## 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 **Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 4AH** on **Tuesday, 22 November 2016**, starting at **4.00pm**. It will last about two and a half hours.

Observers are welcome to attend, although there is limited public seating and this will be allocated on a first come first serve basis.

## What is being discussed?

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

- Sustainability & Transformation Plan and Brighton & Hove Caring Together: verbal update
- Section 75 Better Care Fund Quarterly Exceptions Report (Integrated Community Equipment Service)
- Substance Misuse Services Update
- Public Health Nursing 0-19
- Young People Mental Health Transformation Plan
- Fast Track Cities (HIV)
- Joint Strategic Needs Assessment
- Fuel Poverty and Affordable Warmth
- Self-Directed Support

## What decisions are being made?

- To approve a new public health nursing contract
- To agree to procure a new self-directed support contract
- To agree the fuel poverty strategy

- To agree the annual JSNA needs assessment programme
- To agree the annual refresh of the Young People Mental Health Transformation Plan

# Health & Wellbeing Board

**Geoff Raw**
Chief Executive - BHCC
(Non-voting)

**Cllr Yates**
**Chair**
**(Voting member)**

**Natasha Watson**
Lawyer BHCC

**Giles Rossington**
Secretary - BHCC

**Peter Wilkinson**
Acting Director of Public Health

**Cllr K. Norman**
**(Voting member)**

**Cllr Brown**
**(Voting member)**

**Adam Doyle**
**CCG**
**(Voting Member)**

**John Child**
**CCG**
**(Voting member)**

**Dr. Manas Sikdar**
**CCG**
**(Voting member)**

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

**Pinaki Ghoshal**
Director Children's Services - BHCC
(Non-voting Statutory Member)

Lead Member
(In attendance - Non-voting)

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

**Cllr Barford**
**Lead Member for Adult Services**

**Dr. George Mack**
**CCG – Lay Member**

**Dr David Supple**
**CCG**
**(Voting member)**

**David Liley**
Healthwatch
(Non-voting Statutory member)

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

**Cllr Page**
**Voting member**

**Brian Doughty**
Acting Statutory Director Social Services BHCC
(Non-Voting co-optee)

Presenting Officer
or
Public Speaker

Presenting Officer
or
Public Speaker

Press

Public Seating

Officers and Representatives attending

# Health & Wellbeing Board
**22 November 2016**
4.00pm
Hove Town Hall, Council Chamber, Norton Road, Hove BN3 4AH

Who is invited:

**Voting Members:** Cllrs Daniel Yates (Chair), Karen Barford, Vanessa Brown, Ken Norman and Dick Page; Adam Doyle, John Child, Dr George Mack, Dr David Supple and Dr Manas Sikdar (Brighton & Hove Clinical Commissioning Group).

**Non-Voting Members:** Geoff Raw, Chief Executive; Brian Doughty, Acting Statutory Director of Adult Services; Pinaki Ghoshal, Statutory Director of Children's Services; Peter Wilkinson, Acting Director of Public Health; Cllr Caroline Penn (BHCC); Graham Bartlett (Brighton & Hove Local Safeguarding Adults and Children's Boards); Pennie Ford (NHS England); and David Liley (Brighton & Hove Healthwatch).

Who is unable to attend:

Contact: **Giles Rossington**
Senior Scrutiny Officer
01273 295514
Giles.rossington@brighton-hove.gov.uk

*This Agenda and all accompanying reports are printed on recycled paper*

Date of Publication - Monday, 14 November 2016


Health &
Wellbeing

# 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**

**37 MINUTES** **1 - 10**

To consider the minutes of the meeting held on the 20 September 2016 (copy attached).

**38 Chair's Communications**

**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, Giles Rossington on 01273 295514 or send an email to giles.rossington@brighton-hove.gov.uk

**40 Sustainability & Transformation Plan (STP) and Brighton & Hove Caring Together: Verbal Update**

**41 Update on the provision of substance misuse services** **11 - 18**

*Contact:* *Kathy Caley* *Tel: 01273 296557*

**PAPERS FOR DECISION AT THE HEALTH & WELLBEING BOARD**

The following items listed on the agenda will require the Board to make a decision:

**42 Fast Track Cities Initiative - 90:90:90** **19 - 26**

*Contact:* *Stephen Nicholson* *Tel: 01273 296554*

**43 Joint Strategic Needs Assessment (JSNA): Update** **27 - 34**

*Contact:* *Kate Gilchrist* *Tel: 01273 290457*

Health & Wellbeing

44 **Fuel Poverty and Affordable Warmth Strategy for Brighton & Hove** 35 - 94

*Contact:* *Miles Davidson* *Tel: 01273 293150*

45 **Annual Refresh of the Young People and Children's Mental Health Transformation Plan** 95 - 196

*Contact:* *Gill Brooks* *Tel: 01273 574635*

46 **Self-Directed Support Contract** 197 - 204

*Contact:* *Judith Cooper* *Tel: 01273 296313*

47 **Public Health Nursing: Update Report** 205 - 214

*Contact:* *Kerry Clarke* *Tel: 01273 295491*

## PAPERS FOR DISCUSSION AT THE HEALTH & WELLBEING BOARD

The following items on the agenda have been submitted for discussion by the Board.

