children (key stage 2) and 90.5% of secondary school pupils feel safe travelling to school and back alone/with friends.
  - 79.4% of key stage 2 children and 87.4% of secondary school pupils reported they felt safe in their neighbourhood whilst alone/with friends.
  - 90% of key stage 2 children feel safe at school which is down from 92% in 2021, and 71% of secondary pupils feel safe at school which is down from 77% in 2021.
4. Recent '**Children with Repeat Missing Episodes**' and '**Child Exploitation**' audits found widespread evidence of good quality effective multi-agency practice and risk was identified by professionals in most cases.
  5. In the '**Children with Repeat Missing Episodes**' audit agencies were working appropriately together in five cases, but risk remained high/episodes had continued or escalated.
  6. In the '**Child Exploitation**' audit recognition of risk was a strength and timely referrals to Front Door for Families were made, risk around contextual safeguarding was understood and identified and when exploitation was identified the initial response was effective in most cases audited.
  7. Despite encouraging survey data and audit findings our focus is on children who do not feel safe, those with continued or increasing missing episodes, and those at continued risk of exploitation. Coming together as a system to demonstrate that exploitation will be disrupted, and that we will use all powers available to disrupt perpetrator activity.

## Priority 3: Reducing Neglect, Recognising the Impact of Child Poverty and Disadvantage

1. 85.5% of **Strengthening Families Assessments** were completed within 45 working days, above the 2022-23 national average of 82.5%.
2. March 2024: 96.2% of children open to social care (excluding Care Leavers and children in assessment) had a plan up from 92.5% (December 2023), and 85.7% had a plan within timescales compared with 74.5% (Dec 2023). **This shows an improving trajectory.**
3. *QA Standards data* indicates that Strengthening Families Assessments are consistent (96-100%) in identifying needs, risks and strengths, and between 93-98% are addressed within a SMART plan .
4. QA Standards data demonstrates **improving practice, but child neglect continues to be a concern for the Partnership**. For example, data indicates an **increasing trend** in hospital admissions of children aged 0-5 years for dental caries across Sussex. We need to understand the interface between neglect and access to services in Brighton and Hove.
5. Of all **children subject child protection (CP) plan** 8.7% (23 children) were subject for 18 months or more – 31 March 2024 – this is down from 11.6% at December 2023. This shows **a slight improvement**.
6. 2023-24 saw a **significant improvement in the percentage of children who became subject of a CP plan** for a second or subsequent time down from 37.3% to 24.3% despite still being slightly above the national average of 23.6%. The percentage of referrals to children's social care that were within 12 months of a previous referral was also down slightly from the previous year but again still slightly above national average.
7. Children **receiving a suitable education remains a priority for BHSCP**, data indicates some progress but there is still more to do. Absenteeism data from the academic year 2022-23 shows **persistent absenteeism down from the previous year** with:
  - 39.58% of pupils with an Education, Health and Care Plan (EHCP) down from 44.9%.
  - 51.5% of children in need (CiN) down from 55%.
  - But children subject to a CP plan had increased slightly to 69.1%.
  - Brighton and Hove percentages were slightly above the national average for the same period.
8. Data relating to **suspensions** in academic year 2021-22:
  - 26.9% - suspensions for pupils with EHCP as percentage of the school population compared with the national average of 17.63%.
  - 10.7% of CiN slightly up from 10.1% in the previous year but below national average of 11.9%.
  - A slightly lower 14.1% of children subject to a CP plan compared to 14.8% in 2020-21 and a national average of 13.9%.
  - **Only 4 permanently excluded children in Brighton and Hove which is below national rate.**

9. Data indicates that **agencies have made positive in roads where neglect is a feature and children are vulnerable, by keeping these children visible. However, identification and early intervention without drift and delay remains a priority.**

#### Priority 4: Mental Health and Well-being

1. BHSCP has identified **mental health and well-being as a priority area for 2023-26 and remains concerned about children and young people having timely access to mental health services (MHS) to meet their needs.** In this context commissioners and Community Adolescent Mental Health Services (CAMHS) are identifying what changes can be made to provision to reduce waiting times.
2. BHSCP M&E subgroup have requested on behalf of the Partnership an Additional Information Request (AIR) to understand the issue and the impact on children and young people. A multi-agency audit is scheduled for audit year 2025-26 to understand the impact of these changes.
3. We **remain concerned about the level of hospital admissions for self-harm** in Sussex which continues to be significantly higher than the national average across all ages (10-14 years, 15-19 years, and 20-24 years). As a way of better understanding what this looks like for children and young people in Brighton and Hove the M&E subgroup will include questions around self-harm as part of the AIR.
4. Safe and Well at School Survey - **12% of secondary school respondents report they often or sometimes self-harm. 15% of 15-year-old respondents say they have smoked cigarettes, 24% say they have tried cannabis, and 11% say they are drinking alcohol weekly.**



# DadPad® Update

The BHSCP launched the DadPad App in Brighton and Hove in November 2023 after a pre-launch event for professionals was held in July 2023.

## What is DadPad® ?

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

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

## What are the benefits?

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

## Use of App and Feedback

Q3 (Jan – March 2024) – 197 registrations on the App

Q4 (March – June 2024 – 241 registrations on the App

**What did you like about the DadPad® app and why?** *Easy to use and full of useful information.*

**Overall, how much has your knowledge improved in relation to your baby and situation after you were given/used DadPad® app?** *Greatly improved.*

**What did you like about the DadPad® app and why?** *I liked the way DadPad spoke to me as a dad and what my role is for mum and baby and reassured me on things I didn't understand at the time that was a little scary.*

**How would you improve the DadPad® app?** *I wouldn't it's helpful as it is.*

**What did you like about the DadPad® app and why?** *It was easy to understand and kept to the main points needed for new dads.*

**How would you improve the DadPad® app?** *I think it works well how it is. Maybe recommendations of other books for child development or information on dads' groups around.*

**How would you improve the DadPad® app?** *Not sure I think it's fantastic maybe have a personalised section you could add photos of you and your baby.*

**How likely are you to recommend the DadPad® app to other dads in your situation?** *Definitely.*

## Next Steps:

Brighton and Hove will be one of the first local authority areas to launch of CoParentPad in early 2025.

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





# Working with our Sussex Partners – Pan Sussex Policies & Procedures

**Pan-Sussex Policies and Procedures:** This Subgroup meets to co-ordinate the development of safeguarding and child protection policies, procedures and guidance used across Sussex to safeguard children and young people. The group is well attended, with all participants engaging proactively and meaningfully with policy reviews. Where possible the policy authors/practitioners are invited to the meeting to demonstrate the value and impact of working together across the Sussex footprint. The webpage is publicly accessible via [Welcome to your Pan Sussex Child Protection and Safeguarding Procedures Manual | Sussex Child Protection and Safeguarding Procedures Manual](#)

Throughout the year, several new policies were developed to enhance safeguarding practice in response to local child protection issues. These policies include:

- Pan Sussex Protocol on the Transfer of Young People to Local Authority Accommodation from Police Custody
- Sussex Child Safeguarding Practice Reviews Procedure
- Pregnancy of Children/Young People Under 18 Who Become Parents
- Sussex Joint Protocol to Reduce the Criminalisation of Children in Care and Care Leavers

Additionally, the group prioritised supporting practitioners amidst the rise of AI technologies within safeguarding contexts.

- Comprehensive reviews were conducted leading to significant changes in several policies and procedures, including:
- Allegations Against Individuals who Work with, Care for, or Volunteer with Children
- Review of Self-Harm and Suicidal Behaviour Policies

Over 50 policies and procedures were reviewed to ensure they remain current and effective for practitioners across the multi-agency safeguarding partnership. In December, the publication of WT23 necessitated a revision of the group's planner to ensure that adjustments mandated by the updated statutory guidance were promptly addressed and prioritised.

## **Risks & Barriers to achieving Subgroup activities –**

- Ensuring completion of agreed actions.
- Transition of current website service provider.
- Dependency on jointly funded position.
- Involvement of young people in policy reviews.
- Assessing impact and engagement of practitioners.

## **Coordination of work between Pan Sussex Policies and Procedures and local Subgroups –**

Overall, the Group remains committed to fostering strong coordination, proactive engagement with stakeholders, and efficient management of priorities to enhance the effectiveness of our safeguarding practices. Members can suggest agenda items and request policy reviews based on local issues, audit findings, or child safeguarding practice reviews. Most of these requests originate from area-specific Child Protection Liaison Groups (CSLG) or Child Safeguarding Practice Review Groups (CRG), ensuring alignment with frontline needs and priorities.



# Working with our Sussex Partners: Child Death Overview Panel & the Safer Sleep Campaign

**Child Death Overview Panel (CDOP):** The death of a child is a devastating loss that profoundly affects all those involved. There has been a legal requirement across England since April 2008 for Child Death Overview Panels (CDOP) to review child deaths (including live-born babies of any gestation) up to the age of 18 years. The purpose for reviewing these deaths:

- Is grounded in respect for the rights of children and their families with the intention to ascertain why children die.
- To put in place interventions to protect other children, to prevent future deaths from occurring.

**Child Death Review Partners:** Pan Sussex Local Authorities and Integrated Care Boards (NHS Sussex ICB) hold legal responsibility for reviewing child deaths in Sussex as set out by the Children Act 2004, amended by the Children and Social Work Act 2017.

**Role of the CDOP:** The Panel conducts statutory reviews on behalf of the Partners to provide independent multi-agency scrutiny for the deaths of all children in Sussex including those resident in Brighton and Hove. The reviews take place once all other child death processes, including coronial inquests and safeguard practice reviews (LCSPR), have concluded.

**Statutory Framework:** Child Death Review Statutory and Operational Guidance 2018 and Working Together to Safeguard Children 2023.

**Safer Sleep Campaign – December 2023:** Over the past few years there have been several tragic sudden unexpected deaths of infants (SUDI). Each one of these child deaths brings with them unimaginable trauma and pain for families, friends, communities and professionals. Sadly, some of these deaths are preventable. The risk factors for SUDI are well recognised, and the steps parents can take to reduce the risk are generally shared with parents and carers by professionals including Social Workers, Midwives, and Health Visitors.

The Chair of CDOP and the pan Sussex Independent Scrutineer requested the Sussex Safeguarding Children Partnerships coordinate a public campaign with colleagues in Public Health in the run up to Christmas 2023 focussing on **'out of routine'** sleeping arrangements.

Comms were developed and circulated to professionals for sharing with parents, a training programme was developed with NHS Sussex teams attended by 44 professionals in Brighton and Hove by 31 March 2024, and social media was used to promote the **'Every sleep must be a safer sleep'** message across Sussex. This campaign was extended into the summer period 2024 as this is another time when sleeping arrangements may change due to visiting relatives and trips away. This time we included other summer safety information. BHSCP has committed to continue the promotion of the safer sleep message for professionals and parents throughout the year.



# Working with our Sussex Partners: Section 11 (s11) and pan Sussex Conference

## Section 11 Audit:

This reporting year saw the two-year s11 cycle 2022-24 conclude. It was run in accordance with Working Together to Safeguard Children 2018 guidance, which set out agencies and organisations responsibilities under Section 11 of the Children Act 2004. This cycle saw a shift in approach, from compliance to continuous improvement, and included *Peer Reflection & Challenge* Events pan Sussex and locally as part of the scrutiny process. The number of standards in the self-assessment tool were reduced from 86 to 77 (11% approx.).

### Key findings for pan Sussex agencies were:

- 7 out of the 11 returns had 5 or less **AMBER** ratings of which:
- 2 agencies returned a completely **GREEN** rating return of which:
  - 1 of the agencies did not have an action plan for improvement.
  - 1 of the agencies did include some narrative as part of the Action Plan.

This led to concerns that agencies were overly confident in their assessments.

### Identified Strengths in Brighton & Hove agencies/organisations returns were:

1. Senior management commitment to the importance of safeguarding and promoting children's welfare.
2. Staff training on safeguarding/promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children and families.
3. Effective inter-agency working to safeguard and promote the welfare of children.

### The lowest rated standards within Brighton and Hove agencies / organisations returns were:

1. Data, audit, performance and QA is used to good effect to ensure practice supports effective safeguarding
2. Systems/support for staff to challenge other professionals/agencies appropriately.
3. Strategies/Initiatives in place to ensure services and inclusive and accessible to all users.

