Who are we?

The Health and Wellbeing Board is a joint board of the Council and CCG which provides the strategic leadership for the health and social care in the city. 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 **Auditorium - The Brighthelm Centre** on **Tuesday, 15 December 2015**, starting at **4.00pm**. It will last about two and a half hours.
There is public seating and observers can take part in an informal question and answer session with the Board prior to the formal meeting, starting at 3.30pm and they can leave when they wish.

What is being discussed?

There are seven main items on the agenda

- The Board will receive a report covering the updated Joint Strategic Needs Assessment (JNSA) which is a key building block of evidence for the Joint Health and Wellbeing Strategy and the Children's Health and Wellbeing Commissioning Strategy. It is also reflected in the Brighton and Hove Armed Forces Community report. All of these papers are for decision today.
- There will be a report following the public consultation on extending smoke free spaces within the city.
- Following on from a report to the Neighbourhoods, Communities & Equalities Committee, there is a recommendation to the Board concerning access to NHS gender identity services.
- There will be a discussion on the impact of the in-year reduction to the local authority public health grant allocation for 2015/16.

What decisions are being made?

- The Board will be asked to approve the JNSA and needs assessments for 2016/17;
- The Board will be asked to approve the Joint Health and Wellbeing Strategy and the Children's Health and Wellbeing Commissioning Strategy.

- The Board will be asked to agree to the promotion and extension of smoke-free areas in the city.
- The Board will be asked to consider whether to request a report from NHS England in relation to the findings of the trans needs assessment.
- The Board will be asked to agree to support the work of the Civil Military Partnership Board and Sussex Armed Forces Network.

Health & Wellbeing Board

Geoff Raw
Chief Executive - BHCC
(Non-voting)

Cllr Yates
Chair
(Voting member)

Natasha Watson
Lawyer BHCC

Mark Wall
Secretary - BHCC

Dr. Christa Beesley
CCG
(Voting member)

Cllr K. Norman
(Voting member)

Cllr G. Theobald
(Voting member)

Tom Scanlon
Director of Public Health - BHCC
(Non-voting Statutory member)

Claire Holloway
CCG
(Voting member)

Dr. Manas Sikdar
CCG
(Voting member)

Graham Bartlett
Safeguarding Children's & Adults
(Non-voting co-optee)

Regan Delf
Assistant Director Children's & Adult Services - BHCC
(Non-voting Statutory Member)

Lead Member
(In attendance - Non-voting)

Denise D'Souza
Statutory Director Adult Services - BHCC
(Non-voting Statutory member)

Dr. Xavier Nalletamby
CCG
(Voting member)

Cllr Mac Cafferty
(Voting member)

Dr. George Mack
CCG – Lay Member
(Voting member)

Frances McCabe
Healthwatch
(Non-voting Statutory member)

Pennie Ford
NHS England
(Non-voting co-optee)

Cllr Barford
Lead Member for Adult Services
(Voting member)

Cllr Penn
Lead Member for Mental Health
(In attendance – Non-voting)

Presenting Officer
or
Public Speaker

Presenting Officer
or
Public Speaker

Public Seating

Press

Officers and Representatives
attending

Health & Wellbeing Board
15 December 2015
4.00pm
Brighthelm Church & Community Centre
Auditorium - The Brighthelm Centre

Who is invited:

Yates (Chair),K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and G Theobald, Dr Christa Beesley (Brighton and Hove Clinical Commissioning Group), Claire Holloway (Brighton and Hove Clinical Commissioning Group), Dr George Mack (Brighton and Hove Clinical Commissioning Group), Dr Xavier Nalletamby (Brighton and Hove Clinical Commissioning Group) and Dr. Manas Sikdar (Brighton and Hove Clinical Commissioning Group), Denise D'Souza (Statutory Director of Adult Services), Pinaki Ghoshal (Statutory Director of Children's Services), Dr Tom Scanlon (Director of Public Health), Graham Bartlett (Brighton & Hove Local Safeguarding Children's Board & Adult Safeguarding (Combined Role)), Pennie Ford (NHS England) and Frances McCabe (Healthwatch)

Who is unable to attend:
Pinaki Ghoshal, Statutory Director for Children’s Services

Contact: **Mark Wall**
Head of Democratic Services
01273 29100606
mark.wall@brighton-hove.gov.uk

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 7 December 2015

AGENDA

Formal matters of procedure

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

Page

36 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.

37 MINUTES **1 - 24**

The Board will review the minutes of (a) the last meeting held on the 20th October 2015, and (b) the Joint meeting of the Children, Young People & Skills Committee meeting held on the 10th November 2015 (copies attached), and decide whether these are accurate and if so agree them.

Contact:	*Mark Wall,*	*Tel: 01273 291006,*
	Lisa Johnson	*Tel: 01273 291228*
Ward Affected:	*All Wards*	

38 CHAIR'S COMMUNICATIONS

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

Contact:	*Councillor Daniel Yates*	*Tel: 01273 291926*
Ward Affected:	*All Wards*	

39 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. Ring the Secretary to the Board, Mark Wall on 01273 291006 or send an email to mark.wall@brighton-hove.gov.uk

The main agenda

Papers for Decision at the Health & Wellbeing Board

40 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE 25 - 34

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

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

41 JOINT HEALTH AND WELLBEING STRATEGY 2015 35 - 64

Joint report of the Chief Operating Officer of the Clinical Commissioning Group, the Statutory Directors for Adult Services and for Children's Services and the Director of Public Health (copy attached).

Contact:	*Peter Wilkinson,* *Anne Hagan, Ramona Booth,* *Regan Delf*	*Tel: 01273 296562,* *Tel: 01273 296370,* *Tel: 01273 293504*
Ward Affected:	*All Wards*	

42 CHILDREN'S HEALTH & WELLBEING COMMISSIONING STRATEGY 65 - 92

Joint report of the Chief Operating Officer of the Clinical Commissioning Group, the Statutory Director for Children's Services and the Director of Public Health (copy attached).

Contact:	*Sharmini Williams,* *Regan Delf, Lisa Brown,* *Dr Christa Beesley*	*Tel: 01273 290254,* *Tel: 01273 293504,* *Tel: 01273 293568,*
Ward Affected:	*All Wards*	

43 BRIGHTON AND HOVE ARMED FORCES COMMUNITY 93 - 104

Report of the Director Sussex Collaborative, Lead, Sussex Armed Forces Network (copy attached).

Contact:	*Kate Parkin*
Ward Affected:	*All Wards*

Papers for Discussion at the Health & Wellbeing Board

44 THE PUBLIC CONSULTATION ON EXTENDING SMOKE FREE SPACES — 105 - 124

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

Contact: *Roy Pickard* *Tel: 01273 292145*
Ward Affected: *All Wards*

45 TRANS NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS — 125 - 128

Extract from the proceedings of the Neighbourhoods, Communities & Equalities Committee meeting held on the 5th October 2015 (copy attached).

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

46 IMPACT OF THE IN-YEAR REDUCTION TO THE LOCAL AUTHORITY PUBLIC HEALTH GRANT ALLOCATION 2015/16 — 129 - 132

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

Contact: *Chris Naylor* *Tel: 01273 296571*
Ward Affected: *All Wards*

Papers to Note at the Health & Wellbeing Board

47 ENHANCED HEALTH AND WELLBEING GP SERVICES: UPDATE — 133 - 156

Joint report of the Chief Operating Officer of the Clinical Commissioning Group and the Director of Public Health (copy attached).

Contact: *Dr Tom Scanlon,* *Tel: 01273 291480,*
Nicola Rosenberg *Tel: 01273 574809*
Ward Affected: *All Wards*

48 MENTAL HEALTH CRISIS CARE CONCORDAT - PROGRESS UPDATE DECEMBER 2015 — 157 - 162

Report of the Chief Operating Officer of the Clinical Commissioning Group (copy attached).

Contact: *Anna McDevitt* *Tel: 01273 574841*
Ward Affected: *All Wards*

WEBCASTING NOTICE
This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1988. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

For further details and general enquiries about this meeting contact Democratic Services, 01273 2910066 or email democratic.services@brighton-hove.gov.uk

Public Involvement
The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

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

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

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

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1. Procedural Business

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

(b) Declarations of Interest:

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

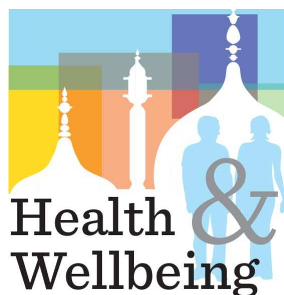
In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

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

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

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

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



4.00pm 20 October 2015

Brighthelm Church and Community Centre

Minutes

Present: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and G Theobald Dr. Xavier Nalletamby, Lisa Durrant, Geraldine Hoban, Dr. George Mack; Clinical Commissioning Group.

Other Members present: Frances McCabe Health Watch, Graham Bartlett, Pennie Ford, NHS England, Pinaki Ghoshal, Statutory Director of Children's Services Denise D'Souza, Statutory Director of Adult Social Care Dr. Tom Scanlon, Statutory Director of Public Health.

Also in attendance: Councillor Penn, Lead Commissioner for Substance Misuse, The Head of Modernisation, The Children and Young People's Mental Health and Wellbeing Commissioner, The Commissioning Manager for the CCG and The Consultant in Public Health.

Apologies: Dr. Christa Beesley.

Part One

19 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

19.1 Prior to taking the formal items on the agenda the Chair noted that Councillors Geoffrey Theobald and Phelim Mac Cafferty were involved in interviews and were hoping to attend the meeting. He also noted that apologies had been received from Dr. Christa Beesley who was being substituted by Lisa Durrant.

19.2 The Cahir noted that there were no declarations on interests and that there were no items listed in Part 2 of the agenda and therefore sought agreement that the meeting should remain open to the public.

19.3 **RESOLVED:** That the press and public be not excluded from the meeting.

20 MINUTES

20.1 The minutes of the last Board meeting held on the 21st July 2015 were agreed and signed by the Chair as a correct record.

21 CHAIR'S COMMUNICATIONS

21.1 The Chair welcomed everyone to the meeting and noted that at is was a busy agenda his communications will be noted in full in the minutes; but he wished to outline a few points.

Health and Wellbeing Partnership event

21.2 In September the Board held it second partnership event. Approximately 100 people gathered for a hard working afternoon focused on refining the Health and Wellbeing Strategy. The outcome of this event will come to the Board in December.

AGM CCG

21.3 The CCG had its Annual General Meeting in September and I was happy to attend as Chair of the Board. It provided me with an opportunity to hear first-hand what the CCG had achieved in the past year and what the plans for the future would be. It was clear that it had been a busy year and the reflection of work done is partnership with not only the council but a wide range of agencies was evident.

Older Peoples Week

21.4 As Chair I was happy to attend the Older People's Awards which were part of Brighton & Hove's celebration of International Older People's Day. The awards ceremony was commissioned by the Public Health team from local organisation, Impact Initiatives, as part of a week long programme of events to celebrate the contribution of older people in the city and challenge stigma around ageing.

21.5 One of the award winners was 92 year old Tai Chi Instructor Adele Percival!

21.6 Feedback has included the following Donna Baily, Impact Initiatives. She writes:

Many thanks for your support with the older people's week; the week has gone brilliantly so far, and the awards ceremony was its highlight. I've had lovely feedback from guests who attended yesterday, and it has clearly brought many older people together and given them the recognition they truly deserve. We now have the photographic exhibition up at St John's, which will remain there until Sunday when we have the grand finale to the week, which is

Health & Wellbeing

Stoptober

21.7 Stoptober is a campaign from Public Health England that encourages smokers across the country to stop smoking for 28 days during the month of October. The campaign aims to encourage people to take part in the mass quit attempt and to utilise a range of proven, free support tools available.

21.8 It is targeting all smokers (their families and friends) but with a particular emphasis on routine and manual workers, amongst whom there is a high percentage of smokers.

21.9 While we are on the subject of smoking the consultation on the Smokefree Areas has now closed. With local and national media interest the consultation generated 1,913 responses through the consultation portal. A report will be returning to the Board in December with the analysis and suggested way forward.

The Sugar Debate

21.10 On October 5th we launched a public health debate:

Should action be taken to reduce sugar intake in Brighton & Hove?

21.11 It has attracted a significant amount of media interest both locally and nationally. One in four children are already overweight in Brighton and Hove by the time they leave primary school and a 2/3rds of adults are either overweight or obese. Sugar plays a part in this and we are already eating up to three times as much as we should be. Too much sugar increases the risk of tooth decay and drinking more sugary drinks is associated with gaining weight and developing Type 2 diabetes. New government recommendations include limiting our intake of 'free sugars' to just 5% of our daily energy intake. We want to find out whether, and how, to take action on sugar in the city. The debate is the first stage. We plan to analyse the results in January 2016 and use these to inform and develop a Sugar smart city action plan. A report will come back to the Board as necessary in the New Year.

21.12 This is the link to the sugar smart city on the council website. The minutes will also include the web link http://www.brighton-hove.gov.uk/content/health/healthy-lifestyle/sugar-smart-city-what-do-you-think

Rough Sleeping Summit

21.13 The Council is leading a review of the city's approach to rough sleeping with the aim of "*making sure no-one has the need to sleep rough in Brighton & Hove by 2020*".

21.14 A Rough Sleeping Summit is being held in December (as part of The Learning Together to Safeguard the City fortnight) that will bring together a range of stakeholders such as councillors, the council, clinical commissioning group, Police, third sector advocates, providers, business community, relevant professional

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experts and service users to review the city's approach to rough sleeping and develop options for the city's future Rough Sleeper Strategy.

21.15 Please note that the Summit is invite only. Following the Summit, a draft strategy will be developed in the New Year for public consultation.

21.16 I would like to draw your attention to the joint meeting of the Children's, Young People and Skills Committee and the Health and Wellbeing Board which will take place on 10th November at 4pm at the BRIGHTON CENTRE. This joint meeting will focus on the progress of the Special Educational Needs and Disability and Learning Disability reviews. We hope you will be able to join us for that meeting.

21.17 Today there is a paper concerning the Primary Care Services. As the Board is aware Goodwood Court Medical Centre was closed in June 2015 following a CQC inspection. The Charter Medical centre was awarded an interim contract so that patients affected could access ongoing care. The interim arrangement will run until March 2016 and NHSE are seeking the views of patients and other local stakeholders as part of the review to determine longer term options for the future care of these patients.

21.18 Finally I would like to take the time to say farewell to a Board member, Geraldine Hoban. Geraldine is leaving to take up the position of Accountable Officer working with Horsham & Mid Sussex CCG from November. Geraldine has worked in Brighton for over eight years from Primary care Trust to CCG. The Board would like to say thank you Geraldine and good luck to you – you will be missed.

21.19 Councillor Ken Norman also wished to record his thanks and appreciation for all her work and support and wished Geraldine well in her future role with Horsham & Mid-Sussex.

22 FORMAL PUBLIC INVOLVEMENT

(a) Petitions:

22.1 The Chair noted that a petition regarding the provision of a nursing home for sufferers with Huntington disease had been submitted and that the lead petitioner was not present at the meeting. He therefore suggested that the petition be noted and officers from both the council and the CCG be asked to meet with the petitioner to discuss the matter further. He also noted that provision was available in nursing homes across the city and additional support could be provided on a case basis.

22.2 **RESOLVED:** That the petition be noted.

(b) Public Questions:

22.3 The Chair noted that one public question had been received and invited Dr. Walker to put his question to the Board.

22.4 Dr. Walker thanked the Chair and asked the following question;

"How has the HWB responded to Brighton CCG's decision, without any consultation, to move to an inexperienced and controversial private RMS provider in Optum and, in light of Optum's current local failings, will the HWB take action?"

22.5 The Chair replied; "As you are aware, NHS Brighton and Hove Clinical Commissioning Group (CCG) awarded a new contract for the provision of a redesigned Referral Management Service (RMS) to Optum Health Solutions, which came into effect on the 1st September. Optum is an experienced provider of referral management services with a proven track record over the past five years in Hounslow and more recently in Ealing, Dorset and Bedfordshire.

Since go-live, the service has experienced significant issues with the national NHS e-Referral system which facilitates the booking of appointments into secondary care and community based services. The CCG have had confirmation from the Health and Social Care Information Centre (HSCIC) that the issues are with the e-Referral system and not the Optum IT system. This system issue resulted in GP practices being unable to send referrals to Optum in a way that they could be easily identified and the time taken to process referrals from NHS e-Referrals was significantly increased. As a result, the service experienced delays in processing these referrals and booking of patient appointments were subsequently delayed.

Issues with the system have now been resolved and both the CCG and Optum are closely monitoring NHS e-Referral to ensure that the system is functioning effectively. The backlog that developed during September has now been cleared and the service is now working and processing referrals in 'real-time' and in line with contractual requirements. The service will be sending out letters to all patients to apologise for the delay in their referrals."

22.6 Dr. Walker noted the response and asked the following supplementary question; "My real concern remains with the privatisation of services within the National Health Service and the lack of public consultation or understanding of how services will be affected if they move to organisations such as Optum which is a subsidiary of United Health and its reputation is not one that public services deserve. Do you have a view on this and the future of services?"

22.7 The Chief Operating Officer for the CCG noted the comments and stated that under the Group's procurement rules it was not able to determine which

Health & Wellbeing

organisations were able to bid for contracts. However, it was clear about the level of quality and viability of the service that was required and would seek to ensure that those expectations were met in the delivery of services.

22.8 The Chair thanked Dr. Walker for attending the meeting and putting his questions. He noted that there were no other questions and therefore the item was concluded.

23 ST. MUNGO'S CHARTER

23.1 The Board considered a Notice of Motion concerning St. Mungo's Charter for homeless health approved by the Council on the 16th July and referred to the Board for consideration.

23.2 The Board noted that other stakeholders were able to sign-up to the Charter and encouraged them to do so.

23.3 **RESOLVED:** That the Charter be supported and the Chair be authorised to sign it on behalf of the Board.

24 RESIDENTIAL REHABILITATION SERVICES

24.1 The Lead Commissioner for Substance Misuse introduced the paper which detailed the changes to the commissioning for residential rehabilitation services and sought approval for the award of future contracts. She noted that there were a number of providers in the city and it was intended to re-negotiate with current providers but if necessary a competitive process would be undertaken.

24.2 The Board welcomed the paper and expressed the view that consideration would need to be given to ensuring that quality and efficiency of services was maintained. Members of the Board also felt that the levels of provision should be reviewed and flexible so that sufficient resources were available to meet demand.

24.3 **RESOLVED:**

(1) That it be agreed that commissioners seek to negotiate contracts with current providers, with the option of moving to a competitive process if negotiations fail;

(2) That the Director of Public Health be granted delegated authority to conduct the negotiations on the Council's behalf, and run a competitive procurement in the event that the negotiations fail; and

(3) That the Director of Public Health be granted delegated authority to award the contract after negotiations with the current providers or after a competitive tender process has taken place.

25 ADULT SOCIAL CARE SERVICES; THE DIRECTION OF TRAVEL 2016 -2020

25.1 The Head of Modernisation introduced the report which set out proposals for the future delivery of adult care services in Brighton & Hove over the period 2016-20. The proposals covered the commissioning of services, service provision and assessment services. He stated that the paper set out the broad direction of travel for services over the period and it would underpin the 4-year integrated service and financial planning process.

25.2 Councillor Mac Cafferty expressed his concern over the report and the future of services in view of the level of savings and cuts required to meet Government targets. He did not believe that the proposals would ensure that vulnerable adults were protected and therefore could not support it.

25.3 Councillor K. Norman stated that he held a different view and welcomed the report and noted that it was set at a high level at this point. He believed that it was a sound basis on which to move forward and hoped that it would be supported.

25.4 Frances McCabe stated that there was concern about the impact on service users and noted that other report on the agenda related to this one and suggested that there was some need for integration of the areas e.g. short-term care and primary care. There was a need to avoid fragmentation and to have a more coherent approach.

25.5 Graham Bartlett noted that some difficult choices would have to be made and the Board would need to take a view on the level of services that could and would be provided.

25.6 Geraldine Hoban stated that she agreed with the need for integration and joined-up working, which she felt could be achieved. She believed that the CCG was moving forward and that a lot more detail would need to come to the Board; but overall she felt that it was the right approach.

25.7 The Statutory Director for Adult Services stated that she hoped all agencies would be able to work together to provide a more effective outcome. She also noted that there would be a degree of choice available to service users and that the change agenda was being driven by carers and users who also had a lot to give back to the community.

25.8 Councillor Barford supported the comments and acknowledged the concerns expressed but noted that it was a top level report and the key aim was to protect vulnerable people. The intention had to be to provide the appropriate level of support for them and careful management.

25.9 Councillor Mac Cafferty stated that he believed there would be depreciation in the level of care and could not support the direction of travel identified.

25.10 The Chair noted the comments and put the recommendations to the Board.

25.11 **RESOLVED:** That the direction of travel for adult care services as set out in the report be approved and that it be noted that this would inform the 4-year integrated service and financial planning strategy for adult care services.

26 UPDATE ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING TRANSFORMATION PLAN FOR BRIGHTON AND HOVE

26.1 The Children and Young People's Mental Health and Wellbeing Commissioner introduced the report, which outlined the transformation plan for improving the mental health and wellbeing of children and young people in the city. She noted that there were pockets of excellence across the city, there was a need for a more integrated and supportive approach. She also noted that the Board had considered a report in July on the principles for a transformation plan and which had since been signed off by the CCG's Governing Body, the Clinical Leadership Group and at the Chair's pre-meeting. The Board were now asked to endorse that plan so that it could be published and implemented. She also noted that the required funding had been allocated following the bid and that it was good news for the city.

26.2 The Statutory Director for Children's Services stated that a great deal of work had gone into the submission and it was a significant piece of work which would have a positive impact.

26.3 The Board welcomed the paper and noted that NHS England was in the process of reviewing a number of such plans and that it was hoped funding would be released in the near future.

26.4 **RESOLVED:**

(1) That the final submission of the Children and Young People's Mental Health and Transformation Plan be endorsed; and

(2) That the publication of the Plan on CCG and Local Authority websites in response to the national requirement to be more transparent be endorsed.

27 THE FUTURE MODEL OF CARE FOR COMMUNITY SHORT TERM SERVICES

27.1 The Chief Operating Officer of the CCG introduced the report which concerned the future model of care for community short-term services beds and the procurement of the services. She stated that the objective was to prevent the admission into hospital of patients and to enable early release of patients into appropriate care. It

8

meant that the right level of support to meet needs in relation to short-term care beds had to be identified and resourced effectively.

27.2 The Commissioning Manager for the CCG stated that it was intended to broaden the eligibility criteria so that admission to hospital could be avoided with the provision of two units and improved use of nursing home care. To this end it was intended to have a range of options available with outcomes specified and providers able to show how they would meet the deliverability of those outcomes. It was intended to begin the procurement process in January 2016 and to review the model in October 2016.

27.3 The Board welcomed the report and agreed that there was a need for integration and to link with city-wide services to enable further innovation and improved provision. The Board also noted that it was hoped that it would enable better use of resources to meet changes in need and thereby widen the level of provision on offer.

27.4 **RESOVED:** That the proposed outcomes set for the model of care for Community Short Term Service beds, and the procurement model be approved.

28 BETTER CARE FUND SECTION 75 QUARTERLY PERFORMANCE UPDATE INCLUDING FOCUSED INFORMATION ON HOMELESSNESS

28.1 The Chief Operating Officer introduced the report which detailed the Better Care Fund quarterly performance report and outlined areas for improvement. She also noted that it was proposed to bring an annual performance report to the Board rather than quarterly reports but that exception reports would still be brought to the Board, whilst quarterly reports would be taken to the Officer Board.

28.2 The Consultant in Public Health introduced the briefing paper that accompanied the report and concentrated on the Better Care Homeless work stream. He noted that the Board had requested further information on key schedules of work. The paper outlined the primary focus on ‘single homelessness’ and the action being taken to address the area.

28.3 The Board welcomed the report and the briefing paper and thanked the officers for the information. Members of the Board noted that homelessness was a key factor and that work was underway with voluntary organisations to develop a model of support and provision such as with St. Mungo’s and the rough sleeper’s project.

28.4 **RESOLVED:**

(1) That the quarterly performance submission be approved;

(2) That the information on homelessness be noted;

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(3) That the change to have an Annual Performance report and any exception reports submitted to the Board be agreed; and

(4) That a quarterly summary performance report be submitted to the Board.

29 MENTAL HEALTH AND WELLBEING STRATEGY - PROGRESS

29.1 **RESOLVED:**

(1) That the progress of delivery of the action included in the first year of the mental health and wellbeing strategy be noted; and

(2) That the action plan for the second and third year of the strategy be noted.

30 BRIGHTON AND HOVE LOCAL HEALTH ECONOMY COLD WEATHER PLAN 2015

30.1 That the report and the Cold Weather Plan for England and Brighton & Hove Local Health Economy Cold Weather Plan 2015 attached as appendix 1 to the report be noted; and

30.2 That the ongoing winter planning work streams within the city, as detailed and referenced within the Brighton & Hove Local Health Economy Cold Weather Plan 2015 be noted.

31 FUEL POVERTY & AFFORDABLE WARMTH STRATEGY FOR BRIGHTON & HOVE

31.1 That the report, the NICE guidelines and recommendations and the draft action plan for Brighton & Hove attached as appendix 1 to the report be noted; and

31.2 That the ongoing work to develop a wider Fuel Poverty and Affordable Warmth Strategy be noted.

32 BRIGHTON & HOVE LOCAL HEALTH AND SOCIAL CARE SURGE AND CAPACITY PLAN 20116

32.1 **RESOVED:** That the report be noted.

33 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15

33.1 The Chair of the Adult Safeguarding Board introduced the Board's Annual report for 2014/15 which outlined the work of the Board and how partner agencies had worked together to improve the safety of adults at risk of harm and abuse. He noted that the most pressing issue was the preparation for the Care Act and to

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ensure that safeguarding was about choice. He noted that there would be further changes to the role of the Board and its remit which would be reflected in the next report.

33.2 The Chair welcomed the report and stated that it would be important to have a clear sense of how the Board's work would be measured and reviewed in the future.

33.3 Councillor Mac Cafferty referred to the Prevent agenda and expressed some concern over how that work was being understood and the risk that it would jeopardise the work on safeguarding that had been undertaken.

33.4 The Chair of the Adults Safeguarding Board stated that the Board was aware of such concerns and that there was a need to ensure all agencies/organisations involved in safeguarding balanced that work with that in relation to tackling radicalisation. He noted that there were representatives from both Boards on the Prevent Board which was looking to determine a protocol for all three Boards in term of actions and activity that related to safeguarding and the Prevent agenda.

33.5 **RESOLVED:**

(1) That the safeguarding work carried out in 2014/15 and the priorities set out in the report for 2015/16 be noted; and

(2) That the Annual report be approved for circulation.

34 LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014-15

34.1 The Chair of the Local Safeguarding Children's Board introduced the Annual report for 2014/15 and stated that the Board had been delighted to achieve a 'Good' judgement following the recent Ofsted inspection. He stated that the Board was keen to increase its lay membership and had made significant changes in the way that Child Sexual Exploitation had been approached. He believed it was an excellent report and commended it to the Board.

34.2 The Chair welcomed the report and stated that the work of the Board had been excellent and duly recognised by the Ofsted inspection.

34.3 **RESOLVED:**

(1) That the Annual report be noted and the Board's support to the City Council in their contribution to keep children safe from abuse and neglect be noted; and

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(2) That the Local Safeguarding Children's Board's achievements as detailed on page 9 and the challenges for 2015/16 as detailed on page 10 of the report be noted.

35 PRIMARY CARE SERVICES IN BRIGHTON & HOVE

35.1 The Chair welcomed the report and noted that he had received notification of a GP Practice in Peacehaven, where the GP's were planning to retire which would affect a number of patients.

35.2 Councillor Mac Cafferty queried how new GP's were likely to be attracted into the area and noted that there were other Practices that were in danger of losing GP's or closing. He also welcomed the report but wanted to know how Practices could be supported and action taken to ensure they stayed open.

35.3 Councillor G. Theobald noted that doctors spent time at hospital and queried whether this could be managed to enable them to spend time in Practices as well.

35.4 Dr. Xavier Nalletamby welcomed the report and stated that workloads had changed significantly and many doctors already worked in A&E departments or worked in a Practice and spent time at Hospital where they specialised in areas.

35.5 **RESOLVED:** That the report be noted.

The meeting concluded at 6.40pm

Signed Chair

Dated this day of 2015

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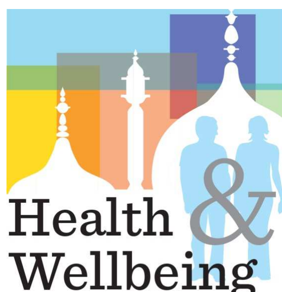


BRIGHTON & HOVE CITY COUNCIL

JOINT CHILDREN, YOUNG PEOPLE & SKILLS AND HEALTH & WELLBEING BOARD

4.00pm 10 NOVEMBER 2015

MINUTES

Present:

Children Young People & Skills Committee
Councillors: Barradell, Bewick, Brown, Chapman, Daniel, Knight, Marsh, Miller, Phillips and Taylor
Voting Co-optees: B Connor, A Holt, M Jones and A Mortensen
Non-Voting Co-optees: B Glazebrook, S Sjuve, R Brett and A Tilley

Health & Wellbeing Board
Councillors: Barford, A Norman, K Norman and Yates
Others: Dr C Beesley, Dr D Emilianou, C Holloway, Dr G Mack, G Bartlett, D D'Souza, P Ghoshal, F Harris, F McCabe and Dr T Scanlon

PART ONE

1 APPOINTMENT OF CHAIR

1.1 Nominations were requested for the appointment of Chair. Councillor Bewick proposed Councillor Yates and Councillor Barradell seconded the proposal. There were no further nominations.