48 **Section 75 Exceptions Report** 215 - 226

**Part Two**

49 **PART TWO PROCEEDINGS**

To consider whether the items listed in Part Two of the agenda and decisions thereon should remain exempt from disclosure to the press and public.

**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 2910386 or email democratic.services@brighton-hove.gov.uk

Health & Wellbeing

## 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.

Hove Town Hall has facilities for people with mobility impairments including a lift and wheelchair accessible WCs. However in the event of an emergency use of the lift is restricted for health and safety reasons please refer to the Access Notice in the agenda below.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

## Fire / Emergency Evacuation Procedure

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

- You should proceed calmly; do not run and do not use the lifts;
- 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.

Health & Wellbeing

## 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 September 2016
Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 4AH

Minutes

**Voting Members Present**: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Barford, Brown and Page; Dr. Christa Beasley, John Child, Dr. George Mack, Clinical Commissioning Group.

**Other Members present**: David Liley, Healthwatch; Regan Delf, Assistant Director, Children's Services; Brian Doughty, Acting Director of Adult Social Care; Peter Wilkinson, Acting Director of Public Health; Cllr Caroline Penn, Lead Member, Mental Health

## Part One

### 26 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

28.1 There were apologies from Pennie Ford, Graham Bartlett, Dr Xavier Nalletamby, and Dr Mandas Sikdar.

28.2 Regan Delf attended as substitute for Pinaki Ghoshal.

28.3 Cllr Yates declared a disclosable pecuniary interest in Item 30 as he is an employee of Western Sussex Hospitals Trust. Cllr Yates has received dispensation to speak and vote on this item.

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

### 27 MINUTES

27.1 The draft minutes of the 12 July 2016 HWB meeting were approved as an accurate record.

## 28 CHAIR'S COMMUNICATIONS

28.1 The Chair gave the following communication to the Board:

**Welcome to the meeting**
It is a busy agenda and the Chair's communications will be noted in full in the minutes.

**Changes of personnel within health and social care**
I would like to welcome Brian Doughty as Acting Director of Adult Social Care to the Board. Brian will attend while we go through the recruitment process to replace Denise D'Souza who recently retired.

It is also time to say farewell to some CCG colleagues. Dr Xavier Nalletamby, the Chair of the CCG is retiring and this would have been his last meeting, but due to a clash in date with his holiday he is not with us today. I would like to formally thank him for his support and productive joint working. We wish him well in his retirement. I am sure the Board would like me to send a letter of thanks to him given he is not here today.

Dr Christa Beesley, our CCG Chief Accountable Officer is also stepping down but not retiring. Christa will continue her work as a local GP. Again Christa has been a welcome colleague and we will miss her pushing us towards more joint working and better services for our residents.

**Better Care Approval**
I am delighted to let you know that, following the regional assurance process, the Brighton and Hove joint Better Care Plan between the CCG and the Council has been classified as 'Approved'. Essentially, the plan meets all NHS England requirements. This means the focus should now be on delivery.

**Pharmacy**
As some of you may have seen there is a campaign covering local pharmacies: "Keep the 'Community' in 'Community Pharmacy"'. The Department of Health recently announced a reduction of £170 million to the funding of community pharmacies in England this year and it has not ruled out more cuts to follow. It is unclear what impact this will have locally although it is clear that nationally there will be closures.

The Local Government Association has criticised the Department of Health for overlooking the role of community pharmacy as a 'much needed social and economic asset'. The LGA predicted 'unintended consequences that impact elsewhere in the local community'.

Our Board has a responsibility for the PNA – this is the Pharmaceutical Needs Assessment. Public Health leads on this area of work which reviews how many and what type of pharmacy as well as their services we have in the city, what gaps there are as

well as any indication of over capacity. There is a standing PNA steering group that regularly meets that has specialist pharmaceutical advisors supporting this work.

Board members may well remember signing off the last PNA in 2015.
We have also had reviews of pharmacy services come to the Board as reports or updates through Chair's communications.

We have been informed that the proposed cuts have been deferred. However, a more recent statement suggests they will still take place. The funding cuts will affect the payments made to pharmacies by NHSE for pharmaceutical services. The cuts to funding may result in some pharmacies no longer being viable and they could close. This could impact on pharmaceutical services in B&H (although not immediately) and will need to be considered before the new PNA is published in March 2018.
As the impact of any changes from this review become known we will ask the steering group for an impact assessment so the Board can be assured that the city has the right type of pharmacy in the right place.