The full Section 11 Report is available on the BHSCP website – [Section 11 Self-Assessments – BHSCP](#)

### Pan Sussex Learning and Development Conference for Practitioners:

The pan Sussex Conference took place in November 2023. The virtual conference was led by BHSCP, focussing on ***Neglect and Co-Existing Factors*** as part of Safeguarding Week 2023 which also included several themed workshops. Conference places were shared equally across all three Sussex areas; 185 multi-agency partners attended the event. Expert presentations were delivered by Dr Tracee Green, Head of the Centre for Child Protection and Dr Sheena Webb, Consultant Clinical Psychologist specialising in children, adolescents & families with complex needs. Subjects included a trauma informed perspective on assessing parents' capacity to parent and meet their children's needs, and how professionals assess capacity. Understanding parents' journeys to best understand the child's lived experiences; and how to best help families.

**Evaluation** - 44 (27% of delegates) submitted feedback – providing constructive feedback overall with over 20 practitioners describing how they would reflect upon and change their practice based on what they had learned at the conference. Full report available from [Briefings, Learning & Training Reports – BHSCP](#) It was noted by L&D Subgroup that attendances at BHSCP Safeguarding Week workshops were low, potentially because the BHSCP week followed the NHS Safeguarding Fortnight. In response, it was agreed the Sussex Safeguarding Children Partnerships would coordinate their 2024-25 Safeguarding Week events with the NHS Safeguarding Fortnight, and the pan Sussex Safeguarding Adult Boards would also contribute. Thus, providing a broad range of learning opportunities in a more coordinated way.



# Working with our Sussex Partners: Development of new Multi-Agency Safeguarding Arrangements

Working Together to Safeguard Children 2023 (WT23) sets out expectations about how safeguarding children partnerships (SCPs) provide help, support and protection for children and their families. It applies at every level, from senior leaders to those in direct practice with families, and across all agencies and organisations who work with or support children and young people. WT23 gives practitioners clarity about what is required of them individually and how they need to work in partnership with each other to deliver effective services. As Statutory Lead Safeguarding Partner agencies, Sussex Police, NHS Sussex (ICB) and Brighton & Hove City Council must agree and lead local arrangements to work together to safeguard and promote the welfare of all children in Brighton and Hove.

The named Lead Safeguarding Partners (knowns as LSPs) in Brighton and Hove are:

- The Chief Executive of Brighton & Hove City Council
- The Chief Executive of NHS Sussex
- The Chief Constable of Sussex Police

The way in which LSPs and local agencies work together is known as multi-agency safeguarding arrangements (MASA). Robust arrangements help to ensure that information about a child and their family is shared effectively, risk of harm is correctly identified and understood, and that children and families receive targeted services that meet their needs in a co-ordinated way.

**Development of the pan Sussex MASA:** The pan Sussex LSP representatives – known as Delegated Safeguarding Partners (DSPs), the Partnership Business Managers, and the Independent Scrutineer met with the National Safeguarding Partner Facilitator (LA Lead) in November 2023 to discuss WT23 and the new MASA including the inclusion of education. Wider partners and stakeholders were consulted on the draft MASA throughout the process via the Steering Group and Partnership Board meetings. Our DSPs are the Corporate Director of Children's Services, Deputy Chief Nursing Officer & Director of Patient Experiences and Involvement - NHS Sussex, and Detective Chief Superintendent and Head of Public Protection for Sussex Police.

For many years there have been common formal child protection procedures across Sussex and colleagues within each of the three partnership areas, how we have shared information and insight on an informal basis and have developed some strong common processes and protocols. Under the MASA 2024 LSPs for the pan Sussex local authority areas agreed to discharge their statutory responsibilities locally. However, LSPs remained committed to working closely together to develop the strongest possible arrangements which ensure consistency in strategic approach while continuing to engage local partners, including our partners in education. Pan Sussex LSPs agreed a partnership structure with the following components:

- A single Sussex Safeguarding Executive.
- Three local Safeguarding Children Partnerships – BHSCP, ESSCP and WSSCP.
- Three locality-based Partnership Groups.

Revised multi-agency partnership arrangements in Sussex will come in to force from 2 September 2024, ensuring the requirements set out in WT23 are fully met. These arrangements will be reviewed annually and take in to account any future updates to Working Together to Safeguard Children. Proposed pan Sussex and Brighton & Hove structures for 2024 onwards are included as Annex D.



# Future Planning: Introduction of Brighton & Hove Family Help: The Right Support at the Right Time



## Working Together to Safeguard Children (2023) states:

*'Safeguarding partners should agree with their relevant agencies the criteria for different levels of assessment to inform which services are commissioned and delivered in their local area and ensure that the right help is given to children at the right time. This should include services for children who have suffered or are likely to suffer abuse, neglect, and exploitation whether from within or outside the home. This should also include a range of appropriate services for disabled children and be aligned with the short breaks services statement.'*

*The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, evidence-based, accessible, and easily understood. This should include: • the process for early help assessments, and the type and level of early help and targeted early help services to be provided under sections 10 and 11 of the Children Act 2004.*

BHSCP recognises this statutory need however we believe language is important in describing how we deliver services to children. The ethos and aim is always, the right support at the right time.

A multi-agency working group reviewed the BHSCP Threshold Document in Q3 and Q4 of 2023-24 considering WT23 requirements. It was agreed to no longer refer to the Document as a *'threshold'* as we believe this is too prescriptive of when a child or family's needs meet a criterion of a Social Work assessment under Section 17 of the Children's Act. We aim to scaffold support across our Family Help services, including Social Work oversight, to provide continuity for families from the professional network around them.

As part of this piece of working the BHSCP working group developed – The Relationship-based Practice Model of Practice, Community of Practice, Vision of Family Help, Poverty Aware Practice Statement, and a new Interactive Poster detailing level of support, useful information, and links to resources which will all be available on the BHSCP website - [How We Make Decisions – BHSCP](#).

During the development stages the new Family Help documents were shared with Steering Group and Partnership Board, with frontline staff by agency leads, we held a consultation session in April 2024, promoted at single agency conferences, and asked partners to provide feedback on the draft documents virtually.

## Next Steps:

- Publish finalised versions on BHSCP website.
- Promote as part of Safeguarding Fortnight 2024 including as a key theme of the BHSCP Hidden Harm Conference in November 2024.



# Acknowledgements

## **Delegated Safeguarding Leads**

Deb Austin, Naomi Ellis, Chief Supt Richard McDonagh

## **Independent Scrutineer & Lay Members Subgroup Chairs**

Chris Robson, Phil Worsfold, Vera Jakimovska Rachel Egan, Justin Grantham, Jenny Whyte, Jim Whitelegg, DCI Luke Kyriakides-Yeldham/DCI Carrie Williams, and Emma Gilbert/Dr Jamie Carter Sarah Smart

## **Partnership Business Manager Learning and Development Officer Partnership Coordinator Agency Leads**

Vacant Post

Nicky Packham

Mia Bryden, Tom Bennett, Rebecca Butler, David Kemp, Jo Templeman, Jo Gough, Holly Baker, Stevie Graves, Michael Brown, Eleanor Gregory, Sarah Colombo, Sam Tyler, Phillip Tremewan, Martin Ryan & Jayne Bruce, Laura Litchfield & Kate Hall, Adam Muirhead, Catherine Coppard, Sam Wilson, Alice Gothard, and Jane Rayner.





## References –

[Brighton & Hove JSNA Executive Summary May 2024](#)  
[What the Joint Strategic Needs Assessment \(JSNA\) is \(brighton-hove.gov.uk\)](#)  
[Home – BHSCP](#)  
[Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#)  
[Self-harm infographic.pdf \(brighton-hove.gov.uk\)](#)  
[B&H JSNA Executive summary May 2024 by Brighton and Hove City Council – Infogram](#)  
[BHSCP Business Plan 2023-2026](#)  
[ECPAT.org.uk](#)  
[BHSCP statement - Unaccompanied Asylum-Seeking Children \(UASC\) Scrutiny Paper – BHSCP](#)  
[Safe & Well at School Survey 2023 by Brighton and Hove City Council – Infogram](#)  
[Section 11 Self-Assessments – BHSCP](#)  
[Keeping Children Safe - BHSCP](#)

## Appendices:

Annex A - C – Website link to Agency Responses relating to Priorities 2-4 (Business Plan 2023-26) [Annual Reports – BHSCP](#)

Annex D – Pan Sussex and Brighton & Hove Structure Charts

Annex E – Financial Report for 2023-24

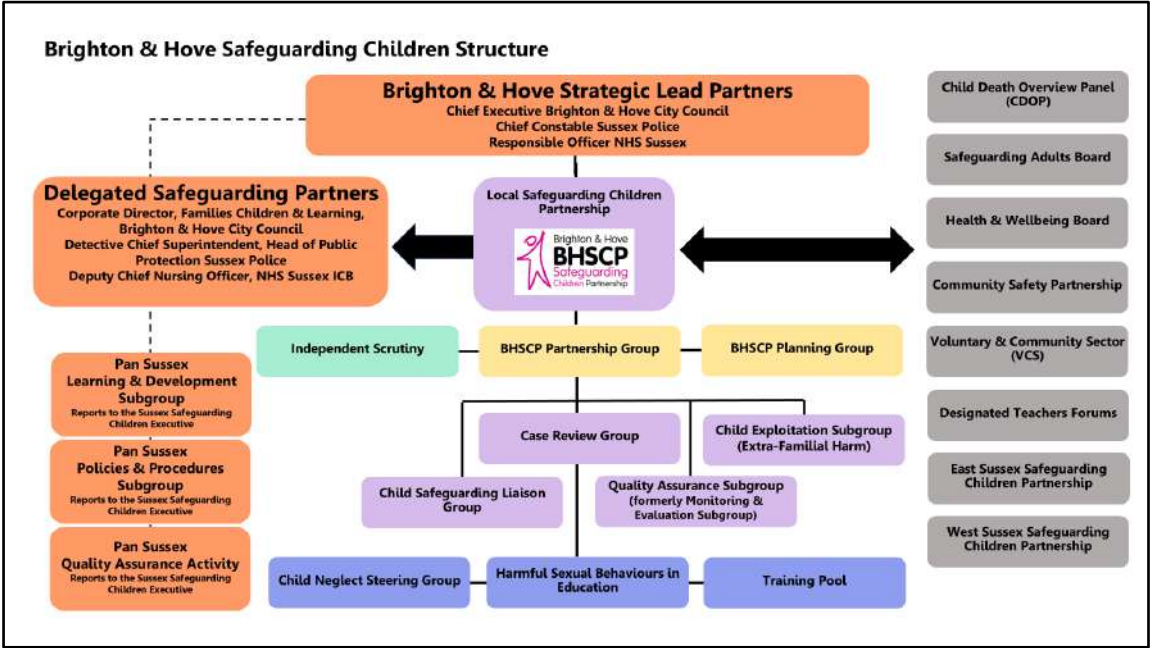
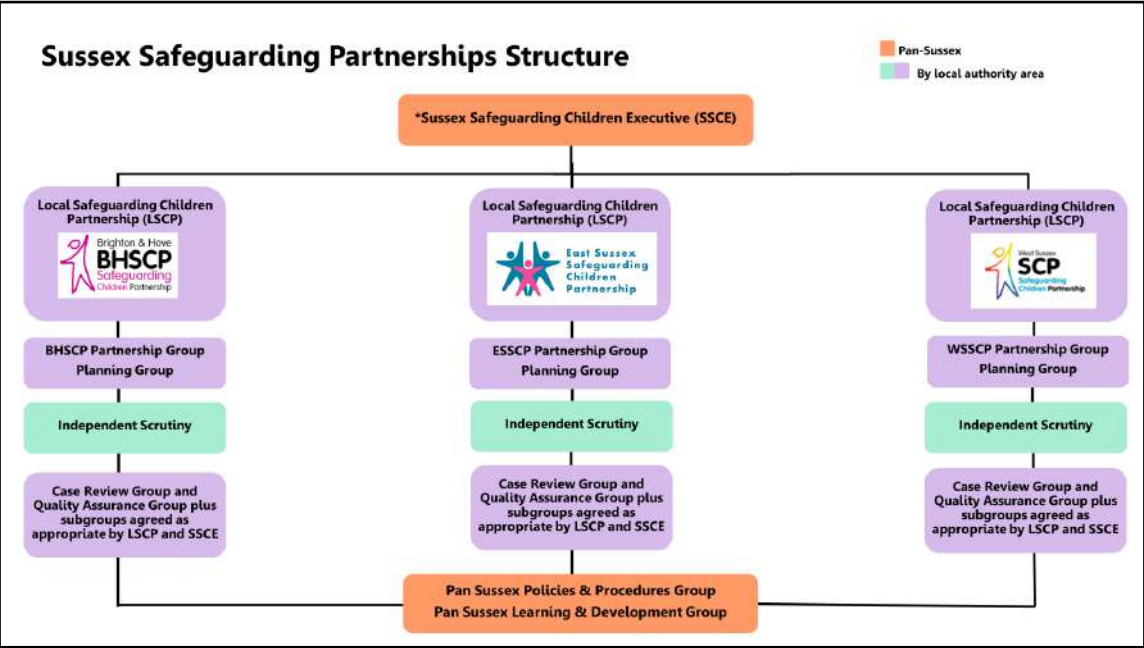
Annex F - Qualitative Feedback from Learners attending BHSCP Training Programme Events