1.2 **RESOLVED:** That Councillor Yates be appointed as Chair of the Joint meeting.

2 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

2.1 Councillor A Norman declared that she was substituting for Councillor G Theobald.
Councillor Miller declared that he was substituting for Councillor Wealls
Ms B Connor declared that she was substituting for Ms M Ryan

Mr R Brett declared that he was substituting for Ms R Millanzi

2.2 Ms A Mortensen declared a personal interest in Item 5, as she was a parent of a child with Special Needs;
Councillor Daniel declared a personal interest in Item 4a, as she had worked at Hamilton Lodge School and College for the Deaf Children.

2.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

2.4 **RESOLVED** - That the press and public be not excluded from the meeting.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair reported that the meeting was being webcast.

3.2 The Chair said that Minutes of the Joint Meeting would be referred to the meetings of the Children Young People & Skills Committee and the Health & Wellbeing Board.

3.3 The Chair noted that there was an addendum to the main agenda which had been distributed to all members of the Joint Committee. The addendum provided a copy of the wording of the Deputation and an extract from the proceedings of the Special Policy & Resources Committee meeting held on 4 November 2015 regarding the Learning Disability Accommodation Service.

4 FORMAL PUBLIC INVOLVEMENT

4.1 Deputation

(i) **Maintain Support for Deaf Children**

4.2 The Chair invited the spokesperson, Ms A Jenkins to present her Deputation. A copy of the Deputation was provided in the Addendum to the Agenda.

4.3 The Chair provided the following response:

Thank you for attending today's joint meeting, I can confirm that the Local Authority remains committed to meeting the full needs of all our children with hearing and visual impairment. We value the professional specialist qualifications that teachers of the deaf and visually impaired bring to the service and intend to retain these in the new service. There is no intention in these proposals to reduce support available for children with hearing or visual impairment. All children with sensory impairment will continue to get the support they need from a specialist and experienced team of advisers and support staff. Other anticipated benefits from the new service for all children are:

- Greater flexibility from an integrated team of 55 staff from various professional backgrounds, including educational psychologists and primary mental health workers
- Reduced 'back office' and management time with a renewed focus on frontline services for schools and families
- New SEN advisers working across the year rather than term time only to provide a more complete service for families and young people
- A service that works with all ages from birth to 18 years (rather than 16 years at present)

The council takes the concerns of parents very seriously and regrets that any unnecessary anxiety or concern has been raised following a consultation process with the staff from our learning support services.

Senior officers from the Local Authority have spoken with representatives from the National Deaf Children's Society and sent out a briefing via them to reassure parents. Senior officers are also arranging to meet with parents and carers of children with hearing impairment to listen to concerns and to provide further reassurance.

No decisions have been made in relation to these proposals. This is currently a consultation with our staff set to conclude on 8 January 2016. We welcome parents and young people contributing their views which will be given the fullest consideration. Any comments could be submitted via the following email address - sen.team@brighton-hove.gov.uk.

4.4 Mr Jones said that the report which was considered at the last joint meeting in February 2015, had not given any indication of a possible reduction in capacity. The report had been quite vague on detail and had showed an amalgamation of service, but did not show that there would be any change that would lead to a reduction in capacity. The meeting was told that an Equality Impact Assessment (EIA) would be conducted; any EIA should include end users.

4.5 Councillor Phillips said that she agreed with the comments of Mr Jones. Councillor Phillips referred to the teaching staff and was concerned that some of them could be downgraded under any restructure.

4.6 The Executive Director of Children's Services said that the report which was considered by the joint committee in February 2015, related to the principle of the integration of the service. The detail of such integration was not presented, but the principle to do so was agreed. The consultation process to consider that detail had begun and was still on going. A number of meetings had been held with different parent and staff groups. That consultation was unrelated to the proposals which were being considered at the meeting today. The report today was around the provision for Special Educational Needs and Disabilities (SEND) rather than the Learning Support Staff who primarily worked with children in mainstream schools. With regard to teaching staff, it was not the case that the authority was looking to move to unqualified teachers. The proposal was to have a balance of staff; those qualified to teach those with hearing impairments and those who weren't. The balance of qualified and unqualified would change, but the details were still being considered and staff were being consulted.

4.7 Mr Jones asked if the matter would come back to the Committee after the consultation concluded. The Chair of the Children Young People & Skills Committee said that the consultation would finish in January 2016. An update would be provided at Full Council and the matter would be considered by the Children Young People & Skills Committee in due course.

5 SPECIAL EDUCATIONAL NEEDS AND LEARNING DISABILITY (SEND-LD) STRATEGY - NEXT STAGE PROPOSALS

5.1 The Joint meeting considered a report of the Executive Director, Children's Services which sought approval for the recommendations arising from the review of special educational needs and disability in the Children's Services Directorate of the council. The report included recommendations from the concurrent review of behaviour, emotional and social difficulties (BESD). The report was presented by the Assistant Director (Children and Adult Services), and supported by the Head of Behaviour and Attendance, Manager Community Learning Disability Team, Head of Service for Integrated Children's Development and Disability Service and the Head of Commissioning Mental Health and Children's Services.

5.2 Councillor Barradell noted that if the proposal to merge the current six Special Schools and two Pupil Referral Units (PRU) into three extended and integrated providers were agreed, there was a suggestion that the three sites would be renamed and asked if that could be part of the consultation with young people being asked for their views. The Assistant Director (Children and Adult Services) agreed it could. Councillor Barradell asked that if there were changes to the service, that measures be put in place to ensure that those changes were effective. The Assistant Director (Children and Adult Services) agreed and said that if the changes went ahead that the service would be monitored.

5.3 Ms Mortensen asked if the proposed changes would reduce the number of nursery school places for those with special needs. The Assistant Director (Children and Adult Services) confirmed there would be no reduction in places. Ms Mortensen asked that provision for those aged 19-25 were not overlooked. The Assistant Director (Children and Adult Services) said that a pathway for that age group was being addressed.

5.4 Councillor Brown said that she supported the proposals. Two of the current sites, Hillside and Downs Park, were in the same road and it made sense to merge them. The proposal to have personalised pathways was good, and would ease the transition into adulthood.

5.5 Councillor Philips felt that the report was too vague and would have liked to have seen more detail. She referred to paragraph 3.2.1 and asked if alternative options for nursery provision had been looked at. With reference to 3.3.5 of the report, she felt that it was paving the way for privatisation of services which the Green Group would not support. Councillor Phillips referred to paragraph 6.9 of the report and asked whether having to seek approval of the Department for Education meant that the authority was cutting the budget quicker than the regulations allowed. Paragraph 5.15 said that there would be resourced provision for mainstream school in the form of 28 'virtual places' attached to mainstream schools, and asked how the schools felt about that. The Assistant Director (Children and Adult Services) said that the report was vague, as approval was needed to take the proposals to the next stage; there was no point investing time if the city did

not want to take the matter forward. With regard to nursery provision, alternatives had been looked at including offering nursery provision in mainstream schools. With regard to the private sector the community and voluntary sector would continue to provide the most support. The Executive Director Children's Services said that if savings were made the money following each child would increase, and so the Secretary of State had to be consulted. However that was a formality and he did not envisage any problems. The Head of Behaviour and Attendance referred to the question about mainstream schools and said that the issue had been discussed with secondary school head teachers and they had been positive about working with the authority; the matter would shortly be discussed with primary school and PRU head teachers. The Executive Director Children's Services reminded everyone that today the Joint Committee was being asked to agree whether to go to consultation. If it was agreed there would be a full consultation for each area, and the matter would then be referred back to the Children Young People & Skills Committee.

5.6 Councillor Miller asked whether the report had any positive or negative impacts on the provision of respite care and short breaks, as that could have a longer term impact on costings. Paragraph 3.1.1 stated that there would be no overall reduction in the number of school places available to pupils requiring specialist provision, and asked if the places currently available matched those which were needed. Paragraph 3.2.3 referred to the integrated provision of specialist nursery care and asked where that would be. With regard to paragraph 3.3.2, he asked whether the Scrutiny Panel's recommendations, which looked at gaps in provision for autistic children, were in the report or would be included in a later report. Paragraph 3.3.4 (i) referred to the facilitation of the transition from Children's to Adult Services, and he asked if that would be linked to the Post 16 Review. With regard to paragraph 3.5.3 and the review of the adoption of the Resource Allocation System, he asked if it was likely there would be losers, and if there were how the authority would ensure there was a smooth transition in any potential change. Paragraph 5.1 said that there would be an estimated 12% increase in the numbers of people with severe or moderate learning disability by 2030, and asked where that figure came from. Paragraph 6.12 said that any disposal of surplus assets identified under the review may potentially generate capital receipts, and asked for assurance that any receipts would be used to support the Council's future corporate capital strategy. The Head of Service for Integrated Children's Development and Disability Service said that there would be no reduction in the budget for respite care or short break provision. The Manager Community Learning Disability Team said that the number of school places required for those requiring specialist provision changed annually, and whilst it was hoped that the number places required was accurate at the moment it was liable to change. The Assistant Director (Children and Adult Services), said that with regard to nursery provision, more work was needed to look at possible adaptation to some premises and so it wasn't possible at the present time to say where the places would be provided. The Assistant Director (Children and Adult Services), confirmed that the transition from Children to Adult Services would be linked with the Post 16 review. The figure of an estimated 12% increase had come from the Authority's own data. The Executive Director Adult Services added that it was very difficult to accurately predict numbers, but 12% was the most likely estimate.

The Chair reminded everyone that this report was about the direction of travel for the delivery of services with a request for an agreement to consult on the proposals; if detailed information were available it would have been included in the report.

5.7 Councillor Taylor said he agreed with the principle of integration of services and hoped that any changes would be delivered seamlessly to the benefit of service uses. He was concerned at the high level of those adults with special needs who were NEET (Not in Employment Education or Training) and was pleased that the Council was addressing that issue. He asked which Committee would have monitoring oversight of the proposals as we move forward. He was advised it would be the Children Young People & Skills Committee.

5.8 Councillor Daniel said that she would support the recommendations and that an opportunity to review the provision was good with the potential to improve the service provided. She said she echoed Councillor Taylor's concern over those in NEET, and asked officers how they thought the possible changes would affect that high level. The Head of Behaviour and Attendance said that the potential changes would be a good opportunity to review the provision and be more creative, such as ensuring the curriculum was more dynamic and appropriate for the employment market.

5.9 Councillor Mac Cafferty said that the challenge for the future would be to ensure that both adult and children continued to receive the support they needed and that any merger wouldn't disproportionally affect adults. If the allocation system changed he hoped that no one would be worse off. He said that service provision for those over 25 years of age should also be part of the review, and asked what the current provision was for that age group. The Executive Director for Children's Services said that there were currently three social care teams; one for children, one for adults and one transitional team. People's needs differed dependant on their age, and the authority would be looking to provide a smoother process without breaks. The Executive Director Adult Services said that potential changes would not lead to a merger of Resource Allocation, but Children's Services were looking to adopt a Resource Allocation based on assessed needs. The Head of Behaviour and Attendance added that the proposals being considered created an opportunity to review the service and be creative in the way it was delivered.

5.10 Ms F McCabe said that having a personalised pathway and budget was important and it was crucial to develop a model to support that. Ms McCabe noted that both the voluntary and private sector would be used, and asked that the voluntary sector be supported to develop new services. The Assistant Director (Children and Adult Services) said that there was already a strong relationship with the community and voluntary sector and that would continue. The Head of Service for Integrated Children's Development and Disability Service said the service wanted families to have an individual budget and to improve the choices available to them.

5.11 Mr M Jones asked that any consultation include both parents and parent governors, and that issues of travel to the sites be considered as people always preferred to attend their local school. Mr Jones noted that there was little information about Equalities Impact Assessment (EIA) and asked that more be provided during the consultation and that it linked up with the Learning Support Service (LSS). The Assistant Director (Children and Adult Services) said that the LSS and EIA was already linked and that would continue. With regard to transport, it was an important issue, and it would be necessary to get the right balance between the appropriate school and proximity to the family home.

5.12 Mr B Glazebrook said that the Community & Voluntary sector would support the recommendations in the report.

5.13 Councillor K Norman said that the transition period between child and adult provision had already been looked at for some time, and was pleased that that was continuing. He said that any change would take time to consult and implement, and he expected that any changes would be carefully monitored. Improving services, whilst also achieving better value for money was to be welcomed, and he was therefore happy to support the recommendations in the report.

5.14 Mr R Brett asked for assurance that young people who use the service would be involved in the consultation. The Assistant Director (Children and Adult Services) said that they certainly would.

5.15 Councillor Bewick thanked all members of the Joint Committee for their involvement in the meeting, and the Assistant Director (Children and Adult Services) and her team for their work on the proposals. These were a set of proposals about modernising and transforming the way in which we supported some of the most vulnerable people in our society. It was a move to consult on the personalisation and the integration of our services so that families felt they are empowered and got the right support in a timely manner. There would be savings associated with this as part of the consolidation of services. The Authority currently spent £42m on disability and special educational needs provision in the city and the proposal could save £1.5m, but that had nothing to do with the austerity cuts being faced elsewhere in local government; this was about being able to reinvest in the world class specialist educational provision and facilities.

5.16 **RESOLVED:** That the Joint Children Young People & Skills Committee and the Health & Wellbeing Board agreed:

In relation to Educational Provision

The Children Young People & Skills Committee (Councillors and voting Co-optees voted) agreed:

That on the basis**:**
(i) That there will be no overall reduction in the number of school places available to pupils in the city requiring specialist provision, and

(ii) the Board noting that before any final decisions can be taken regarding the proposed reorganisation of specialist provision it will be necessary to follow the statutory processes set out in the school organisation legislation, in particular the Education and Inspections Act 2006 and associated Regulations, these processes requiring periods of formal consultation with all interested parties, (which will include parents, governors and staff at the respective schools), and the publication of statutory notices.

It is agreed:

1. That approval be given to draw up detailed proposals in relation to each element of the restructuring of current specialist education provision described below, so as to offer integrated education, extended day activities, respite care and short breaks and

integrated health and care teams within each new provision. The proposals being as follows:

(a) That the existing six special schools (Patcham House, Homewood College, Hillside Special School, Downs Park Special School, Downs View Special School and the Cedar Centre School) and two Pupil Referral Units (Brighton & Hove Pupil Referral Unit and the Connected Hub) be re-organised to form three extended and integrated specialist provisions with clear vocational pathways and strong support for preparation for adulthood.

(b) That two specialist provisions be created for children with learning difficulties as set out below:

(i) That Hillside Special School and Downs Park Special School amalgamate to form one Integrated Provision West for the full range of cognition and learning needs. The provision will cater for pupils aged 5 - 16 years i.e. Key Stages 1 – 4, and will operate from both of the current school sites but under one leadership team and governing body.

(ii) That Downs View Special School expand to create Integrated Provision East for the full range of cognition and learning needs. The provision will cater for pupils aged 5 - 19 years, i.e. Key Stages 1 – 5, and will be based on the current site of Downs View School which will be expanded as necessary.

(c) That Cedar Centre School, Patcham House School and Homewood College be re-organised as the city's school provision for children with social, emotional and mental health needs to form the Integrated Specialist Provision Central (SEMH) catering for pupils aged from 5-16 years ie from Key Stages 1 – 4. The provision will be based on the current Cedar Centre School site.

(d) That further provision for pupils with complex needs/moderate learning difficulties be made at the Integrated Special Provisions East and West (Cognition and Learning) so that no capacity is lost for these needs following the re-designation of Integrated Specialist Provision Central to cater for SEMH.

(e) That B&H Pupil Referral Unit (currently situated at Lynchet Close and Dyke Road) and The Connected Hub (situated at Tilbury House) merge to form a single B&H Integrated Provision Central Pupil Referral Unit for pupils with Social, Emotional and Mental Health needs. The Unit will cater for pupils aged 11 – 16 years i.e. Key stages 3 and 4 and will be based on the Lynchet Close and Tilbury House sites.

(f) That children who are currently attending full time at the primary Pupil Referral Unit (based at Lynchet Close) with statements of special educational needs or EHC Plans naming this provision, move onto the roll of the Integrated Provision Central (SEMH). Any part-time PRU places will convert to extensive additionally funded support in mainstream school.

2. That for each integrated specialist provision, a lead partner mainstream secondary and mainstream primary school be identified to champion the needs of young people with SEND/SEMH and facilitate shared and inclusive opportunities across mainstream and specialist provision.

In relation to Other Provision for Young People

The Children Young People & Skills Committee (Councillors only voted) agreed:

3. That the Clinical Commissioning Group (CCG) and Children's Services shall jointly commission support from health providers to form an integrated team within each integrated special provision as required.

4. That it is noted that the current Jeanne Saunders nursery is sited in unsuitable premises at Penny Gobby House which does not provide disabled access for children with disabilities, which has necessitated the creation of the satellite site at Easthill Park for six of the children with the greatest mobility needs.

5. That an inclusive integrated nursery with specialist health and care facilities on a mainstream nursery site shall replace the current part-time specialist nursery provision at the Jeanne Saunders/Easthill Park nursery.

Recommendations relating to merged SEND/LD Strategy across the Children's Services and Adult Social Care

The Children Young People & Skills Committee (Councillors only voted) agreed:

6. That the Adult and Children's directorates of the city council shall support the Clinical Commissioning Group (CCG) to commission an all-age 'Wellbeing' Service that will respond to the emotional and mental health needs of parents, children and families rather than the individuals within families.

7. That approval be given to identify, consider, and review social work structures and functions supporting children and adults with learning disabilities that are likely to be delivered more efficiently and create a better pathway for service users by one combined Children's Service and Adult Social Care response rather than via two Directorates.

8. That specifically the following options be reviewed relating to a single approach to adult and children's provision:

(i) The adoption of the same Resource Allocation System (RAS) in Children's Services as well as in Adult Social Care for an equitable and fair allocation of resources and direct payments.

(ii) The combining the Autism strategies and plans across Children's and Adult Services to have one approach for autism across the age range.

(iii) Consolidating as far as possible transport arrangements across the full age range.

(iii) Consolidating the services relating to adults and young people involving deprivation of liberty;

(v) A single service for emotional and mental health support.

9. That any service redesign should:

(i) acilitate the transition from Children's to Adult Services (0 - 25 years) by better preparation for adulthood and pathways to supported internships, apprenticeships and longer term employment.

(ii) encourage inclusive practice through universal and community services such that people with SEND and LD do not have to rely on scarce 'specialist' provision and can live and thrive within the wider community.

(iii) aim to prevent the need for high cost placements where children and adults have very complex needs and challenging behaviour by improving local services including mental health and behavioural support services.

10. That options for re-providing services at better value for money and to a good standard in the community and voluntary sector or the private sector be identified and explored.

11. That upon noting the recommendations of the Policy and Resources Committee of 4 November 2015 in respect of a review of the in house learning disability accommodation services, there shall be consideration given to whether joint work between the Housing Department and Learning Disability Services in both Children's and Adults' Services should take place to review the need for supported living arrangements within the city and develop proposals for supported living arrangements accordingly.

Relating to the Children's Services Special Educational Needs and Disabilities (SEND) Strategy

The Health and Wellbeing Board agreed:

12. That the Board notes the recommendations to be considered by the Children, Young People and Skills Committee (the Committee) in relation to specialist educational provision for children.

13. That an inclusive integrated nursery with specialist health and care facilities on a mainstream nursery site shall replace the current part-time specialist nursery provision at the Jeanne Saunders/Easthill Park nursery.

14. That the Board supports the joint commissioning by the Clinical Commissioning Group (CCG) and Children's Services of support from health providers to form an integrated team within each integrated special provision as required.

Relating to Merged SEND/LD Strategy across the Children's Services and Adult Social Care Directorates

The Health and Wellbeing Board agreed:

15. That the Board supports the proposal by the Clinical Commissioning Group (CCG) to commission an all-age 'Wellbeing' Service that will respond to the emotional and mental health needs of parents, children and families rather than the individuals within families.

16. That approval be given to identify, consider, and review social work structures and functions supporting children and adults with learning disabilities that are likely to be delivered more efficiently and create a better pathway for service users by one combined Children's Service and Adult Social Care response rather than via two Directorates

17. That specifically the following options be reviewed relating to a single approach to adult and children's provision:
(i) The adoption of the Resource Allocation System (RAS) in Children's Services that is currently established in Adult Social Care for an equitable and fair allocation of resources and direct payments.
(ii) The combining the Autism strategies and plans across Children's and Adult Services to have one approach for autism across the age range.
(iii) Consolidating as far as possible transport arrangements across the full age range.
(iv) Consolidating the services relating to adults and young people involving deprivation of liberty.
(v) A single service for emotional and mental health support.

18. That any service redesign should:
(i) facilitate the transition from Children's to Adult Services (0 - 25 years) by better preparation for adulthood and pathways to supported internships, apprenticeships and longer term employment.
(ii) encourage inclusive practice through universal and community services such that people with SEND and LD do not have to rely on scarce 'specialist' provision and can live and thrive within the wider community.
(iii) aim to prevent the need for high cost placements where children and adults have very complex needs and challenging behaviour by improving local services including mental health and behavioural support services.

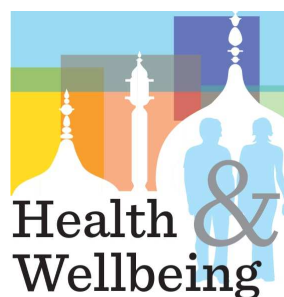
19. That options for re-providing services at better value for money and to a good standard in the community and voluntary sector or the private sector be identified and explored.

20. That upon noting the recommendations of the Policy and Resources Committee of 4 November 2015 in respect of a review of the in house learning disability accommodation services, there shall be joint work between the Housing Department and Learning Disability Services in both Children's and Adults' Services to review the need for supported living arrangements within the city and develop proposals for supported living arrangements accordingly.

The meeting concluded at 6.40pm

Signed Chair

Dated this day of



Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Joint Strategic Needs Assessment (JSNA) update

1.1. The contents of this paper can be shared with the general public.

1.2. This paper is for the Health & Wellbeing Board meeting on the 15th December 2015.

1.3. Author of the Paper and contact details

Kate Gilchrist, Head of Public Health Intelligence, Brighton & Hove City Council.
Email: Kate.gilchrist@brighton-hove.gov.uk Tel: 01273 290457

2. Summary

2.1 From April 2013, local authorities and clinical commissioning groups have had equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. This duty is discharged by the Health and Wellbeing Board and overseen by the City Needs Assessment Steering Group.

2.2 The purpose of this item is to update the Board on progress with the JSNA since the last report in December 2014, to ask the Board to approve the summary updates for publication and to approve the planned needs assessments for 2016/17.

3. Decisions, recommendations and any options

3.1 That the Board approve that the following needs assessments are conducted in 2016/17, based on discussions with, members, officers, partners and commissioners:

- Vulnerable migrants (to expand on the brief assessment that is in place)
- the management of mental health and wellbeing in primary care in adults (rapid needs assessment)
- Sensory impairment (new JSNA summary- all ages)
- Acquired brain injury (JSNA profile - adults).

3.2 That the Board approves the 2015 JSNA summary section updates for publication.

3.3 That the Board notes its duty to publish a Joint Strategic Needs Assessment (JSNA) under the 2012 Health and Social Care Act: that from April 2013 councils and CCGs have equal and explicit obligations to prepare a JSNA and that this duty is discharged by Health and Wellbeing Boards.

4. Relevant information

4.1 **What is needs assessment?** Needs assessments provide a comprehensive analysis of current and future needs of local people to inform commissioners and providers how they can improve outcomes and reduce inequalities. They also ensure relevant strategies, including this year's Joint Health & Wellbeing Strategy, are underpinned by high quality evidence and have been used as a valuable resource for community and voluntary sector organisations (for example in making funding bids).

4.1.1 Evidence within needs assessments includes local demographic and service data, evidence from the public, patients and service users, and professionals, and national research and best practice. Needs assessments bring these elements together to identify unmet needs, inequalities and overprovision of services. They also point those who commission or provide services towards how they can improve outcomes for local people.

4.2 **National policy and guidance:** Councils and CCGs have equal and explicit obligations to prepare a JSNA under the 2012 Health and Social Care Act; this duty is discharged by Health and Wellbeing Boards.[i]

4.2.2 National guidance describes how JSNAs should support effective commissioning for health, care and public health as well as influencing the wider determinants that influence health and wellbeing, such as housing and education.[1]

4.3 **Our local approach:** The JSNA is the key city wide intelligence resource that looks at the needs of the population to help plan, commission and deliver services to those who need them most. The programme is overseen by a steering group that includes representatives from Public Health, Adult Social Care, Children's Services, Communities Equality & Third Sector team, Housing, the Clinical Commissioning Group, HealthWatch, Community Works, Sussex Police and the two universities.

The programme has three elements:

i. Overarching resources: The JSNA summary, the City Snapshot and Annual Reports of the Director of Public Health

4.3.1 The JSNA summary gives a high level overview of Brighton & Hove's population and its health and wellbeing needs. It informs the development of strategic planning and identification of local priorities, as well as commissioning and service provision and is available within the Joint Health and Wellbeing Strategy.

4.3.2 The information is primarily drawn from existing resources such as the city's needs assessment portfolio, which includes the Annual Reports of the Director of Public Health, specific local needs assessments and strategies and national data sources.

ii. Rolling programme of comprehensive needs assessments on a specific theme or population group

4.3.3 More detailed needs assessments are conducted to meet the knowledge needs of commissioners and other decision makers. Themes may relate to specific issues e.g. dementia, or population groups, and recommendations are made to inform commissioning or action planning. The following needs assessments have been published in 2015 and are available at http://www.bhconnected.org.uk/content/needs-assessments:

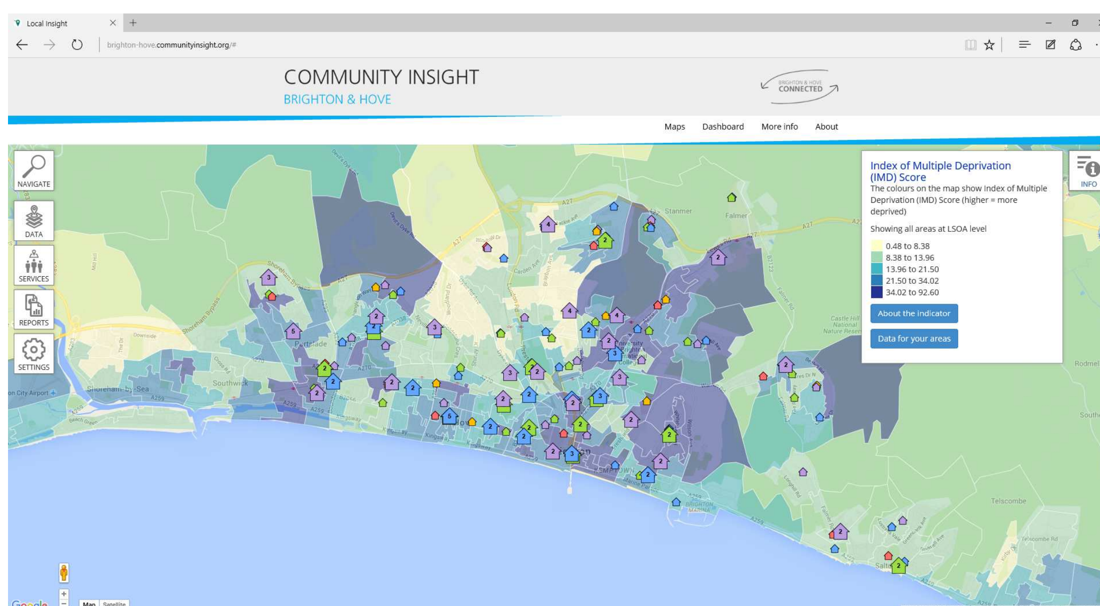
- Pharmaceutical needs assessment

- Trans needs assessment

iii. Community Insight - the information resource for the city, supported by Brighton & Hove Connected

4.3.4 Community Insight provides a wide range of data mapped at small area level across the city as well as up to date reports for these areas. It is available at: http://brighton-hove.communityinsight.org/.

Map 1: Index of Multiple Deprivation, 2015 Brighton & Hove



Source: Community Insight

4.3.5 All JSNA resources described above are accessible via the Local Intelligence website (http://www.bhconnected.org.uk/content/local-intelligence); the Strategic Partnership data and information resource for those living and working in Brighton & Hove.

4.3.6 Related city intelligence resources are also published on this site; for example the recent briefing report on the 2015 Index of Multiple Deprivation (with all the indicators mapped within Community Insight).

4.3.7 In order to gather together information on equalities groups in one place, the following data reports have been produced for the Equalities and Inclusion Partnership, and for use by local organisations, in fulfilling their equalities duties and as evidence for needs assessment:

- An equalities profile for the city
- An in depth disability snapshot report (to be published December 2015)
- An updated BME snapshot report

4.4 **Current in-depth needs assessments:** Needs assessments are currently being conducted on:

- **Mental health of children and young people:** this is supporting the Clinical Commissioning Group in its review of Child and Adolescent Mental Health Services (CAMHS) as well as providing evidence for the local transformation plan for mental health services for young people considered by the Health and Wellbeing Board in October 2015.
- **Falls**: a rapid needs analysis around secondary prevention of falls will be published early in 2016.
- **Carers (including young carers):** a rapid needs assessment is being conducted between November 2015 and February 2016 to inform recommissioning of carers services by Adult Social Care.
- In addition an **evidence review of the needs of sex workers** has been requested by the VAWG Steering Group and Safe In the City Partnership and will be produced by April 2016.