The LGA report is here:
http://www.local.gov.uk/documents/10180/7632544/L16-44+The+community+pharmacy+offer+for+improving+the+public+health/78c98919-2a94-4799-945d-55253c5cb75e

## STP

While an item is on the Board papers I would like to just inform the Board of a recent activity. There are now established meetings of all the HWB chairs in the STP area. These have only just been set up and I am now attending these meetings. Needless to say governance and accountability will be on the agenda.

## Annual CCG assurance rating announcement

NHS England published its 2015/16 assurance assessment rating for NHS Brighton and Hove Clinical Commissioning Group (CCG), with an overall rating of 'inadequate'.
A full statement was made by the CCG at the time.
The CCG will be updating the Board with the changes and progress at the next Board meeting.

## Coperforma

As those who read or listen to the news will know there has been a succession of headlines about our Patient Transport Service and the provider Coperforma.

HOSC, as the scrutiny committee has received several reports and will continue to do so.

The Health and Wellbeing Board is here to provide the strategic leadership for the health and social care system, especially assuring the public of action being taken and that there will be a fully functioning service.



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The situation changes daily and I would like to ask John Child to provide a short update now as to the latest situation.

28.2 John Child told Board members that Sussex CCGs were focusing on patient safety, business continuity and supporting Patient Transport Service (PTS) workers. Coperforma's performance is improving, although there are still some outstanding issues. PTS performance is being scrutinised in detail by the Brighton & Hove Health Overview & Scrutiny Committee (HOSC). To date there has been no patient impact arising from the closure of Docklands. High Weald Lewes Havens CCG (HWLH) is working closely with Unison and the GMB to protect the staff involved.

28.3 David Liley told members that Healthwatch has sought assurances from the CCGs that they can manage the impact of Docklands closing. Healthwatch is working closely with the Patient Safety Group to look at the impact of PTS problems on patients. There has been a specific focus on the Royal Sussex County Hospital renal unit.

28.4 Cllr Penn noted that there was justifiable anger at the situation. It is totally unacceptable that staff should not be paid, and it remains to be seen whether adequate due diligence was undertaken in the PTS procurement process. The CCGs need to provide assurance that there will be business continuity.

28.5 Cllr Page noted that this was a very serious situation causing considerable public concern. HOSC would be well advised to ascertain the additional costs incurred by PTS failures (e.g. in terms of taxi hire, missed appointments etc.). The CCGs need to look seriously at the viability of the contract. It is clear that this service should be run by the public sector.

28.6 The Chair told the Board that it was evident that there were many lessons to be learnt here. However, the priority is delivering a safe service. It is very disappointing that some staff are contemplating their fourth employer in six months and that workers have not been paid. The GMB should be commended for the work they have undertaken to support staff financially, and the public may also want to consider contributing. HWLH needs to address this issue urgently. The Chair will ask the HOSC to look at this issue, specifically focusing on the treatment of staff and whether the current costs being incurred are sustainable.

28.7 The Chair informed members that the Brighton & Hove Older People's Festival will begin at the end of September.

## 29 FORMAL PUBLIC INVOLVEMENT

### 29A Public Questions

29A.1 **Mr John Kapp** asked the following question:

"Do the councillors on the HWB accept responsibility for the CCG being judged inadequate, and what plans have the HW B to help restore the CCG to being fit for purpose?"

29A.2 The Chair responded that "the HWB is a partnership body, bringing together the city council, the CCG, NHS England, the city independent Safeguarding Boards and Healthwatch. The HWB is responsible for overseeing health and social care services for city residents, and for directing joint CCG and council working. The CCG has plans to improve its performance, and some of these plans, particularly where they involve joint working, may be overseen by the HWB.

However, the HWB is in no way responsible for the CCG. The CCG is an autonomous organisation whose accountability is to the NHS regulators rather than to the HWB or the city council."

29A.3 Mr Kapp asked a supplementary question: "How can you say that the HWB is not responsible for the CCG when the HWB's Terms of Reference states that the CCG is accountable to the HWB?" Natasha Watson (BHCC legal representative) replied that a previous similar question had received a comprehensive response and that this would be forwarded to the questioner. In brief however, although the HWB can hold the CCG to account, it controls neither CCG budgets nor appointments, and must act within the national legislative framework.

29A.4 **Mr Ken Kirk** asked the following question:

"I am appalled at the prospect the inevitable cuts that STP will bring to the NHS. It will result in drastic reductions is NHS services, involving ward closures, removal of entire services, yet more decreases in hospital bed numbers. No longer can this be disguised as mere service reconfiguration – we know and surely you know that the NHS will no longer be a comprehensive health service. You are our representatives charged with the responsibility to oversee the health services for the people of B&H. Do you agree that you shouldn't in all conscience connive with this decimation of our NHS by effectively demonstrating your rejection of STP?"