Annex G – Website Link to Agency Responses relating to Voice of the Child/Young Person and their Families, and Areas to Celebrate [Annual Reports – BHSCP](#)

## Partner Agencies -

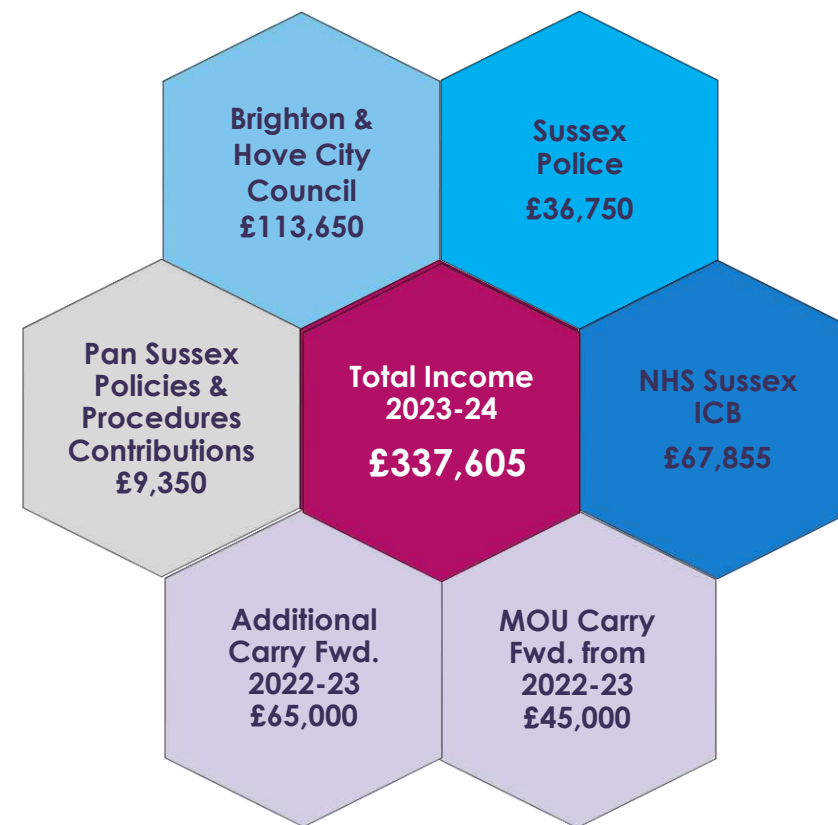
[Community Safety Partnership \(brighton-hove.gov.uk\)](#)  
[What Family Hubs offer \(brighton-hove.gov.uk\)](#)  
[Brighton & Hove Family Hubs | Facebook](#)  
[Home - Trust for Developing Communities \(trustdevcom.org.uk\)](#)  
[About Public Health \(brighton-hove.gov.uk\)](#)  
[Youth Employability Service | Brighton and Hove | Facebook](#)  
[Youth Employability Service \(YES\) \(brighton-hove.gov.uk\)](#)  
[University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](#)  
[Brighton & Hove City Council \(brighton-hove.gov.uk\)](#)  
[Sussex Health & Care and NHS Sussex \(ics.nhs.uk\)](#)  
[The Lioncare Group – Specialist Services for Children](#)  
[Home | Sussex Police](#)  
[Home | Sussex Community NHS Foundation Trust](#)  
[Home :: Sussex Partnership NHS Foundation Trust](#)  
[Welcome to South East Coast Ambulance Service | NHS \(secamb.nhs.uk\)](#)  
[Probation Service - GOV.UK \(www.gov.uk\)](#)  
[Virtual School for Children in Care and Previously in Care \(brighton-hove.gov.uk\)](#)  
[Home | East Sussex Fire & Rescue Service \(esfrs.org\)](#)  
[Oasis Project - We give hope to people affected by drugs & alcohol.](#)  
[IMPACT INITIATIVES – Providing a voice, hope and change for Sussex people in need. \(impact-initiatives.org.uk\)](#)  
[Domestic Abuse & Violence Refuge | Our Refuges & Safe Spaces | Stonewater | Stonewater](#)  
[Home - Brighton & Hove Albion Foundation \(bhaefoundation.org.uk\)](#)  
[Home - YMCA DownsLink Group \(ymcadlg.org\)](#)  
[Freedom from domestic abuse | RISE \(riseuk.org.uk\)](#)  
[The Lioncare School – The Lioncare Group](#)  
[Home Page - Community Works](#)  
[Child Death Overview Panel \(CDOP\) - Sussex Health & Care \(ics.nhs.uk\)](#)  
[Home – ESSCP](#)  
[Home - West Sussex Safeguarding Children Partnership - West Sussex SCP](#)

# Annex D: Proposed Safeguarding Children Partnership Structures 2024



## Annex E: Financial Report 2023-24

Expenditure: Headlines	Amount
Staffing	147,084.18
Independent Scrutiny	20,248.61
Training Costs	13,553.55
Recovered Training Costs	-1265.70
IT/Websites/Equipment/Telephony	4,272.13
Miscellaneous Costs	2,747.39
Miscellaneous Recharges	-1,772.16
Contributions to Public Health for the Evaluation of Harmful Sexual Behaviours (HSB) Project	2,404.00
HSB Project – PCC & 2022-23 C/F	45,175.00
LCSPR Reviewers	6,398.60
Contribution to LA Data	30,000
<b>Expenditure</b>	<b>268,845.00</b>
MOU C/F to 2024-25 (not included in total income)	50,000.00
Reimbursed to Lead Safeguarding Partner Agencies (pro rata based on contribution %)	18,759.40
<b>Total Expenditure</b>	<b>337,605.00</b>



**BHSCP Income 2023-24**



## Annex F: Qualitative Feedback from Learners attending BHSCP Training Programme Events

**Working Together to Safeguard Children – Day 1:** *I think it is one of the best courses I have ever attended. The ability to get across such a serious message but in such a way that you walk away feeling empowered and not distraught is no small feat.*

**Child Neglect:** Learning about referrals and the agencies to refer to. Other people on the course were informative and it was nice to hear other's perspective with their individual roles.

**Working Together to Safeguard Children – Day 2:** *Deepened and embedded knowledge from previous course. Understanding the systems and mechanics of what happens when referring to Front Door for Families.*

**Child Sexual Abuse – Identifying, Responding & Supporting:** *It was excellent that the course featured a variety of different speakers from different agencies who were able to give different viewpoints without being repetitive or contradictory.*

**Child Sexual Abuse – Identifying, Responding & Supporting:** *In depth explanation of what happens in CSARC, so I can explain to parents that it won't hurt their child*

**Safeguarding Adolescents:** *Hearing from professionals working in the area and the young person's 'story' was the most useful. Trainers were calm, knowledgeable and well informed about their areas of work. Useful to learn about the NRM pilot.*

**Working Together to Safeguard Children – Day 3:** *The mock CP conference was very useful. It really made us professionals think about how it feels to be a parent on the receiving end of a CP conference. I am experienced at attending CP conferences (9 years), and I found the training very useful.*

**Children & Young People who Display Harmful Sexual Behaviours:** *It was so great to have a practical course where I come away and know I can utilise what I have learned immediately and that it will hold such value in the way it can support families.*

**Cultural Competence & Anti-racist Practice:** *Challenging preconceptions and gaining a better understanding of the lived experiences. Stand out for me was the realisation around language, the impact it can have and how factually incorrect. I have stolen with pride the adoption of the inclusion of equalities, diversity and inclusion within briefings, so this is a standing topic of discussion.*



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

Title:	Food Strategy Action Plan 2025-30
Date of Meeting:	11 February 2025
Report of:	Director of Public Health
Contact:	Kathleen Cuming
Email:	<a href="mailto:Kathleen.Cuming@brighton-hove.gov.uk">Kathleen.Cuming@brighton-hove.gov.uk</a>
Wards Affected:	All

## FOR GENERAL RELEASE

### Executive Summary

This report is to inform the Board of the refreshed Brighton and Hove Food Strategy Action Plan 2025-30, which aligns with the Joint Health and Wellbeing Strategy priority action area 'A whole city approach to food and wellbeing will be adopted, prioritising those with the poorest diets or least access to healthy food' and core outcomes of the Council Plan 2023-27.

The Food Strategy Action Plan 2025-30 is a city wide, whole population approach led by Brighton and Hove Food Partnership and supported by the council and other partners. The action plan was endorsed by Cabinet on 23 January 2025.

Delivery of the action plan will strengthen our poverty reduction approach contributing to 'A fair and inclusive city'. Cooking, food growing, and food waste prevention activities improve the city's social infrastructure creating 'A city to be proud of' and increasing opportunities for healthier and more sustainable food choices helps us be 'A healthy city where people thrive'.

## 1. Decisions, recommendations and any options

- 1.1 That the Board notes the refreshed Brighton and Hove Food Strategy Action Plan 2025-30 and shares plans and progress throughout the health system.

## 2. Relevant information

- 2.1 The Food Strategy Action Plan outlines how collectively as a city we can achieve a healthy, sustainable and fair food system for Brighton & Hove, from production and distribution to consumption and waste management.
- 2.2 The process of refreshing the city's Food Strategy Action Plan is overseen by the Food Strategy Expert Panel – a group of experts represented by business, academia, local government, NHS, and the voluntary and community sector.
- 2.3 Members of the public were consulted through five city-wide events during January to July 2024 and expert teams/organisations (including teams within the council and colleagues in the Integrated Care System) have been consulted alongside gaining feedback from the expert panel.
- 2.4 Feedback included the desire to include less and more focused actions with metrics that can be systematically monitored and reported by action leads.
- 2.5 The themes that emerged from the review and refresh process informed the Food Strategy Action Plan 2025-30 and its eight aims. The action plan identifies deliverable actions over a five-year period. The overall focus is on prevention and on being proactive, rather than reactive.

Table 1. The 8 aims of Brighton & Hove's Food Strategy Action Plan 2025-30

1	Champion healthy and sustainable food
2	Take a preventative upstream approach to food poverty and ensure equal access to healthy food
3	Nourish a vibrant, diverse and skilled community food sector
4	Improve sustainability and security in urban, rural and marine food production
5	Encourage a vibrant and sustainable food economy
6	Transform catering and procurement and revitalise local food chains
7	Become a food use not a food waste city
8	Ensure healthy, sustainable, fair food is embedded in policy and planning, and has a high profile right across the city.

- 2.6 While life expectancy has been steady, people are now living longer in poor health. Diet related disease and being an unhealthy weight contribute to this. Only 38% of adults in the city consume five or more portions of fruit and vegetables per day.

- 2.7 We continue to buck the national trend on childhood obesity with 28.8% of Year 6 children overweight or obese compared with 35.8% for England<sup>i</sup>. Those living in more deprived areas of the city are at higher risk of being an unhealthy weight, with up to two thirds of 11-year-olds being overweight or obese in some schools. Breast-feeding rates in the city remain 20% higher than national rates with three quarters of babies breastfed at six to eight weeks.
- 2.8 Obesity costs the NHS around £6.5 billion a year, causing an increased risk of cardiovascular disease, diabetes, musculoskeletal problems and is the second biggest preventable cause of cancer.
- 2.9 Poverty and food poverty is an ongoing challenge in the city, impacting on the health and wellbeing of many residents. Recovery from the covid pandemic has been exacerbated by the cost-of-living crisis, making it hard for many residents to access healthy nutritious, sustainable and affordable food.
- 2.10 Key health and wellbeing Food Strategy Action Plan 2018-23 achievements:

Champion healthy and sustainable food

- Through the city's Green Wellbeing Alliance, 1,601 residents with complex needs were able to access food growing and nature, improving their physical activity (30%), wellbeing (50%), and social networks (40%).
- The Taste Ed programme is being piloted in early years settings to promote consumption of fresh fruit and veg.
- Healthy Start bitesize sessions were delivered to 70 professionals across the city to increase take up.
- BHFP opened the Community Kitchen providing more than 1000 community cookery sessions, including 1000 children and young people.
- Councillors agreed recommendations to include restrictions in the advertising of high fat, sugar and salt foods within the procurement for a new contract for city-wide bus and taxi shelter advertising

Take a preventative upstream approach to food poverty and ensure equal access to healthy food

- Nearly a thousand employers have signed up to the Brighton Living Wage campaign raising the salaries of almost 5,000 people
- Brighton and Hove is a thriving hub of community cafes, lunch clubs and shared meals services which help to tackle social isolation, provide activities, support and advice as well as a nutritious, affordable meals.
- The action plan was also informed by recent research partnerships including: [Building Back Better from Below](#) - Harnessing Innovations in Community Response and Intersectoral Collaboration for Health and Food Justice Beyond the Covid-19 Pandemic  
[Food Systems Equality](#) - Co-developing new products, new supply chains and new policy frameworks that deliver an affordable, attractive, healthy and

sustainable diet.