4.4.1 **Priorities for 2016/17 needs assessments (for approval by the Health and Wellbeing Board):** Priorities for future needs assessments were requested from Adult Social Care, Public Health, Children's services and the CCG and were reviewed by the Needs Assessment Steering Group. **It is recommended that the following needs assessments are prioritised:**

- **Vulnerable migrants needs assessment** to support the statutory and voluntary sector to understand the size of the vulnerable migrant population, their needs and ways to reach out to them. This will expand on the summary JSNA section already available.

- **A rapid needs assessment of the management of mental health and wellbeing in primary care in adults** to inform the re-commissioning of wellbeing services by the Clinical Commissioning Group in 2017/18.

- **New summary JSNA section on sensory impairment (all ages)**, requested by Children's Services and Adult Social Care, (as there is currently only a small amount of information in the physical disability and sensory impairment and children with disabilities and complex health conditions summaries).

- **A profile of Acquired Brain Injury (adults)**, requested by the CCG and Adult Social Care, to inform the contracting period from April 2017.

4.5 JSNA Summary updates 2015 (for approval by the Board)

4.5.1 As agreed by the Health and Wellbeing Board in December 2015, a third of the JSNA summary sections will be updated each year, with the development of the programme delegated the City Needs Assessment Steering Group. 34 summaries have been updated in 2015 and are available at the links provided in the Appendix to this paper. The updates will be published on the needs assessment site: http://www.bhconnected.org.uk/content/needs-assessments. The updated summary sections are listed in the Appendix.

4.5.2 Call for evidence: As in previous years, a call for evidence from the Community and Voluntary Sector has been undertaken for the summary updates. We asked for evidence on the needs and assets of those who live and access services in the city. This evidence could be qualitative, quantitative or a mixture of both, and ideally should have been evaluated. To help address areas where we had limited evidence, we especially welcomed evidence around equalities groups and voice of the public.

4.5.2.1 The call for evidence was jointly arranged by the Public Health team, Community Works and HealthWatch and ran from July to August 2015. It included 1:1 sessions being available for organisations to discuss their evidence and how it might be included in the JSNA with the Head of Public Health Intelligence.

4.5.2.2 There were submissions from 12 organisations, listed below. All but one submission were able to be included in the JSNA, at least in part.

- Amaze
- The Parent Carers Council
- Friends, Families and Travellers
- LGBT Switchboard
- Age UK
- Allsorts

- Mothers Uncovered
- Speak Out
- Trust for Developing Communities (TDC)
- Sussex Interpreting Services
- Bricycles
- Sussex Veterans Network

4.5.2.3 Other Community and Voluntary Sector organisations who had contributed previously were contacted directly to request information for the JSNA updates. As such they were not counted as submissions through the call for evidence and so the above under-represents the contribution of the community and voluntary sector to the JSNA summary updates.

4.5.2.4 Findings from HealthWatch reports, and information about the commonest issues raised to HealthWatch, were also able to be included.

5. Important considerations and implications

Legal

5.1. The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. The recommendations in this report are consistent with this requirement.

5.2. S218A of the NHS Act 2006 (as amended) and the NHS Pharmaceutical Services and Local Services Regulations 2013 require Health and Wellbeing Boards to develop and update pharmaceutical needs assessments from 1st April 2015.

Lawyer Consulted: Elizabeth Culbert Date: 30/11/15

Finance

5.3. The resources required to support this work are funded by public health grant and will be reflected within the 2016/17 and four year service and financial plans for public health.

Finance Officer Consulted: Anne Silley Date: 13/11/15

Equalities

5.4. The City Needs Assessment Steering Group, including equalities leads for BHCC, has strengthened the city needs assessment

guidance to include equalities strands. Strategies using the evidence in the needs assessment may require an EIA but not the needs assessment. Equalities implications are considered in all needs assessments; however it is worth noting the relevance of the trans needs assessment and vulnerable migrants needs assessment in tackling health inequalities in vulnerable groups.

Sustainability

5.5. Sustainability related issues are important determinants of health & wellbeing and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues.

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

5.6. The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners across the city in considering these issues in policy, commissioning & delivering services.

5.7. Children Services, Adult Social Care and the CCG are part of the City Needs Assessment Steering Group which has agreed the suggested needs assessments for 2016/17 and signed off the summaries updated in 2015.

6. Supporting documents and information

6.1 The final draft JSNA 2015 summary updates are available to view at http://www.bhconnected.org.uk/content/jsna-update-page (direct links to each section are provided in the Appendix).

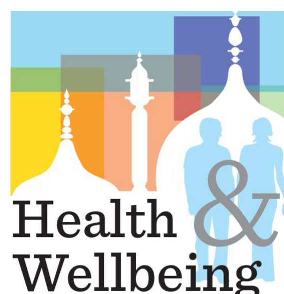
6.2 The published needs assessments are available at: http://www.bhconnected.org.uk/content/needs-assessments

6.3 Community Insight is available at: http://brighton-hove.communityinsight.org/

Appendix: 2015 JSNA summary updates links

2. Our approach to needs assessment
4.1 Our population
4.2.1 Gender
4.2.2 Ethnicity
4.2.3 Sexual orientation
4.2.4 Pregnancy & maternity
4.2.5 Gender identity and trans people
4.2.6 Vulnerable migrants
4.2.7 Carers
4.2.8 Military veterans
4.2.9 Students
6.3.2 Crime and anti-social behaviour
6.4.1 Volunteering
6.4.2 Fuel poverty
6.4.4 Housing
6.4.5 Road Safety
6.4.6 Good nutrition & food poverty
6.4.7 Green & open spaces
7.1.1 Antenatal newborn screening
7.2.2 Emotional health & wellbeing (Children young people)
7.2.3 Physical activity & active travel (Children young people)
7.2.4 Healthy weight (Children young people)
7.2.6 Substance misuse and alcohol (Children young people)
7.2.7 Sexual health (young people)
7.2.8 Teenage conceptions teenage parents
7.3.2 Healthy weight (Adults)
7.3.3 Physical activity and active travel (adults)
7.3.4 Sexual health (Adults older people)
7.3.6 Alcohol (Adults older people)
7.3.7 Substance misuse (Adults older people)
7.3.9 Ageing Well and Adult Social Care
7.5.7 Respiratory disease
8.1 Primary care
8.2 Urgent care
8.3 Maternity care

[i] Department of Health. Statutory guidance published on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 2013. Available at: http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/ [Accessed 05/11/2015]



Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Joint Health and Wellbeing Strategy 2015

1.1. The contents of this paper can be shared with the general public.

1.2. This paper is for the Health & Wellbeing Board meeting on the 15th December 2015

1.3. Authors of the Paper and contact details

Ramona Booth, Head of Planning and Delivery, Brighton and Hove Clinical Commissioning Group. ramona.booth@nhs.net

Regan Delf, Assistant Director (Children's and Adult Services), Brighton & Hove City Council. regan.delf@brighton-hove.gov.uk

Anne Hagan, Head of Commissioning & Contracts, Adult Social Care, Brighton & Hove City Council. anne.hagan@brighton-hove.gov.uk

Andy Staniford, Housing Strategy Manager, Brighton & Hove City Council andy.staniford@brighton-hove.gov.uk

Peter Wilkinson, Consultant in Public Health Medicine and Deputy Director of Public Health, Brighton & Hove City Council. peter.wilkinson@brighton-hove.gov.uk

2. Summary

2.1 Health and Wellbeing Boards are required to publish a Joint Health and Wellbeing Strategy.

2.2 This is the Board's second Joint Health and Wellbeing Strategy. The latest strategy reflects the broader remit of the Health and Wellbeing Board compared with the Board's remit at the time of the first strategy in 2012/13.

2.3 The strategy is relevant to all of the local population.

2.4 The strategy is included as Appendix one to this report

3. Decisions, recommendations and any options

3.1 That the Health and Wellbeing Board approve the Joint Health and Wellbeing Strategy set out at Appendix one, and authorise its publication.

4. Relevant information

4.1 Under the 2012 Health and Social Care Act each local health and Wellbeing Board is obliged to publish a Joint Health and Wellbeing Strategy. Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare a strategy.

4.2 The purpose of the Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

4.3 The CCG's, NHS England and the local authority's plans for commissioning services are expected to be informed by the Strategy.

4.4 The previous strategy's five key priorities were: cancer and access to cancer screening, dementia, smoking, emotional health and wellbeing (including mental health) and healthy weight and good nutrition.

4.5 The new strategy's five priority themes reflect the broader remit the current Health and Wellbeing Board has compared with the remit it had at the time of the first strategy.

4.6 The priority themes are:

1. Reducing Inequalities across Brighton and Hove
2. Safe, Healthy, Happy Children, Young People and Families
3. Give Every Person the Chance of Living and Ageing Well
4. Develop Healthy and Sustainable Communities and Neighbourhoods
5. Providing Better Care through Integrated Services

4.7 The key themes were initially identified at a Health and Wellbeing Board development day and were subsequently discussed at a Health and Wellbeing Partnership event in November 2014. Because of the severe and well documented pressure on local NHS services it was agreed to include Health Service delivery as a priority too. An updated draft of the strategy was considered at the partnership event in September 2015 after which further amendments were made to the content.

4.8 The Strategy has been developed by a working group made up of commissioners from the CCG and from the Council's adult services, children's services, housing and public health teams.

4.9 The table for the priority relating to children is from the Children's Joint Health and Wellbeing Strategy which is on the agenda for this Board meeting.

4.10 The Joint Health and Wellbeing Strategy brings together a wide range of other strategies and programmes which have already been consulted on. Wider engagement through the two Health and Wellbeing Partnership events has taken place. Over 200 representatives from organisations and agencies as well as service users participated in these events.

4. Important considerations and implications

4.1 Legal

As indicated in the report under the 2012 Health and Social Care Act each local Health and Wellbeing Board is obliged to publish a Joint Health and Wellbeing Strategy (JHWS). Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare a strategy. The purpose of the Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities for all ages. JHWSs are required to be strategies for meeting the needs identified in JSNAs. In preparing JHWSs, health and wellbeing boards must have regard to guidance issued by the Secretary of State. The local Healthwatch organisation and the local community should be involved throughout the development process, although how this is done is a matter of discretion. CCGs, the NHS, and local authorities' plans for commissioning services will be expected to be informed by relevant JSNAs and JHWSs.

Legal officer: Natasha Watson Date: 3 December 2015

4.2 Finance

The Joint Health and Wellbeing Strategy informs priorities, budget development and the Medium Term Financial Strategy of the Council, Health and other partners.

Finance Officer: Mike Bentley Date: 25th November 2015

4.3 Equalities

Public bodies have duties under the 2010 Equality Act. To meet these duties organisations need to identify groups of people who may be disproportionately adversely affected by the proposals in this strategy and to take actions to mitigate these impacts. There are already Equality Impact Assessments (EIAs) in place related to the strategies and services identified within this overarching strategy. New EIAs will be done for new projects or programmes arising from the strategy.

4.4 Sustainability

Develop Healthy and Sustainable Communities and Neighbourhoods is included as one of the priority themes.

5 Supporting documents and information

5.1 Appendix one. Joint Health and Wellbeing Strategy 2015

Appendix one

Brighton and Hove
Joint Health and Wellbeing Strategy 2015

Introduction

As the new Chair of the Health and Wellbeing Board and Chief Clinical Officer for Brighton and Hove City Clinical Commissioning Group, we are delighted you are taking the time to read our second Joint Health and Wellbeing Strategy (JHWS) for the city. Brighton and Hove Health and Wellbeing Board have a shared legal duty to prepare and publish a Joint Health and Wellbeing Strategy (JHWS) through the Health and Wellbeing Board. This document discharges that responsibility.

This strategy is about making a difference by 2020 to make Brighton and Hove a healthier, more equal city, with a thriving population.

There are some key changes from our previous strategy which we want to explain. As a Board we have since decided that our Board should reflect the life of all citizens: a ‘cradle to grave approach’ with children’s health and wellbeing also being part of our work.

In response to your comments you will see some changes to the strategy lay out. The JHWS spans the work being done by many agencies including the NHS, social care and public health across all ages and also considers wider issues such as housing, education and employment. It provides a short summary of how we will address the health and wellbeing needs of Brighton and Hove. This strategy cannot be comprehensive but does provide an overview of the work that is making key changes to residents’ lives.

The strategy is a living document and therefore will develop. This is because we will want to reflect on the potential outcomes from the Fairness Commission, which are likely to result in changes to the strategy if we are going to better address the fundamental health inequalities that we, as a city, face.

This strategy is being published at a time of austerity, but this should not stop us moving forward to improve the health and wellbeing of

our residents. It will help us to live our ambition to be a healthy and caring city for people of all ages.

The Health and Wellbeing Board will receive regular updates on progress of the key priorities in the strategy. We will be using the web to keep you updated with this progress and also seeking ways to engage you more. As always we welcome your feedback and thoughts.

Signatures Daniel Yates (Councillor) and Dr. Christa Beesley

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Background

A key part of the Brighton and Hove vision is improving the health and wellbeing of local people. Like many other cities, Brighton and Hove is aiming to achieve this whilst also meeting the increasing needs of local people with a range of health and care needs, and whilst facing reductions in the funding available to the public sector to provide services and tackling entrenched inequalities.

The gap in life expectancy between the most and least deprived residents of Brighton and Hove is 9.4 years for males and 6.1 years for females. Addressing this and improving the health and wellbeing of the local population is not just about providing high quality health and social care. Crime, education, employment, training, housing, transport and many other factors all influence our health and wellbeing. To really improve health and wellbeing requires a broad partnership approach with a commitment to narrowing the gap in inequality.

The Brighton and Hove Health and Wellbeing Board's role is at the centre of improving local health and wellbeing. At the Health and Wellbeing Partnership events in November 2014 and September 2015, partners spoke about the need to pull the resources together – not only money, but staff, skills and buildings – to ensure that together we maximise the impact of what we each individually have.

This document sets out the Joint Health and Wellbeing Strategy for Brighton and Hove. It provides the strategic framework for how we will improve the health and wellbeing of local people. It is an inclusive document, relevant to everyone. Local communities and partner organisations can build on it to improve the health and wellbeing of local people.

In making decisions the Board will draw on evidence and information about local needs and what works in meeting those needs. Our Joint Strategic Needs Assessment (JSNA) identifies the health and

wellbeing needs of the city, including the broader determinants of health. The Director of Public Health also publishes an independent annual report which provides the 'state of the health of Brighton and Hove'. In 2014/15 the report described the broad range of inequalities that exist across the city.

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What is the Joint Health & Wellbeing Strategy?

The Health & Social Care Act (2012) required all upper-tier local authorities such as Brighton and Hove to set up a Health & Wellbeing Board (HWB). These Boards are partnership bodies bringing together NHS commissioners, local Councillors, senior council officers, Healthwatch and other local agencies. The principle is one of local NHS clinical leadership and elected leaders working together to deliver the best health and care services based on the best evidence of local needs.

HWBs have a general duty to ensure that health and social care systems in the local area work effectively together; that the care delivered reflects the needs of local people; and that local people are involved in designing these services. The local authority and the local Clinical Commissioning Group (CCG) have equal and joint duties to prepare the JHWS through the HWB.

The Terms of Reference for the Brighton and Hove Health and Wellbeing Board state that the Board will “approve and publish a JHWS for the City, monitoring the outcome goals set out in the JHWS and using its authority to ensure that the public health, adults and children’s commissioning and delivery plans of member organisations, accurately reflect the Strategy and are integrated across the City.”

Although the Department of Health has published guidance, HWBs have freedom to design a JHWS that is appropriate for the local area. Locally there is a history of strong partnership working with jointly commissioned services and an established strategic partnership structure, with the Council, NHS commissioners and providers, city universities, the police, the fire service, voluntary sector organisations and local businesses working together across a variety of partnerships.

How we will monitor and know if the Joint Health and Wellbeing Strategy is working?

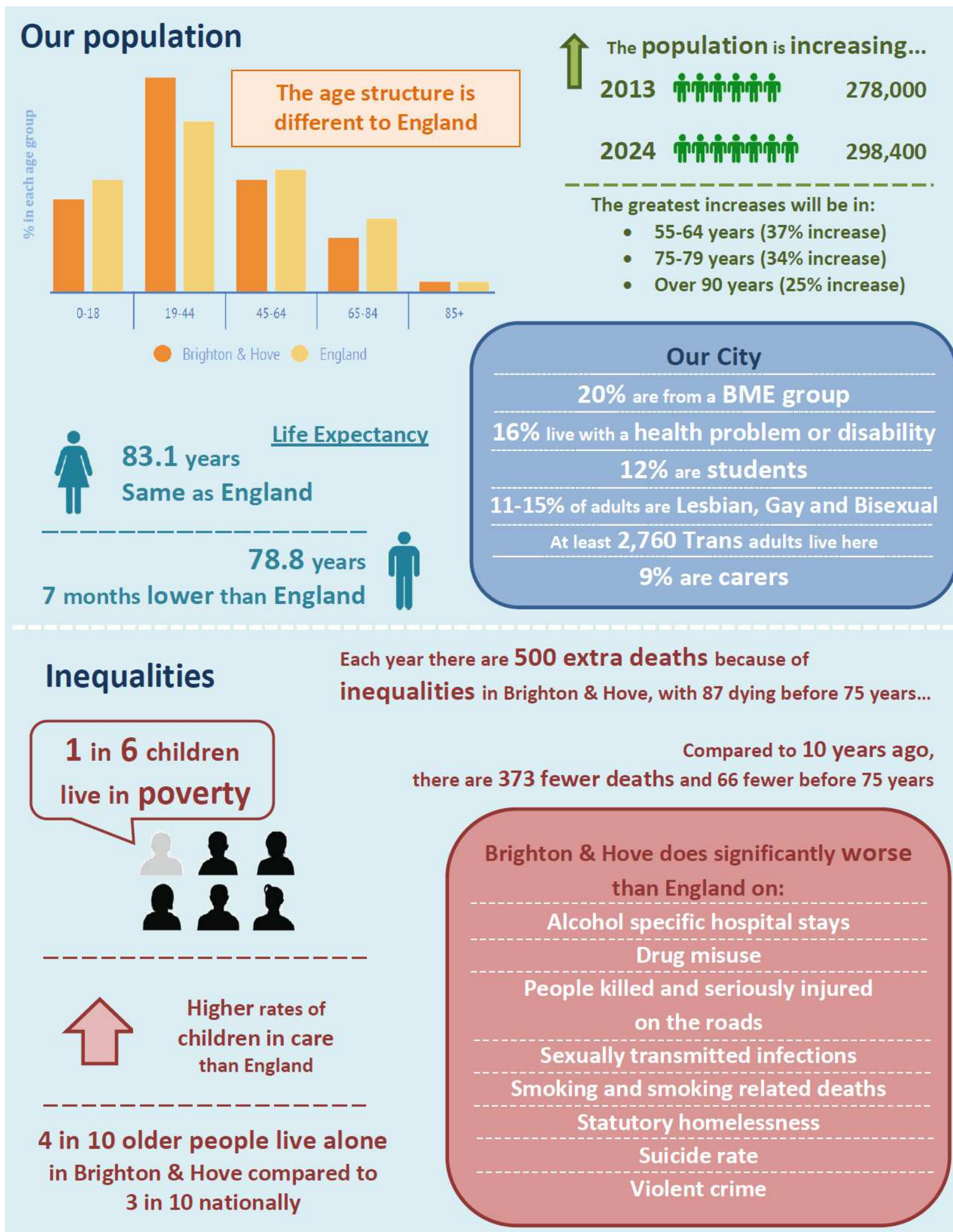
The Health and Wellbeing Board will receive regular updates on progress on the key priorities in the Strategy. Wherever possible, the indicators used in the strategy are taken from existing national and local indicators. The baselines for the selected indicators will be set during the first year of the strategy. We will then be also setting the targets for each indicator based on these based line assessment, national targets, local targets and community aspirations.

An annual update will be presented to the Board to inform them of the progress on the Strategy.

Any changes or additions to the Strategy, for example, following the Fairness Commission, will need to be agreed at a future Board.

It is clear that while the Health and Wellbeing Board may monitor the impact of the Strategy, it will not be delivered without robust partnership working throughout the city. This includes continuing the robust joint working with the voluntary and community sector as well as other providers such as the residential care and nursing home suppliers as well as NHS trusts and others such as Fire and Rescue, Ambulance and Police Services to name a few.

Key facts from the Joint Strategic Needs Assessment



Our Strategic Priorities

Our Five Key Priority themes cover:

1. **Reducing Inequalities across Brighton and Hove**
   Reducing inequality is fundamental to improving physical and mental health and wellbeing across the city. Tackling the broader social determinants of health and addressing inequalities is a theme that runs through all of the strategy's priorities and their associated actions.

   Life expectancy in Brighton and Hove continues to increase. However, the large gap in life expectancy reflects local variations in death rates between different groups of residents. For women cancer is the cause of death contributing most to the gap, whereas for men it is circulatory diseases such as heart disease and stroke. Equitable access to local prevention and treatment services can help to reduce these deaths, but this is not the complete answer. Inequalities exist across the city in many areas including education, employment, housing and income. Improving health and wellbeing requires action to tackle the inequalities in the social determinants of health. Changes made to address the impact of the social determinants on health inequalities may take many years to have a demonstrable effect. Promoting equality and monitoring the uptake and impact of services by different groups within the local community is an important part of addressing local inequality.

2. **Safe, Healthy, Happy Children, Young People and Families**
   This priority supports the wider health and wellbeing strategy for the city and is endorsed by the city's Health & Wellbeing Board. Through the development of joint commissioning plans it seeks to ensure that there is a balance of support for children, young people and families across universal, early help and specialist services.

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Our vision is to ensure that all local children and young people have the best start in life as part of stronger families and communities; are happy, healthy and safe; and achieve their potential. This means that we will work together as commissioners with parents, children and young people and partners to strive for the best possible opportunities, experiences and outcomes at all ages and to tackle inequalities wherever they occur. We will promote personalisation, choice and control and whole family approaches. Underpinning our work will be a constant commitment to achieve the best outcomes for our children and young people.

3. **Give Every Person the Chance of Living and Ageing Well**
The priority seeks to support people to stay well. Older people can face issues such as isolation and loneliness due to deteriorating health, decreasing mobility and confidence to go out, as well as loss and bereavement. Services in the city historically have been disjointed which has led to some gaps in provision.

Services have been developed to maintain people's physical health and / or emotional well-being. This has involved a shift towards early intervention and prevention. This emphasis on prevention is one of the key elements of the Care Act. Good quality information and advice will be available to help people plan for the future, reduce the need for care services and where possible maintain independence. Emphasis will be placed on getting people on the right track, enabling them to recover back to good health after illness. These services will be joined up with and delivered with our partners

Demand for adaptations and Disabled Facilities Grants remain high however funding is under increasing pressure, resulting in delays to their provision. This is increasing pressure on care provision and delaying improvements to residents' quality of life.

An overarching aim of the Better Care Programme is to improve integration across health and social care, together with the community and voluntary sectors. This is key to improving the

outcomes for individuals, making best use of resources, and working towards a more financially secure health and social care system. There is already considerable work going on across the city to improve the health and wellbeing of the population, and older and more vulnerable people in particular.

4. **Develop Healthy and Sustainable Communities and Neighbourhoods**

This priority aims for the city's residents to live in affordable, secure, good quality homes in attractive, accessible neighbourhoods with good quality services, open space and leisure facilities.

However supply of new homes is not keeping up with demand and 17,000 fewer homes than needed are expected to be built by 2030. In 2012, it was estimated that 88,000 Brighton & Hove households (72%) could not afford market housing without some form of subsidy. In the 3 years since this research, the average cost to buy in the city has increased by 26% and the average cost to rent has risen by around 12% putting affordable housing further out of reach. The development of new housing, and in particular affordable housing, is critical to reduce pressures on local people with a need to look to more regional solutions across the Greater Brighton area and in partnership with the Universities and further education establishments.

The housing shortage and affordability gap has resulted in 420 households becoming homeless in 2014/15 with more than 1,500 households living in temporary accommodation. A new Rough Sleeper Strategy will be launched in 2016 that will configure the city's services to make sure no-one will have the need to sleep rough in Brighton & Hove by 2020.

37,000 of the city's homes (3 in 10 properties) are considered to be non-decent with 99.9% being in the private sector and 42.5% of all vulnerable households in the private sector living in non-decent homes. We need to tackle poor property management to

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improve housing quality and tenancy stability for tenants. Fuel poverty is estimated to affect more than 14,000 households and a new Fuel Poverty & Affordable Warmth Strategy is in development for the Health & Wellbeing Board.

A good quality home becomes a prison if the local neighbourhood is not welcoming and accessible and a poor quality home affects health, resulting in isolation from the wider community. To keep communities vibrant and sustainable as funding pressures continue to reduce the scope and scale of public service provision we need to make sure that residents and communities are empowered to be able take over the delivery of the services which matter most to them and are supported to develop them.

To deliver the strategy's ambition we need to work across the council, the health services, private organisations in partnership with residents and the community and voluntary sector

Our plans are detailed in a range of strategies including the Community Strategy, Housing Strategy 2015, City Plan, Local Transport Plan 2015 and Communities and Third Sector Policy 2014.

5. **Providing Better Care through Integrated Services**
   This strategy has been developed to ensure there is a focus on integration across the whole health and social care system especially for services that matter to local people. While much has been done already to provide joint services, this needs to be the starting point of all redesign, re-commissioning and, if necessary, re-procurement. There needs to be a focus on ensuring seamless services are provided to the most vulnerable while ensuring other people are supported in their community through other means.

   Our intention is to take a more integrated approach to commissioning services across the council and the Clinical Commissioning Group. This will result in organisations working together in innovative ways to offer a more flexible, person

centred approach thereby achieving better outcomes for people and making the best use of available resources. Consideration will be given not just to the price of services commissioned, but also to the collective benefit to a community as a result of a service being commissioned. Through integrated commissioning we will seek to work in partnership with providers to manage demand and improve the capacity we have to meet emerging need in the city through recognising, valuing and building on our wealth of social capital.

'Providing Better Care through Integrated Services' is a cross - cutting theme as it covers all services and age groups. The Board will challenge service reconfiguration or service reviews that have not sought to maximise integration wherever possible.