29A.5 The Chair responded that "It is simply too early in the STP process to judge whether its impact on health services for local people is going to be negative as we haven't even begun detailed planning. It would therefore be unwise for the Board to make a

judgement without knowing all (or in fact any) of the facts." The Chair added that, although he did not wish to contemplate withdrawal from the STP at this point, this did not mean that he did not have concerns about the process. The HWB will act in the best interests of Brighton & Hove, but can only come to a position when detailed planning is available.

29A.6 Mr Kirk posed a supplementary question, asking whether the HWB would oppose increased contracting with the private sector, which he identified as an inevitable consequence of the STP. The Chair responded that it is still too early to judge with any certainty what the consequences of the STP will be. However, the STP is very likely to lead to greater integration between services, and much of this should lead to positive outcomes, as in the recent successful council and CCG co-working on Special Educational Needs and Disability (SEND) services.

29A.7 **Mr Matthew Greener** asked the following question (Mr Greener was unable to attend in person):

"I have a question for the chair in respect of the CCGs tender of the mental health service.

As I understand the situation the CCG issued tender documents on or about 16th August merging both Adult & Young Persons services & that the bidders will have 8 weeks to compile & submit their bid. I am not confident that the CCG has given sufficient time or information for robust bids to be submitted, or for them to stress test or mitigate risks within this process. I would expect the CCG to provide history data over a number of years for each condition to be treated or service to be provided so that bidders can at least ascertain any trends & growth - providing only projected growth of population would be useful only if it could be correlated against the historic data & included projected growth within each age group.

Without this information the bidders will in effect be bidding blind and it is these bids against which the CCG will award the contract. Since by the nature of the tender there will be at least one new provider, can the chair confirm that the CCG has given the relevant useful data to the bidders and that they are confident there is time within the 8 weeks for meaningful and comparable bids to be submitted so that the CCG can satisfy itself that the bids meet the acceptable criteria and enable them to reassure the service users that they have enough information to mitigate the risks and ensure that the successful bid has enough contingency to undertake the service provision in reasonably foreseeable adverse condition (weather, loss of communications, premises etc.)."

29A.8 The Chair responded that "The CCG can confirm that it has provided the relevant information to bidders so as to enable them to develop complete bids. The procurement process has included opportunity for bidders to raise additional clarification questions should they need to. This procurement process has allowed

nearly two months for bidders to develop and submit bids, which exceeds the recommended timeframe of 25 days.

After bids have been submitted they will be evaluated against a set of agreed criteria. This evaluation process will include an opportunity for bidders to present their proposal to a panel of people who have lived experience of mental health problems.

Prior to the commencement of the formal stages of the procurement the CCG undertook market engagement, seeking valued input from service providers in the re-commissioning of the service. This began in December 2015 with a Request for Information (RFI) document supplied to providers containing information about the service and inviting their feedback. This was followed by a market engagement event which took place on 26th February, at which all the interested providers were in attendance. Both the RFI document and the engagement event provided the commissioner with useful and informative feedback when considering how to procure the services. It also gave providers a substantial amount of time to prepare for the procurement before it formally commenced."

29A.9 **Katrina Miller** asked the following question (on behalf of Valerie Mainstone, who was unable to attend):

"I understand that Virgincare are bidding for the Public Health Nursing (0-19) contract. I also understand that this information – who is bidding for the contract – isn't in the public domain. Why are the HWB/Public Health department members not doing as the government Public Accounts Committee urges and displaying "more transparency and not 'commercial sensitivity" when it comes to the contracting out of services that affect the health and wellbeing of every child in Brighton and Hove?

It further concerns me that Brighton and Hove Council is even considering awarding a contract to a company such as Virgincare. They are documented tax avoiders, with their parent company being registered in the British Virgin Islands, they have documented failings in their provision of NHS services and documented instances of unacceptable labour relations including downgrading of (previously NHS) staff. Can I have an assurance that Brighton and Hove council will not award such a vital contact – or indeed any contract – to such a company?"

29A.10 The Chair responded that: "We have a robust process in place to ensure that we procure services that best meet the needs of the local population within the available budget. By following the process we can be assured the decision making is open, fair and transparent. This accords with legal advice and minimises any potential risk of legal challenge to the Local Authority's decision making process when the contract is awarded. The integrity of this process is essential throughout all stages.



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The process included the Director of Public Health and the Public Health Programme Manager, Children & Young People (at the time) taking the procurement of the Healthy Child Programme to the cross-party Procurement Advisory Board.

Information on the bidders: it is important that confidentiality is preserved during the evaluation process from the receipt of tenders to the making of a contract award decision. The legal framework requires us **NOT** to identify bidders during the process."

29A.11 Ms Miller posed a supplementary question, asking whether the council was being too risk averse and missing opportunities to be transparent and democratically accountable. The Chair responded by saying that he was concerned that council procurement should be as good as possible and had enquired about whether the fair tax mark and employee engagement could be embedded in procurement processes as part of scoring for social value criteria.