[Cultivate Programme](#) - Helping cities navigate towards resilient and sustainable food sharing

[NHS Health Inequalities Project](#) - Understanding the experiences of people living with long term health conditions and disabilities in their ability to access the food they need to be well.

[Emergency food access research project](#): Food access needs of Black and Racially Minoritised communities and Refugee and Asylum seekers.

- 2.11 The Food Strategy Action Plan will be delivered by a partnership approach underpinned by partnerships and networks including community and voluntary sector, businesses, academia and health sector.

### 3. Important considerations and implications

Legal:

- 3.1 There are no direct legal implications arising from the recommendations in this report.

Lawyer consulted: Siobhan Fry

Date: 29 /01 / 2025

Finance:

- 3.2 There are no direct financial implications arising from the recommendation in this report. Resource supporting the Action Plan from 2025/26 will be funded from other funds releasing core general fund budgets as savings. For 2025/26 resource will be supported by the UK Shared Prosperity fund.

Finance Officer consulted: John Lack

Date: 29/ 01/ 2025

Equalities:

- 3.3 The Food Strategy and Action Plan outlines how collectively as a city we can achieve a healthy, sustainable and fair food system for Brighton & Hove, from production and distribution to consumption and waste management. Brighton and Hove are unique in capturing this level of data. The whole action plan has been developed to reduce inequalities and be led by data to enable fair access to healthy, sustainable food for all residents.
- 3.4 An Equality Impact Assessment has been carried out and SMART actions are proposed (Appendix 2):
- Monitoring of Equality Diversity and Inclusion to be embedded through Food Strategy Expert Panel
  - Improve our understanding and analysis of food insecurity data across the city working with data and intelligence teams in the council and the health sector

- Increase diversity in Expert Panel by inviting people with lived experience to specific meetings
- 3.5 This is a city strategy, led by the Brighton and Hove Food Partnership, with the council as one of the delivery partners supporting delivery and evaluation. Monitoring activity and evaluation must be appropriate and proportionate to the capacity of the council and the various partners.

Sustainability:

- 3.6 The Food Strategy Action Plan 2025-30 will contribute towards the City Council's ambitions in response to the climate crisis. The actions have been charted in line with sustainable food and farming objectives in the City Downland Estate Plan and support the ambitions and aspirations of The Living Coast Biosphere. The food work offers the focus for collaboration to transition to net zero through work with e.g. working with the hospitality sector to develop circular food systems, with anchor institutions to increase procurement of local food and with local producers to shorten the supply chain and encourage regenerative practices.

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

- 3.7 There is a direct link between food systems and major health issues, such as type 2 diabetes and heart disease. Costs associated with the rising burden of preventable chronic disease include healthcare costs, social care costs, welfare, productivity losses and human costs.
- 3.8 One of the six policy objectives of the Marmot Review into health inequalities was to 'Create and develop healthy and sustainable places and communities' and includes a specific recommendation on 'Improving the food environment in local areas across the social gradient'.
- 3.9 The Food Strategy Action Plan 2025-30 is aligned with Brighton and Hove's Joint Health and Wellbeing Strategy priority action area is 'A whole city approach to food and wellbeing will be adopted, prioritising those with the poorest diets or least access to healthy food'. It is also aligned to public health's whole system healthy weight work. The refreshed actions contribute to council Outcome 3 (a healthy city where people thrive) i.e. help develop prevention and family support work; help people to be physically active and maintain a healthy weight; and helping the city be age and dementia friendly.

## Supporting documents and information

Appendix 1: Brighton and Hove Food Strategy Action Plan 2025-30  
Appendix 2: Equality Impact Assessment

Background documents

1. Food Farming and Countryside Commission Food Conversation report 2024.





2. Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010.
  3. Brighton and Hove Food Strategy Action Plan 2018-23
  4. Working together to inform a fair food system in Brighton. University of Sussex Broadcast: News Item
  5. Data from the Public Health Outcomes Framework
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# Brighton & Hove Food Strategy Refresh

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### Vision

Our vision is a city where everyone has the opportunity to eat healthy food from sustainable sources which treats those who produce it fairly. It is a city with a thriving local food economy and a vibrant food culture, where residents know where their food comes from and feel a connection to the people and the land and sea that provide it. It is a place that respects and enjoys food, where everyone can cook nutritious meals and many of us have the skills and opportunity to grow our own food. In this city food is valued and shared. We eat food that is good for us and for the planet and we waste less. Our public institutions play a key role in improving the food system by providing healthy food from sustainable sources while supporting our local farmers and producers.

### Refreshing the city's Food Strategy Action Plan

Launched in 2006 the city's food strategy action plan is refreshed every 5 years. Brighton and Hove has pioneered place-based food work, adopting a partnership approach to food in 2003. Part of the wider Sustainable Food Places movement, we were the first place to achieve Silver Sustainable Food City status in 2015 and the first to achieve Gold in 2021.

The process of refreshing the city's food strategy action plan is overseen by the Food Strategy Expert Panel – a group of experts represented by business, academia, local government, the NHS, and the voluntary and community sector.

#### Led by evidence

The food strategy action plan was informed by a wide range of research and evidence. In March 2024, the University of Sussex Business School hosted an event where academics from Brighton and Sussex Universities Food Network (BSUFN) presented their research and helped inform the priority actions which would make the biggest impact.

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The action plan was also informed by recent research partnerships including:

[Building Back Better from Below](#) - Harnessing Innovations in Community Response and Intersectoral Collaboration for Health and Food Justice Beyond the Covid-19 Pandemic

[Food Systems Equality](#) - Co-developing new products, new supply chains and new policy frameworks that deliver an affordable, attractive, healthy and sustainable diet.

[Cultivate Programme](#) - Helping cities navigate towards resilient and sustainable food sharing

[Green Wellbeing Alliance](#) evaluation report

Community-based circular food initiatives and continuous productive urban landscapes – The role of community initiatives in scaling and place-making for systemic change'.

[NHS Health Inequalities Project](#) - Understanding the experiences of people living with long term health conditions and disabilities in their ability to access the food they need to be well.

[Emergency food access research project](#): Food access needs of Black and Racially Minoritised communities and Refugee and Asylum seekers.

### Consultative approach

Around 250 experts and members of the public were consulted on their priorities for the action plan. This included six city-wide engagement events focussing on: the food system; food and climate change; a more preventative approach to food insecurity; school meals; access to and consumption of fruit and vegetables, and public sector catering. We also used the recent work of our community researchers, individuals who are trained to conduct research in their own community. Over the past two years, they have been consulting people with lived experience of food insecurity.

The feedback from all the consultations, along with the data and evidence reviewed, were summarised into priority themes and used to inform the action plan. A full list of those consulted can be found at the end of this report in appendix I.

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### The big issues we are addressing

The past five years have been turbulent, to say the least. The withdrawal from the EU, the Covid-19 pandemic and the War in Ukraine have meant big shocks to our food system, which is increasingly susceptible to climate change. The food system has also seen more focus and scrutiny, with the publication of the Government commissioned National Food Strategy, led by Henry Dimbleby. The following gives a summary of the context in Brighton and Hove.

#### Diet related ill health

While life expectancy has been steady, people are now living longer in poor health. Only 38% of adults in the city consume five or more portions of fruit and vegetables per day and one in three 11-year-olds are obese or overweight (up to two out of three in some schools). Obesity costs the NHS around £6.5 billion a year and is the second biggest preventable cause of cancer.

Food that's high in fat, salt and sugar is often more readily available and cheaper than healthier options and eating this kind of food regularly can cause obesity and other health problems. Parts of Moulsecoomb, Bevendean, Woodingdean, Whitehawk, Kemptown, Queens Park and Hangleton are in the top 20% of places in England with food desert characteristics – a mixture of low incomes, poor access to transport, and a limited number of food retailers providing fresh produce and healthy groceries for affordable prices.

#### Food poverty and inequalities

Sadly, food poverty has soared since the last action plan was published, exacerbated by the Cost-of-Living crisis. The 358 food parcels issued per week in 2018 seems tiny compared with 6,300 people reliant on emergency food provision each week in 2024 [BHFP Emergency Food Survey, 2024]. 1 in 4 children in the city (12,876) are living in poverty after household costs compared with an average of 1 in 3 across England. A higher percentage of our residents aged over 60 are living in income deprivation (17.8%) compared with the England average (14%).

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### The climate and biodiversity crisis

Our food system is one of the biggest drivers of the climate and biodiversity crisis, so it is key that we only produce food that is needed with minimal impact on the environment. Between 8 - 10% of all human-caused greenhouse gas emissions could be reduced if we stop wasting food. Households in Brighton and Hove waste more than 21,000 tonnes of food and drink per year, around a third of residual household waste. The vast majority of this was avoidable and more than half of the food wasted never left its wrapping. [BHCC's Waste Composition Analysis, 2022]. Brighton & Hove's Circular Economy Route Map has a key target to halve food waste in the city by 2030.

The rapid global growth in industrialised meat and dairy production has led to the destruction of vast areas of forests, grasslands and wetlands to produce animal feed and has accelerated the climate and biodiversity crisis. Of all the mammals on Earth, 96% are livestock and humans, only 4% are wild mammals. If we are to meet our city's Net Zero and other environmental targets we must reduce our meat and dairy consumption and invest in a more localised and sustainable food system. The unique chalk downland surrounding our city has been shaped by animal grazing for centuries and is one of the most biodiverse landscapes in Europe. But less than 10% of the ancient chalkland survives. However, if carefully managed, grazing sheep and cattle on this landscape encourages biodiversity of wildlife & plants, reduces the use of chemicals, improves the soil quality (encouraging carbon capture) and supports the fragile chalklands, which for decades have filtered and protected our water supply.

### Economic factors

Brighton and Hove has one of the lowest levels of housing affordability of all UK cities. For an individual earning an average income and renting a one-bed flat; most parts of the city would take up more than 30% of their pay. Overall wages have not kept pace with inflation in recent years, which means residents are on average £2,000 worse off in real terms per year than they were in 2011. Almost 1 in 10 of the city's residents earn below the national living wage. *[Brighton and Hove Economic Plan, 2024-2027]*



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### Social Isolation

We have more people living alone in Brighton and Hove (35% of households), compared with the South East (28%) and England (30%).

### Food Security

Brighton and Hove City Council owns 13,000 acres of farmland (most in the South Downs National Park), yet very little of this is used to produce food for the city.

The UK imports about 40% of its food. We are most reliant on imports of fruit and vegetables, producing only 17% and 55% respectively of what we consume. The impact of Brexit, supply chain disruptions, rising fuel prices and labour shortages have all impacted food prices. The Food Foundation's report Food Prices Tracker 2024 found that while the cost of a basket of food had risen by about 25% in the past 2 years, the cost of the veg in the basket had risen by 39% on average, with some items like carrots increasing by as much as 150%, pricing many people out of a healthy diet. Local food systems help local economies to thrive. Research by the New Economics Foundation and Growing Communities estimated that every £1 spent in their local veg box scheme generated £3.70 of value for customers, local farmers and the planet.

## Our achievements

### Championing Healthy Sustainable Food

Through the city's Green Wellbeing Alliance, 1,601 residents with complex needs were able to access food growing and nature, improving their physical activity (30%), wellbeing (50%), and social networks (40%). [GWA evaluation 2024]

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We continue to buck the national trend on childhood obesity. 31.6% of Year 6 children are overweight or obese compared with England 36.6% for England. [NCMP data 2022/23]

Breast feeding rates in the city remain 20% higher than national rates.

The 'Taste Ed' programme is being piloted in early years settings to promote consumption of fresh fruit and veg.

Healthy Start bitesize sessions were delivered to ~ 70 professionals across the city to increase take up.

BHFP opened the Community Kitchen providing more than 1000 community cookery sessions, including 1000 children and young people.

The City Downland Estate Plan is encouraging regenerative farming practices in order to increase soil health and biodiversity, cut carbon emissions and food miles.

### **Transforming catering and procurement**

Primary school meals have reduced meat from five days per week to three.

Hospitals in Brighton have switched meat dishes from beef to more sustainable chicken, have improved menus for dementia patients and implemented "mealtime matter" where staff leave the wards so that patients can eat their meals without intrusion.