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1. Reducing Inequalities Across Brighton and Hove

Priorities	What will happen	What will be different in 2020
1. Tackling the broader determinants of health. We will focus on • Supporting local people to have a home, a job/role, and a social network. • Promoting financial inclusion	The new City Employment and Skills Strategy will support apprenticeships and improve school leavers' skills The Housing Strategy and the City Plan will increase the supply of affordable housing The Financial Inclusion Strategy will promote the living wage and seek to mitigate the negative effects of welfare reform	Increased the proportion of young people (aged 16-24) in education, employment and training Reduced unemployment and insecure employment for all ages and narrowing the gap between those with a long-term health condition and the overall employment rate Increased the number of local residents paid the living wage Minimised the level of rent arrears amongst tenants Reduced the percentage of children and families living in poverty
2. Fair and effective use of services We will reduce the gap in life expectancy through ensuring that the greatest use of health improvement and treatment services is by people with the greatest needs.	Deliver health improvement programmes aimed at promoting healthy lifestyles including the work of the Tobacco Control Alliance, the Alcohol, Substance Misuse, Sexual Health and Healthy Weight Programme Boards Promote healthy eating through the Food Strategy Promote mental wellbeing and mental health through the Happiness Strategy (Mental Health and Wellbeing	Narrowed the gap in life expectancy by reducing excess deaths in the most disadvantaged areas of the city Increased the uptake of health checks and cancer screening Reduced smoking prevalence and alcohol related hospital admissions and increased the population of people successfully completing drug and alcohol

Priorities	What will happen	What will be different in 2020
	Strategy) This priority will be supported by the work of the Equalities and Inclusion Partnership, the Employment and Skills Network, Brighton and Hove Connected and the Neighbourhoods, Communities and Equalities Committee	treatment Reduced rates of sexually transmitted infections and late HIV diagnoses Reduced the prevalence of overweight and obesity and increased the levels of physical activity Improved self-reported wellbeing and reduced self-harm. More equitable use of services and outcomes amongst communities and groups most at risk of poor health demonstrated in the Joint Strategic Needs Assessment and Equality Impact Assessments and equity audits

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2. Safe, Healthy, Happy Children, Young People & Families

Priorities	What will happen	What will be different in 2020
1.To give every child the best start in life and to reduce inequalities	Promote stronger emotional and physical wellbeing through pregnancy and in the early years including preparation for parenthood Support families at the earliest opportunity through quality integrated services Enable all children to have access to quality childcare and nursery provision Maximise educational achievement for all children facing challenges Close the gaps in healthy lifestyle outcomes for children and young people in the areas of obesity, sexual health, smoking and substance misuse Ensure information and services are more accessible to children and young people	More mothers experience good health resulting in less young children needing specialist health and social work services More families have access to early interventions resulting in less babies and young children needing to come into care Maximum take up of high quality childcare/ nursery place entitlement Achievement gaps for children and young people facing challenges have narrowed and are less than the national average Inequalities in health outcomes for children and young people facing challenges in the areas of obesity, sexual health, smoking and substance misuse have reduced Children and young people know how and where to go to get help and report a positive experience of services
2.To provide children and young adults with	Ensure strong multi-disciplinary approach to the assessment and production of Education, Health and	High quality Education, Health and Care Plan with integrated direct payments for eligible children and

Priorities	What will happen	What will be different in 2020
complex education, health and care needs from 0-25 years and their families with high quality integrated support	Care plans for children with complex Special Educational Needs and Disabilities (SEND) from 0-25 years Develop integrated assessment and provision for children with the most complex SEND across education, health and care services Empower parents through use of personal budgets across education, health and care Maximise opportunities for young people in terms of further education, supported internships and vocational opportunities Provide quality, safe and sustainable models of care for children with acute short term illnesses and long term conditions and mental health issues, delivered closer to home Help children, young people and families that understand where and how they can get the best care when they need it	young people Three new integrated provisions for children and young people with SEND offering education, health and care provision on site More children and their families have access to integrated assessment and services resulting in less children with SEND having to access services outside of the City High quality 'Local Offer' signposting services, including those across the transition to Adult Services More young people with SEND are accessing internships, apprenticeships and employment More children and young people and their families are able to access good care closer to their homes resulting in less hospital attendances and in unplanned admissions Increased recovery rates for sick children over shorter time periods More children, young people and their families are able to access information and services resulting in less incidents of self-harm and suicide attempts
3.To improve emotional health and wellbeing and	Support young people's emotional health and	More children and young people experience emotional health and resilience resulting in less

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Priorities	What will happen	What will be different in 2020
mental health and wellbeing of children and young people	wellbeing and build resilience Transform mental health and wellbeing services by engaging children and young people, especially vulnerable groups, in their design Improve crisis and out of hours support for young people Innovative communication of information and support about services and how to access them, by taking opportunities available in digital and social media Collaborative and joint commissioning with Children's Services and Public Health to ensure efficient use of resources to meet need To ensure all service providers provide an environment that is young people-friendly	incidents of self-harm, eating disorders, anxiety and depression amongst young people Fewer young people will need A&E attendance and hospital admission for mental health problems Children, young people and their families will give much more positive feedback on their experiences of mental health services
4.To provide effective 'Early Help' for families facing multiple disadvantage that reduces the need for specialist social care and health services	Signpost a clear pathway to available 'Early Help' services and targeted interventions Provide multi-agency/professional support at the earliest opportunities to families facing multiple disadvantage Improve the partnership between Children's Services, Adult Social Care and Health services to provide support to vulnerable parents/carers	More young people live successfully with a well functioning family, resulting in less children and young people coming into care Families have access to earlier interventions resulting in a reduction in substance misuse, domestic violence and mental health problems in parents/ carers The Stronger Family Programme meets national

Priorities	What will happen	What will be different in 2020
	Extend and strengthen the Troubled Families programme via our Stronger Families Stronger Communities team	targets for 'turning families around' Further improvement to levels of school attendance and a reduction in exclusions from school
5.To ensure all our children and young people are safe	Ensure all staff are aware of the importance of appropriate information sharing to safeguard children Ensure responsive and effective identification of safeguarding issues via a high quality Multi-agency Safeguarding Hub (MASH) Develop and implement the LSCB Child Sexual Exploitation & Other Groups of Vulnerable Children Strategy Ensure that services commissioned to deliver adult services identify and respond to the needs of children and young people impacted by parental substance misuse, mental health, disability etc. and that this is evaluated through monitoring & compliance	Appropriate information is shared both within and across agencies in a timely manner to ensure children are safeguarded Better safeguarding decision making for vulnerable children and families through measuring certain criteria Children and young people in Brighton & Hove will be protected from sexual exploitation Children and young people will feel safe and protected and have improved life experiences Children and young people living in the context of domestic abuse, parental substance misuse, mental health and disability are identified early and receive appropriate help and support

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3. Give Every Person the Chance of Living & Ageing Well

Priorities	What will happen	What will be different in 2020
1.Support older people to choose healthy lifestyles Reduce the number of Older People falling Make the city a great place to grow older	Raise awareness and ensure services identify and respond to the physical and mental health and wellbeing needs of older people Focus on prevention and early intervention Take forward the Age Friendly city approach	More people report improved wellbeing and living with dignity as they age Reduction in falls, falls injuries and hip fractures in the over 65s Improved older people's perception of community safety Increased the proportion of completed safeguarding enquiries where people report they feel safe
2. **Reduce loneliness and isolation**	Low cost activities in different locations Implement the 'Keeping People Well' element of the Better Care Plan Take a city wide approach & develop a plan for the provision of Information and Advice	Increase in the number of people aged 65 and over accessing community based activities. Make best use of what we've got Better use of personal and neighbourhood assets and stronger community networks People report improved outcomes in accessing good quality information and advice.

Priorities	What will happen	What will be different in 2020
3.People are supported to live independently at home Access to services that enable recovery from illness and promote independence Support for Carers	Strengthen Community Short Term Services, improve access to equipment and expand take up of telecare, telehealth Work with the care market to develop a better range of flexible accommodation options in appropriate locations (e.g. extra care) Implement the carers strategy Implement Joint Dementia Action Plan to improve service for people with dementia Implement the Council's responsibilities under the Care Act to promote wellbeing when carrying out care and support with individuals Provision of adaptation and Disabled Facilities Grants	Increased the proportion of older people still at home 91 days after discharge from hospital Reduced the number of people permanently living in nursing/care homes Increased the number of people who receive a Carers Assessment & services People have improved access to information and advice, help to reduce the need for social care services and improved assessment for social care services for service users and carers. More person centred approach for people who require care through an increase in the number people who have a personal budget and /or a personal health budget Outcomes embedded within contracts related to personal centred goals People are supported to live as independently as possible through timely adaptations to their homes

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4. Develop Healthy and Sustainable Communities and Neighbourhoods

Priorities	What will happen	What will be different in 2020?
1: Ensure the city has a range of quality housing and support to suit households needs		
Enable the development of new housing	Ensure the City Plan maximises the supply of appropriate housing Enable the development of new Affordable Housing	The number of new homes meets the city plan targets 30% of all new housing delivery is affordable
Improve the quality of the city's existing and new housing stock	Ensure households have Decent Warm and Healthy Homes Improve Private Rented Sector quality and management	Fewer private rented tenants will be living in poorly managed and/or non-decent homes Fewer households will be suffering from fuel poverty
Improve Housing Support to enable households to sustain or move towards independence	Support to maintain independence and prevent homelessness	Reduced levels of homelessness No-one will have the need to sleep rough in Brighton & Hove by 2020
2: Improve the safety and accessibility of local communities		
An age friendly city accessible for all from the very youngest to the very oldest	New development to be inclusive, adaptable, accessible Improve public realm to encourage walking and cycling	Improved transport, open space, play space and sports facilities Improved cycle network Improve air quality

Priorities	What will happen	What will be different in 2020?
	Strategic bus network investment	Bus priority improvements Reduction in road accidents
A tolerant and cohesive city, safe from crime, disorder and discrimination	Empower communities to prevent crime, disorder and extremism Address hate crime, domestic and sexual violence and antisocial behaviour, supporting those affected	Reduction in crime rates Reduction in fear of crime More residents that agree their local area is a place where people get on well together
3: Improve community resilience and sustainability		
Infrastructure, sports, leisure and recreation meets the needs of local people	Allocation of sites for health, community and education facilities in the City Plan New development to contribute towards provision / improvement of open space and sports services	Provision of social, environmental and physical infrastructure to support new development New development provision and/or improved open space, play and sports facilities
Improve Community Development & Engagement	Develop effective, asset based community development Ensure engagement enhances community collaboration, shapes public sector priorities, and improves services	Communities manage local assets and run services More residents believe they can influence decisions More residents believe people pull together
Help the Community & Voluntary Sector (Third Sector) support residents and local communities	Support Third Sector to develop skills, knowledge, opportunities and resources to work collaboratively to shape and deliver services Review the Brighton & Hove Volunteering Strategy	Third Sector widens its funding base Third Sector strengthens partnerships with more marginalised groups More residents involved in volunteering

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5. Providing Better Care through Integrated Services

Priorities	What will happen	What will be different in 2020?
Proactively finding people who are frail or at risk of losing their independence.	Through new risk profiling tool, identify 1-2% most frail and complex people and co-ordinate their care within General Practice.	Reduction in the numbers of people admitted as an emergency through A&E Increased the number of people who receive a diagnosis of dementia.
Providing more joined up care through integrated services.	More integrated assessments and information systems to reduce the need for users to tell their story more than once. Promote co-location and joint working between providers	Better experience of care for patients and their carers. Formalised integrated model of care between provider organisations. Reduced the number of delayed transfers of care for people being discharged from acute care settings
Make better use of public funds by integrating budgets for best effect.	Ensuring all service redesign/recommissioning is done jointly. Creation of a pooled budget for Better Care worth £20m. An emphasis on social value in service redesign/recommissioning.	Improved efficiency of commissioning process. Services are provided by local community, independent, statutory and voluntary providers wherever suitable All commissioning will measure and evaluate social value delivered as part of the evaluation bids as well as measuring social value within performance monitoring
Ensure services are resilient and sustainable.	Significant development of Primary Care infrastructure as building block of Better Care. Sustainable workforce, able to provide for the personalised care needs of frail people in the City.	Cluster based model of Primary Care, integrated with health, social care and third sector teams. A more generic frontline workforce able to treat directly but also able to refer users to specialist services

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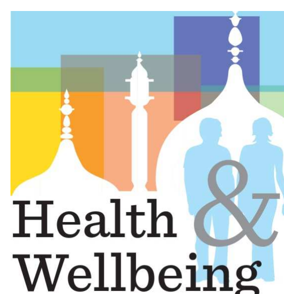

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Children's Health & Wellbeing Commissioning Strategy 2015 - 2020

1.1 The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 15th December 2015

1.3 Authors of the Paper and contact details

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2. Summary

2.1 The purpose of this strategy is to set out the shared ambition of commissioners in the council and the NHS for the children and young people of the city. The strategy also sets out at a high level the way we intend to work together to achieve that ambition by 2020, through the joint commissioning of services.

2.2 The Strategy ensures that the Clinical Commissioning Group, Children's Services and Public Health work together to help our children and young people to prepare for a good life, ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable.

2.3 The Children's Health & Wellbeing Strategy is complementary to the Joint Health & Wellbeing Strategy.

3. Decisions, recommendations and any options

3.1 That the Health and Wellbeing Board approve the Children's Health & Wellbeing Commissioning Strategy set out at Appendix one, and authorise its publication.

4. Relevant information

4.1 This strategy develops the following joint commissioning plans:

- Special educational needs and disabilities
- Emotional and mental health and wellbeing
- Support for the health of children in care and care leavers
- Public Health
- Stronger families and communities

4.2 The 5 priorities are:

1. To give every child the best start in life and to reduce inequalities

2. To provide children with complex education, health and care needs from 0-25 years and their families with high quality

integrated support

3. To improve the emotional health and mental health and wellbeing of children and young people

4. To provide effective 'Early Help' for families facing multiple disadvantage that reduces the need for specialist social care and health services

5. To ensure all our children and young people are safe

4.3 The strategy has been informed through engagement events with key stakeholders, families and young people on the 15, 16 September and 6 October 2015.

4.4 The Task & Finish Group consisted of representatives of the Clinical Commissioning Group, Children's Services and Public Health. The group is a subset of the Joint Health & Wellbeing Group.

4.5 The Task & Finish Group report to the Strategic Commissioning Group headed by the Executive Director of Children's Services, Brighton & Hove City Council, Chief Clinical Officer, Brighton & Hove Clinical Commissioning Group, and Director of Public Health, Brighton & Hove City Council

4.6 The Clinical Commissioning Board approved the draft Strategy on the 26 October 2015.

5. Important considerations and implications

Legal:

5.1 The Health and Social Care Act 2012 introduced duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through the Board. In preparing JSNAs and JHWSs, health and wellbeing boards must have regard to guidance issued by the Secretary of State. As such the JHWS should explain what priorities the Board has set in order to tackle the needs identified in the JSNA. JHWSs are required to be strategies for meeting the needs identified in JSNAs. CCGs, the NHS, and local authorities' plans for commissioning services will be expected to be informed by

relevant JSNAs and JHWSs. It is considered to be good practice to involve boards when developing commissioning plans, to ensure that they are properly informed by the relevant JSNAs and JHWSs.

5.2 As well as fulfilling the obligations under the Health and Social Care Act framework, the strategy the subject of this report promotes the wellbeing of children in accordance with the Children Act 2004, and will assist in delivering the joined up services required under the Children and Families Act 2014.

Legal Officer consulted: Natasha Watson 3-12-2015

Finance:

5.3 This paper sets out the Children's Health & Wellbeing Commissioning Strategy. All agencies are facing significant budget challenges alongside a rise in demand for services and all will have to make savings across the life of this strategy. For the council reductions in government grant will mean very significant savings will have to be made each financial year up to the end of 2019/2020. Partners will need to commission and re-design services jointly in the most efficient and streamlined way to ensure that this strategy can be delivered from within available resources.
Finance Officer consulted: Louise Hoten (4-11-2015

Equalities:

5.4 The Strategy has been developed in line with the duties (under the Equality Act 2010) to address inequality. Future work to develop the action plan to implement this Strategy will continue to identify equality implications and address specific inequalities.

Equalities Officer: Sarah Tighe-Ford consulted 25-11-2015

Sustainability:

5.5 Good sustainability outcomes can be achieved if consideration is given to identification of efficiencies through increased collaboration, information sharing, bringing together of services that are targeting the same client group and pooling capacity within the city. Avoiding duplication, improving service delivery and better targeting of resources can have a positive impact on client experience and benefit their quality of life. It is particularly necessary to consider those most in need to ensure they are able to get the maximum benefit from the services available. The Strategy

will include a process for identifying ongoing savings, efficiencies that support improvements to client experience.

5.6 Consolidation of services should support smarter travel solutions and reduction in carbon emissions. Improving energy efficiency of remaining assets can also reduce long term running costs and reduce overall impact to the environment.

5.7 Health, social care, children's services and public health
These considerations and implications are integral to the principles and priorities outlined in the Commissioning Strategy for Children, Young People and their families, including a commitment to inclusion, tackling inequalities and closing gaps in outcomes caused by social disadvantage.

6 Supporting documents and information

6.1 Appendix 1 – Commissioning Strategy: Health & Wellbeing of Children, Young People and Families 2015-2020

Commissioning Strategy: Health & Wellbeing of Children, Young People & Families

2015 - 2020

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Brighton and Hove
Clinical Commissioning Group

Brighton & Hove
City Council

Foreword and welcome

Brighton & Hove is a city of aspiration, creativity and diversity. But it is also a city where the life opportunities of our children and young people and their families are uneven, with some families requiring high levels of support. In the context of diminishing financial resources nationally, it is important that public services work closely to develop a joint strategy which ensures that the Clinical Commissioning Group, Children's Services and Public Health work together to help our children and young people to prepare for a good life, ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable.

We want all of our children and young people to have the best possible start in life, so that they grow up happy, healthy and safe with the opportunity to fulfil their own potential. Collectively we aspire to deliver child centred services. We aspire to be a child friendly city in which the well-being of children is the ultimate indicator of a healthy habitat.

This strategy supports the wider health and wellbeing strategy for the city and is endorsed by the city's Health & Wellbeing Board. Through the development of joint commissioning plans it seeks to ensure that there is a balance of support across universal, early help and specialist services.

Through this strategy the following joint commissioning plans are being developed:

- Special educational needs and disabilities
- Emotional and mental health and wellbeing
- Support for the health of children in care and care leavers
- Public Health
- Stronger families and communities

Signed

Pinaki Ghoshal - Executive Director of Children's Services, Brighton & Hove City Council

Dr Christa Beesley - Chief Clinical Officer, Brighton & Hove Clinical Commissioning Group

Dr Tom Scanlon – Director of Public Health, Brighton & Hove City Council

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1. Introduction

1.1 What is the purpose of this strategy?

The purpose of this strategy is to set out the shared ambition of commissioners in the council and the NHS for the children and young people of the city. The strategy also sets out at a high level the way we intend to work together to achieve that ambition by 2020.

The strategy is informed through engagement events with key stakeholders, families and young people on the 15, 16 September and 6 October 2015.

This strategy will direct our joint commissioning of services to meet the needs of the children and young people of the city over the next four years. By 'joint commissioning', we mean the joint purchasing of services to meet the identified needs of the children and young people of Brighton & Hove.

This Strategy will not sit in isolation but will align with all our other strategies and initiatives that impact on parenting, family and community resilience. This includes strong links with the overarching Health and Wellbeing Strategy and with adult services to ensure the smooth transition of children and young people into adulthood.

In compiling this strategy, all the data we have and the feedback from service users has been collated to determine our shared priorities for further improvement by 2020. We have then decided on our priorities, our vision for 2020 and the best means to achieve that vision over the next four years.

1.2 The shared vision

Our vision is to ensure that all children and young people in a \`Child Friendly\` Brighton & Hove have the best start in life as part of stronger families and communities; are happy, healthy and safe and achieve their potential. This means that we will work together as commissioners with parents, children and young people and partners to strive for the best possible opportunities, experiences and outcomes at all ages and to tackle inequalities wherever they occur. We will promote personalisation, choice and control and whole family approaches. Underpinning our work will be a constant commitment to achieve the best outcomes for our children and young people.

1.3 The principles underpinning the strategy

I. Children and families are at the heart of all we do, fully involved in all stages of commissioning and delivery of services
II. Safeguarding measures will be in place throughout the commissioning process to reinforce the safeguarding of children and young people in Brighton and Hove
III. High quality assessment of local needs, informed by the Joint Strategic Needs Assessment (JSNA) with local plans that drive evidence-based and outcome focused commissioning plans

IV. Shared values, including a commitment to inclusion, tackling inequalities and closing gaps in outcomes caused by social disadvantage
V. Effective joint commissioning arrangements across organisations including collaboration and co-ordination with commissioners of adult services ensuring key transition points across the life course and a focus on adults as parents
VI. Joined up approaches that strengthen safeguarding and embed a professional responsibility to the whole family
VII. Commitment to a drive for efficiency within a best value context: this is about making sure we get the biggest gain for the population from the budget available
VIII. Commitment to a `Child Friendly` city
IX. Strong commitment to workforce development.

1.4 Key challenges

I. All agencies are facing significant budget challenges alongside a rise in demand for services and all will have to make savings across the life of this strategy
II. For the council particularly, a reduction in the government grant will mean a very significant saving of around £25 million will have to be made each financial year up to the end of 2019/2020
III. In this context many services are experiencing substantial additional pressures from a rising population and national trends, particularly the national increase in children coming into the care of the Local Authority.
IV. New legislation and particularly the Care Act 2014 and the Children and Families Act 2014, are rightly increasing expectations of services. For example, for children and young people with the most complex special needs, Children's Services are required to support them via Education, Health and Care Plans up to 25 years instead of 19 years as under previous legislation. However the new legislation does not come with a commensurate increase in budget
V. The NHS faces the challenges of more people (including children and young people) living with more complex conditions, putting pressure on NHS systems across acute, community and primary care, whilst funding remains flat
VI. The challenge for partners here is therefore to commission and re-design services jointly in the most efficient and streamlined way such that families continue to receive good services although these services are more cost effective to run.

2. What are the shared priorities in this strategy?

1. To give every child the best start in life and to reduce inequalities
2. To provide children with complex education, health and care needs from 0-25 years and their families with high quality integrated support
3. To improve the emotional health and mental health and wellbeing of children and young people
4. To provide effective 'Early Help' for families facing multiple disadvantage that reduces the need for specialist social care and health services
5. To ensure all our children and young people are safe

2.1 How did we determine the five key priorities for the strategy?

In order to determine the key priorities we looked at the population factors - profile and characteristics.

We examined the data held across agencies and via the Joint Strategic Needs Assessment to see where outcomes are better or worse for children and young people in the city than elsewhere.

We also reviewed all the feedback and other intelligence we had available to us from consultations with families and professionals both nationally and locally on the various areas covered by the strategy. We then consulted further with a reference group of parents and young people.

The full data set is too large to include meaningfully in this document. For a full analysis see:

Latest Joint Strategic Needs Assessment 2013 (is currently being updated) http://www.bhconnected.org.uk/content/needs-assessments

The most recent report of the Director of Public Health *"Look inequality, Annual Report of the Director of Public Health Brighton & Hove 2014-15"* http://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove/annual-report-director-public-health-2014-15.

A summary of the key data, feedback and other intelligence used in compiling this strategy is set out below.

A joint commissioning action plan for each of the five priorities over the next four years will be developed further.

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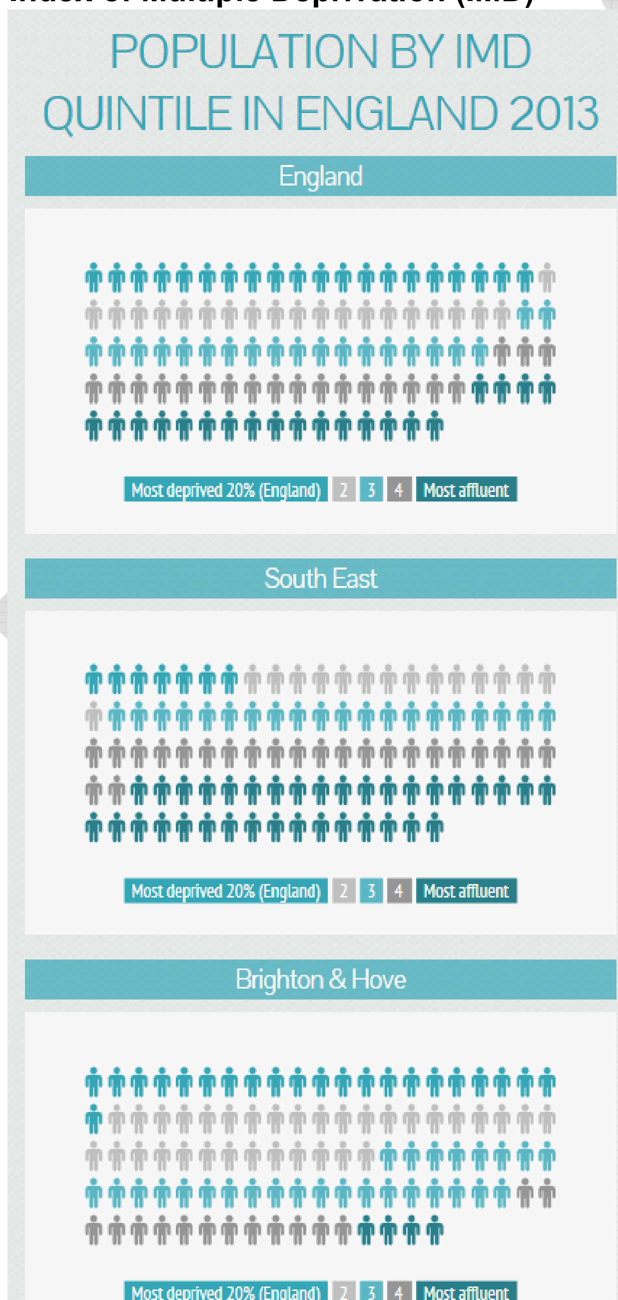
2.2 Overview of population profile and needs

The population of Brighton & Hove has been rising and continues to rise. In 2012 we had almost 59,000 children and young people aged 0-19 years living in the city, around 6,000 more than in 2002. Over the next twenty years this is expected to increase to around 63,000. Since 2004 the number of primary school children needing a school place has grown by over 20% (550 children) and this growth is now reaching secondary schools, placing a strain on admissions in certain parts of the city.

The city's population is also **diverse** with around one in five (21%) school children from a black or minority ethnic group and 12% of school children have English as an additional language.

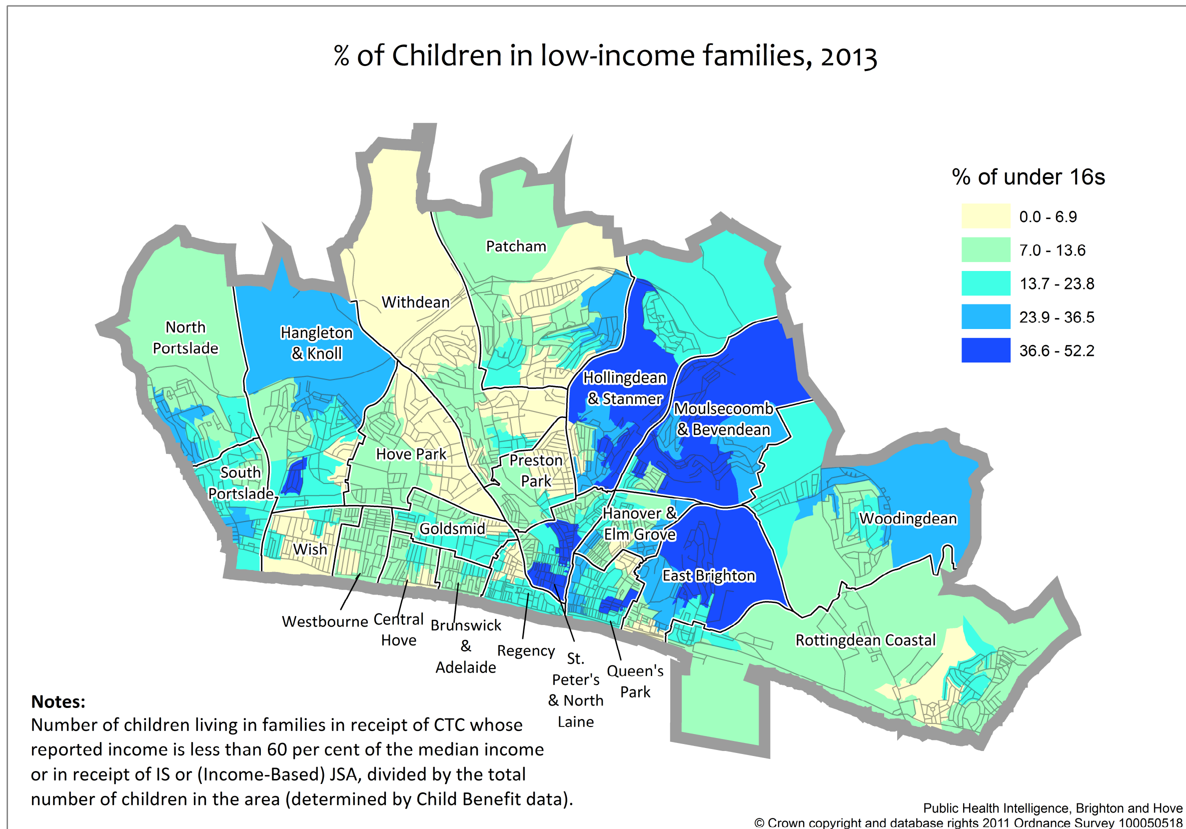
Index of Multiple Deprivation (IMD)



There are high levels of deprivation in the city: over half (56%) of the city's residents live in areas classed as the 40% most deprived in the country with only 4% living in areas within the 20% least deprived (See figure).

Affluence and social advantage varies widely across the city with wealthy areas although these are large pockets of significant poverty in Moulsecoomb, Whitehawk and parts of Queens Park and Portslade in particular.

Around 17.0% (7,800) children under 16 live in poverty in the city, lower than both England and Wales (18.8%) and the South East (13.7%). Child poverty varies widely across the city; Moulsecoomb and Bevendean ward has 38%, Hove Park just 6% (see map for data by smaller areas).



2.3 Inequalities associated with poverty and deprivation

The outcomes for our children and young people are mixed and inequality of opportunity is a challenge for every age group from birth through the Early Years and into adulthood.

Issues identified in the Joint Strategic Needs Assessment that have the greatest impact on the health and wellbeing of children and young people in the city include: child poverty, education, youth unemployment, housing, alcohol and substance misuse, healthy weight and good nutrition, domestic and sexual violence, emotional health and wellbeing, smoking, as well as the wellbeing of children and young people with disabilities and complex needs.

In the **early years**, there are many positive indicators for Brighton, such as breastfeeding rates and good outcomes achieved in high quality nurseries and Early Years settings. In this strategy, there is a commitment to building on

these strengths as a priority from the strong shared belief in early intervention and preventative working from a young age, both with parents and their young children. Additionally, there is recognition that the positive start many children receive in the city is not always sustained and that by the end of Key Stage 4 (16 years) educational outcomes are often lower than the national average and particularly weak for children from vulnerable groups, such as those with SEND or that are eligible for free school meals.

In schools as many children are achieving a good level of development at the end of reception as the England average (both 60%), but this is lower for children with a free school meals status (42% for the city and 45% for England). Results in primary schools are similar to the national average. However, provisional results for secondary schools in 2013/14 suggest that just over half (53%) of GCSE students achieved 5 A*-C grades including English and maths, compared to the England average of 56%.

2.4 Key Health and Wellbeing issues for Children & Young People in Brighton & Hove

Data from the 2015 CHIMAT – Child Health Profile 2015 Brighton & Hove
http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=146753

The Child Health profile shows that the health and wellbeing of children in Brighton and Hove is mixed compared to the England average.

Infant and child mortality rates are similar to the England average.

Children in the city have better than average levels of healthy weight.

A higher percentage of mothers initiate breastfeeding compared to the England average. At 6-8 weeks a higher percentage of women continue to breastfeed compared to national averages.