## 29B Petitions

29B.1 The was a petition from Mr Carl Walker, presented on his behalf by Ms Katrina Miller, who informed members that almost 2000 people have signed either the paper or e-petition to date.

e- petition

https://you.38degrees.org.uk/petitions/petition-to-stop-the-sell-off-and-decimation-of-children-s-health-services-in-brighton-1

PETITION TO STOP THE SELL-OFF AND DECIMATION OF CHILDREN'S

HEALTH SERVICES IN BRIGHTON

Please sign and share this petition to demand Brighton and Hove Council's Health and Wellbeing Board stop the sell-off and mass budget cuts to our children's health services

Why is this important?

Community health services for children and young people include health visiting, school nursing and the Family Nurse Partnership (FNP) – a programme for teenage parents. These services are essential for our children's wellbeing but they are now under the most severe threat.
Private companies like Virgin care are being awarded huge contracts across many different health services but, because they want to make a profit, they reduce their costs by cutting staff and lowering standards and quality of care.

If you
• don't want a company like Virgincare making money from the health of Brightons' children
• don't want to see our children suffer as a result of a £1m cut to their services
• Want to see the service properly funded and run by the NHS

then please sign and share this petition as widely as possible.
And please make your feelings about the potential privatisation known to your MP, local councillors and the local press.

29B.2 The Chair responded that the Board has received reports and also previous public questions about this tender. The next Board meeting in November already has an item on the Public Health Nursing. We will be receiving a report on the overview of the process, summary of the preferred provider's submission, feedback on scoring and confirmation of the preferred bidders details will be presented to the HWB for agreement to award the contract.

29B.3 Peter Wilkinson added that people might wish to note that quality was weighted above price in the scoring for the contract. This should place NHS providers in a good position to compete.

## 30 SUSTAINABILITY & TRANSFORMATION PLAN (STP)

30.1 The Chair suspended the meeting for five minutes due to disruption in the public gallery. Disruption continued once the meeting was resumed and the Chair asked for the public gallery to be cleared, adjourning the meeting for 15 minutes to facilitate this.

30.2 The meeting was re-convened and the remaining items of business were considered.

30.3 **RESOLVED** – That the Sustainability & Transformation Plan update report be noted.

## 31 CQC INSPECTION REPORT ON BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST (BSUH)

33.1 **RESOLVED** – that the CQC Inspection and Monitoring Quality Improvements report be noted.

## 32 SINGLE HOMELESS AND ROUGH SLEEPER ACCOMMODATION & SUPPORT SERVICES REMODELLING & TENDER (HWB SEPT 2016).

34.1 **Resolved** - that the Single Homeless and Rough Sleeper Accommodation & Support Services Remodelling & Tender report be noted.

## 33 CQC/OFSTED SEND INSPECTION REPORT

35.1 **Resolved** – that the CQC/Ofsted SEND Inspection report be noted.

## 34 FOOD POVERTY ACTION PLAN AND NUTRITION AND OLDER PEOPLE

34.1 **Resolved** – that the Food Poverty Action Plan and Nutrition and Older People report be noted.

## 35 FUEL POVERTY AND AFFORDABLE WARMTH STRATEGY FOR BRIGHTON & HOVE

35.1 **Resolved** – that the Fuel Poverty and Affordable Warmth Strategy report be noted.

The meeting concluded at 6:30pm

Signed Chair

Dated this day of 2015



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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 Adults as well as Healthwatch. 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. Substance Misuse Service Provision in Brighton and Hove

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 22nd November 2016.

1.3 Author of the Paper and contact details:
Kathy Caley, Lead Commissioner for Substance Misuse, Brighton & Hove City Council. 01273 296557. Kathy.caley@brighton-hove.gov.uk

## 2. Summary

2.1 On the 1st April 2015, Pavilions, a new partnership of organisations began providing community substance misuse services. This paper gives a summary of services provided and an update against key performance indicators.

2.2 The paper also provides an update on the substance misuse inpatient detoxification service, as requested at the March 2016 Board; and on the residential rehabilitation service discussed at the October 2015 Board.

## 3. Decisions, recommendations and any options

3.1 This paper is presented for information.

# 4. Relevant information

## 4A Community Substance Misuse Services in Brighton and Hove

4A.1 Brighton and Hove residents requiring support for their substance misuse issues have a number of options open to them. The majority of individuals will be supported by the community substance misuse service. Adult community based substance misuse services (drug and alcohol treatment services for people aged 18 and over), are provided by 'Pavilions', a "partnership" of a number of organisations of which Cranstoun is the lead organisation, which began providing services in Brighton & Hove on the 1st April 2015, following the completion of a procurement exercise. The partnership comprises Cranstoun, Surrey and Borders NHS Trust, Brighton Oasis Project, Equinox and Cascade Creative Recovery.