The Council's Good Food Standards for all council catering contracts were updated to Soil Association Food for Life Silver.

### **A vibrant and sustainable food economy**

Diversity, independence and innovation is essential for a sustainable and healthy food system. As a city we have:

- A thriving restaurant scene, bringing money to our local economy and providing a market for local and sustainable produce.

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- Access to great quality, local produce thanks to enterprises such as The Sussex Peasant, Florence Road Market, Infinity Foods, Park Farm Shop, Sheep Share and Sussex Grazed.
- Promoted and celebrated good food through Visit Brighton, Restaurants Brighton's Bravo awards and events such as Apple Day, Stanmer Organics open day and Seedy Sunday.

### **A food use not a food waste city**

There are now 55 community composting schemes serving 1200 households, turning 187 tonnes of food waste into high quality compost for local food growing.

### **Tackling inequality and social isolation**

Nearly a thousand employers have signed up to the Brighton Living Wage campaign raising the salaries of almost 5,000 people

Brighton and Hove is a thriving hub of community cafes, lunch clubs and shared meals services which help to tackle social isolation, provide activities, support and advice as well as a nutritious, affordable meals.

### **Embedding change**

Policy is key in ensuring real and lasting change. As a city we have embedded food into major local policy documents, including the City Plan, the Joint Health and Wellbeing Strategy, the Economic Plan, the Cost-of-Living Action Plan and anti-poverty approach, the Anti-racism Strategy, the Circular Economy Route Map, and the City Downland Estate Plan.

### **Leading the way**

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As a city we:

- Became the first Gold Sustainable Food Place in the UK
- Developed the City Downland Estate Plan to protect and enhance the 13,000 acres of chalk downland that surrounds Brighton & Hove.
- Are developing the Greater Brighton Food Plan.
- Are a signatory city in the Milan Urban Food Policy Pact and the Glasgow Food and Climate Declaration.
- Are developing a whole-city approach to healthy weight

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

### Summary of the main themes

The themes emerging from the consultations, data and evidence are summarised here.

- We need a better food environment where healthy food is affordable and available to all.
- People want to maximise food growing in the city but lack access to land and skills. A more radical approach is needed such as 'a right to grow'.
- Large caterers and food businesses have the power to transform food systems – relatively small changes here can have a bigger impact.
- Tackling food insecurity and reducing inequalities within the food system is a key priority. We need to transform the current crisis-based food bank model and move to a preventative one that includes better access to advice, help to maximise incomes and other support that prevents the need for food banks.
- Food needs to be prioritised in schools to give children a better start – a whole-school food policy or approach is required.
- People want more local, sustainable food but growers and producers need the infrastructure, land and routes to market to enable this.
- As well as reducing food (and packaging waste) we need to think 'circular' and invest in the power of composting to grow food and replenish our much-depleted soils

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

### Draft Food Strategy Actions

Aim 1 - Champion healthy and sustainable food			
		Lead organisation (role)	How impact will be measured
1	<p>Prevent diet-related ill health</p> <ul style="list-style-type: none"> <li>Continue to deliver and expand the Healthy Weight work across the city</li> <li>Promote city-wide healthy eating campaigns such as <a href="#">Sugar Smart</a> and <a href="#">Veg Power</a></li> </ul>	<p>Public Health; Chair of Healthy Weight Programme Board</p> <p>Public Health; Supported by NHS, BHCC Families Children and Learning</p>	NCMP data; numbers of people completing Tier 2 weight management service; Safe and Well at School Survey (fruit and veg consumption); Health Counts Survey
2	<p>Tackle risk of malnutrition, under-nutrition and dehydration in older people and people with disabilities through better training, social care assessments, hospital discharge plans and delivered meal services</p> <p>Promote healthy food as part of hospital discharge plans where applicable</p>	<p>Ageing Well Partnership; Possability People Hospital Discharge Team</p> <p>NHS Sussex</p>	Data from training, social care assessments, hospital discharge plans and delivered meal services
3	Promote breastfeeding in the city and focus resources in the areas of the city with the lowest breastfeeding rates	Public Health; Sussex Community NHS Foundation Trust Infant Feeding Lead	Breastfeeding rates by city area



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4	<p>Produce a spatial food map of the city to identify:</p> <ul style="list-style-type: none"> <li>Communities with poor / limited access to healthy food</li> <li>Potential spaces for community food growing, market gardens and productive urban landscapes</li> <li>Areas where community food projects could be linked, replicated or scaled up to create healthy food environments</li> <li>Areas that could benefit from food hubs, pantries, food waste composting etc.</li> </ul> <p>Use these maps to inform BHCC city planning and regeneration teams</p>	Public Health; BHFP	Spatial map produced
5	<p>Develop a Whole School approach to food:</p> <ul style="list-style-type: none"> <li>Review and align the support offered to schools around food and ensure this is coordinated by an embedded, schools-based role</li> <li>Align this with the whole school approach to sustainability, the school climate leaders and school food ambassadors</li> </ul>	Public Health; BHFP	<p>Funding secured for a schools-based lead officer</p> <p>School food action plan in place</p> <p>School leaders actively championing food and each school has a food ambassador</p>

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			<p>Cooking/food tech on the curriculum</p> <p>Taste Ed rolled out to primary schools</p> <p>More schools have on site growing and composting</p> <p>More school visits to farms</p>
6	<p>Further develop plans to support families to access healthy and sustainable food options across Family Hubs including:</p> <ul style="list-style-type: none"> <li>• Access to affordable food schemes</li> <li>• Provide 1-1 Cost of Living interventions through Family Hubs to include information and advice around healthy and sustainable eating</li> <li>• Develop community growing gardens using outside spaces</li> </ul>	<p>Whitehawk Family Hub</p> <p>All Family Hubs</p> <p>All Family Hubs; BHFP; Plot 22</p>	<p>No of families attending the scheme</p> <p>No of families supported and reporting better outcomes at evaluation</p> <p>Gardens planned and in use, no of families attending and reporting better outcomes at evaluation</p>

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7	Define the next steps on restricting advertising of HFSS foods – For example use council owned advertising to promote healthier, sustainable food and environments	Public Health; Transport	Delivery of agreed next steps
8	<p>Provide opportunities for residents to access, learn about and enjoy healthy and sustainable food and to access nature for their health and wellbeing.</p> <p>Target these opportunities at groups that would most benefit e.g. therapeutic outdoor activity for people with mental health issues</p>	<p><a href="#">Green Wellbeing Alliance</a> Members</p> <p>Neighbourhood-based community food projects (e.g. gardening groups, meal sharing initiatives; affordable food schemes)</p> <p>[Supported by The National Trust; South Downs National Park Nature Access Network; The Living Coast UNESCO Biosphere]</p>	Bi-annual survey of community food organisations (BHFP)
<b>Aim 2 - Take a preventative upstream approach to food poverty and ensure equal access to healthy food</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>
9	Strengthen the nutritional safety net for children and young people by:		

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	<ul style="list-style-type: none"> <li>Maximising enrolment / take up of free school meals</li> <li>Exploring options for direct consent so parents get additional information and support when applying for Free School Meals and Holiday Activities and Food Programme</li> <li>Improve take up of Healthy Start vouchers</li> </ul>	<p>BHCC School Meals Team Manager; Welfare, Revenues and Business Support (WRBS) Team;</p> <p>BHCC School Meals Team Manager</p> <p>Public Health; Family Hubs; Families Children and Learning</p>	<p>Improved take up rates</p> <p>Reduction in number of people presenting at food banks from annual EFN survey</p>
10	<p>Work with members of the Emergency Food Network to develop the city's food banks into a more preventative, area-based food hub model with streamlined referral routes, wraparound support services and <u>ladders</u> to food security.</p> <p>Ensure that support offered is cash first where possible, that food provided is culturally appropriate, accessible and provided in ways that promote <u>dignity</u> and inclusion.</p> <p><i>*Note that wraparound services can include access to financial and benefits advice, support with saving and budgeting, signposting to other support e.g. immigration legal advice, access to job skills and volunteering etc. for people of all backgrounds.</i></p>	<p>BHFP; Members of the Emergency/ Affordable Food Network; Citizens Advice Brighton and Hove</p>	<p>Reduction in the number of people presenting at food banks (through the EFN survey)</p> <p>Clearer, more consistent signposting and referral pathways fewer gaps in provision</p> <p>Evidence of food ladders in operation</p>

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	<i>Food Ladders are community scale interventions aimed at building local level resilience in the face of food insecurity.</i>		
11	<p>Ensure the limited support available is effectively targeted at those most vulnerable in the city, using data from the Low-Income Family Tracker (LIFT), the Joint Strategic Needs Assessment (JSNA), the annual Emergency Food Network Survey, the Brighton and Hove Child Poverty Briefing and research on the food needs of those with protected characteristics, including responding to the Bridging Change report.</p> <p><i>Note: Public Health to request a JSNA deep dive on food insecurity in the city linked to healthy places/map).</i></p> <p>Research includes <a href="https://bhfood.org.uk/wp-content/uploads/2024/04/Emergency-Food-Access-Final-report-updated04042024.pdf">https://bhfood.org.uk/wp-content/uploads/2024/04/Emergency-Food-Access-Final-report-updated04042024.pdf</a>, Bridging Change's report into the Emergency Food Access Needs of Black and Racially Minoritised Communities, Refugees and Asylum Seekers ; the <a href="#">NHS Health Inequalities Project</a> on the food needs of people with disabilities and long-term health issues.</p>	BHCC and all delivery partners	Increased use of city data to target support available effectively e.g. reports, funding bids, research proposals
<b>Aim 3 - Nourish a vibrant, diverse and skilled community food sector</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>

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12	<p>Be the city that cooks – enable people to have the skills, confidence and equipment to cook healthy meals.</p> <ul style="list-style-type: none"> <li>• Ensure all areas of the city have access to cookery classes and cook and eat groups and target them at those with low skills or confidence or who would benefit most from social interaction</li> <li>• Provide access to cookery equipment from welfare and other funds such as Local Social Discretionary Fund (LDSF) and Household Support Funding (HSF)</li> </ul>	<p>BHFP; Public Health; Community Kitchen</p> <p>Neighbourhood-based community organisations and those supporting communities of interest</p>	<p>Increase in number of cookery classes and cook and eat groups; all areas of the city covered</p> <p>Bi-annual survey of community food organisations (BHFP)</p>
13	<p>Be the city that eats together</p> <ul style="list-style-type: none"> <li>• Support and enable community-based shared meal projects (places that tackle social isolation as well as provide a nutritious, affordable meal) to thrive.</li> <li>• Explore ways for projects to maximise their impact and reach through better linkages,</li> </ul>	<p>BHFP; Community shared meal projects [eg The Real Junk Food Project, Food and Friendship, Hop 50+, Chomp, Brighton Unemployed Families Centre]</p>	<p>Community food sector survey</p>



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	<p>opportunities for scaling up, access to funding, resources, training etc.</p> <ul style="list-style-type: none"> <li>Promote opportunities to volunteer / support the 200+ community food initiatives (e.g food growing, shared meals, nature access, emergency and affordable food)</li> </ul>	BHFP; BHCC Economic Development; Trust for Developing Communities	
<b>Aim 4 - Improve sustainability and security in urban, rural and marine food production</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>
14	<p>Develop 'Edible Brighton and Hove'</p> <ul style="list-style-type: none"> <li>Implement a '<a href="#">Right To Grow</a>' policy and pilot this in at least one neighbourhood to assess how this could be scaled up <i>(BHCC to maintain a free, accessible map of all public land that is suitable for community cultivation projects)</i></li> <li>Implement the Open Spaces Strategy to maximise food growing and create a working group to oversee progress through joint working with Brighton and Hove Allotment Federation and BHCC Allotments to deliver allotment</li> </ul>	<p>BHCC/City Parks</p> <p>BHCC Cityparks; BHCC Allotments Manager</p> <p>BHCC Planning</p>	<p>Increase in land actively used for food growing;</p> <p>Increase in numbers of people growing food in all parts of the city</p>