Recent results from the Brighton & Hove Safe and Well at School Survey show that the overall trend of young people using drugs and alcohol is reducing. However our levels are higher than national levels and for those who are using substances, they are using at a higher level and more regularly. Brighton & Hove has higher rates of hospital admissions for alcohol for young people. In the period 2011/12 – 2013/14, admissions rates in the city were higher than the England average.

Brighton & Hove has significantly higher rates of hospital admissions for self-harm for young people. In the period 2011/12 – 2013/14, the admission rate was higher that the England average.

Teenage conception rate in the city is now comparable to the national average

Immunisation rates for Measles, Mumps and Rubella (MMR) are now comparable to the England average.

Hospital admissions for asthma for children under the age of 19 are significantly worse than the England average.

2.5 Children with Special Educational Needs and Disabilities (SEND)

Schools in Brighton & Hove identify more children as having SEND than the national average. Identification rates vary considerably across schools and there are issues of consistency and equity to address as a consequence.

For Brighton & Hove we currently have 20.9% of our pupils with special educational needs, which is above the National figure of 16.6%

- 2.9% (941) of our pupils have a Statement or Education, Health & Care Plan (National 2.8%)
- 17.9% of our pupils have SEN without a statement or Education, Health & Care Plan (National 15.1%)

Spend in the city on SEND in our schools and in terms of disability services is generally above and sometimes well above the national average. However outcomes for young people with SEND are generally no better than the national average at the end of secondary education and in some schools are below the national average. Gaps in achievement are too wide.

2.5.1 Key Stage 4 outcomes for pupils with SEND

Only 1 in 5 pupils on SEND registers in the city achieved 5 or more good GCSEs in 2014. This compared to just under 7 out of 10 pupils who do not have SEND.

Nationally, outcomes for pupils with SEND at the end of Key Stage 4 were similar to those in the City but Brighton and Hove has a higher percentage of young people on SEN registers than the national which means that it is likely that a higher percentage of more able young people are included. This needs to be factored into comparisons against the national picture.

In 2014 the SEN attainment gap was 46.3 percentage points and in 2012/13 was 50.7 percentage points. This narrowing of the gap was due to a larger drop in attainment in the non-SEN groups.

Progress rates for young people with SEND to the end of Key Stage 4 were slightly above the national average for English and slightly below the national average for mathematics.

2.5.2 The SEND Review

In the recent review of SEND across the city, a wide consultation process identified that families still felt services across education, health and care were too fragmented and signposted a need for better shared planning and more integrated working around the needs of their children. http://present.brighton-hove.gov.uk/mgconvert2pdf.aspx?id=80640

In terms of **transition to adulthood**, young people with SEND are significantly over-represented in the figures for young people not in education, employment or training (NEET) post 16.

Brighton and Hove NEET Figures
NEET in the Learning Difficulties and Disability (LDD) population is comparatively low in the 16 to 18 population:

- Age 16 (9.3%)
- Age 17 (15.6%)
- Age 18 (18.9%)

NEET figures for Learning Difficulties and Disability (LDD) increase markedly at age 19 and beyond:

- Age 19 (30.1%)
- Age 20+ (42.8%)

Currently there are no specific council-led apprenticeships for young people with SEND.

The consultation to the SEND review indicated that parents and young people experienced considerable anxiety about the transition from children's to adult services. There were specific concerns about the transitions in terms of care and health services, with issues raised about both physical and mental health transition points.

Parents and young people have also reported a complex network of support that they find difficult to access and navigate across services, particularly in relation to mental health.

The SEND review has made a number of wide-reaching recommendations about integrated working to improve outcomes and reduce costs that will require significant changes to the way services are jointly commissioned over the next four years.

2.6 Safeguarding and Children in Care (or `Looked After Children`)

This Strategy is underpinned by a commitment to safeguard children and young people. As such

- Many looked after children have complex needs and high levels of mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care. This makes CAMHS support vital but the wait for treatment is often too long.[1]
- At 31 March 2015, 1,479 children had been identified through assessment as being formally in need of a specialist children's service.

[1] Brighton & Hove Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers, June 2015.

- At 31 March 2015, 309 children and young people were the subject of a Child Protection Plan. Children who have a Child Protection Plan are those considered to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination of these factors. Of the children made subject to a child protection plan from April 2014 to March 2015, 51.5% featured domestic abuse and 35.7% recorded parental mental ill-health. Parental drug and alcohol misuse were factors in 29.6% and 23.5%, respectively.

- High numbers of children are made the subject of repeat child protection plans. In the majority of cases, the reason for the need for repeat child protection plans is due to the recurrence of domestic abuse, parental mental ill-health or relapses in misuse of drugs or alcohol.

- At 31 March 2015, 481 children were being looked after by the local authority (a rate of 95.2 per 10,000 children). This is an increase from 465 (92 per 10,000 children) at 31 March 2014 and is higher than the national average.

3. What is happening already?

3.1 SEND Review & next Steps

The SEND review has made a range of recommendations predicated on the following key principles across education, health and care:

- Integrated commissioning
- Integrated provision
- Personalised approaches with children and families at the centre

http://present.brighton-hove.gov.uk/mgconvert2pdf.aspx?id=80640

All recommendations have been accepted by a joint meeting of the Health & Wellbeing Board and the Children's Committee (3.2.15) and the review produced detailed proposals for integrating education, health and care provision from 0-25 years. The Health and Wellbeing Board and Committee agreed the next stage of consultations (10.11.15), latest report:

http://present.brighton-hove.gov.uk/Published/C00000874/M00006020/AI00048228/$20151103153947_007920_0034017_FinalSENDLDHWBBoardCYPSCommitteereport101115031115.docxA.ps.pdf

Appendix 4 Map:

http://present.brighton-hove.gov.uk/Published/C00000874/M00006020/AI00048228/$20151103153947_008183_0034018_FinaldraftSENDLDHWBBoardCYPSCommitteereportAppendix4Map031115.pdfA.ps.pdf

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3.2 Mental Health and Wellbeing

Improving the mental health and wellbeing of children and young people in Brighton and Hove is a strategic commissioning priority. Whilst there are fantastic services in pockets across the City, they are working in isolation and in a fragmented way, although not necessarily together as a whole system. The services are often reactive rather than proactive and are not always able to respond to need.

The Joint Strategic Needs Assessment and whole system review in 2015 will support future commissioning intentions. The development of a local Transformation Plan in response to the recommendations in *Future in Mind*[2] includes the following elements:

I. Involve children and young people
II. Foster resilience across the system
III. Prevent deterioration
IV. Engage children and young people in their care
V. Reach out to where children and young people are
VI. Care for the most vulnerable groups
VII. Improve access including on-line, digital information and through communication
VIII. Intervene early
IX. Best start in life
X. Prepare for adulthood
XI. Build capacity across the system
XII. Collaborative and joint commissioning
XIII. Physical and mental health issues are addressed equally
XIV. Ensure access to services in a crisis especially out of hours.

3.3 Early Help – Developments

Following the launch of the Early Help Hub (September 2014) the city's Health & Wellbeing Board agreed a recommendation (December 2014) to proceed with the next stage of the Early Help Partnership Strategy to review, commission, de-commission or redesign early help services for children, young people and their families. As well as the consolidation and development of the Early Help Hub and pathway, for example developing a direct on-line referral process of GPs, a programme of work is underway to review:

- Youth Work provision
- Children's Centres
- Parenting Programmes
- Partnership arrangements to deliver the new expanded Stronger Families Stronger Communities Programme

[2]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413393/Childrens_Mental_Health.pdf

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3.4 Primary Care Transformation

Brighton & Hove CCG has identified the need to support and strengthen GP practices across the City and reinforce the holistic family care approach. A programme of work is underway to support collaborative approaches across practices in order to improve health outcomes for children and young people. A Locally Commissioned Services Outcomes Framework has been developed to resource local practices to identify the needs of children and families in their practice populations.

The aims are to enable general practice to play a stronger role at the heart of more integrated out-of-hospital services and to provide more personalised and proactive care. This will involve closer working relationships across health, Children's Services, Schools and Public Health.

There is also a parallel programme of work to develop and invest in a model of children's community nurses across the city, supporting primary care, and interfacing with the acute hospital. This will be a key part of more integrated working in the future.

3.5 Children and Young People's Public Health Programmes

The new Public Health responsibility for Local Authorities includes the commissioning of the delivery of the Healthy Child Programme for children aged 0-5 years and for children and young people aged 5-19 years. In April 2013, Public Health in Brighton & Hove took responsibility for commissioning the school nursing service. In October 2015, the responsibility for commissioning the health visiting service (including the Family Nurse Partnership [FNP] service) will transfer from NHS England to Brighton & Hove City Council Public Health.

Our range of public health programmes, will have the advantage of becoming embedded in the Local Authority and will strengthen integration with education. They include:

- The Public Health Schools Programmes
- Young people substance misuse service
- Support for schools to deliver high quality PSHE and provide access to prevention interventions that build resilience and reduce the impact of risky behaviours for young people at risk of early pregnancy, sexual risk taking or substance misuse
- Support young people's emotional health and wellbeing, self-harm prevention and reduction and resilience building
- Domestic violence training.

3.6 Safeguarding Children and Young People

3.6.1 Multi Agency Safeguarding Hub

The Multi Agency Safeguarding Hub was established in September 2014 and this ensures that there is good information-sharing between agencies so that prompt and appropriate decisions can be made about whether families require

social work or early help services. Ofsted (June 2015) has recognised that the MASH is effective and that appropriate child protection thresholds are consistently applied.

3.6.2 Adolescents Strategy

An Adolescent Strategy is being developed that will identify an integrated pathway for our vulnerable adolescents. Part of this strategy is to provide a service that will work to those young people who are leading very unstable lives and are therefore at high risk.

3.6.3 Children's Social Work: Model of Practice

Building on the work already undertaken with social workers about their vision of excellent social work and listening to the views of children and young people about what constitutes excellent practice, a relationship model of practice within social work has been established which prioritises the relationship between the social worker and the family as the main vehicle to facilitate change. Following extensive consultation, the model of practice will be implemented in September 2015. The impact of this new approach on the outcomes for children and young people will be carefully monitored by the Senior Leadership Team in 2015-16 and beyond.

3.6.4 Care Planning Panel

Children most at risk of becoming looked after are considered at the Care Planning Panel which determines whether additional work is required or whether to initiate a legal planning meeting. This means that children are looked after where it is in their best interests and that thresholds for children to become looked after are appropriately and consistently applied.

3.6.5 Support for families (domestic abuse, parental substance misuse and mental health)

A range of services are available to support families where domestic abuse, and/or drug and alcohol has an impact. These include services to support victims and children and statutory and non-statutory programmes for perpetrators of domestic abuse. Services to support parents who have mental ill-health but who are not eligible for an on-going service from adult mental health services are limited. The majority of services are primarily available to families when risks to children are high. The local authority is in the process of reviewing its commissioning arrangements to ensure that services are effective in helping families to sustain improvements when high-level risks have reduced.

3.6.6 Kite Team (child sexual exploitation)

Through working with partners we have established the Kite Team which is a specialist Missing and Child Sexual Exploitation (CSE) Team that works closely with the Police Missing Co-ordinator and CSE leads. This team works with the most complex children identified as either persistently missing and/or at high

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risk of CSE. The team take an assertive outreach approach to their work because this cohort of children can be some of the most difficult to engage.

4. What will we deliver?

In this strategy, we have identified a range of local and national statistics (and key policies), feedback, other intelligence that will drive actions forward and provide the framework for our key priorities for improvement. The priorities and actions described in Table 1 below link back to this. They are all described at a high level and are not intended to be a long list of all the health and wellbeing issues or activities in Brighton & Hove. The final column in Table 1 below sets out what positive difference should be observed by 2020.

5. How we will work differently to deliver these priorities

This high level strategy will be supported by a joint commissioning action plan for each of the five priorities setting out timescales over the next four years to 2020. These action plans will take account of feedback from Engagement Events such as:

- Better use of digital media
- More "young person friendly" approaches e.g. using young people as mentors and peer support
- A stronger focus on early prevention, community resilience and family support
- Continue to strengthen relationships with schools and housing
- Recognising the importance of key transition points through the life course, in particular moving from children's to adult services
- Further work with "hard to reach" groups including migrants and travellers

Joint commissioning will be delivered through the bringing together of Public Health, Clinical Commissioning Group and Brighton & Hove City Council Commissioners including Schools. Through working together these organisations shall be able to "pool" their budgets efficiently and reduce any duplication of activities.

6. How the Strategy will be monitored and evaluated

I. A strategic stakeholder group will be established to steer the strategy through the implementation phase which will include parents/carers and young people
II. The action plans which will underpin the strategy will be subject to quarterly monitoring and evaluation by a joint commissioners' group
III. There will be an annual review of relevant data and intelligence followed by identification of any amendments or updates that are needed
IV. A brief progress report will be produced annually for publication.

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Table 1 Key Priorities and Outcomes – 2015 - 2020

Priorities	What we will do	What will be different by 2020
1.To give every child the best start in life and to reduce inequalities	• Promote stronger emotional and physical wellbeing through pregnancy and early years including preparation for parenthood • Support families at the earliest opportunity through quality integrated services • Enable all children to have access to quality childcare and nursery provision • Maximise education achievements for all children facing challenges • Close the gaps in healthy lifestyle outcomes for children and young people in the areas of obesity, sexual health, smoking and substance misuse • Ensure information and services are more accessible to children and young people	• More mothers experience good health resulting in less young children needing specialist health and social work services • More families have access to early interventions resulting in less babies and young children needing to come into care • Maximum take up of high quality childcare/ nursery place entitlement • Achievement gaps for children and young people facing challenges have narrowed and are less than the national average • Inequalities in health outcomes for children and young people facing challenges in the areas of obesity, sexual health, smoking and substance misuse have reduced • Children and young people know how and where to get help and report a position experience of services
2.To provide children with complex education, health and care needs from 0-25 years and their families with high quality integrated support	• Ensure a strong multi-disciplinary approach to the assessment and production of Education, Health and Care plans for children with complex SEND from 0-25 years • Develop integrated assessment and provision for children with the most complex SEND across education, health and care services • Empower parents through the use of personal budgets across education, health and care	• High quality Education, Health and Care Plans with integrated direct payments for eligible children and young people • Three new integrated provisions for children and young people with SEND offering education, health and care on site • More children and their families have access to integrated assessments and services resulting in less children with SEND having to access services outside of the city

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Priorities	What we will do	What will be different by 2020
	• Maximise opportunities for young people in terms of further education, supported internships and vocational opportunities • Provide quality, safe and sustainable models of care for children with acute short term illnesses and long term conditions and mental health issues, delivered closer to home • Help children, young people and families to understand where and how they can get the best care when they need it	• High quality 'Local Offer' of signposting services, including those across the transition to Adult Services • More young people with SEND accessing internships, apprenticeships and employment • More children, young people and their families are able to access good care closer to their homes resulting in less hospital attendances and unplanned admissions • Increased recovery rates for sick children over shorter time periods • More children, young people and their families are able to access information and services resulting in less incidents of self-harm and suicide attempts
3.To improve emotional health and wellbeing and mental health and wellbeing of children and young people	• Support young people's emotional health and wellbeing and build resilience • Transform mental health and wellbeing services by engaging children and young people, especially vulnerable groups in their design • Improve crisis and out of hours support for young people • Innovative communication of information and support about services and how to access them, by taking opportunities available in digital and social media • Collaborative and joint commissioning with Children's Services and Public Health to ensure the efficient use of resources to meet need	• More children and young people experience emotional health and resilience resulting in less incidents of self-harm ,eating disorder, anxiety, depression • Fewer young people will need A&E attendance and hospital admission for mental health problems • Children, young people and their families will give much more positive feedback on their experiences of mental health services

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Priorities	What we will do	What will be different by 2020
	• To ensure that all services provide an environment that is "young people friendly"	
4.To provide effective 'Early Help' for families facing multiple disadvantage that reduces the need for specialist social care and health services	• Signpost a clear pathway to available 'Early Help' services and targeted interventions • Provide multi-agency/professional support at the earliest opportunities to families facing multiple disadvantage • Improve the partnership between Children's Services, Adult Social Care and Health services to provide support to vulnerable parents/carers • Extend and strengthen the Troubled Families programme via our Stronger Families Stronger Communities team	• More young people live successfully with a well-functioning family resulting in less children and young people coming into care • Families have access to earlier interventions resulting in a reduction in substance misuse, domestic violence and mental health problems in parents/ carers • The Stronger Family Programme meets national targets for 'turning families around' • Further improvement to levels of school attendance and a reduction in exclusions from school
5.To ensure all our children and young people are safe	• Ensure all staff are aware of the importance of appropriate information sharing to safeguard children • Ensure responsive and effective identification of safeguarding issues via a high quality Multi-agency Safeguarding Hub (MASH) • Develop and implement the LSCB Child Sexual Exploitation & Other Groups of Vulnerable Children Strategy • Ensure that services commissioned to deliver adult services identify and respond to the needs of children and young people impacted by parental substance misuse, mental health, disability etc. and that this is evaluated through monitoring & compliance.	• Appropriate information is shared both within and across agencies in a timely manner to ensure children are safeguarded • Better safeguarding decision making for vulnerable children and families through the measurement of set criteria • Children and young people in Brighton & Hove will be protected from sexual exploitation • Children and young people will feel safe and protected and will have improved life experiences • Children and young people living in the context of domestic abuse, parental substance misuse, mental health and disability are identified early and receive appropriate help and support.

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8 Appendices

Appendix 1: **List of National Strategies & References**

List of National Strategies and Policies:

- Future in Mind; promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015)
- National CAMHS Review (2008)
- CAMHS Tier 4 Report (2014)
- National Service Framework for children, young people and maternity services (2004)
- No health without mental health (2012)
- Five Year Forward View, NHS England (2014)
- Annual Report of the Chief Medical Officer (2013)
- You're Welcome – Quality criteria for young people friendly health services (2011)
- Promoting emotional wellbeing and positive mental health of children and young people, Public Health England (2013)
- Transforming Care and Commissioning Steering Group, Winterborne View; Time for Change (2014)
- Transforming Care for people with learning disabilities (2015)
- Schools Counselling Strategy DfE (2015)
- Royal College Papers on Maternity & Paediatrics (2015) Facing the Future: Together for Child Health

Appendix 2: Local Linked Strategies

	Name of Strategy	Status	Web link if completed
BRIGHTON & HOVE CITY COUNCIL			
Corporate and Directorate	Brighton & Hove Connected	Completed	http://www.bhconnected.org.uk/
	Children's Services Directorate Plan 2015-16	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Children's%20Services%20Directorate%20Plan%202015-16%20(PDF%20381KB).pdf
	Corporate Plan 2015-2019	Completed	https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Brighton%20%26%20Hove%20City%20Council%20Corporate%20Plan%202015-2019%20The%20way%20ahead.pdf
Early Help	Early Help Partnership Strategy	Completed	https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Early%20Help%20Strategy.pdf
	Stronger Families Stronger Communities Phase 2 Outcome Plan February 2015	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/SFSC%20Outcome%20Plan%20Feb%2015%20Phase%202.pdf
Housing	Housing & Support for Young People aged 16-25	Completed	http://present.brighton-hove.gov.uk/Published/C00000709/M00004769/AI00036300/$20130916144749_004725_0018502_HousingandSupportforYoungPeopleJointCommissioningStrategyFinalSept.docA.ps.pdf
Safeguarding	Corporate Parenting Policy & Strategy 2013-15	Completed	http://wave.brighton-hove.gov.uk/ourcouncil/Childrens%20Services/Pages/CorporateParenting.aspx
Schools	Brighton & Hove City Council Employment and Skills Plan	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/downloads/economicdevelopment/CESP_2011-2014.pdf
Special Education Needs & Disabilities	SEN Partnership strategy:	Completed	http://present.brighton-hove.gov.uk/Published/C00000701/M00004024/AI00030994/$Item34tSENPartnershipStrategy.docA.ps.pdf
	SEND Review	Completed	http://present.brighton-hove.gov.uk/Published/C00000874/M00005597/AI00044015/$20150126165031_007091_0028782_finaldraftSENDreviewfullreport.docxA.ps.pdf
Transition	A good, happy and healthy Life: Our plan for adults with learning disabilities in Brighton and Hove, 2015-2019	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/A%20Good%20Happy%20and%20Healthy%20Life%20LD%20Strategy.pdf
	Joint Strategic Plan: Winterbourne View, 2014-19	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Joint%20Strategic%20Plan%20Winterbourne.pdf

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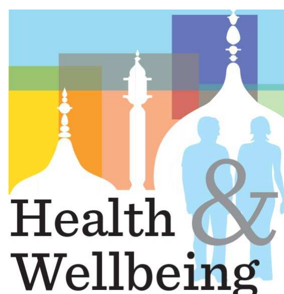
PUBLIC HEALTH – BRIGHTON & HOVE CITY COUNCIL			
Directorate	Annual Report	Completed	http://www.brightonbusiness.co.uk/secure/assets/ni20140718.277692_53c8f07d4703.pdf
Schools	Healthy Child Programme 0-5 years and 5-19 years	Completed	https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life And http://www.rcpch.ac.uk/system/files/protected/education/HCP_from-5-19-years-old.pdf
	Public Health Schools Programme	Completed	Please contact Lydie.dalton@brighton-hove.gov.uk
	Health Visiting and school nursing	Completed	https://www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families
CLINICAL COMMISSIONING GROUP			
Corporate	Annual Report of the Chief Medical Officer 2012 - Our children deserve better: prevention pays		https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf
	Brighton & Hove CCG Primary Care Strategy, 2014 -19		http://www.gp.brightonandhoveccg.nhs.uk/sites/default/files/files/primary_care_strategy_final_v12_md_21.5_14gb_approved.pdf
	CCG Commissioning Intentions – 5 Year Plan		http://www.gp.brightonandhoveccg.nhs.uk/sites/default/files/brighton_and_hove_ccg_5_year_strategic_commissioning_plan_final_july_2014.pdf
Mental health	Children & Young People's Mental Health and Wellbeing Transformation Plan	Not yet published	
	JSNA Children and Young people's Mental Health and Wellbeing 0-25 year olds	Not yet published	
LOCAL SAFEGUARDING CHILDREN BOARD			
	Brighton & Hove Local Safeguarding Children Board (LSCB) Business Plan 2013-2016	Completed	http://www.brightonandhovelscb.org.uk/wp-content/uploads/NEW-LSCB-Business-Plan-2013-16-Year-1-3-Milestones-2015-v2.pdf
	Brighton & Hove LSCB, Violence Against Women & Girls (VAWG) Programme Board Child Sexual Exploitation Strategy 2013-16	Completed	http://www.brightonandhovelscb.org.uk/wp-content/themes/phew/pdf/BH%20CSE%20Strategy%202013-16%20V9%20FINAL%20DRAFT.pdf



Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Brighton and Hove Armed Forces Community

1.1 The contents of this paper can be seen by the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on the 15th December 2015.

1.3 Author of the Paper and contact details
Kate Parkin, Director Sussex Collaborative,
Lead, Sussex Armed Forces Network
Email: kate.parkin@nhs.net
www.sussexarmedforcesnetwork.nhs.uk

2. Summary

2.1 There is not only a moral obligation to meet the requirements of the Armed Forces Covenant but this is also reinforced by the NHS Constitution, Social Care Acts and other national contracts for both social care and the NHS to look after this vulnerable community.

2.2 Identifying the needs for the armed forces community has taken place using the Need Assessments which have been undertaken locally in 2015, alongside the Sussex-wide assessment from 2012, and national guidance. Further insight and feedback has been gained from veterans, reservists, their families and from the wider armed forces community. (Supporting papers 1 & 2).

2.3 The aim is to enable the community as a whole to be better facilitated to provide excellent support to the Armed Forces Community across Sussex. Those who are or have served in the Armed Forces whether as Regular or Reserve and their families.

This community should face no disadvantage and receive the integrated care and support they require tailored to their particular needs in accordance with the Armed Forces Covenant.

2.4 In Brighton and Hove there are two interlinked groups which oversee the work being undertaken for this community. The Civil Military Partnership Board (CMPB) established in 2012 by the Policy and Resources Committee for Brighton & Hove City Council. The second is the Sussex Armed Forces Network (SAFN) established in 2011 by NHS Sussex. The SAFN is managed and supported by the 7 Clinical Commissioning Groups (CCGs) through the Sussex Strategic Clinical Commissioning Executive Committee.

2.5 Both groups comprise members from the Ministry of Defence (MoD); Armed Forces organisations and charities; NHS (physical and mental health); community and voluntary sector, local further education establishments and council representatives from Housing, HR and Adult Social Care, Criminal Justice System, and the Police.

2.6 Reports are regularly provided by these groups and examples are listed as supporting papers 3 and 4. There are work programmes in each group with aims to deliver the needs identified.

2.7 The key areas of work being developed and delivered are:

- Pathways which cross organisational boundaries and are built on networks and understanding of others to provide integrated care.
- Awareness Raising.
- Training and Education
- Data and Infrastructures of Support

3. Decisions, recommendations and any options

3.1 This briefing and supporting documentation are presented to the Health and Wellbeing Board to aid understanding, inform discussion, to provide assurance on progress to meet the needs of the armed forces community and to agree the following recommendations:

3.1.1 To note the progress made to date by the Civil Partnership Board, Sussex Armed Forces Network and services and partners within Health and Social Care.

3.1.2 To support the continuation of the way the groups and system are working to deliver the needs for this community.

3.1.3 To note and agree the recommendations from the local JSNA 2015

3.1.3.1 Continue joint working across Sussex through the Sussex Armed Forces Network.

3.1.3.2 Where possible, implement recommendations from the Sussex needs assessment.

4. Relevant information

4.1 *Armed Forces Community*

4.1.1 There is detailed information about the Armed Forces Community for Sussex and Brighton and Hove found in supporting papers 5 and 1.

4.1.2 Service in the Armed Forces is different from other occupations. Apart from the obvious uncertainties and dangers, Service people relinquish some of their own civil liberties and put themselves in harm's way to protect others.

4.1.3 The risk of death (occupational attributable mortality) for the Army overall is currently around 1 in 1000 per year, or about 150 times greater than for the general working population. Risk of serious injury (for example loss of limbs, eyes or other body parts) is substantially increased.

4.1.4 It should be noted that Brighton & Hove City Council signed the covenant in 2012.

4.1.5 Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.

4.1.6 The Sussex Military Veterans Needs Assessment was conducted in 2012. It noted that identifying the number of veterans, at national or local level, is difficult. Applying the national estimates suggests that around 17,400 military veterans within the city. Of these veterans, the vast majority are men (estimated at 87%) and 66% are aged 65 years or over.

4.1.7 Discharge numbers from the MoD show there were 43 veterans registered as resettling in Brighton & Hove in 2010/11.

4.1.8 As of March 2015 there were 610 veterans in Brighton and Hove receiving a pension or compensation under the Armed Forces Pension Scheme (veterans receiving compensation for injuries sustained during service, but this doesn't include all disabled or injured veterans). This is a rate of 26.6 per 10,000 people aged 16+, is much lower than the South East (93.0) or England (71.8).

4.1.9 This does not take into account the veteran's family who are also covered by the covenant.

4.2 *Delivery*

Awareness Raising

4.2.1 The **pathway project** is now completed and the pathways information is available in hard copies and via the SAFN (partners have also distributed this to their networks including SERFCA, Dept of Work and Pensions, council teams in Adult Social Care, Referral Teams and Access Point and to all staff via the council's Intranet). The Armed Forces Champions and Charities are using the pathways and sharing them within their organisations. Joining Forces, who undertook the project work, advised that no issues to access for ex service personnel had been identified.

4.2.2 **The Carers Centre** has developed and produced a leaflet and has trained staff and linked with other charities to train them in services/support available for carers. The original project has been extended, with additional funding from SAFN, to design a carer awareness training package (7 eLearning modules are now complete and live via the SAFN website), work with B&H patient participation groups and GP services, work with young carers and families and strengthen relationships with partners and LBGT and BME communities.

4.2.3 The Carers Centre has advised that out of the adult carers supported in the period 14/15 for Brighton & Hove, the armed forces carers would be 5.6% of clients.

4.2.4 **The next step:** To develop the young carers support, elearning modules and work with a national charity on family needs.

4.2.5 www.sussexarmedforcesnetwork.nhs.uk is been used by all sectors of the SAFN and CMPB by providing a source of information, training and education, press releases, and sign posting. It is

regularly being updated. Professionals, veterans and families have also started to use it as way to contact the system to get advice and support.

4.2.6 **Next Step:** To continue to develop further modules and update as further advances are made both locally and nationally.

4.2.7 The Department of Work & Pensions (DWP) (members of the CMPB) are also leading on best practice by having information on their Intranet for colleagues to find out about volunteering as reservists and providing armed forces community factsheets for staff across all Job Centre sites.

4.3 Integrated Support and MDT Working

Armed Forces Champion Network

4.3.1 An integral part of the vision was to set up a network of champions who would not only be able to support and advise the armed forces community first hand but also work together to help individuals across boundaries. There are now over 100 champions in Sussex who come from a range of backgrounds. Although it originally started with mainly mental health organisations, membership is now much wider with attendance from County Councillors, the Probation Service, Police, MSK services, mental health, Substance Misuse, Charities and other statutory organisations staff. The network formed from these champions is helping to break down barriers and make vital connections throughout the community.