4A.2 A range of treatment interventions are offered to support service users work towards recovery in a community setting. Each person entering treatment services is allocated a 'care co-ordinator' to work specifically with them around their needs. Support interventions include opiate substitute prescribing, group work programmes and peer support networks.

4A.3 Pavilions offer a number of support services, running alongside the group work programmes:

- Health promotion services – structured and ad hoc training courses and materials for individuals and organisations who may benefit from increasing their knowledge base on alcohol and drug related issues
- Needle exchange services – both at a 'static' site (currently at the Morley Street Homeless Practice, and included in the specification for the new homeless practice, with a trial about to commence in a local hostel) and within community pharmacies
- A&E liaison nurses offer support to people who present at hospital with an alcohol or drug related issue
- Family & Carers Team offering support to those affected by someone else's substance misuse
- Outreach and engagement team working with the street community and hostel residents to increase the number of individuals engaged in treatment services, and helping to reduce anti-social behaviour
- Criminal justice team working to support individuals either leaving prison or identified as committing crimes to support their addiction
- LGBT worker offering support to LGBT community to increase engagement

- Dual diagnosis nurses working collaboratively with mental health services to provide joint assessment and interventions for individuals with both a substance and a mental health issue
- Support to the 'one stop' substance misuse maternity services
- Jointly provide a 'pain management' service with the pain clinic to support individuals who are addicted to prescription pain medication

4A.4 The contract for the Pavilions service was an initial three year contract, with the opportunity to extend for a further two years. It became apparent during 2015-16 that due to the reduction in the Public Health ring-fenced grant, significant further budget reductions would be required against the community service contract. Commissioners opted to work with Cranstoun to implement these, and to utilise the two year extension to aid this. The contract is now scheduled to run until the end of March 2020.

4B Substance Misuse Inpatient Detoxification

4B.1 A small number of service users require a short medical inpatient detoxification, as part of their overall treatment programme. The duration of this is on average 10 to 14 days depending on the substance. Until 31st March 2016, Sussex Partnership Foundation Trust (SPFT) provided this service from a ward at Mill View hospital in Hove.

4B.2 In December 2015 SPFT gave notice on the provision of this service, and commissioners were required to find an alternative provider for the service. Cranstoun have a unit in Islington ('City Roads') providing this service and it was agreed to use the City Roads unit in the short to medium term for Brighton & Hove residents, given the challenges in finding alternative, value for money, provision locally.

4B.3 In March 2016 the Health & Wellbeing Board and Overview & Scrutiny Committee were updated on the changes to the service model and both asked for updates after the service had been operational for six months. A paper is also being taken to the Health Overview & Scrutiny Committee in December 2016. The experience of people using the service has been very positive, and the change in the geographical location of the service, which was one of the biggest concerns, has not been problematic. The positive feedback from service users has factored around the support arrangements for safe transport to and from City Roads and the excellent service they have received once at City Roads. There have also been reports of excellent communication between City Roads and other substance misuse services, such as Residential Rehabilitation, in Brighton and Hove. The outcomes for clients using the service have been very

positive, with 80% of service users successfully completing their detoxification.

4B.4 The service began on the 1st April 2016. As at the 21st October 2016, 46 service users have undergone detoxification at City Roads. The majority of service users are attending City Roads for an alcohol detoxification (85%). To date, 80% of service users have had a 'successful completion', meaning that they have left City Roads completely detoxed from the substance/s they were referred for.

4B.5 The inpatient detoxification contract is aligned with the broader Cranstoun community contract which is due to run until the end of March 2020.

## 4C Substance Misuse Residential Rehabilitation

4C.1 Some service users will benefit from the more intensive, structured support that can be provided in a residential programme. In Brighton & Hove residential rehabilitation is provided by two 'in-city' providers: Brighton Housing Trust's Addiction Service, and CGL's St Thomas Fund. Brighton & Hove is unusual in the approach to residential rehabilitation provision, in that services are provided in-city, as opposed to 'out of area'. Commissioners consider there to be a number of benefits to this model and have opted to continue to work with the in-city providers. A total of 79 'units' of accommodation are provided across the two providers. Performance levels for both providers are stable, with approximately 60% of all residents achieving a 'successful completion'. Both providers have systems in place to work with any service users who lapse whilst in residential rehabilitation services, with a view to supporting them to re-engage with treatment as soon as possible.

4C.2 A detailed report was taken to the Health &Wellbeing Board in October 2015, giving an overview on residential rehabilitation services, and detail on the two providers that offer these services in Brighton and Hove. The full report can be found at the following link: http://present.brighton-hove.gov.uk/Published/C00000826/M00006003/AI00047153/$20151008154233_007659_0033337_HWBReportTemplate261114.docA.ps.pdf

4C.3 Commissioners re-negotiated contracts with the existing providers of Residential Rehabilitation services, and a 20 percent budget reduction was also agreed. The contracts with the two providers of residential rehabilitation services will run until the end of March 2019, with potential to extend for one further year.