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	<p>regeneration.</p> <ul style="list-style-type: none"> <li>• Monitor all major planning developments for food growing and evaluate long-term impact</li> <li>• Create a prototype 'edible neighbourhood' or forest garden which could inspire new building developments and be replicated in other areas</li> <li>• Develop interest and skills around food growing through schools, community growing schemes and events such as Seedy Sunday</li> <li>• Develop a feasibility study for a beacon farm in Brighton &amp; Hove that would be a centre for good practice, inspiration and education on sustainable food production and opportunities for public engagement</li> </ul>	<p>Cultivate project; BHCC Planning</p> <p>Community food growing spaces [eg BHOGG, Moulsecoomb Forest Garden, Stanmer Organics, Seedy Sunday, Whitehawk Community Food Project]</p> <p>BHCC CDE Programme Manager; BHCC Stanmer Estate Manager; BHFP LUP Project Manager</p>	<p>A space is created to increase public understanding of sustainable food production methods, nature friendly farming, and environmental impact of food choices</p>
15	<p>Implement a <a href="#">landscape scale model for climate and nature friendly agriculture</a>, demonstrating partnership between the city council, farmers, nature conservation interests and other stakeholders. This includes:</p> <ul style="list-style-type: none"> <li>• Identifying suitable land for local food growers</li> </ul>	<p>BHCC CDE Programme Manager; BHFP Land Use Plus Project Manager</p>	<p>Increase in biodiversity, including quality chalk grassland, across the CDE</p> <p>Increase in small scale and community horticulture across the</p>

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	<ul style="list-style-type: none"> <li>• Implementing a conservation grazing hub model with routes into a locally branded meat supply chain</li> <li>• Implementing farmer-led training on conservation grazing and sustainable farming on the Downs</li> <li>• Facilitating and supporting farmers to work collaboratively at a landscape scale</li> </ul>		<p>City and Downland Estate</p> <p>Marginal and City Park land is grazed appropriately, leading to an improvement in quality</p> <p>Increase in the number of conservation grazing animals entering the local food system</p> <p>Increase in number of CDE tenant farmers switching to more regenerative farming methods</p> <p>Land Use is considered and discussed at a landscape rather than individual farm scale</p>
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16	<p>Develop the infrastructure, supply chains, financing and purchasing decisions required to support a local, regenerative food system in the long term</p> <ul style="list-style-type: none"> <li>In collaboration with neighbouring local authorities develop business cases and seek investment in local food infrastructure, most pressingly ensuring the future of a local abattoir and investment in a livestock market</li> </ul>	BHFP LUP Project Manager BHCC; Sussex local authorities;	Appropriate funding streams identified and funding is secured
<b>Aim 5 - Encourage a vibrant and sustainable food economy</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>
17	Encourage and incentivise food businesses to improve sustainability through 'The Restaurant Sustainability Toolkit' supported by the University of Brighton and Restaurants Brighton.	University of Brighton; Restaurants Brighton	Indicators developed by the University of Brighton
18	Develop a model for a community-led and local SME based food system which supports food resilience, financial viability for producers, and access to food	BHFP LUP Project Manager	Learning hub established

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	<p>and nature for disadvantaged communities</p> <ul style="list-style-type: none"> <li>Establish the Clubhouse at Waterhall as a hub for learning about nature-friendly farming and local food and as a venue for nature access for disadvantaged communities.</li> </ul>	BHFP; Supported by BHCC Rangers	
19	<p>Provide relevant skills and business support for local SME food businesses which includes environmental sustainability</p> <ul style="list-style-type: none"> <li>Work with employers and further education providers to host a round table event in 2025 to explore ways that the food and hospitality industries which employ 14% of the local workforce can source skilled employees and promote careers in hospitality to young people</li> </ul>	BHCC; Curriculum Vice Principal Plumpton College; Teaching & Learning Lead - Hospitality & Catering Brighton MET	Round table event evaluation
<b>Aim 6 - Transform catering and procurement and revitalise local food chains</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>
20	All caterers in the city to:	Good Food Procurement Group	Caterers survey produced by BHCC

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

	<ul style="list-style-type: none"> <li>• adopt (at minimum) BHCC's <a href="#">Good Food Standards</a></li> <li>• provide at least one dish on the daily menu which is healthy, low cost and environmentally sustainable and branded in such a way as to be recognizable across the city – e.g. the Brighton Meal Deal</li> <li>• reduce consumption of meat by 30% and ensure all meat served conforms to UK animal welfare standards</li> <li>• take action to reduce-redisribute-recycle food waste and packaging and measure progress annually</li> </ul>		
21	Increase the number of small and medium sized food businesses participating in public procurement	Good Food Procurement Group; Land Use Plus Project	Number of SMEs able to access public sector food contracts such as schools, universities, colleges and care homes.
22	Update and monitor BHCC's Good Food Standards to ensure compliance by catering contracts, city events,	BHCC Food Policy Coordinator	More city caterers and food businesses are



# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

	street food traders and food businesses operating on council premises		using the standards in food procurement and catering practices
<b>Aim 7 - Become a food use not a food waste city</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>
23	Collaborate with citizens, community groups and schools to reduce food & packaging waste	Food Use Places Project and Partners	Progress reports
24	<p>Implement a domestic food waste collection and recycling service in the city. As part of implementation ensure that messages prioritise reduction over reuse and recycling and promote home and local composting options</p> <p><i>Note: This will be mandatory from 2026, however, BHCC aim to bring in from April 2025 if funding allows. Food waste will be in-vessel composted in Uckfield.</i></p>	BHCC; Cityclean	<p>No of households with food waste collections</p> <p>Volume of food waste collected over time.</p>
25	<p>Expand food waste collection and recycling service to all schools in the city</p> <p><i>Note: this will be mandatory from April 2025.</i></p>	BHCC; Brighton and Hove Schools	No of schools with food waste collections

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

26	<p>Support and expand opportunities to compost as close to the source of food waste as possible to minimise carbon associated with transport, support the city's circular economy and maximise food growing. To include:</p> <ul style="list-style-type: none"> <li>• Community composting for residents (wooden box schemes)</li> <li>• Community venues using compost tumblers</li> <li>• Local collection eg compost club</li> <li>• How to compost at home</li> </ul>	Food Use Places Project; Supported by BHCC CityClean; Compost Club	Volume of food waste composted and used for local food growing.
<b>Aim 8 - Ensure healthy, sustainable, fair food is embedded in policy and planning, and has a high profile right across the city.</b>			
		<b>Lead organisation (role)</b>	<b>How impact will be measured</b>
27	Building on the devolution opportunities, deliver a Regional Food Plan in collaboration with neighbouring authorities. Include food security in resilience planning to reduce the impacts of climate change, rising food and energy prices and potential disruption to global supply chains.	Greater Brighton Economic Board	Food plan produced and approved

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

28	Continue to develop partnerships with universities, businesses and enterprises to ensure food policy is informed and supported by the latest research and technological innovations	BHFP; BHCC Food Policy Coordinator	<p>Policies are evidence-based, supported by peer reviewed research/data and informed by best practice that has been robustly evaluated.</p> <p>University partnerships help secure investment in the local food system.</p>
29	Use up to date evidence to ensure health and social care commissioners understand the importance of food activities and skills to health and wellbeing outcomes. This includes access to food growing, support around cooking and nutrition and connecting with nature.	BHFP	Track outcomes on food growing, cookery and access to nature activities.
30	Explore green finance and investment opportunities for the city's food work	BHFP; BHCC	More investment secured
31	Maintain the city's whole food systems approach, supporting BHFP to act as a connector for different parts of the food system to ensure broad participation and a high profile.	BHFP; BHCC; Food Strategy Expert Panel	More funding secured for whole systems food work in the city.

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

	<ul style="list-style-type: none"> <li>• Maintain Brighton &amp; Hove's national and international lead in taking a place- based approach to food</li> <li>• Secure ongoing funding for BHFP's work</li> <li>• Be an active member of the Sustainable Food Places network. Share learning with other cities and organisations.</li> <li>• Submit evidence to national consultations and parliamentary enquiries, participate in national campaigns</li> <li>• Expand on our Gold Food City Status</li> </ul>		
32	Ensure food work is embedded in Net Zero action plans	Food Strategy Expert Panel	TBC

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

### Appendix 1: List of those consulted

Members of the public were consulted through the following city-wide events:

- BHFP & Free University Brighton's course 'From Farm to Fork: An introduction to food systems', Jan-March 2024
- Climate Change: BH public event: 'How to reduce the climate change impact of food in Brighton and Hove'. 29 February 2024.
- Beyond Food Banks: A more preventative approach to food support. 24 April, 2024.
- Secondary school students from Dorothy Stringer & Hove Park (consultation on school meals). 19 June 2024.
- FoodSEqual research: Food Policy Brief; Surveying members of the public on their access to and consumption of fruit and vegetables 29 June 2024.
- Good Food Procurement Group. 17 July, 2024
- BHFP's Annual General Meeting 1 October, 2024

The following experts and organisations were consulted:

- BHCC Public Health team
- Brighton and Hove's Healthy Weight Programme Board
- BHCC Food Policy Coordinator
- BHCC Senior Planning Officer
- NHS Sussex Integrated Care Board
- Brighton and Hove's Surplus Food Network

# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

- Brighton and Hove's Emergency Food Network
- [BHCC's Holiday Activity and Food Programme](#)
- Restaurants Brighton
- B&H Economic Plan stakeholder consultation
- Good Food Procurement Group members (network of city caterers),
- Fork & Dig It Community Supported Agriculture
- [The Compost Club](#)
- Brighton & Sussex University Food Network (BSUFN)
- Brighton and Hove Allotment Federation (BHAF)
- Brighton and Hove Organic Gardening Group (BHOGG)
- Brighton and Hove Allotments Manager
- BHCC Cityclean
- Food Matters
- Community Works
- Trust for Developing Communities
- Brighton and Hove Energy Services Cooperative (BHESCo)
- Brighton Metropolitan College Teaching & Learning Lead – Hospitality & Catering
- The Living Coast UNESCO Biosphere



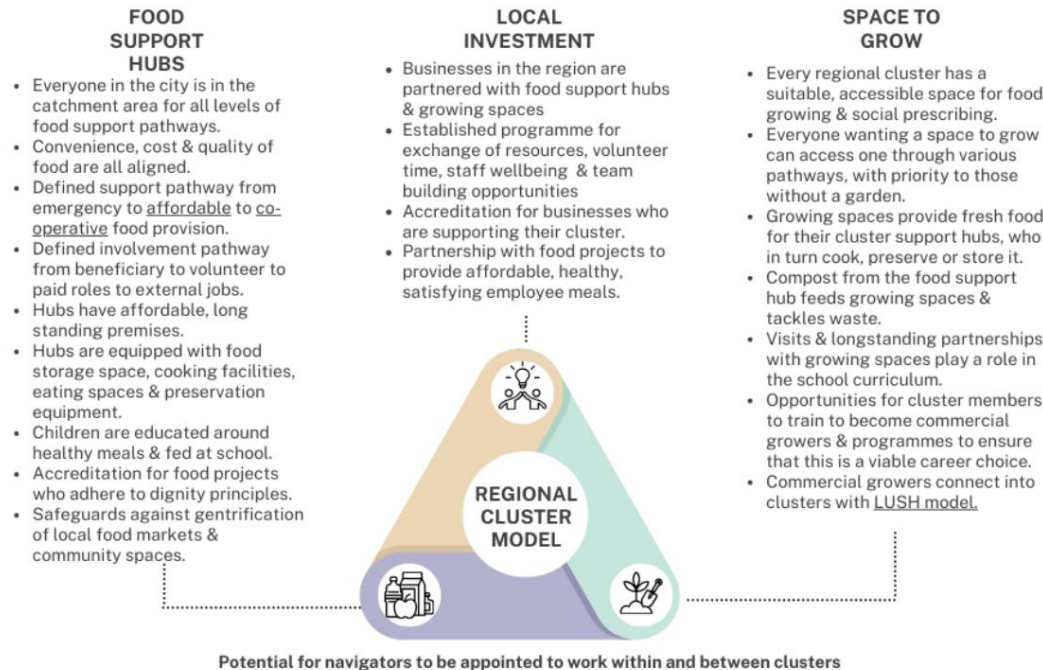
# Brighton & Hove Food Strategy Refresh

## Draft Action Plan 2025-2030

### Appendix 2: Proposed model for tackling food insecurity in Brighton and Hove

#### 'Beyond Food Banks' – Next Steps

Every region of Brighton & Hove will be supported by a cluster model; providing wrap around food poverty support, opportunities to become an active food community member plus networking and CSR opportunities for local business.



**1. Assessment details**

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the [EIA toolkit](#) for more information.

<b>Name of activity or proposal being assessed:</b>	Food Strategy Action Plan 2025-2030
<b>Directorate:</b>	City Services
<b>Service:</b>	Food Policy/Economic Development
<b>Team:</b>	Economic Development
<b>Is this a new or existing activity?</b>	New
<b>Are there related EIAs that could help inform this EIA? Yes or No (If Yes, please use this to inform this assessment)</b>	No, there are research reports & consultation findings

**1. Contributors to the assessment (Name and Job title)**

<b>Responsible Lead Officer:</b>	Angela Blair, Food Policy Coordinator
<b>Accountable Manager:</b>	Peter Sharp, Economic Development Manager
<b>Additional stakeholders collaborating or contributing to this assessment:</b>	Brighton and Hove Food Partnership are the lead organisation with support from the council and other partners

**1. About the activity**

**Briefly describe the purpose of the activity being assessed:**

The Food Strategy Action Plan 2025-2030 has been developed following a recent review and refresh. The process of refreshing the city's food strategy action plan is led by Brighton and Hove Food Partnership and overseen by the Food Strategy Expert Panel – a group of experts represented by business, academia, local government, NHS, and the voluntary and community sector. Feedback included the desire to include less but more focused actions with metrics that can be systematically monitored and reported by action leads.