4.3.2 There are 2 Champion Coordinators, who have experience in mental health and are either a veteran or a reservist themselves, supporting the network to enable the initial 2 day training programme, the on-going learning, focused mental health events and other specific sector training that might be required. The experience, passion and knowledge they offer to the champions and the network is invaluable, helping to ensure the model in Sussex is sustainable and embedded for the future. The team have also produced several products to aid local clinicians including Provider and GP fact sheets and a specific needs assessment.

4.3.3 This work has won national awards and is being used for Best Practice Case Study for the National Annual Covenant Report 2015.

4.3.4 **Next Steps:** Interest is significantly increasing with providers with middle management levels taking an interest. The courses are

now being run twice a year. Case Studies are being collated and started to be shared to learn lessons and share impact and value of the network. See supporting paper 5 for a few examples. Steps are being made to link the NHS Employers Reservist Champions launch on 7th October 2015 with the local work.

Housing/Homelessness.

4.3.5 Access to housing and vulnerability around homelessness are key issues faced by ex-service men and women. Migration to the south coast was popular with younger ex armed forces personnel. The Royal British Legion were seeing an increase in younger veterans in the Bexhill and Hastings areas and less in Brighton because of the costs of living.

4.3.6 The CMPB has been working with the council's Housing Team to ensure that under the council's current Allocation Policy there is a provision for priority to be given to armed forces applicants.

4.3.7 The council's present allocations policy has specific mention that serving armed forces are exempt from the local connection criteria. It should also be noted that the Brighton Housing Trust have an armed forces champion.

4.3.8 Brighton & Hove including Adult Social Care, First Base Homeless Day Centre, Rough Sleepers, Supported Accommodation and related services for single homeless people and Substance Misuse Services have been monitoring the armed forces community. Other groups had been identified as vulnerable in the stats and this was considered to be women, people with learning disabilities and brain injuries (due to the increase in brain injury cases).

4.3.9 **Next Steps:** Under statutory direction from central government consideration should be given to serving personnel and ex personnel within the last five years to be given Band A priority for those that qualify, and this will be looked at formally in the council's review of the allocations policy,

4.4 <u>Data Collection</u>

4.4.1 It is essential that the identification of the community occurs to enable/take account of the cultural, additional and possible complex needs to be addressed to support the individual and/or family.

4.4.2 Brighton and Hove County Council on their Equality Form does ask the following question about Armed Forces Service:

- Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?
- Have you ever served in the UK Armed Forces?
- Are you a member of a current or former serviceman or woman's immediate family/household?

4.4.3 Services do their own analysis and use the information to improve their provision. Equalities Co-ordinator Communities, Equality and Third Sector Team are looking into gathering this kind of information corporately (and thereby getting a single number of (ex) armed forces personnel accessing services.

4.4.4 From the new Care Act assessment/review screening tool, Brighton & Hove Adult Social Care have advised the following:

- Between 1st April 2015 and 10th September 2015, 2,243 people had a screening tool completed.
- 210 were for people who had identified as "previously served" (9%).
- 14 were for people who described themselves as "family member of service person" (1%).
- There was no on who was recorded as "currently serving".

4.4.5 It is in the NHS Contract that priority is given to this group and to enable this, providers have to ask the question. The Mental Health and IAPT services (approx. 600 cases in Sussex) have been treated and asked the question. Other organisations in Sussex have also been sent information about their responsibilities under the NHS Constitution and contracts with support and reminded to review access policies; this will be reviewed via the statutory performance meetings.

4.4.6 The availability of information is increasing and some of the current information can be found in supporting paper 5.

4.4.7 **Next Step:** To monitor all data that is available to enable an understanding of demand and where the community is being supported. As part of the GP and Practice Awareness Programme the need to collect data is being raised. It is in the GP contracts and the READ RE ED codes are now available on all GP IT systems.

Health & Wellbeing

4.5 Focus for next 6 Months

4.5.1 **GPs**, Practice Managers and primary care raising awareness work has already started. The information and support has been developed and the SAFN will be working with Communication Teams, Charities, and GPs to significantly raise the understanding within the primary care community of the needs, support available and what they should do for the armed forces community.

4.5.2 Currently, the Sussex Armed Forces Network is undertaking a research project starting in Brighton and Hove to find out about the **voluntary sectors** understanding of the Armed Forces Community and its needs. The information will be collated and written up into a report to enable an understanding of the level of awareness of the Armed Forces Community within the voluntary sector. The aim is to then target raising awareness and to improve the care for this community. The work is going through the CVSF Brighton & Hove Community and Voluntary Sector Forum.

4.5.3 Mapping of champions, services and integration with mental health is occurring in **Criminal Justice pathways**. Probation services and other services have been involved with the network. It was thought as a priority to take a stocktake particularly with recent changes in structure and providers.

5 Important considerations and implications

5.1 The Civil Military Partnership Board and Sussex Armed Forces Network has both statutory and community and voluntary sectors partners who disseminate information to their organisations.

5.2 There is currently a Voluntary Sector Survey taking place to understand what the current gaps are in the understanding of the armed forces community and what their needs are.

Legal

5.3 Brighton & Hove Armed Forces Community Covenant Progress Update from the Civil Partnership Board to the Leaders Group.

> *"There are no legal implications arising from this report. The Civil Military Partnership Board is an advisory body, reporting annually to Policy & Resources Committee and Full Council."*

5.4 There are however requirements for Social and NHS Services to meet:

5.4.1 Statutory Requirements

- Armed Forces Act 2011: Annual duty to report to progress against the Military Covenant to Parliament including Health.
- Health & Social Care Bill 2011: Includes duty of the NHS Commissioning Board (now NHS England) to commission services on behalf of the Armed Forces.
- NHS Mental Health Strategy 2011 includes specific provision for veterans.
- NHS Operating Framework.
- Health and Social Care Act 2012.
- NHS Contracts to contain the principle of "no disadvantage".
- NHS Constitution to include the "covenant".

5.4.2 NHS responsibilities
The general principle set out by government is simply for 'no disadvantage' to veterans and their families due to their military service, compared with society generally."

5.4.3 NHS England responsibilities:

- NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State's Mandate with NHS England and are in line with the commitments made by the Government under the Armed Forces Covenant.
- Commissioning all secondary and community health services for members of the Armed Forces, mobilised Reservists and their families if registered with DMS Medical Centres in England (although community health services currently remain commissioned by CCGs on a risk share agreement);
- Some mental health services for veterans
- Specialised services, including specialist limb prosthesis and rehabilitation services for veterans
- IVF treatment for serving Armed Forces couples – even if only one of them is serving

5.4.4 CCG Requirements

- Delivery of the Armed Forces Covenant
- Armed Forces dependents and veterans are the responsibility of the NHS in the same way as normal residents and their families (serving families not covered by Defence Medical Centres)
- Continuation of the principle of 'no disadvantage'
- The continuation and development of the Armed Forces Networks
- Transfer of commissioning of 'Mental Health for veterans' into CCG leadership
- NHS Contracts now contain the principle of 'no disadvantage'
- NHS Constitution has a new principle 4 which includes the covenant.

Finance

5.5 Brighton & Hove Armed Forces Community Covenant Progress Update from the Civil Partnership Board to the Leaders Group.

> *"The resources to support the Covenant and associated activities to date have been met from within current budgets. Additional activities will be funded as planned through 2015/16 budgets and external funding through the grant scheme.*

5.6 The seven CCGs provide the leadership for the Sussex Armed Forces Network through the Director of the Sussex Collaborative. There is additional funding currently available from NHS England for Sussex (£50k for 2015/16 and a further £25k for 2016/17) which is used by the Sussex Armed Forces Network to pay for mental health clinical leadership and governance, administration, training, awareness raising and champion co-ordinators.

5.7 A Veterans Mental Health Stakeholder Engagement exercise will be undertaken by NHS England in January 2016 to aid the decision on the future service models for veterans' mental health services.

Finance Officer Consulted: Anne Silley Date: 20/05/15

5.8 **Equalities**

Risk	Description	Action to avoid or mitigate risk
There is a risk that the Armed Forces Community does not receive the understanding and care they deserve.	Veterans, reservists and families could enter the health and social services a number of ways, the services are not all skilled to treat the actual needs of the individuals.	Raising awareness, commissioning services and providing the skills would enable this group to be cared for.

5.9 Actions to promote equalities issues are prioritised in the vision and criteria for the Brighton & Hove Community Covenant, NHS Needs Assessment, service redesign and new activities will be subject to Equality Impact Assessments.

5.10 The Armed Forces Community are a hidden group within the community. The culture is that they do not usually seek help or raise the fact that they have served and many do not see themselves as a veteran and/or a carer.

Sustainability

5.11 There are no direct implications arising from this report and reducing inequality is part of One Planet Living.

5.12 The models and work being undertaken in Brighton and Hove and Sussex Armed Forces Network is sustainable and reinforces the system working as an integrated care model linking with social care public health, health, voluntary sector, MOD and other services together.

5.13 There is a vision that resources are saved by utilising and integrating services to achieve better outcomes for the individuals. This results in the Armed Forces Community and services having every opportunity to contribute to healthy lives, communities and environments using limited resources and by using current services rather than investing in additional services which may not be sustainable.

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

5.14 Actions to address issues will continue be considered as work progresses. Key areas have been prioritised and include homelessness, social, carers, mental and physical health and family needs.

All services need to ask the question of clients or patients,
All services/organisation should have a champion,

All services need to address the needs of this community.

Crime & Disorder Implications:

5.15 Actions to address crime and disorder issues will be considered as the Brighton & Hove Community Covenant is developed.

Risk and Opportunity Management Implications:

5.16 Promotion of opportunity is prioritised in the vision and criteria for the Brighton & Hove Community Covenant.

Corporate / Citywide Implications:

5.17 The Community Covenant supports a number of council priorities within the Corporate Plan 2015-19 including Increasing Equality, Health and Wellbeing and Citizen Focused.

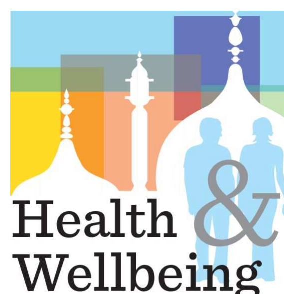
6 Supporting documents and information

Supporting papers

1: JSNA Brighton and Hove 2015
2: JSNA Sussex 2012
3: Annual Leaders Group Report from CMPB
4: 6 Month Report from SAFN
5: Sussex Armed Forces Community Paper

Background papers

- National Documentation and legislation in relation to Armed Forces, Community Covenants and Commissioning, White Papers
- Ministry of Defence papers nationally and local intelligence
- NHS England Regional and National papers including JSNA
- National Charity Reports
- Specific Data from local Charities, SSAFA and Royal British Legion
- IAPT data and information
- Sussex Armed Forces Network Documents (various)



Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Consultation on extending Smoke free areas to include outdoor spaces such as beaches and parks.

1.1. The contents of this paper can be shared with the general public.

1.2. This paper is for the Health & Wellbeing Board meeting on the 15th December 2015

1.3. Author of the Paper and contact details
Roy Pickard (01273) 292145 roy.pickard@brighton-hove.gcsx.gov.uk

2. Summary

2.1 This paper presents the results of the recent public consultation on extending smoke free spaces, to include outdoor areas such as the parks and beaches. This paper discusses the results and recommends future work to achieve a smoke free generation.

3. Decisions, recommendations and any options

3.1 The board agrees that the Council, through the Public Health Schools programme encourage smoke free school gates to all primary schools on a voluntary basis.

3.2 The board agrees that the Council continue to promote smoke free spaces in children's play parks and the Council through the Public Directorate works with children's centres to encourage smoke free entrances on a voluntary basis.

3.3 The board agrees that the Council's Public Health Directorate works with restaurants and pubs to encourage smoke-free outdoor areas on a voluntary basis.

3.4 The board agrees that the council does not extend smoke free places to all parks and beaches.

4. Background information

4.1 Smoking tobacco amongst adults in Brighton and Hove, at 23%, remains significantly high compared to the national average of 18%.

4.2 Smoking amongst young people in Brighton and Hove is also high. Smoking amongst 15 year olds in the city is 15% compared to the national average of 8%. To achieve a smoke free generation by 2025 smoking amongst 15 year olds requires to be reduced to 5%.

4.2 Smoking tobacco is the biggest cause of premature death in the city. The illnesses and diseases that smoking causes, creates demand on the NHS and Adult Social Care, at a time when funding is under pressure. Nationally smoking costs the NHS £2 Billion and Adult Social Care £1.1 Billion.

4.3 Reducing the number of people that smoke tobacco and ensuing that people do not begin to smoke, will help make savings to the Council in the long term, by ensuing that people stay healthier and independent for longer.

4.4 Public Health England's aim is to have a smoke free generation by 2025. Local Authorities, in collaboration with partners such as the CCG, the NHS and enforcement agencies support this aim by:

- helping people to give up smoking.
- making tobacco less affordable
- preventing the promotion of tobacco
- the effective regulation of tobacco products
- improving awareness of the harm that tobacco does.
- reducing exposure to secondhand smoke

4.5 As part of the strategy to support a smoke free generation, Brighton & Hove City Council, carried out an online public consultation in the summer of 2015, to understand people's attitudes to smoking in public spaces and whether there would be public support for extending smoke free spaces on a voluntary basis.

4.6 In Brighton and Hove current smoke free areas are:

- inside work places
- substantially enclosed public space
- inside school buildings and grounds (voluntary)
- inside children's centres.
- workplace vehicles.
- vehicles containing passengers under the age of 18

5. The results of the public consultation.

5.1 There were 1,898 responses to the consultation, one of the highest response rates for a public consultation of this type. Nearly two thirds of responses were from local residents (1,202 people, 63%). Just under a third of responses were from visitors (585 people, 31%) and there were 104 responses from community groups, businesses, stakeholders and other interested individuals.

5.2 Two out of five of all respondents (42%) were a current smoker, more than a third (35%) were ex-smokers and just under a quarter (23%) had never smoked.

5.3 Among residents who responded 36% described themselves as smokers, compared to a city average of only 23%. Among visitors 52% described themselves as smokers.

5.4 Overall there is little general support for smoke free parks and beaches from smokers and non smokers and most of it strongly opposed by survey respondents who were smokers, both residents and visitors.

5.5 There are however, differences of opinions for other outdoor spaces between non-smoking residents and non-smoking visitors.

5.6 A majority of residents that have never smoked agreed that restaurants with outdoor seating (65%) and pubs with outdoor seating (55%) should be smoke free. These people would also use these spaces more frequently if they were smoke free. The majority of all residents who responded (53%) agreed that it was anti-social to smoke where people are eating and drinking and this rises to 68% of non-smokers and 77% of those who have never smoked'

5.7 A majority of smokers and non-smokers who are residents agreed that play parks (74%) and the entrances and grounds of schools (80%) and children's centres (80%) should become smoke free.

5.8 Other suggestions for smoke free areas include anywhere where children congregate, outside jubilee library, outside buildings in general, and particularly bus stops. However in comparison to the overall number of responses those suggesting any of these areas is small.

6 Conclusion

6.1 Support for the extension of smoke free outdoor spaces relates to areas associated with children such as play parks, outside school gates and the entrances and grounds of children centres.

6.2 There is support amongst Brighton & Hove non-smoking residents for restaurants and pubs to have smoke free outdoor spaces and the majority of all residents who responded agreed that it was anti-social to smoke where people are eating and drinking.

6.3 There is no majority support from smokers and non-smokers, residents or visitors, for smoke free beaches or parks.

6.4 Opposition to extending smoke free outdoor spaces falls mainly in to three camps, the perception that, there is no evidence that second hand smoke is harmful, the perception, of negative effects on the local economy and human rights/big brother/Nanny State.

7. Important considerations and implications

Legal:

7.1 The control of smoking is under the remit of the Health Act 2006. The Act sets out a definition of which premises are to be included and what constitutes a criminal act. Section 4 allows for provision of additional designations as to what should be smoke free. Currently smoking in outdoor spaces is not covered under the Act. Consequently any restrictions on smoking in parks, beaches or other outdoor spaces will be voluntary and not be a criminal offence.

Lawyer: Natasha Watson Date: 3 December 2015

Finance:

7.2 Reducing the numbers of people that smoke will help reduce cost pressures against Health and Social Care budgets.

Finance Officer consulted: Mike Bentley Date: 10/11/15

Equalities:

7.3 Smoking and the harm it causes aren't evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in Brighton and Hove. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as common in people with longstanding mental health problems. There are high levels of smoking amongst the LGBT community.

Sustainability:

7.4 Reducing smoking will reduce tobacco related litter contributing to the Councils aim of being a well run city.

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

7.5 Reducing the numbers of people smoking tobacco will reduce the pressure on the NHS and Adult social care, making long term savings, as people remain health and independent for longer.

8. Supporting documents and information

8.1 The results of the consultation can be found in Appendix 1 & Appendix 2

Appendix 1: Frequency tables noted in main report

Which of the following best describes you?				
		Frequency	Percent	Valid Percent
Valid	I smoke daily	470	24.8	24.9
	I smoke occasionally	326	17.2	17.3
	I used to smoke daily but do not smoke at all now	436	23.0	23.1
	I used to smoke occasionally but do not smoke at all now	218	11.5	11.6
	I have never smoked	435	22.9	23.1
	Total	1885	99.3	100.0
Missing	No response	13	.7	
Total		1898	100.0	
Base: All respondents to the consultation who answered the question (n=1,885)				

Which of the following best describes you?				
		Frequency	Percent	Valid Percent
Valid	I smoke daily	233	19.4	19.4
	I smoke occasionally	201	16.7	16.8
	I used to smoke daily but do not smoke at all now	289	24.0	24.1
	I used to smoke occasionally but do not smoke at all now	154	12.8	12.8
	I have never smoked	323	26.9	26.9
	Total	1200	99.8	100.0
Missing	No response	2	.2	
Total		1202	100.0	
Base: All respondents who were residents and who answered the question (n=1,200)				

Which of the following best describes you?				
		Frequency	Percent	Valid Percent
Valid	I smoke daily	191	32.6	33.0
	I smoke occasionally	112	19.1	19.4
	I used to smoke daily but do not smoke at all now	134	22.9	23.2
	I used to smoke occasionally but do not smoke at all now	53	9.1	9.2
	I have never smoked	88	15.0	15.2
	Total	578	98.8	100.0
Missing	No response	7	1.2	
Total		585	100.0	
Base: All respondents who were visitors and who answered the question (n=578)				

Restaurants with outdoor seating - How much do you agree or disagree that the following should become designated smoke free spaces?							
		Which of the following best describes you?					
		I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
	Strongly agree	6	13	66	62	161	308
		2.6%	6.5%	23.2%	40.5%	50.2%	25.9%
	Tend to agree	4	7	34	22	49	116
		1.7%	3.5%	11.9%	14.4%	15.3%	9.8%
	Neither agree nor disagree	7	8	17	5	15	52
		3.0%	4.0%	6.0%	3.3%	4.7%	4.4%
	Tend to disagree	25	33	33	14	19	124
		10.9%	16.5%	11.6%	9.2%	5.9%	10.4%
	Strongly disagree	188	139	135	50	77	589
		81.7%	69.5%	47.4%	32.7%	24.0%	49.5%
Total		230	200	285	153	321	1189
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Base: All respondents who are visitors and who answered the questions (n=1,189)							

Pubs with outdoor seating - How much do you agree or disagree that the following should become designated smoke free spaces?

	Which of the following best describes you?					
	I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
Strongly agree	4	8	50	49	131	242
	1.8%	4.0%	17.7%	32.2%	41.2%	20.5%
Tend to agree	1	1	21	16	45	84
	.4%	.5%	7.4%	10.5%	14.2%	7.1%
Neither agree nor disagree	1	4	11	10	22	48
	.4%	2.0%	3.9%	6.6%	6.9%	4.1%
Tend to disagree	13	14	31	18	30	106
	5.7%	7.1%	11.0%	11.8%	9.4%	9.0%
Strongly disagree	209	171	169	59	90	698
	91.7%	86.4%	59.9%	38.8%	28.3%	59.3%
Total	228	198	282	152	318	1178
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Base: All respondents who are visitors and who answered the questions (n=1,178)

Restaurants with outdoor seating - If the following became smoke free spaces would you visit them more or less frequently?

	Q4. Which of the following best describes you?					
	I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
More frequently	4	10	77	69	178	338
	1.7%	5.0%	27.3%	45.7%	55.3%	28.5%
Make no difference	24	56	113	50	90	333
	10.4%	28.1%	40.1%	33.1%	28.0%	28.1%
Less frequently	203	133	92	32	54	514
	87.9%	66.8%	32.6%	21.2%	16.8%	43.4%
Total	231	199	282	151	322	1185
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Base: All respondents who are visitors and who answered the questions (n=1,185)

Pubs with outdoor seating - If the following became smoke free spaces would you visit them more or less frequently?							
		Which of the following best describes you?					
		I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
	More frequently	2	5	65	60	163	295
		.9%	2.5%	23.1%	40.0%	50.8%	25.0%
	Make no difference	16	40	118	50	102	326
		7.0%	20.3%	42.0%	33.3%	31.8%	27.7%
	Less frequently	212	152	98	40	56	558
		92.2%	77.2%	34.9%	26.7%	17.4%	47.3%
Total		230	197	281	150	321	1179
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Base: All respondents who are visitors and who answered the questions (n=1,179)							

Play parks - How much do you agree or disagree that the following should become designated smoke free spaces?							
		Which of the following best describes you?					
		I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
	Strongly agree	75	77	146	95	208	601
		32.6%	38.7%	51.2%	62.5%	64.8%	50.6%
	Tend to agree	65	75	62	30	50	282
		28.3%	37.7%	21.8%	19.7%	15.6%	23.8%
	Neither agree nor disagree	21	8	21	5	16	71
		9.1%	4.0%	7.4%	3.3%	5.0%	6.0%
	Tend to disagree	13	9	15	4	6	47
		5.7%	4.5%	5.3%	2.6%	1.9%	4.0%
	Strongly disagree	56	30	41	18	41	186
		24.3%	15.1%	14.4%	11.8%	12.8%	15.7%
Total		230	199	285	152	321	1187
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Base: All respondents who are visitors and who answered the questions (n=1,187)							

The entrances and grounds of schools - How much do you agree or disagree that the following should become designated smoke free spaces?							
		Which of the following best describes you?					
		I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
	Strongly agree	82	92	160	103	227	664
		36.1%	45.8%	56.1%	68.7%	70.9%	56.1%
	Tend to agree	69	73	69	22	44	277
		30.4%	36.3%	24.2%	14.7%	13.8%	23.4%
	Neither agree nor disagree	29	16	21	8	12	86
		12.8%	8.0%	7.4%	5.3%	3.8%	7.3%
	Tend to disagree	12	5	11	7	8	43
		5.3%	2.5%	3.9%	4.7%	2.5%	3.6%
	Strongly disagree	35	15	24	10	29	113
		15.4%	7.5%	8.4%	6.7%	9.1%	9.6%
Total		227	201	285	150	320	1183
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Base: All respondents who are visitors and who answered the questions (n=1,183)							

The entrances and grounds of children's centres - How much do you agree or disagree that the following should become designated smoke free spaces?							
		Which of the following best describes you?					
		I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	Total
	Strongly agree	83	91	161	105	226	666
		36.9%	45.7%	56.9%	69.5%	70.6%	56.5%
	Tend to agree	65	74	68	22	47	276
		28.9%	37.2%	24.0%	14.6%	14.7%	23.4%
	Neither agree nor disagree	33	16	21	8	12	90
		14.7%	8.0%	7.4%	5.3%	3.8%	7.6%
	Tend to disagree	11	5	11	6	8	41
		4.9%	2.5%	3.9%	4.0%	2.5%	3.5%
	Strongly disagree	33	13	22	10	27	105
		14.7%	6.5%	7.8%	6.6%	8.4%	8.9%
Total		225	199	283	151	320	1178
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Base: All respondents who are visitors and who answered the questions (n=1,178)							

How much do you agree or disagree it is anti-social to smoke where people are eating and drinking?							
		Q4. Which of the following best describes you?					Total
		I smoke daily	I smoke occasionally	I used to smoke daily but do not smoke at all now	I used to smoke occasionally but do not smoke at all now	I have never smoked	
	Strongly agree	15	15	86	77	206	399
		6.5%	7.5%	30.2%	50.0%	64.0%	33.5%
	Tend to agree	37	42	76	31	43	229
		16.1%	21.1%	26.7%	20.1%	13.4%	19.2%
	Neither agree nor disagree	49	43	46	14	26	178
		21.3%	21.6%	16.1%	9.1%	8.1%	15.0%
	Tend to disagree	63	59	37	22	19	200
		27.4%	29.6%	13.0%	14.3%	5.9%	16.8%
	Strongly disagree	66	40	40	10	28	184
		28.7%	20.1%	14.0%	6.5%	8.7%	15.5%
Total		230	199	285	154	322	1190
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Base: All respondents who are visitors and who answered the questions (n=1,190)							

Appendix 2: Consultation on extending smoke free areas to include outdoor spaces such as beaches and parks – All responses by residents, visitors and other* respondents.

***** Other refers to all responses received from stakeholders, community groups, businesses and other interested parties.

Note: The base for each chart is the number of respondents that answered both questions and is the total in the bottom row of each column.

(All Brighton & Hove beaches) How much do you agree or disagree that the following should become designated smoke free spaces?

	Resident	Visitor	Other	All responses
Strongly agree	214 18.0%	30 5.2%	8 8.0%	252 13.5%
Tend to agree	73 6.1%	4 .7%	6 6.0%	83 4.4%
Neither agree nor disagree	43 3.6%	2 .3%	2 2.0%	47 2.5%
Tend to disagree	113 9.5%	11 1.9%	3 3.0%	127 6.8%
Strongly disagree	744 62.7%	533 91.9%	81 81.0%	1358 72.7%
Total	1187 100.0%	580 100.0%	100 100.0%	1867 100.0%

(Some of Brighton & Hove beaches but not all) How much do you agree or disagree that the following should become designated smoke free spaces?