## 4D Budget Reductions to Substance Misuse Services

4D.1 Public Health has been required to make substantial savings across all commissioned services in line with the overall reduction to both the Public Health Grant and the Council budget. As a consequence savings have been made across the three elements of substance misuse treatment services.

4D.2 When community substance misuse services were put out to tender the annual budget was reduced by approximately £600k per year. After the contract was awarded, it became apparent that further budget reductions would be required. Over the life of the five year contract Cranstoun have agreed to find additional savings.

4D.3 The budget for inpatient detoxification services was reduced by £150k per year from 17/18. The budget reduction for the Residential Rehabilitation services was £138K per year.

## 4E Performance across the Substance Misuse Partnership

4E.1 There are key performance indicators within each contract. The three aspects of substance misuse service provision outlined above come together as the substance misuse 'partnership'. To establish the overall performance of the partnership indicators from the three services are looked at collectively. National and local performance data is used in quarterly contract reviews to monitor performance. The percentage of 'successful completions' from treatment services is an indicator used to assess partnership performance against other areas, and from one time period to another. This indicator takes the total number of people in treatment and calculates the percentage of those who leave treatment having been successful.

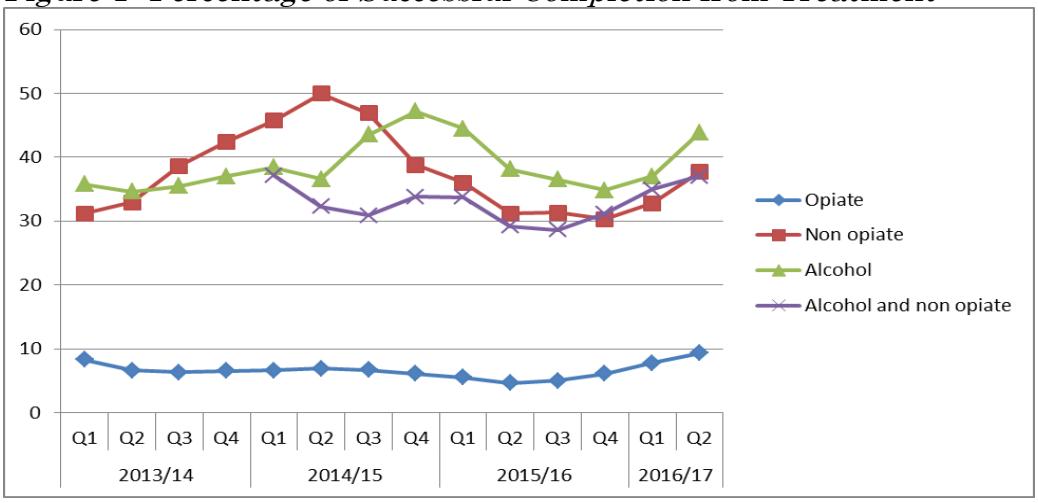
4E.2 This successful completion indicator is measured across four categories set by Public Health England. These are opiates, non-opiates, alcohol, and alcohol & non-opiates. Performance against this indicator across these four categories has fluctuated for a number of years. Development work with previous providers led to a significant increase in the number of non-opiate clients successfully exiting treatment services in early 2014/15. Likewise, an increase in alcohol successful completions was seen in late 2014/15. In all categories a reduction in performance was seen in early 2015/16.

4E.3 The first five months of 2016/17 has demonstrated a considerable improvement in performance. Figures up until August 2016 indicate increasing successful completion rates for each of the four categories. The

performance for opiate clients has had the greatest increase, and puts the Brighton and Hove Substance Misuse partnership into the top quartile range, with the highest rates of successful completions seen for a significant number of years.

4E.4 In 2015/16, performance for people accessing Pavilions for support for their alcohol issues was showing the biggest decline in performance, and had been identified as an area requiring an urgent focus. Figures for August 2016 show a ten percent increase in successful completions for alcohol, when compared to the baseline position at quarter four 2015/16. There has been both an increase in the number of people entering treatment services for alcohol support, and in the number successfully exiting treatment. Figure 1 illustrates performance against this indicator. N.B. Figures to increase to demonstrate positive achievement.

*Figure 1- Percentage of Successful Completion from Treatment*




4E.5 Performance against a number of harm reduction indicators (Hepatitis C screening and Hepatitis b vaccination) also demonstrates improved performance in the most recent data, with local performance above the national average for both indicators.

4E.6 Performance against a number of local indicators also demonstrates considerable improvements to service delivery in year two of the contract. These include increasing the number of individuals from the LGBT community engaged in treatment services, and increasing the number of people diagnosed with a 'dual diagnosis' (issues relating to both substance misuse and mental health which require joint support).