**What are the desired outcomes of the activity?**

The Food Strategy and Action Plan outlines how collectively as a city we can achieve a healthy, sustainable and fair food system for Brighton & Hove, from production and distribution to consumption and waste management. Brighton and Hove are unique in capturing this level of data. The whole action plan has been developed to reduce

inequalities and be led by data to enable fair access to healthy, sustainable food for all residents.

### **Which key groups of people do you think are likely to be affected by the activity?**

All groups are likely to be affected as this is a city-wide strategy, but there are specific groups that may be particularly impacted. Priority groups identified in the Food Insecurity Groups Terms of Reference include:

- Adults with a disability or long-term health condition including learning difficulties
- Residents in temporary or emergency accommodation
- Vulnerable Council tenants
- Private sector households with vulnerable people not in receipt of council services
- Minoritised ethnic residents
- Refugees and Asylum seekers
- Households with:
  - Children in poverty
  - Children in need/with care plan
  - Children with disabilities or health needs
  - Looked after children

Work commissioned by the council and undertaken by Bridging Change outlined that 'There are particular access barriers for racially minoritised groups, refugees, migrants and asylum seekers such as lack of awareness of emergency food providers, language barriers, lack of availability of culturally appropriate food, lack of access to cooking facilities and the high cost of transport'. Bridging Change are a relatively new organisation with extensive experience working within Black and Racially Minoritised communities including within refugee and asylum-seeking communities. This experience involves tackling wide ranging issues including health, employment and mental health inequalities.

Specific examples of Equality Diversity and Inclusion (EDI) understanding of the protected and further characteristics and activities by Brighton and Hove Food Partnership includes:

"We have a close working relationship with the Clare Project with them hiring our kitchen on a regular basis. Over time as members of the trans/non-binary community have learnt that this is a safe and welcoming space we have seen an increase in trans/non-binary people attending our regular community spaces – the groups we run that bring together people from different backgrounds are an important part of our work in creating inclusive intersectional spaces around food.

Part of our proposal involves providing training for emergency food providers in issues of access and equality including acting on recommendations from the Bridging Change report and working with specialist providers such as Black and Minority Ethnic Community Partnership (BMECP) Food Bank and the Village Food Bank, (an initiative supporting LGBTQI+ people to access food and essentials in an affirming environment) to offer peer-to-peer learning".

## **1. Consultation and engagement**

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation has**

been done or it is not enough or in process – state this and describe your plans to address any gaps.

Groups listed below as part of the refresh of the Food Strategy Action Plan ongoing work:

### **List of those consulted**

Members of the public were consulted through the following city-wide events:

- BHFP & Free University Brighton's course 'From Farm to Fork: An introduction to food systems', Jan-March 2024
- Climate Change: BH public event: 'How to reduce the climate change impact of food in Brighton and Hove'. 29 February 2024.
- Secondary school students from Dorothy Stringer & Hove Park (consultation on school meals). 19 June 2024.
- FoodSEqual research: Food Policy brief; Surveying members of the public on their access to and consumption of fruit and vegetables 29 June 2024.
- Good Food Procurement Group. 17 July 2024
- Brighton and Hove Food Partnership AGM – 1 Oct 2024

In terms of groups with protected characteristics, while most of the above events were open to anyone in the city, the FoodSEqual research is being conducted with people who use affordable food schemes and have lived experience of food poverty/ food insecurity. This includes a higher proportion of people with other protected characteristics including people from Black and Racially Minoritised communities, migrant communities, those with disabilities, and vulnerably housed etc.

The action plan was also informed by recent research which involved in-depth consultations with residents about access to food support:

[Emergency food access research project](#): Food access needs of Black and Racially Minoritised communities and Refugee and Asylum seekers.

[Food Systems Equality](#) - Co-developing new products, new supply chains and new policy frameworks that deliver an affordable, attractive, healthy and sustainable diet (consultations with people who use affordable food schemes).

[Green Wellbeing Alliance](#) evaluation report (feedback from service users experiencing poor mental health)

[NHS Health Inequalities Project](#) - Understanding the experiences of people living with long term health conditions and disabilities in their ability to access the food they need to be well.

The following experts / organisations were consulted:

- BHCC Public Health team
- Brighton and Hove's Healthy Weight Programme Board
- BHCC Food Policy Officer
- BHCC Senior Planning Officer
- NHS Sussex Integrated Care Board
- Brighton and Hove's Surplus Food Network
- Brighton and Hove's Emergency Food Network
- BHCC's Holiday Activity and Food Programme
- Restaurants Brighton
- B&H Economic Plan stakeholder consultation
- Good Food Procurement Group members (network of city caterers),

- Fork & Dig It Community Supported Agriculture
- The Compost Club
- Brighton & Sussex University Food Network (BSUFN)
- Brighton and Hove Allotment Federation (BHAF)
- Brighton and Hove Allotment Service
- BHCC Cityclean
- Food Matters
- Community Works
- Trust for Developing Communities
- Brighton and Hove Energy Services Cooperative (BHESCo)
- Brighton Metropolitan College Teaching & Learning Lead – Hospitality & Catering
- The Living Coast UNESCO Biosphere

There will be ongoing engagement through the National Lottery funded Food Use Places project involving 16 community organisations in Brighton and East Sussex. The focus is on engaging people that are currently under-represented in climate action, and it is a 4-year funded project. The groups involved already engage with diverse communities, including demographics traditionally underrepresented in climate action. By involving people across age, ethnicity, and social backgrounds, the project aspires to cultivate a culture of environmental stewardship for generations to come.

People living in temporary accommodation have been identified as a consultation gap that needs better understanding and potentially action. A key contact for temporary and supported accommodation now attends the Food Insecurity Group and is aware of both the Food Strategy Action Plan refresh and the Bridging Change report recommendations.

## 1. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity? Consider all possible intersections.

(State Yes, No, Not Applicable as appropriate)

<b>Age</b>	Yes through the Emergency Food Annual Survey
<b>Disability and inclusive adjustments, coverage under equality act and not</b>	Yes through the Emergency Food Annual Survey
<b>Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)</b>	Yes through the Emergency Food Annual Survey
<b>Religion, Belief, Spirituality, Faith, or Atheism</b>	No
<b>Gender Identity and Sex (including non-binary and Intersex people)</b>	No
<b>Gender Reassignment</b>	No
<b>Sexual Orientation</b>	Yes through the Emergency Food Annual Survey
<b>Marriage and Civil Partnership</b>	No
<b>Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)</b>	Yes Healthy Start data is available but there have been

	problems with the national database.
<b>Armed Forces Personnel, their families, and Veterans</b>	No
<b>Expatriates, Migrants, Asylum Seekers, and Refugees</b>	Yes through the Emergency Food Annual Survey
<b>Carers</b>	No
<b>Looked after children, Care Leavers, Care and fostering experienced people</b>	No
<b>Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)</b>	Yes through the Emergency Food Annual Survey
<b>Socio-economic Disadvantage</b>	Yes through the Emergency Food Annual Survey
<b>Homelessness and associated risk and vulnerability</b>	Yes through the Emergency Food Annual Survey
<b>Human Rights</b>	No
<b>Another relevant group (please specify here and add additional rows as needed)</b>	Yes offenders/ex-offenders, people with substance misuse issues, unemployed people, and older people, through the Emergency Food Annual Survey

**If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this activity?**

The BHCC Equalities monitoring standards questions can be used to check where there are appropriate opportunities to gather data to align with bronze, silver or gold standard.

Rationale for not gathering data on e.g.:

- Religion, Belief, Spirituality, Faith, or Atheism
- Gender Identity and Sex (including non-binary and Intersex people)
- Gender Reassignment

[Research](#) shows that people who use community food support, food banks and other types of food support are experiencing trauma. The inability to provide food for yourself or your family has an impact on mental health, sense of wellbeing and physical health, causing feelings of emotional distress and guilt, while also affecting people’s sense of identity and status. Some monitoring questions will not be appropriate at the emergency food services. The Emergency Food Network Survey is repeated annually so there is an opportunity to update as necessary.



**How will you gather this data to enable improved monitoring of impact for this activity?**

Through:

- The Emergency Food Network Annual Survey – the survey gathers comprehensive data on people receiving emergency food support and we break down data by age (number of children, adults and older people), ethnicity, sexual orientation, by people in receipt of benefits, housing status, those with long term illness/disabilities, etc.
- The Thriving Community Investment Fund
- Household Support Fund
- Holiday Activities and Food programme data

**What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?**

Quarterly updates on the emergency food needs action plan for Black and Racially Minoritised communities and Refugees and Asylum seekers are reported through the council's Fair and Inclusive Action Plan on the action plan developed from this research.

Monitoring as part of reporting to funders e.g. National Lottery, Esmée Fairbairn Foundation – also to council departments where grants/funding has been awarded. As part of the action plan review, we will be looking at data on take-up of free school meals, healthy start vouchers etc. The food strategy action plan also proposes to complete an annual survey of community food organisations which will tell us which groups with protected characteristics are being engaged to access, learn about and enjoy healthy and sustainable food and to access nature for their health and wellbeing

We plan for this information will be reported annually to the Food Strategy Expert Panel and EDI actions agreed for improvements.

**1. Impacts**

**1. 6.1 Age**

<b>Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: those under 16, young adults, with other intersections.</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement tell us that e.g. school food and education (whole school approach) is very important to people, in terms of immediate change needed and a hope for reducing food inequalities. [Food Systems Equality](#) Policy Brief June 2024 ‘Policies for transforming the UK’s food system: insights from Brighton and Hove’s local community

**Positive impacts include**

- A whole school approach to food and lifelong impact on young people
- [Improved nutrition and ageing well](#) for older people through social care plans
- [Improved nutrition in pregnancy and maternity](#)
- Beyond food banks work impacting all ages

**Negative disproportionate impacts include:**

- Digital exclusion, access, pension poverty and transport barriers for older people
- Lack of access to cooking facilities in temporary/emergency accommodation
- 1/3 people using emergency food services have children

## 2. 6.2 Disability:

Does your analysis indicate a disproportionate impact relating to <a href="#">Disability</a> , considering our <a href="#">anticipatory duty</a> ?	YES
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### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement tell us that there are common challenges to accessing the food needed e.g. product labelling, financial constraints; shared learning about physical accessibility and poor quality and choice of food in hospitals; and impacts of not getting the food needed on people's mental and physical health. [NHS Health Inequalities Project](#)

#### Positive impacts include:

- Fair provision of lunch clubs in the city (requires further mapping and checking of food bank data)
- One of the actions in the Food Strategy Action Plan is about providing support to community projects which includes rolling out the dignity toolkit and tailoring services to meet different needs including for disabled people
- Opportunities through the Beyond Food Banks work to look at need and improve services to meet local needs

#### Negative disproportionate impacts include:

- Type of food available in foodbanks can make it difficult to access food for some disabled people's dietary requirements e.g. surplus food, also dietary requirements e.g. gluten free, coeliac, vegan
- Physical accessibility, transport, parking
- Range of communication needs

### What [inclusive adjustments](#) are you making for diverse disabled people impacted?

For example: D/deaf, deafened, hard of hearing, blind, neurodivergent people, those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQIA+ and disabled).

Currently no comprehensive approach of access to food related services for various types of disabilities, although NHS commissioned research provides useful recommendations.

## 3. 6.3 Ethnicity, ‘Race’, ethnic heritage (including Gypsy, Roma, Travellers):

Does your analysis indicate a disproportionate impact relating to ethnicity?	YES
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### If “YES”, what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement tell us that the predominant reason Black and Racially Minoritised communities and refugee and asylum seekers surveyed, are seeking emergency food is 'low income'. Rising house and rent prices and transport were other reasons. Over two thirds of the respondents were 'unaware' of other food services.

[Emergency food access research project](#)

**Positive impacts include:**

- Bridging Change action plan provides useful recommendations that are being worked through and reported quarterly into Fair and Inclusive Action plan
- Emergency food information available in different languages and instant translations are available on the Brighton and Hove Food Partnership website
- Opportunity for lived experience examples to be used to learn how to improve

**Negative disproportionate impacts include:**

- Plan doesn't address cultural diversity in food and food related services specifically
- Potential language barriers – need to work further with referral agencies
- Work required with foodbanks to raise awareness, confidence and practical action to become more accessible and inclusive to people with a range of disabilities
- Racial profiling or stereotyping could happen so requires education, awareness and training

4. **6.4 Religion, Belief, Spirituality, Faith, or Atheism:**

<b>Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far through opportunistic work with faith networks. We need more local data and engagement with regards to this protected characteristic.