	Resident	Visitor	Other	All responses
Strongly agree	127 11.2%	15 2.7%	5 5.1%	147 8.2%
Tend to agree	144 12.7%	19 3.4%	11 11.2%	174 9.7%
Neither agree nor disagree	55 4.9%	10 1.8%	6 6.1%	71 4.0%
Tend to disagree	165 14.6%	49 8.7%	6 6.1%	220 12.2%
Strongly disagree	643 56.7%	471 83.5%	70 71.4%	1184 65.9%
Total	1134 100.0%	564 100.0%	98 100.0%	1796 100.0%

(The gardens of the City's historic squares) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	248 20.8%	30 5.2%	12 12.2%	290 15.5%
Tend to agree	111 9.3%	10 1.7%	3 3.1%	124 6.6%
Neither agree nor disagree	45 3.8%	5 .9%	4 4.1%	54 2.9%
Tend to disagree	140 11.7%	22 3.8%	4 4.1%	166 8.9%
Strongly disagree	649 54.4%	509 88.4%	75 76.5%	1233 66.0%
Total	1193 100.0%	576 100.0%	98 100.0%	1867 100.0%

(The city's parks) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	232 19.5%	26 4.5%	11 11.0%	269 14.4%
Tend to agree	104 8.7%	7 1.2%	5 5.0%	116 6.2%
Neither agree nor disagree	50 4.2%	10 1.7%	6 6.0%	66 3.5%
Tend to disagree	142 11.9%	20 3.5%	3 3.0%	165 8.8%
Strongly disagree	661 55.6%	513 89.1%	75 75.0%	1249 67.0%
Total	1189 100.0%	576 100.0%	100 100.0%	1865 100.0%

(Play parks) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	602 50.6%	68 12.0%	26 26.5%	696 37.6%
Tend to agree	283 23.8%	86 15.2%	20 20.4%	389 21.0%
Neither agree nor disagree	71 6.0%	70 12.4%	7 7.1%	148 8.0%
Tend to disagree	47 4.0%	55 9.7%	5 5.1%	107 5.8%
Strongly disagree	186 15.6%	287 50.7%	40 40.8%	513 27.7%
Total	1189 100.0%	566 100.0%	98 100.0%	1853 100.0%

(Restaurants with outdoor seating) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	308 25.9%	32 5.6%	11 11.1%	351 18.8%
Tend to agree	116 9.7%	7 1.2%	2 2.0%	125 6.7%
Neither agree nor disagree	52 4.4%	10 1.7%	5 5.1%	67 3.6%
Tend to disagree	125 10.5%	23 4.0%	2 2.0%	150 8.0%
Strongly disagree	590 49.5%	502 87.5%	79 79.8%	1171 62.8%
Total	1191 100.0%	574 100.0%	99 100.0%	1864 100.0%

(Pubs with outdoor seating) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	242 20.5%	26 4.5%	10 10.0%	278 15.0%
Tend to agree	84 7.1%	5 .9%	5 5.0%	94 5.1%
Neither agree nor disagree	48 4.1%	4 .7%	2 2.0%	54 2.9%
Tend to disagree	107 9.1%	15 2.6%	1 1.0%	123 6.6%
Strongly disagree	699 59.2%	522 91.3%	82 82.0%	1303 70.4%
Total	1180 100.0%	572 100.0%	100 100.0%	1852 100.0%

(The entrances and grounds of schools) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	665 56.1%	79 14.0%	29 29.6%	773 41.8%
Tend to agree	278 23.5%	110 19.4%	19 19.4%	407 22.0%
Neither agree nor disagree	86 7.3%	90 15.9%	9 9.2%	185 10.0%
Tend to disagree	43 3.6%	62 11.0%	8 8.2%	113 6.1%
Strongly disagree	113 9.5%	225 39.8%	33 33.7%	371 20.1%
Total	1185 100.0%	566 100.0%	98 100.0%	1849 100.0%

(The entrances and grounds of children's centres) How much do you agree or disagree that the following should become designated smoke free spaces?				
	Resident	Visitor	Other	All responses
Strongly agree	667 56.5%	79 14.0%	29 29.6%	775 42.0%
Tend to agree	277 23.5%	114 20.1%	20 20.4%	411 22.3%
Neither agree nor disagree	90 7.6%	95 16.8%	9 9.2%	194 10.5%
Tend to disagree	41 3.5%	59 10.4%	9 9.2%	109 5.9%
Strongly disagree	105 8.9%	219 38.7%	31 31.6%	355 19.3%
Total	1180 100.0%	566 100.0%	98 100.0%	1844 100.0%

(Beaches) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	215 18.2%	26 4.5%	8 8.3%	249 13.4%
Make no difference	455 38.5%	54 9.4%	20 20.8%	529 28.5%
Less frequently	512 43.3%	496 86.1%	68 70.8%	1076 58.0%
Total	1182 100.0%	576 100.0%	96 100.0%	1854 100.0%

(The gardens of the City's historic squares,) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	215 18.2%	22 3.9%	7 7.5%	244 13.2%
Make no difference	471 39.9%	64 11.2%	23 24.7%	558 30.3%
Less frequently	495 41.9%	483 84.9%	63 67.7%	1041 56.5%
Total	1181 100.0%	569 100.0%	93 100.0%	1843 100.0%

(The city's parks) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	212 17.9%	22 3.9%	9 9.6%	243 13.2%
Make no difference	479 40.5%	63 11.0%	18 19.1%	560 30.3%
Less frequently	491 41.5%	486 85.1%	67 71.3%	1044 56.5%
Total	1182 100.0%	571 100.0%	94 100.0%	1847 100.0%

(Play parks) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	173 15.4%	21 3.9%	8 8.7%	202 11.5%
Make no difference	771 68.7%	222 41.5%	40 43.5%	1033 59.0%
Less frequently	179 15.9%	292 54.6%	44 47.8%	515 29.4%
Total	1123 100.0%	535 100.0%	92 100.0%	1750 100.0%

(Restaurants with outdoor seating) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	338 28.5%	36 6.3%	11 11.3%	385 20.7%
Make no difference	334 28.1%	38 6.6%	13 13.4%	385 20.7%
Less frequently	515 43.4%	498 87.1%	73 75.3%	1086 58.5%
Total	1187 100.0%	572 100.0%	97 100.0%	1856 100.0%

(Pubs with outdoor seating) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	295 25.0%	35 6.2%	11 11.3%	341 18.5%
Make no difference	327 27.7%	35 6.2%	12 12.4%	374 20.2%
Less frequently	559 47.3%	499 87.7%	74 76.3%	1132 61.3%
Total	1181 100.0%	569 100.0%	97 100.0%	1847 100.0%

(The entrances and grounds of schools) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	133 12.0%	15 2.9%	8 9.0%	156 9.1%
Make no difference	865 78.1%	305 58.2%	47 52.8%	1217 70.8%
Less frequently	109 9.8%	204 38.9%	34 38.2%	347 20.2%
Total	1107 100.0%	524 100.0%	89 100.0%	1720 100.0%

(The entrances and grounds of children's centres) If the following became smoke free spaces would you visit them more or less frequently?				
	Resident	Visitor	Other	All responses
More frequently	134 12.2%	15 2.9%	7 8.0%	156 9.2%
Make no difference	859 78.0%	299 57.9%	47 54.0%	1205 70.7%
Less frequently	108 9.8%	202 39.1%	33 37.9%	343 20.1%
Total	1101 100.0%	516 100.0%	87 100.0%	1704 100.0%

How much do you agree or disagree it is anti-social to smoke where people are eating and drinking?				
	Resident	Visitor	Other	All responses
Strongly agree	400 33.6%	42 7.3%	14 13.9%	456 24.5%
Tend to agree	229 19.2%	71 12.4%	12 11.9%	312 16.7%
Neither agree nor disagree	178 14.9%	97 16.9%	18 17.8%	293 15.7%
Tend to disagree	200 16.8%	122 21.3%	18 17.8%	340 18.2%
Strongly disagree	184 15.4%	241 42.1%	39 38.6%	464 24.9%
Total	1191 100.0%	573 100.0%	101 100.0%	1865 100.0%

If someone was smoking in a smoke free space how likely or unlikely would you be to ask them to stop smoking?				
	Resident	Visitor	Other	All responses
Very likely	150 12.9%	23 4.0%	9 9.4%	182 10.0%
Fairly likely	229 19.8%	48 8.4%	14 14.6%	291 15.9%
Neither likely nor unlikely	143 12.3%	48 8.4%	5 5.2%	196 10.7%
Fairly unlikely	201 17.3%	45 7.8%	9 9.4%	255 13.9%
Very unlikely	436 37.6%	410 71.4%	59 61.5%	905 49.5%
Total	1159 100.0%	574 100.0%	96 100.0%	1829 100.0%

Which of the following best describes you?				
	Resident	Visitor	Other	All responses
I smoke daily	233 19.4%	191 33.0%	45 44.6%	469 25.0%
I smoke occasionally	201 16.8%	112 19.4%	13 12.9%	326 17.3%
I used to smoke daily but do not smoke at all now	289 24.1%	134 23.2%	13 12.9%	436 23.2%
I used to smoke occasionally but do not smoke at all now	154 12.8%	53 9.2%	7 6.9%	214 11.4%
I have never smoked	323 26.9%	88 15.2%	23 22.8%	434 23.1%
Total	1200 100.0%	578 100.0%	101 100.0%	1879 100.0%

If smoking outdoors, how concerned if at all, are you about smoking around non-smokers?				
	Resident	Visitor	Other	All responses
Very concerned	39 9.1%	5 1.7%	0 0.0%	44 5.6%
Somewhat concerned	114 26.6%	25 8.4%	8 13.8%	147 18.7%
A little concerned	136 31.8%	64 21.4%	11 19.0%	211 26.9%
Not concerned at all	139 32.5%	205 68.6%	39 67.2%	383 48.8%
Total	428 100.0%	299 100.0%	58 100.0%	785 100.0%

Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Extract from the proceedings of the Neighbourhoods, Communities & Equalities Committee meeting held on the 5th October 2015: Trans Needs Assessment Findings and Recommendations.

1.1. The contents of this paper can be shared with the general public.

1.2. This paper is for the Health & Wellbeing Board meeting on the 15th December 2015.

1.3. Author of the Paper and contact details
Penny Jennings, Democratic Services Officer, Brighton & Hove City Council.
Email: penny.jennings@brighton-hove.gov.uk Tel: 01273 291065

2. Summary

2.1 The Neighbourhoods, Communities & Equalities Committee have referred the matter to the Health & Wellbeing Board for consideration.

Action Required of the Health & Wellbeing Board: To consider the request from the Neighbourhoods, Communities & Equalities Committee:
Recommendation:
That the Committees' concerns and frustrations in respect of waiting lists and access to health pathways especially in relation to specialist services be conveyed to the Health and Wellbeing Board requesting that that they seek to bring leverage to bear to facilitate innovative solutions by NHS England.

BRIGHTON & HOVE CITY COUNCIL
NEIGHBOURHOODS, COMMUNITIES & EQUALITIES COMMITTEE

4.00pm 5 OCTOBER 2015
THE FRIEND'S MEETING HOUSE, SHIP STREET, BRIGHTON

MINUTES

Present: Councillors Daniel (Chair), Moonan,(Deputy Chair), Simson (Opposition Spokesperson), Littman (Opposition Spokesperson), Bell, Gibson, Hill, Horan and Lewry.

Invitees: Geraldine Hoban (Clinical Commissioning Group), Hanan Mansi (HOPE Sussex), Joanna Martindale (HK Project) and Nev Kemp (Sussex Police).

24 TRANS NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS

24.1 The Committee considered a report of the Director of Public Health detailing the Trans Needs Assessment Findings and recommendations.

24.2 It was explained that the council's commitment to reducing inequality and ensuring fairness in the city for all its communities was set out in the Corporate Plan. In 2013 a scrutiny panel had been established to better understand and highlight the challenges facing trans people in the city and had made a number of recommendations for change. A key recommendation had been to undertake the first ever Trans Need Assessment for the city. This report was intended to provide a comprehensive analysis of current and future needs of local trans people to inform commissioning and delivery services across the city in order to improve outcomes and reduce inequalities.

24.3 A presentation was given by Public Health Consultant, Alistair Hill which sought to give a comprehensive overview of the work which had been undertaken in concert with the Trans Needs Assessment Steering Group and other partners and as a result of community collaboration. The recommendations agreed by the steering group had been formulated on the basis of the evidence received and the findings had already been fed back to the trans community.

24.4 It was explained that this work had been carried out in the context of the Trans Equality Scrutiny Report, published in 2013, the Brighton & Hove Joint Strategic Needs Assessment and the Trans Needs Assessment Steering Group. The methodology adopted had involved community research conducted by Brighton University and the Brighton & Hove LGBT Switchboard, interviews with other stakeholders, analysis of data

received and call out for evidence. Key findings of the survey had indicated that in the last five years nearly four out of five respondents had experienced depression and one in three had self-harmed. Counselling support was limited. Respondents had also reported that they had experienced verbal abuse, harassment, physical violence or sexual assault. At some point in the past six in ten reported that they had experienced domestic violence and one in three had experienced homelessness. Highly valued community and voluntary sector services cited as being highly valued had included, safe space, peer support, drop-ins and volunteering opportunities.

24.5 In closing, the next steps to be taken in terms of action planning and reporting were set out. The Equality and Inclusion Partnership Trans Sub Group would be sending this forward. All members had been asked to review the TNA recommendations which applied to them to enable set a timescale for action to inform the action plan which would then be developed further. The subgroup would monitor the plan and report regularly to Equip, it was intended that the final annual report on the outcome of the action plan drawn up after the Scrutiny report and next steps going forward would be presented to the Overview & Scrutiny Committee in January 2016.

24.6 The Clinical Commissioning Group invitee, Geraldine Hoban welcomed the report which she stated highlighted that whilst good quality cross-cutting work was taking place with health partners and providers it was clear further work was needed in order to ensure that services were more accessible. The provision of specialist services was not at an acceptable level, especially in terms of waiting times and this needed to be addressed. Councillor Moonan, the Deputy Chair asked regarding the most appropriate means for the Committee to express its frustration that this issue needed to be addressed at national level and to feed that through in such manner that NHS England was held to account in. The Director of Public Health suggested that the most appropriate way forward would be for the Committees' observations be passed forward to the Health and Wellbeing Board with a recommendation that the Board carry this matter forward.

24.7 The Head of Communities and Third Sector, Emma McDermott explained that in addition to the work detailed in the report the council had been invited to join the Rainbow Cities Network, based in the Netherlands. The network was carrying out trailblazing collaborative work and would provide an opportunity to showcase the work carried out in the city whilst providing opportunities to identify a EU partner to bid for additional funding. Twenty European cities were currently members of the network and Brighton would be the first city in England to join the network. This represented an excellent opportunity for the city and it was recommended that the Committee give approval to join this network.

24.8 Councillor Horan considered that it was important to acknowledge the cross-party work which had been carried forward over a number of years in order to arrive at the current position; a lot of hard work had taken place. Councillor Marsh also commended this excellent work.

24.9 The Chair, Councillor Daniel welcomed the input given also commending the excellent work that had taken place to date. The Chair put the recommendations to the vote including the additional ones put forward and all were agreed.

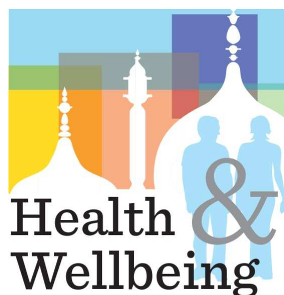
24.10 **RESOLVED:**

(1) That the Committee notes and approves the findings of the needs assessment;

(2) The Committee notes the role of the Equalities and Inclusion Partnership (EQUIP) Trans Subgroup in developing an action plan in response to the recommendations;

(3) The Committee gives approval for the city to join the Rainbow Cities Network; and

(4) That the Committees' concerns and frustrations in respect of waiting lists and access to health pathways especially in relation to specialist services be conveyed to the Health and Well Being Board requesting that that they seek to bring leverage to bear to facilitate innovative solutions by NHS England.



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1. Impact of the in-year reduction to the local authority public health grant allocation 2015/16

1.1. This paper can be seen by the general public

1.2. This paper is for the Health & Wellbeing Board meeting on the 15th December 2015

1.3 Author of the Paper and contact details

Chris Naylor, Business Manager, Public Health
Chris.naylor@brighton-hove.gov.uk

2. Summary

2.1. As a result of the Chancellor of Exchequer's announced package of savings earlier in the year, all council public health departments' ring-fenced budgets have been cut in year by 6.2%. This paper outlines the local impact of this budget reduction in monetary terms and the savings that have been identified in order to come within budget.

2.2. The Chancellor of the Exchequer's Autumn Spending Review on 25th November stated that "the government will make savings in local authority public health spending. The government will also consult on options to fully fund local authorities' public health spending from their retained business rates receipts, as part of the move towards 100% business rate retention. The ringfence on public health spending will be maintained in 2016-17 and 2017-18."

2.3. If the public health grant is reduced for future years the public health directorate may have difficulty in achieving the required contribution towards the council's

savings targets in 2016/17; however the full amount should be achieved over a three year period from 2017/18.

3. Decisions, recommendations and any options

3.1. The Health and Wellbeing Board is asked to note the contents of this report.

4. Relevant information

4.1. In April 2013, responsibility for commissioning some public health services transferred from the NHS to local authorities (LAs) in England, and LAs have a duty to take the steps that they believe are appropriate to improve the health of their populations. The Department of Health (DH) funds LAs for this with a ring-fenced grant. Other than requirements to discharge a limited number of public health functions prescribed in regulations and to comply with specific conditions that DH attaches to the grant, it is for LAs to determine how best to invest these resources.

4.2. In 2015/16 the total grant amounted to £2.8 billion, supplemented by a further £430 million when responsibility for services for children aged 0 – 5 transferred to LAs from NHS England on 1 October. In Brighton and Hove the initial grant was £18.695m supplemented by a further £2.111m towards responsibility for children 0-5 (part-year).

4.3. On 4 June 2015 the Chancellor of the Exchequer announced a package of savings to be made across government in 2015/16, the current financial year, to reduce public debt. These savings amount to £3 billion across government and include £200 million to be saved from the public health grant. This was not confirmed until early November when the council received confirmation that the local public health budget would be reduced by 6.2% which in financial terms translates to an in year reduction of £1.290m.

4.4. Before the start of the financial year, public health's contribution to the council's savings target had been identified as £0.760m; due to the nature of our grant funding this was set at a lower % level than other directorates. In line with DH grant conditions, the public health directorate took responsibility for many public health contracts and activities that previously had been carried out by other council departments and funded through the council's net budget. Those departments then had their budgets reduced accordingly as follows:

£0.275m – Children's services
£0.250m – Adult social care
£0.100m – Sports development
£0.085m – Transport
£0.050m – Housing

4.5. The savings to meet the council savings target were achieved through a planned redesign of the contraception and sexual health service, redesign and reprocurement of the drug and alcohol prevention and treatment services, redesign of the community stop smoking service and a reduction in the exercise referral contract.

4.6. Under the terms of the LA grant, underspends are allowed to be carried forward. For the 2014/15 financial year, this amounted to a figure of £0.850m, due to late starting contracts, vacant posts, lower than anticipated delivery of locally commissioned services by general practices and pharmacies and lower than anticipated claims for sexual health treatments for Brighton and Hove residents at hospitals across the country.

4.7. Initial plans to use this non recurrent carry over in 2015/16 were quickly put in abeyance following the Chancellor of the Exchequer's announcement on 4th June in order to help meet the budget cut. Additional savings have been identified through delays in starting agreed contracts (sexual dysfunction care pathway and mental health/suicide prevention services); a lower than anticipated take up of the Alcohol Local Commissioned Scheme (LCS) by GP practices; delayed recruitment to a number of already agreed posts (health trainers, public health development and licensing posts).

4.8. Future years –the Chancellor of the Exchequer's Spending Review described average annual real-terms savings of 3.9% to the public health ring-fenced grant over the next five years. A recent letter from Duncan Selbie, Chief Executive, Public Health England, provided additional clarification, that in addition to the 6.2% in year grant cut already applied, there would be the following % savings over the next 4 years: -

2016-17 2.2%

2017-18 2.5%

2018-19 and 2019-20 2.6% in each year

4.9. The exact figures won't be confirmed until the Local Government Financial Settlement which is usually published in mid-December. The level of Council target savings that are expected from the public health directorate over the next four years are known and we will endeavour to meet these alongside our reduced grant funding. We have a four year service and financial plan that sets out how we will achieve savings of over £3.5 million by 2020 and this was presented to Policy & Resources Committee on 3rd December 2015. We anticipate that as a result of the combined cuts public health will be working with approximately 25% less funding by 2020, which equates to approximately £6m.

4.10. The two largest public health budgets: commissioning contracts for sexual health and for drug and alcohol services both achieved savings as a result of a re-design of the first and a re-procurement of the second which were put in place as of April 1st 2015. It is proposed that public health nursing services (children 0-19) will be re-designed / re-procured next year with a view to a new service, with savings, being in place as of April 1st 2017. As most of the budget is spent on commissioned services, the planned savings will come from re-commissioning these services and as the new contract for the two largest services came into being on 1st April 2015, new savings will be targeted at the mid point of this 4-year budget cycle.

5. Important considerations and implications

Legal

5.1 Notwithstanding the anticipated reductions in funding described in the report the statutory duties in respect of health and wellbeing have not changed.

The extent to which the savings required are achievable by cuts to particular services will need to be considered on their merits against usual administrative decision making principles, and where appropriate informed by equalities impact assessments.

Lawyer: Natasha Watson Date: 3 December 2015

Finance

5.2 These are contained in the main body of the report.

Finance Officer: Mike Bentley Date: 3rd December 2015

Equalities

5.3 The funds to meet the unexpected in year savings required from the public health grant have been identified without having to directly reduce ongoing local services. Proposed savings for future years will be subject to Equality Impact Assessments as part of the budget setting process.

Sustainability

5.4 The reduction to the overall public health grant would be expected to have an impact on the long-term sustainability of services. This will need to be addressed through commissioning plans and joint working with partners.

Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Enhanced health and wellbeing GP services: Update

1. The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on 15 December.

1.3 This paper was written by:
Nicola Rosenberg, Public Health Principal
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Natasha Cooper, Head of Commissioning - Primary Care and Community Services, Natasha.cooper4@nhs.net
Katie Stead, GP Lead for Primary Care Quality and Public Health
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2. Summary

2.1 At the Health and Wellbeing Board meeting held 15th March 2015, the Board approved the approach for the CCG and Brighton and Hove City Council (BHCC) Public Health Directorate to jointly develop a new way of commissioning enhanced services[1] from GP practices in the city. This paper is to update the Health and Wellbeing Board and to take the Board's feedback on the work.

2.2 The Clinical Commissioning Group (CCG) jointly with Brighton and Hove City Council (BHCC) Public Health Directorate is in the process of rolling out a new way of commissioning enhanced services from GP practices. GP practices have started to work together in clusters (see appendix 1 for current cluster list) to deliver a new

[1] The formal term for these services is Locally Commissioned Services.

model of care to improve the quality of life and length of life for people with long-term conditions.

2.3 The new enhanced services joint contract responds to the findings from a premature mortality audit and aims to provide more proactive, integrated and expanded primary care services; address inequalities in health and improve patient experience.

2.4 The work includes both the CCG and BHCC public health services, joining up commissioning and delivery. Clusters of GP practices will be able to design and plan initiatives with CCG and BHCC commissioners to improve health outcomes and reduce health inequalities.

3. Decisions, recommendations and any options

3.1 This paper provides an update on the new joint commissioning of enhanced services from GP practices for discussion and feedback. It provides an outline of the new contract and how it will work. The new CCG and BHCC joint contract with GP practices builds on practices working as clusters and will start in all areas April 2016.

4. Relevant information

4.1 The new contract is based on delivering the outcomes as identified in the Locally Commissioned Services (LCS) outcomes framework.

4.2 The LCS framework includes the following overarching goals.

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people recover from episodes of ill health or following injury
4. Patient experience outcomes - ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm
6. Improving health and wellbeing of children and young people
7. Delivering comprehensive, equitable and convenient care (right place, right time)

4.3 Goals 1-5 mirror the goals set out in the NHS outcomes framework, 6 and 7 are locally set overarching goals.

4.4 All of the existing Public Health[2] and most of the CCG[3] commissioned enhanced services are included within the outcomes framework. A few CCG commissioned services are no longer required to be commissioned in the way they are currently commissioned.

4.5 Baseline data has been collected as far as is currently available for all indicators within the outcomes framework and has been made available to practices to help them decide how to prioritise and redesign services.

4.6 Evidence and guidance papers provide the details to clusters about the activities they will need to implement as part of the new contract (see appendix 2 for list and link to website).

Cluster working

4.7 It is a requirement for practices to work as part of cluster and agree the cluster plan to hold a new enhanced contract. However as there is currently no mechanism for clusters themselves to hold a contract the new LCS contract will be held with individual practices. This new cluster working provides an opportunity for joining up services, maximising use of resources and ensuring equity of access across the city. Cluster and practice teams will work together and with others including Integrated Primary Care Teams/ multi-disciplinary teams, pharmacists, social care staff, voluntary sector and others to deliver improved outcomes.

Costed Action Plans

4.8 Clusters are required to work together to put together costed action plans to provide the detail of how they will deliver the services covered in the LCS outcomes framework and the evidence and guidance papers.

4.9 All costed action plans will need to cover how the cluster will work in the following areas:

- ***Leadership and support*** - This is about how the services and improvements in the services will be delivered within the cluster
- ***A standard approach across the cluster***
- ***Delivery and skill mix for delivery of services***

[2]Alcohol reduction, stop smoking, NHS Health Checks, HIV, young people's sexual health, contraceptive implants, Intrauterine Contraceptive Devices (IUCDs) and substance misuse shared care.

[3]wound closure, phlebotomy, palliative care, intermediate care, leg ulcers, student health, suture removal, diabetes, depression, Ambulatory Blood Pressure Monitoring, drug monitoring, rabies and proactive care. Neonates LCS is being stopped December 2015. A new chronic obstructive pulmonary disease (COPD) service started October 2015.

- ***Sharing resources across the cluster*** *– payment for services and workforce resource*
- ***Patient and public engagement*** *– how patients have been engaged throughout the process*

4.10 Two costed action plans will be developed per cluster described below. A phased approach will be used for implementation.

Costed Action Plan 1: Preventative, proactive, integrated and extended primary care

4.11 This covers domains 1 – 6 of the LCS outcomes framework. The new main areas of the costed action plan will be:

A: Delivery of all existing enhanced services to all patients
Currently there is significant variation in the delivery of enhanced services across the city. This new contract aims to address this. Clusters will need to agree how all patients within the cluster will have access to existing enhanced services; which practices will deliver what services and how referral mechanisms will happen within the cluster.

B: Innovative/ enhanced / suggested activities:
These are activities that are not part of the existing enhanced services, but are part of delivering on the outcomes framework and flow from and complement existing enhanced service activities. Some are specific to patient groups/LTCs whilst others are considerations to be embedded within existing practice and interventions. We are asking practices to look at the baseline data to decide on 2 to 3 priority areas of need for their population and to agree a cluster working approach for these priority areas. Taking co-morbidities into account throughout, we expect that new structures and ways of working and activities would also complement other areas of patient care covered in the outcomes framework in addition to the 2-3 priority areas focused on.

Costed Action Plan 2: Right place, right time

4.12 This covers services that remain activity focused and include: phlebotomy, wound closure, intermediate care, leg ulcers, suture removal, ambulatory blood pressure monitoring, drug monitoring, rabies, contraceptive implants and Intrauterine Contraceptive Devices (IUCDs.) The focus for the Right Care, Right Place costed action plan will be about improving efficiencies for delivery, use of skill mix of staff, sharing resources across the cluster and ensuring all registered patients have access to the services.

4.13 This costed action plan cover indicators in domain 7 of the outcomes framework (see the supporting document for details of the indicators in the outcomes framework) and the activity will continue to be paid as currently on an activity basis.

4.14 The costed action plan will need to include expected levels of activity and equity of service across the cluster.

The new contract

4.15 The new joint contract will be for 3 years, April 2016 – March 2019.

4.16 As is currently the case all BHCC public health commissioned services the public health funded services will continue to be funded through payment by activity quarterly. As described above under costed action 2 this will also be the same for some CCG commissioned services.

4.17 A joint Alliance agreement that supports collaborative working between providers and commissioners will be set up between the CCG, BHCC and practices for the new LCS contract April 2016 – March 2019. This alliance agreement will be designed to sit alongside the standard CCG and BHCC contracts with individual practices, and include details of the agreed governance arrangements for the working of the alliance and the agreed outcomes and objectives. Schedules within the Alliance agreement will require local design and negotiation based on costed action plans. Legal advice will be sought as appropriate to finalise these.

4.18 In the future there may be opportunities to contract directly with a city wide federation of practices.

Progress to date and plans

4.19 GP practices are starting to work in 6 clusters across the city implementing the new proactive care service. All clusters have completed development plans and have agreed areas that need developing. Clusters and BHCC are working with clusters to support this development to they are ready to take on the new contract from April 2016. There are plans for ensuring adequate and bespoke support is available for clusters to develop costed action plans. The plan is for the support to help clusters develop the costed actions in response to the new contract and to build capacity within clusters so that they are better equipped to do this in the future. There will also be a primary care event in February 2016 to support practices and clusters work on improving quality of services.

Budget and costed action plans

4.20 The CCG has set a new primary care commissioning committee, a sub-committee of the CCG Governing Board to formally approve commissioning of primary care services in line with requirements set out by NHS England. At the first meeting of the committee held on 24th November 2015 the indicative budget from the CCG for the new funding for the new contract was presented. Funding for existing CCG and public health services was discussed as well as the new funding that the CCG is planning on making available for the new contract.

4.21 The new indicative budget is estimated to total £1,009,000. £309,000 of this funding will be allocated across clusters at the rate of £1 per head of registered list size per cluster. The remaining £700,000 will be apportioned with the aim of reducing health inequalities. The formula for this will take into consideration registered list size and proportion of the population living in the 20% most deprived areas of the city.

4.22 This new investment, along with current investment would be used by Clusters to plan delivery and submit action plans against the LCS outcomes framework. The indicative budget is intended to support and not restrain Clusters in their ambition to deliver the services and outcomes required in the framework, which may mean Clusters put forward plans that are above or below the indicative amount where the evidence and a business case for this is indicated.

4.23 Once submitted, Cluster action plans will be developed into business cases to be presented to the CCG which will demonstrate the expected benefits from the additional investment. These business cases will then be reviewed and signed off as appropriate in line with the CCG governance arrangements.

Evidence and guidance

4.24 The evidence and guidance papers have been developed jointly by BHCC public health directorate, CCG commissioners, clinical leads. These papers provide the guidance for what is required and the evidence for what works and have been published on the CCG website and sent out to all practices.

Engagement

4.25 There has been an in-depth engagement exercise with 10 voluntary sector organisations that support certain protected characteristic groups and communities, to ask for feedback on how equalities issues need to be included in this new contract. This feedback has been incorporated within the evidence and guidance papers published October 2015. Support for developing Costed action plans

is being confirmed. Clusters will be required to submit costed action plans for formal approval and be ready to start delivering the newly designed enhanced services from April 2016; there is an expectation that patients/carers will be involved in Cluster work going forward – including business case development- through existing and developing Patient Participation Groups (PPGs) and other relevant means.

5. Important considerations and implications

Legal

5.1 The current BHCC GP contracts for enhanced services called Locally Commissioned Services (LCS), have been or are being extended to enable the new model to be developed. The proposal is for GP's to be offered the opportunity to exit from current contractual arrangements and take up the new contract once the terms have been finalised and approved. There are no changes in this respect from the last report.

Lawyer consulted: Ola Oduwole, 27 November 2015

Finance

5.2 The CCG will be investing approximately £2.3ma year, based on current funding and the development of business cases for the areas clusters choose to innovate on. This excludes funding for the proactive care programme.

5.3 The BHCC Public Health budget will be met in full by the ring-fenced public health grant. Similar to the current funding levels of services in General Practice, the annual budget for 2016-17 will be approximately £0.850m.

Finance Officer consulted: Michael Bentley, 24th November 2015

Equalities

5.4 A key objective of the new contract is to develop GP leadership focused on addressing inequalities in health. There are specific targets related to addressing inequalities and addressing issues for vulnerable groups that have not been addressed through General practice previously, such as referrals to services to reduce social isolation. The 10[4] engagement groups that were consulted with cover a number of different population groups within the city to ensure the new contract meets their needs. An Equalities Impact Assessment will be carried out as part of the process. This contract provides an opportunity to systematically capture data through GP

[4] Carers Centre, Right Here, Age UK, Friends Families and Travellers, The Fed, Trust for Developing Communities, LGBT Health Inclusion Project, Amaze, Speakout and Mind

practices data on protected characteristics. This will enable both the BHCC and CCG to refine and improve services, as there will be more information about the protected characteristics of patients and how they are accessing services. Through the contract there will also be more opportunities for clusters to meet the specific needs of their populations whilst also reducing variation in provision and making services available to all registered patients.
Equalities Officer: Sarah Tighe-Ford, BHCC Equalities Coordinator, 24th November 2015
Jane Lodge, Head of Engagement, Brighton and Hove CCG, 25th November 2015

Sustainability

5.5 The new contract includes addressing issues related to poly-pharmacy and medicines reviews. It provides more opportunities for joining up services across providers including pharmacies, strengthening plans for reducing waste.