**Positive impacts include:**

- Opportunity for faith networks to work together
- Opportunity to consider accommodating dietary requirements related to different religious beliefs

**Negative disproportionate impacts include:**

- Many foodbanks are in church buildings, and this may be off-putting for some people
- Can lead to focus being catering primarily for own faith communities

5. **6.5 Gender Identity and Sex:**

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Gender Identity</a> and <a href="#">Sex</a> (including non-binary and intersex people)?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups.

**Positive impacts include:**

- Opportunity to consider gender-sensitive approaches in food poverty and nutrition initiatives. The women’s centre and the village food bank are examples and the food strategy action plans around food insecurity plans to widen access like this so that all food banks are more inclusive and less stigmatising.

**Negative disproportionate impacts include:**

- No disproportionate negative impacts identified for this group at this time

**6. 6.6 Gender Reassignment:**

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Gender Reassignment</a>?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups.

**Positive impacts include:**

- Opportunity to consider further barriers that can be removed for trans/non-binary people with an intersectional approach. The village food bank is an example and the food strategy action plans around food insecurity plans to widen access like this so that all food banks are more inclusive and less stigmatising.

**Negative disproportionate impacts include:**

- Currently some food banks are located in religious buildings and can be off-putting to some LGBTQIA people.

**7. 6.7 Sexual Orientation:**

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Sexual Orientation</a>?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups.

**Positive impacts include:**

- Opportunity to consider further barriers that can be removed for trans/non-binary people with an intersectional approach. The village food bank is an example and the food strategy action plans around food insecurity plans to widen access like this so that all food banks are more inclusive and less stigmatising.

**Negative disproportionate impacts include:**

- Currently some food banks are located in religious buildings and can be off-putting to some LGBTQIA people.

**8. 6.8 Marriage and Civil Partnership:**

<b>Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?</b>	NO
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

No disproportionate positive or negative impacts identified for this group at this time.

**9. 6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):**

<b>Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Previous consultation and engagement tell us that it is possible to [increase uptake of Healthy Start vouchers](#). Training sessions have continued through the Public Health lead and city-wide advertising as well as targeted awareness raising to families is required.

**Positive impacts include:**

- Better take up of Healthy Start for those on low incomes.
- Aim is to have more wrap around services in community food projects and better links to Family Hubs.

**Negative disproportionate impacts include:**

No disproportionate negative impacts identified for this group at this time.

**10. 6.10 Armed Forces Personnel, their families, and Veterans:**

<b>Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Although our local consultation and engagement has not specifically highlighted this group we are aware of new research from national anti-poverty charity Trussell Trust highlighting

that over a quarter (27%) of adults who have served in the UK's armed forces have run out of food in the last 12 months, and they did not have money to buy more. One in seven had used a food bank in the past year. As a group that are more likely to need food support e.g. food banks we know we need better local data to be able to monitor any impact.

**Positive impacts include:**

- Improving access to healthy, affordable food through Emergency Food Network
- Improving access to financial inclusion and advice services in collaboration with wider money and advice partnership

**Negative disproportionate impacts include:**

No disproportionate negative impacts identified for this group at this time.

11. **6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:**

<b>Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

We know that we need more information on food insecurity of destitute migrants in the city. Our consultation and engagement tell us that the predominant reason Black and Racially Minoritised communities and refugee and asylum seekers surveyed, are seeking emergency food is 'low income'. Rising house and rent prices and transport were other reasons. Over two thirds of the respondents were 'unaware' of other food services.

[Emergency food access research project](#)

**Positive impacts include:**

- Bridging Change action plan provides useful recommendations that are being worked through and reported quarterly into Fair and Inclusive Action plan
- Emergency food information available in different languages and instant translations are available on the Brighton and Hove Food Partnership website
- Opportunity for [lived experience examples](#) to be used to learn how to improve

**Negative disproportionate impacts include:**

- Plan doesn't address cultural diversity in food and food related services specifically
- Potential language barriers – need to work further with referral agencies
- Work required with foodbanks to raise awareness, confidence and practical action to provide culturally appropriate food where required
- Racial profiling or stereotyping could happen so requires education, awareness and training

12. **6.12 [Carers](#):**

<b>Does your analysis indicate a disproportionate impact relating to <a href="#">Carers</a> (Especially considering for age, ethnicity, language, and various intersections).</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups.

**Positive impacts include:**

- We know that we need to collect/access data on carers to improve services
- Carers are more likely to be in poverty and needing food support
- Carers are also likely to be looking after people in poverty, with health needs and requiring food support

**Negative disproportionate impacts include:**

- No disproportionate negative impacts identified for this group at this

**13. 6.13 Looked after children, Care Leavers, Care and fostering experienced people:**

<b>Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections).</b> <b>Also consider our <a href="#">Corporate Parenting Responsibility</a> in connection to your activity.</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups. We know that we need to collect/access data on looked after children, care leavers and fostering to improve services. We know that we need to find out more about care leavers and unaccompanied asylum-seeking children in the city as a key group of destitute migrants

**14. 6.14 Homelessness:**

<b>Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups. Impact Initiative Food Access Service has reported needs of those using their service in review meetings and progress reports. [Food Foundation research and recommendations.](#)

**Positive impacts include:**

- A better focus on the needs of those seeking help with food, moving from traditional food banks to preventative support with wrap around services.

**Negative disproportionate impacts include:**

- Those who are temporarily housed are more likely to fail to get their food needs met as don't always have access to cooking facilities.

15. **6.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations:**

<b>Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our consultation and engagement is so far opportunistic through ongoing networks/groups.

**Positive impacts include:**

- A review of food support across the city will enable us to focus on specialist food support and how and where that is delivered

**Negative disproportionate impacts include:**

- Those in domestic, sexual and other violent situations are more likely to need access to food support and may find barriers to traditional food banks requiring more specialist services

16. **6.16 Socio-economic Disadvantage:**

<b>Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Our annual survey of food projects reveals 6,297 people need food support each week, with more than half seeking help on an ongoing basis. This is a similar number to the total beneficiaries supported in 2023, but still 18% higher than in 2022. 60 locations across all parts of the city offer food support. [Emergency Food Network Annual Survey 2024](#)

**Positive impacts include:**

- Improving access to healthy, affordable food through Emergency Food Network
- Improving access to nature, physical activity and wellbeing

- Improving access to financial inclusion and advice services in collaboration with wider money and advice partnership
- Improving access to cooking, food growing, food waste prevention skills through Community Kitchen, Green Wellbeing Alliance, Food Use Places,

**Negative disproportionate impacts include:**

- Although wide spread of emergency and affordable food project across the city, there are gaps

17. **6.17 Human Rights:**

<b>Will your activity have a disproportionate impact relating to Human Rights?</b>	YES
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**If “YES”, what are the positive and negative disproportionate impacts?**

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

[Brighton and Hove Food Strategy Action Plan 2018-23](#)

**Positive impacts include:**

- The action plan supports human rights principles e.g. the right to food and health.

[The importance of having a local Food Strategy, by Olivier De Schutter - YouTube](#)

The former UN Special Rapporteur on extreme poverty and human rights talks here about the benefits of having a local Food Strategy and the importance of the work taking place in Brighton and Hove. He outlines 3 key benefits as below:

- Building a local food system making access to fresh nutritious food easier
- More local employment opportunities stimulating the local economy
- Poor families having access to an alternative to low cost high processed food

Equalities considerations must be made regarding non-discrimination and equal access in all food related services and respect for cultural diversity in food practices and education.

**What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?**

Intersectional groups that may be most impacted by the action plan include:

- QTIPOC (queer, trans and intersex people of colour) communities e.g. often having experience of disability and mental health challenges.
- Older disabled people
- Black and racially minoritised communities intersecting with faith communities
- Lone parents
- Refugees and asylum seekers
- People experiencing homelessness
- People on a low income and people living in the most deprived areas

**1. Action planning**

**What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?**

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

### **Monitoring of Equality Diversity and Inclusion to be embedded through Food Strategy Expert Panel**

Activities to fulfil your [SMART Action](#)

Support the Brighton & Hove Food Partnership to deliver actions and evaluate their impact through the Expert Panel

Council-led delivery to be co-ordinated via existing groups

- Annual reporting of updated Food Strategy Action Plan 2025-30 EIA monitoring data will enable the expert panel to assess impact on different protected groups
- Annual reporting of the Emergency Food Network will enable a wider understanding of food insecurity across multiple excluded groups

Reflection and agreement of EDI actions to ensure accessibility and inclusion for food-related services and information over the five years of action plan delivery

### **Improve our understanding and analysis of food insecurity data across the city working with data and intelligence teams in the council and the health sector**

Activities to fulfil your [SMART Action](#)

Meet with data intelligence leads in 2025 to discuss data gaps and opportunities

- We know that we need more information on food insecurity of destitute migrants in the city
- We know that we need to find out more about care leavers and unaccompanied asylum-seeking children in the city as a key group of destitute migrants
- We know that we need to collect/access data on carers to improve services

Use this data to progress strategy actions and design more preventative services

Use this data to inform work with foodbanks to raise awareness, confidence and practical action to provide culturally appropriate food where required

### **Increase diversity in Expert Panel by inviting people with lived experience to specific meetings**

Activities 1 to fulfil your [SMART Action](#)

Invite a diverse range of people from relevant food work to join the Expert Panel

Make the Expert Panel an exemplar of good practice in EDI by inviting people with lived experience to specific meetings as appropriate over the five years of action plan delivery. Engagement and participation will be recorded via attendance/acceptances.

## 1. Outcome of your assessment

**Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:**

The focus is on the Expert Panel as the vehicle for change – both in the diversity of its membership as well as in its monitoring, reporting of EIA and ability to agree EDI actions for improvement. In this way the whole of the Food Strategy Action Plan Actions can be monitored and improved not only for their delivery impact- but for their EDI impact also.

### *Outcome of your assessment*

What decision have you reached upon completing this Equality Impact Assessment? (Mark 'X' for any ONE option below)

<b>Stop or pause</b> the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
<b>Adapt or change</b> the activity to eliminate or mitigate disproportionate impacts and/or bias.	
<b>Proceed</b> with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	<b>X</b>
<b>Proceed with caution</b> – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	

If your decision is to "Proceed with caution", please provide a reasoning for this:

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**Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:**

The Food Strategy and Action Plan outlines how collectively as a city we can achieve a healthy, sustainable and fair food system for Brighton & Hove, from production and distribution to consumption and waste management. Brighton and Hove are unique in capturing this level of data. The whole action plan has been developed to reduce inequalities and be led by data to enable fair access to healthy, sustainable food for all residents. The SMART actions proposed here are to embed EDI actions in the process:

- Monitoring of Equality Diversity and Inclusion to be embedded through Food Strategy Expert Panel
- Improve our understanding and analysis of food insecurity data across the city working with data and intelligence teams in the council and the health sector
- Increase diversity in Expert Panel by inviting people with lived experience to specific meetings

This is a city strategy, led by the Brighton and Hove Food Partnership, with the council as one of the delivery partners supporting delivery and evaluation. Monitoring activity and evaluation must be appropriate and proportionate to the capacity of the council and the various partners.

### *Publication*

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

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### *Directorate and Service Approval*

Signatory:	Name and Job Title:	Date: DD-MMM-YY
Responsible Lead Officer:	Angela Blair, Food Policy Co-ordinator	11 Dec 2024
Accountable Manager:	Peter Sharp, Economic Development Manager	11-Dec-24

Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:

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### *EDI Review, Actions, and Approval:*

#### ***Equality Impact Assessment sign-off***

EDI Business Partner to cross-check against aims of the equality duty, public sector duty and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Business Partner has considered the equalities impact to provide approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, [Equalities inbox](#), any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing. Budget and Staffing EIAs secure EDI Manager and HEad of Service level approval via different templates.

Signatory:	Name:	Date: DD-MMM-YY
EDI Business Partner:	Chris Brown	11-Dec-2024
EDI Manager:	Sabah Holmes	16-Dec-2024
Head of Communities, Equality, and Third Sector (CETS) Service: <i>(For Budget EIAs/ in absence of EDI Manager/ as final approver)</i>		

Notes and recommendations from EDI Business Partner reviewing this assessment:



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**Notes and recommendations (if any) from EDI Manager reviewing this assessment:**

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**Notes and recommendations (if any) from Head of CETS Service reviewing this assessment:**

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