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

5.6 Clusters of general practices will be working in an integrated fashion with other local services including social care, children's services, mental health, housing, the police and education. Cluster working provides more joined up opportunities for this happen than is currently the case.

5.7 GP practices and clusters will be able to use a risk stratification tool that has been procured through the proactive care service model to identify vulnerable patients. This will enable GPs to more proactively identify their most vulnerable patients and refer them onto other services as appropriate.

6 Supporting documents and information

6.1 Attached documents:

1) Appendix 1 Map and list of GP Clusters
2) List of LCS Contract Guidance documents
3) Enhanced Services outcomes framework

Appendix 1: Map and list of the GP Practice Clusters

Cluster	Clinical Lead	Managerial Lead
1	Veronica Sutcliffe Chris Jenkins	Julia Fox Mike Ott Mike Stemp
2	Richard Mitchell Robert Hacking	Clare Marks
3	Andy Hodson	Susan Harries Cheryl Palmer
4	Rowan Brown	Rick Jones
5	Tom Gayton	Anne Scott
6	Paul Forsdick	Steve Cribb

1

Practice name	GP Code	Responsible Population
Albion Street	G81090	6,125
Ardingly Court Surgery	G81006	6,230
Park Crescent	G81028	13,244
Pavilion Surgery	G81054	8,913
St Peter's Medical Centre	G81011	11,219
Brighton Homeless Health Centre	G81689	1,138
North Laine Medical Centre	G81103	4,015
Boots North Street	G81020	2082
Lewes Road Surgery	G81063	2499
		55,465

2

Practice name	GP Code	Responsible Population
Avenue Surgery	G81075	6,772
Broadway Surgery	G81669	2,346
Ridgeway Surgery	G81642	2,334
Saltdean & Rottingdean Medical Practice	G81076	9,564
School House Surgery	G81613	4,407
Ship Street Surgery	G81694	2,068
St Luke's Surgery	G81667	2,296
Willow House Surgery	G81661	1,959
Whitehawk Surgery	G81676	3,339
Woodingdean Surgery	G81065	6,485
Regency Surgery	G81656	4,118
		45,688

3

Practice name	GP Code	Responsible Population

Beaconsfield Surgery	G81042	10,196
Preston Park Surgery	G81018	11,101
Stanford Medical Centre	G81038	16,226
Warmdene Surgery	G81036	9,174
		46,697

4

Practice name	**GP Code**	**Responsible Population**
Benfield Valley Healthcare Hub	G81680	5,575
The Practice Hangleton Manor	Y00079	2,010
Hove Medical Centre	G81001	8,730
Links Road Surgery	G81663	5,818
Mile Oak Medical Centre	G81073	7,641
Portslade Health Centre	G81046	12,186
Wish Park Surgery	G81083	5,894
		47,854

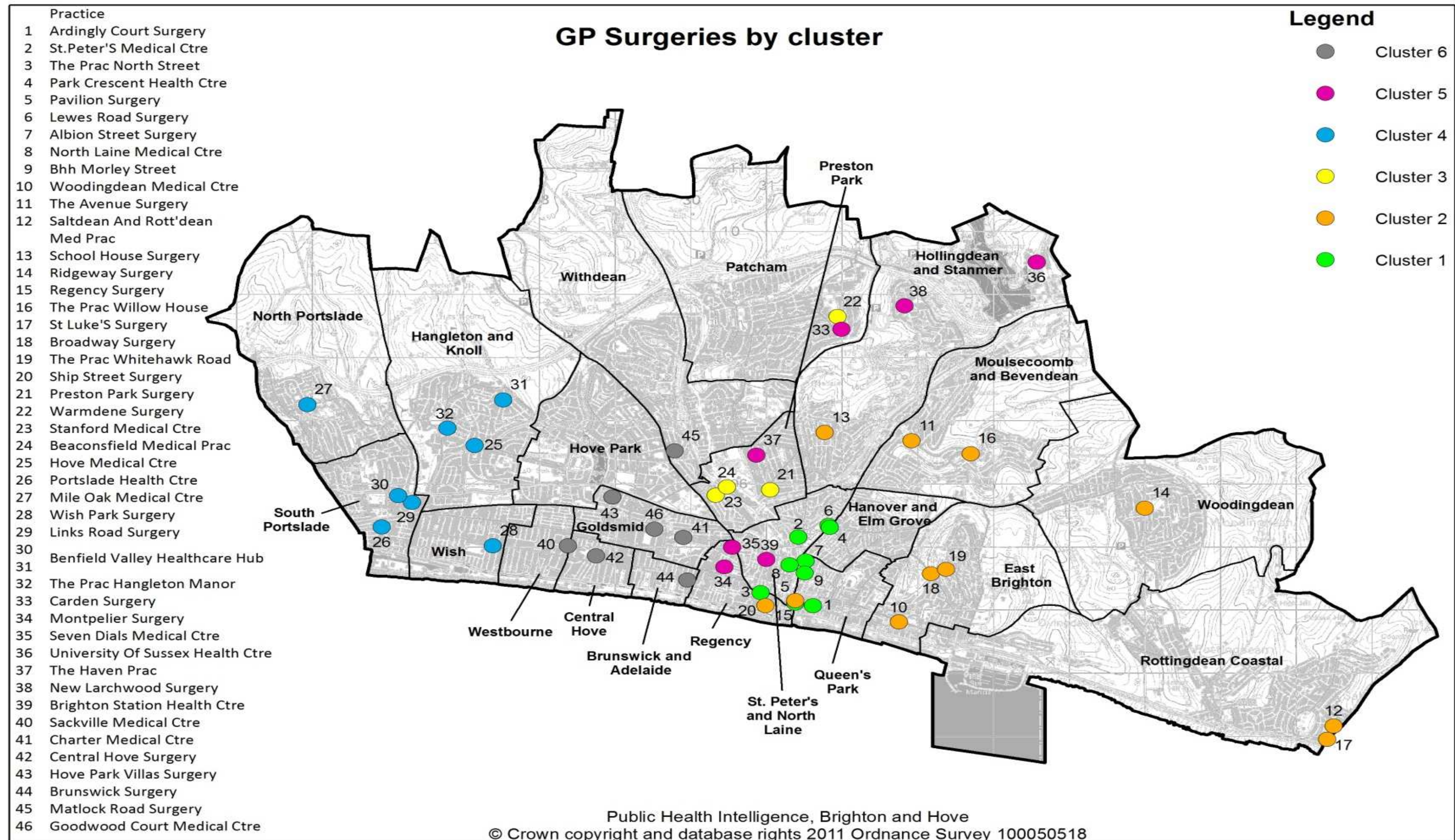
5

Practice name	**GP Code**	**Responsible Population**
Brighton Station Health Centre	Y02676	5,767
Carden and New Larchwood Surgery	G81014& Y02404	5,731& 1,008
Seven Dials Medical Centre	G81047	7,848
Haven Practice	G81646	3,067
University of Sussex	G81071	16,925
Montpelier Surgery	G81044	6,101
		49,147

6

Practice name	**GP Code**	**Responsible Population**
Brighton Health and Wellbeing Centre	G81638	8,188
Central Hove Surgery	G81070	5,458
Charter Medical Centre	G81034	27,670
Hove Park Villas Surgery	G81094	4,473
Sackville Road Surgery	G81009	11,289
Matlock Road	G81684	2,999
		60,077

Brighton and Hove GP Practices Dec 2015



Appendix 2: List of LCS Contract Guidance documents

The evidence and guidance summaries and detailed papers are to be accompanied by the following as part of the new contract:

1. LCS outcomes framework
2. Service specification includes
3. Patient and public engagement guidance
4. Brighton and Hove CCG Commissioning for quality guidance

Click on the below link to access the above documents
http://www.gp.brightonandhoveccg.nhs.uk/gp-services/new-locally-commissioned-services-gp-practice-contract

Baseline data per practice and cluster have been made available to support clusters decide on priority areas for action.

Summary list of the evidence and guidance papers

Costed Action Plan 1: preventative, proactive, integrated and extended care Evidence and Guidance

The below is the topic specific guidance to support development of the costed action plans:

1. Mental health
2. Learning Disabilities
3. Carers
4. Children and young people
5. Cancer
6. Diabetes
7. COPD
8. End of Life Palliative care
9. Dementia

Public health

10. Sexual health
11. Alcohol
12. Smoking
13. Cardiovascular disease – NHS Health Checks
14. Shared Care – substance Misuse
15. HIV

Costed Action Plan 2: Right Care, Right Place
The below lists the activity based services, for which the current service specifications will remain:

1. Phlebotomy
2. Drug monitoring,
3. Ambulatory Blood Pressure,
4. Wound Care / leg ulcer / tissue viability / suture removal,
5. rabies injections,
6. contraceptive needs (LARC and IUCDs),
7. Intermediate care

Paper Five: Locally Commissioned Services (LCS) Outcomes Framework: proactive, integrated and extended primary care

Overview

The LCS contract framework includes the following overarching goals.

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people recover from episodes of ill health or following injury
4. Patient experience outcomes - ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm
6. Improving health and wellbeing of children and young people
7. Delivering comprehensive, equitable and convenient care (right place, right time)

Goals 1-5 mirror the goals set out in the NHS outcomes framework, 6 and 7 are locally set overarching goals.

The LCS contract is offered to general practices working at Cluster level. Baseline assessment for each practice will be provided for the outcomes in the framework. The contracting approach will be one of a strategic partnership with the objectives of commissioner and providers fully aligned. The commissioner will set out the outcomes and invite clusters to submit costed action plans with targets using baseline assessment.

The table below provides details of the outcomes framework goals and specific outcome targets. Evidence and guidance will be available to support Clusters to develop the costed LCS Cluster Action Plans. There will be overall planning guidance as well as area specific evidence and guidance papers.

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
NHS Framework Outcome: **1. Preventing people from dying prematurely** • **Reducing under 75 mortality rate from cardiovascular disease**	**% reduction or maintenance of under 75 mortality rate for CVD considered preventable** This will be measured by: *[% increase in estimated percentage of detected CHD per cluster or practice per year]* *[% of CHD patient immunised against flu per year]* *[Increased % of those eligible living within the most deprived quintile and all other areas receiving an NHS Health Check per year. This will be measured by numbers of NHS Health Checks]* *[% reduction of smoking prevalence in 3 years]* *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* *Reducing isolation - [% increase in referrals to the voluntary sector to address social isolation]* Reduction in % excess weight in adults and children in 3 years: *[% increase in GP/self-referrals to health improvement services for weight management and physical activity per year]*
NHS Framework Outcome: **1. Preventing people from dying prematurely** • **Reducing under 75 mortality rate from respiratory**	**% reduction of under 75 mortality from respiratory disease considered preventable in 3 years** This will be measured by: *[% reduction of smoking prevalence in 3 years]* *[% increase in smoking cessation treatment and support offered (certain conditions) per year –reinforced by QOF]* *[X numbers of smokers quitting per year]*

 For more information contact: Nicola.Rosenberg@nhs.net Katie.stead@nhs.net Natasha.cooper4@nhs.net

Framework Goals (based on priority health issues of Brighton and Hove)	Specific outcome target areas *[Measured by proxy indicators]*
disease	*[% uptake of seasonal flu vaccine 65+ per year –reinforced by QOF]* *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* *Reducing isolation: [% increase in referrals to the voluntary sector to address social isolation]*
NHS Framework Outcome: **1. Preventing people from dying prematurely** **Reducing under 75 mortality rate from liver disease**	**% reduction of under 75 mortality rate from liver disease considered preventable in 5 years** This will be only measured by: *[% increase in number of patients screened for alcohol use opportunistically who are existing patients]* *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* *[% increase in patients with increased or high risk drinking levels referred / signposted to community recovery services per year]* *[% increase of patients with alcohol dependency referred / signposted to treatment alcohol recovery services for specialist support]* *[% reduction in the number of alcohol-related hospital admissions per 100,000 - Measured through the number of admissions involving an alcohol-related primary diagnosis or alcohol-related external cause.]* *[% reduction of smoking prevalence in 3 years]* *Reducing isolation: [% increase in referrals to the voluntary sector to address social isolation]*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
NHS Framework Outcome: **1. Preventing people from dying prematurely** **Reducing under 75 mortality rate from cancer**	% reduction of under 75 mortality rate per 100,000 from all cancers considered preventable in 3 years % increase in breast, lung and colorectal cancer survival rate (placeholder 1 and 5 years) These will be measured by: • *[% reduction of cancer diagnosis by emergency routes per year]* • *[% increase lung and colorectal cancer recorded at early stage of diagnosis per year]* • *[% improvement in Did Not Attend (DNA) rate for Two Week Referral appointments]* • *[% increase in women aged 25-64 with a record of cervical screening (last 5 years) per year]* • *[% increase in men and women aged 60-74 with a record of bowel cancer screening over 2 year]* • *[% increase in women aged 47-73 with a record of breast screening over 3 years]* • *[% reduction of smoking prevalence in 3 years]* • *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* • *[% increase in GP/self-referrals to health improvement services for weight management and physical activity per year]* • *Reducing isolation: [% increase in referrals to the voluntary sector to address social isolation]*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
NHS Framework Outcome: **1. Preventing people from dying prematurely** **<u>Reducing under 75 mortality in adults with mental illness</u>**	% reduction in excess under 75 mortality rate in adults with serious mental illness (SMI) This will be measured by: % reduction in excess under 75 mortality rate in adults with common mental illness This will be measured by: *[% reduction of smoking prevalence in 3 years]* *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* *[% increase in GP/self-referrals to health improvement services for weight management and physical activity per year]* *Reducing isolation: [% increase in referrals to the voluntary sector to address social isolation]*
NHS Framework Outcome: **1. Preventing people from dying prematurely** **<u>Reducing premature death in people with a learning disability</u>**	**% reduction in excess under 60 mortality rate in adults with learning disability** *(placeholder, no measures yet)* This will be measured by: *[% increase in the proportion of children and adults with a Learning Disability who have an annual health check and health action plan]* *[% reduction of smoking prevalence in 3 years]* *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* *[% increase in GP/self- referrals to health improvement services for weight management and physical activity per year]* Reducing isolation: *[% increase in referrals to the voluntary sector to address social isolation]*

For more information contact: Nicola.Rosenberg@nhs.net Katie.stead@nhs.net Natasha.cooper4@nhs.net

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
NHS Framework Outcome: **2. Enhancing quality of life for people with long-term conditions**	***% improvement in health-related quality of life for people with long-term conditions*** This will be measured by: *[% reduction in exception reporting rates for cardiovascular disease per year (with a particularly focus on conditions with high exception reporting such as atrial fibrillation)]* *[% reduction in exception reporting for all conditions per year]* *[% increase in proportion of adults and children reporting that they feel supported to manage their condition per year]* *% increase in proportion of adults with a long term condition screened for depression* **COPD** *[% people with newly diagnosed COPD and medical Research Council Dyspnoea scale ≥3 referred to pulmonary rehabilitation programme per year]* *[% of patients with FEV1 < 30% referred to community respiratory service].* **Diabetes** *[% increase in the proportion of people with diabetes who have received nine care processes per year]* *[% increase in the proportion of people with diabetes diagnosed less than one year referred to structured education]* *[% increase in estimated percentage of detected diabetes per year]* *[% increase of people diagnosed with diabetes receiving an annual review per year as part of a shared care plan]* ***Carers*** *[Increase in identification of carers – narrowing the gap between reported and expected]*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
	[Increase in the number of carers signposted to carer support services] **Enhancing quality of life for people with mental illness** *[% reduction in exception reporting for SMI]* *[% increase in patients on SMI registers who have received an annual physical and medicines review]* *[% increase of patients on the SMI register who have a care plan]* *[% reduction in exception report for depression]* *[% of patients on the depression register and on prescribed psychoactive medication (benzodiazepine) received an annual medicines review]* *[% increased access of the wellbeing service by target groups - people living in deprived areas, LGBTQ, men, BME per year]* *[% increase in patient reported health related quality of life for adults with long-term mental health condition]* **HIV** *[% increase of people with HIV who have a personalised care plan and annual review per year]* **Dementia** *[% increase estimated diagnosis rate for people with dementia]* *[% increase in the proportion of people referred onto the Memory Assessment Service]* *[% increase of people diagnosed with dementia receiving an annual review per year]* **Substance misuse** *'Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months'*

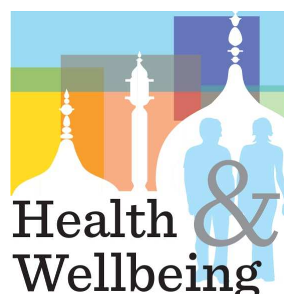
Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
	<u>Reducing isolation</u> *[% increase in referrals to the voluntary sector to address social isolation]*
NHS Framework Outcome: **3. Helping people recover from episodes of ill health or following injury**	*Adults and children recovering well from episodes of ill health or following injury* *This will be measured by:* *[% reduction in A&E attendances]* [% reduction in emergency admissions that should not usually require hospital admission] *[% reduction in emergency readmissions within 30 days of discharge from hospital]* *[% increase in community short term services patients supported to remain at home]* *[% reduction in emergency admissions for children and young people with lower respiratory tract infections, diabetes, epilepsy & asthma]* *[% increase in the proportion of patients admitted to hospital with COPD exacerbation who are reviewed within 2 weeks of discharge]* *[% reduction of injuries due to falls in people aged 65 and over}* *Reducing isolation: [% increase in referrals to the voluntary sector to address social isolation]*
NHS Framework Outcome: **4. Patient experience outcomes - Ensuring that**	**<u>Improving patients' experience of primary care for GP and out of hours GP services</u>** This will be measured by: *[% increase in patients who would recommend practice]* *[Patient defined experience measures – to be developed with the Cluster's patients]*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
people have a positive experience of care	*[% increase in patients who know how to contact Out of hours GP services]* **Improving access to GP services** *[% increase in patient satisfaction with phone access found by the national survey]* *[Increase in % patient satisfaction with opening hours]* **End of Life / Palliative care** *[% increased patients on the palliative care register who have an out of hours form and / or entry on an electronic record]* *[% increase of people who are dying do so in their preferred place of care]* *[% increased of patients for whom an after death review takes place and lessons disseminated to the relevant Cluster team]* **Improving people's experience of coordinated care** *[% increase in proactive care patients who are satisfied with care]* *[% increase of patients (adults and children) satisfied with care and who report feeling that care is coordinated]* *[% increase of patients reporting their care was joined around their needs / patient service user experience of integrated care composite of 6 PIRU indicators]*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
NHS Outcomes Framework **5. Treating and caring for people in a safe environment and protecting them from avoidable harm**	**Reducing medicines related harms and avoidable hospital admissions** This will be measured by: *[% increase of complex patients who have had a medicines review delivered by Better care pharmacist or GP (with a view to reducing poly-pharmacy)']* *% increase in referrals to pharmacies for Medicine Use Reviews*
6. Improving health and wellbeing of children and young people	% **reduction of neonatal, infant and childhood mortality** **Improving health and wellbeing of CYP** This will be measured by: *[% reduction A&E Attendances - under 5s]* *[% reduction A&E Attendances - under 18s]* *[% increase identification of CYP up to 18 years with depression, anxiety, self- harm & eating disorders]* *% patient reporting improvement in emotional health and wellbeing* *% increase in young people attending sexual health drop in clinics per year* *% maintenance of Chlamydia diagnosis (15-25 year olds) rates per year* *% reduction / maintenance of under 18 conception rates* *% reduction of termination of pregnancy rates* *[Cluster agreement on defining characteristics of a child or young person with complex needs, implement a system to identify them and agree pathways of effective interventions to improve their health and*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
	wellbeing] *[% reduction of smoking prevalence in 3 years]* *[% increase in number of patients screened that are identified as increased or high risk receiving an alcohol brief intervention]* *[% increase in GP/self-referrals to health improvement, weight management services per year]* *Reducing isolation: [% increase in referrals to the voluntary sector to address social isolation]*
7. Delivering Comprehensive, equitable and convenient care (right place, right time)	**Improving comprehensive, equitable and convenient care for patients assessed by a primary care clinician as having needs which the following services could best meet in a primary care setting:** **Tissue viability / leg ulcer / wound care and suture removal needs** *This will be measured by:* *[Cluster agreement (including patients) on the description and delivery of an appropriate pattern of services for all their patients with tissue viability/ leg ulcer/ wound care needs. Agree with patients and CCG a plan to ensure this is delivered as locally as possible whilst meeting the standards set by commissioners.* **Contraceptive needs** *This will be measured by:* *[Cluster agreement (including patients) on the description and delivery of an appropriate pattern of services for all their patients with contraceptive implant needs.* *Agree with patients and CCG a plan to ensure this is delivered as locally as possible whilst meeting the standards set by commissioners.* *Number of long acting reversible contraceptive implants and Inter-uterine contraceptive devices fitted and*

Framework Goals (based on priority health issues of Brighton and Hove)	**Specific outcome target areas** *[Measured by proxy indicators]*
	removed *Numbers of appointments for follow ups by location]* **<u>Phlebotomy needs</u>** *[Cluster agreement (including patients) on the description and delivery of an appropriate pattern of services for all their patients with phlebotomy needs. Agree with patients and CCG a plan to ensure this is delivered as locally as possible whilst meeting the standards set by commissioners.* *[Number of blood samples taken per year by location*] **Other service needs:** Drug monitoring in primary care (flexible provision to enable growth over time) Ambulatory blood pressure monitoring Rabies injections *This will be measured by:* *[Cluster agreement (including patients) on the description and delivery of an appropriate pattern of services for all their patients with these needs. Agree with patients and CCG a plan to ensure this is delivered as locally as possible whilst meeting the standards set by commissioners.*



Although a formal committee of the 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 Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Mental Health Crisis Care Concordat – Progress Update – December 2015

1.1. The contents of this paper can be shared with the general public.

1.2 This paper is for the Health & Wellbeing Board meeting on 15 December.

1.3 This paper was written by:
Anna McDevitt
Commissioning Manager for Mental Health
Brighton and Hove CCG.
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2. *Summary*

2.1 In February 2014 the Department of Health published "Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis". The Concordat is a statement that has been signed up to by organisations such as the Association of Ambulance Chief Executives, Public Health England, the Association of Directors of Social Services and the NHS Confederation. The Concordat describes what good crisis care should look like and includes high level statements about what agencies should be doing to ensure that good crisis care is delivered locally.

2.2 The expectation was that locally, commissioners and partner agencies would review their crisis care arrangements against the Concordat checklist and develop a multi-agency action plan for addressing any gaps and areas where further development is

needed. It was also expected that these action plans would be approved by the local Health and Wellbeing Board (HWB) and accompanied by a declaration of support by local agencies.

This paper provides the HWB with an update against the delivery of the plan and describes the key areas for focus during 2016.

3. Decisions, recommendations and any options

3.1 The HWB is asked to note the contents of this paper.

4. Relevant information

4.1 Local governance arrangements

4.1.1 The implementation of the local plan has been overseen by a multi - agency steering group that includes representation from the NHS, BHCC, police and ambulance service. This group meets 6 weekly and has been critical in galvanising local partners and sustaining the momentum.

4.2 Progress against the plan

4.2.1 Following an audit against the Concordat checklist and taking into account work already done on the urgent care pathway, we agreed 4 key areas for the plan

- embedding the latest round of changes to the urgent care pathway
- strengthening the crisis support arrangements for children and young people.
- reducing the number of people conveyed to custody under Section 136 of the Mental Health Act by Sussex Police
- ensuring that people are conveyed to the place of safety in an ambulance

The plan was approved by the HWB in December 2014.

4.2.2 Embedding the changes to the urgent care pathway

4.2.3 In March the service formerly known as the Brighton Urgent Response Service (BURS) was rebranded as the Mental Health Rapid Response Service (MHRRS). The operational hours of the service were extended until 10pm every day of the week and it became co-located with the Assessment and Treatment Service. Since March the number of calls to

the service has increased to 600 calls per month and the number of face to face assessments that the service carries out has also increased. A winter communications campaign will further raise the profile of the service.

4.2.4 Strengthening the crisis support arrangements for children

4.2.5 At the beginning of November the Paediatric Mental Health Liaison Team was established in the Royal Alexandra Children's Hospital(RACH) . Between 9 November and 25 November the service took 25 referrals from a combination of the children's emergency department and wards. A process of raising awareness of the service with children's services and throughout RACH is about to get underway. Activity will be kept under review and adjustment will be made to the service as appropriate. We are working with MIND to develop a mechanism to capture service user feedback about the service in the New Year.

4.2.6 Reducing the number of S136 detentions in custody

4.2.7 During 2014/15 Sussex had one of the highest rates nationally of patients detained under section 136 of the Mental Health Act, in custody. In September no patients in Brighton were detained in custody and figures generally are at an all-time low. This is a direct result of a greater partnership working between the Police and SPFT services. The data for the second quarter of this year is as follows.

Q2	2014/15	2015/16
Custody	38	6
Millvew Hospital	32	56

4.2.8 Having been refurbished the Mill View hospital place of safety is now able to support patients who are intoxicated and have a higher risk profile. The Mental Health Rapid Response Service has developed a much improved relationship with the police and the police now regularly call the service for advice about managing individuals who are experiencing a mental health crisis and the team has also been able to accompany the police to incidents. Over the last 3 months the police have called the MHRRS on average 25 times a month .

4.2.9 During July and August we tested out street triage using a mental health nurse from the Police Court Liaison and Diversion Service (PCLDS - an NHS England funded service) . Whilst the pilot definitely served to strengthen the relationship between the Mental Health Rapid Response Service (MHRRS) and the Police it was not sustainable given the low levels of patients supported during the pilot.

4.2.10 Since the pilot ended the MHRRS has had access to the nurse at the PCLDS to bolster capacity – however to date it has not been necessary to utilise this resource.

4.2.11 The other significant development in this area is the use of custody for young people. Between April and the end of September no young people have been detained by the police in custody.

4.2.12 The Concordat steering group is satisfied that the combination of a 24/7 liaison service at A&E and the MHRRS and the strengthened pathway with the police is providing the Police with the expertise that they need to support people experiencing a mental health crisis. There is no mandate to have street triage and CCGs through the Concordat movement have been given the licence to develop solutions that are tailored to local need. We believe we have a set of local arrangements that are adequately meeting the needs of patients and are providing appropriate support to the police. The Concordat steering group, which includes Sussex Police, will be keeping this under review.

4.2.13 Ensuring that people are conveyed to the place of safety in an ambulance

4.2.14 Whilst the ambulance service is working towards conveying more patients to a place of safety, we still have some way to go to make this the default mode of transport and for this to be done in a timely way. We are continuing to work with SECAMB on this and this will remain a priority going forward.

4.3 **Next steps**

4.3.1 Progress has been made against the actions in the original plan but there is still some work to do to ensure that people who experience mental health crisis have access to the right support at the right time. The focus of the work during 2016 will include

- working with SECAMB to make ambulances the default mode of transport and to improve the timeliness of response to convey individuals to places of safety
- developing a better understanding of what causes people to have crises that result in them being detained and assessed under the Mental Health Act
- using this information to develop solutions that will reduce the overall need for the police to detain people under the Mental Health Act
- strengthening the pathway between the 2 MHLTs and the police
- improving the timeliness of response that individuals get when they attend A&E experiencing a mental health crisis

4.3.2 The CCG has been allocated non recurrent funding to strengthen the MHLT at A&E – the Systems Resilience Group has approved proposals for how this funding will be utilised which includes increasing the availability of psychiatry support for the MHLT, delivering suicide awareness training to the Safe Space service and putting in place 24/7 administrative support

in the MHLT which will enable it to be better placed to respond to telephone calls.

4.3.3 We have also been notified that we will be able to access some of the £15m fund that the Home Office has identified to improve places of safety and/or the crisis pathway. We do not yet know how much we will be able to access but the Concordat steering group will be providing a steer for how this money should be utilised and it is likely that this will be in an initiative that will help us reduce the total number of S136 detentions. This could, for example, be an alternative place for ambulances and the police to take people experiencing a mental health crisis out of hours.

4.3.4 **Conclusion**

4.3.5 The Crisis Care Concordat has been a catalyst for change locally and the changes to partnership working have resulted in some significant changes locally for patients. The process has been really positive and we will be building on this during 2016.

5. Important considerations and implications

Legal

5.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The NHS England Planning Guidance for 2015/16 states (Para 4.17, Dec 2014):
"The Crisis Care Concordat describes the actions required of commissioners and providers to ensure that those experiencing a mental health crisis are properly supported. This includes the provision of mental health support as an integral part of NHS 111 services; 24/7 Crisis Care Home Treatment Teams; and the need to ensure that there is enough capacity to prevent children, young people or vulnerable adults, undergoing mental health assessments in police cells."

Lawyer: Natasha Watson Date: 3 December 2015

Finance

5.2 This paper does not have any financial implications.

Equalities

5.3 An equalities impact assessment was carried out as part of the urgent care work undertaking in 2012

Sustainability

5.4 There are no relevant sustainability implications in this paper.

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

5.5 The action plan was developed and is being delivered collaboratively with key partners across the health and social care system in Brighton and Hove.

6 Supporting documents and information

N/A