4E.7 Feedback from people using the service has also been positive. The independent Substance Misuse Service User Involvement worker

employed by Mind undertakes an annual satisfaction survey with people using services. The majority of the feedback was very positive. Specific positive feedback centred on excellent staff, who are supportive and caring, the excellent facilities now available from the new premises, and improved access to support groups and peer-led networks. Where negative feedback was received it focused on service users feeling that more time with a specific key worker was required and the need for improved communication generally. Providers take on board all negative feedback received and develop action plans to address areas of concern. An example of this has been the development of an outreach assessment service for some individuals with very complex needs, as feedback indicated that they initially struggled to attend the main base of the community substance misuse service. Instead they were supported in the community and as a result were able to engage with services.

## 5 Community Engagement and Consultation

5.1 Service user involvement is a key element of improvement work streams in substance misuse services. All providers undertake their own service user involvement with clients, and the Service User Involvement Worker, employed by Mind, provides an independent view of service delivery. Service user representatives sit on all programme boards and domain groups and input into discussions on all elements of service delivery and development.

## 6 Conclusion

6.1 There have been significant changes to the providers of substance misuse services in the last 18 months. These changes brought with them some periods of uncertainty and an initial decline in outcomes for service users. However, as new service models have been implemented and bedded in, improvements to service delivery, and most importantly, outcomes for Brighton and Hove residents can be seen. Performance against key indicators has increased, and continues to demonstrate month on month improvements in most categories. Providers have worked hard to improve service delivery and better meet the needs of those individuals they are commissioned to support. As with all commissioned services, there will be ongoing monitoring, with a view to ensuring that performance continues to improve, and that increased performance levels are sustained going forwards.

## 7 Important considerations and implications

Legal:

7.1 This report is for information only. There are no legal implications.
Judith Fisher 24.10.2016

Finance:

7.2 This report is for information only and there are no financial implications.
Mike Bentley 25.10.2016

Equalities:

7.3 Equalities, and the reduction of health inequalities, are considered in the service specification development of any Public Health service. Services will be developed to ensure that all individuals have equal access. Services take action to increase the number of LGBT and BME community members actively engaged in services.

Sustainability:

7.4 This is covered in the body of the report.

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

7.5 This is covered in the body of the report.

## 8 Supporting documents and information

8.1 None

*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 Adults as well as Healthwatch. 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. The Fast-Track Cities Initiative: 90- 90- 90

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 22nd November 2016

1.3 Author of the Paper and contact details
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## 2. Summary

2.1 This report comes to the Board following a Notice of Motion to Full Council on 20th October 2016. This paper describes HIV in Brighton and Hove and introduces the international *Fast-Track Cities* initiative which aims to support cities to end the public health threat of HIV through the achievement of the UNAIDS 90-90-90 targets by 2020.

## 3. Decisions, recommendations and any options

3.1 That the Board:

3.1.1 Agrees the Paris Declaration of 1st November 2014 and commits the Council, with the support of health partners, to the 90:90:90 target of 90% of people living with HIV being aware of their status; 90% of them being on antiretroviral treatment and 90% of those having undetectable viral loads.

3.1.2 Agrees to Brighton & Hove becoming the first city in the UK to become a fast track city and through sustained efforts work towards the ambition of the Martin Fisher Foundation strategy "Towards Zero, HIV Prevention Strategy: Working together towards Zero new HIV infections, zero HIV related deaths and zero HIV stigma in Brighton & Hove".

3.1.3 Agrees to work to end any stigma associated with living with HIV infection.

3.1.4 Agrees to put a plan in place to achieve this work, including a broad and thorough public engagement campaign, working closely with HIV community organisations in our city.

3.1.5 Agrees to investigate how the cut of 20% in HIV support services, agreed through budget council, will affect both people living with HIV and people at risk of HIV in the city.

## 4. Relevant information

### 4.1 HIV in Brighton and Hove

4.1.1 In 2014 there were an estimated 103,700 people living with HIV in the UK. Men who have sex with men (MSM) and black Africans remain the groups most affected by HIV infection.

4.1.2 In Brighton & Hove in 2014, the diagnosed prevalence of HIV was 8.1 per thousand population aged 15 – 59 years, compared to 2.2 per thousand in England. This is the 11th highest prevalence of any local authority in England and the highest outside of London.

4.1.3 1,734 adult residents of Brighton and Hove received NHS HIV-related care in 2014. Of these, approximately 91% were male and 9% female. Eighty seven per cent were white and 7% were black African. With regards to exposure, 85% probably acquired the infection through sex between men, and 13% through sex between men and women.

4.1.4 Nationally, the proportion of people living with undiagnosed HIV infection is around 17%. Approximately 14% of MSM living with HIV are undiagnosed and around 16% of black African men and 12% of black African women living with HIV also remain undiagnosed.

4.1.5 Late diagnosis rates (when the infection is diagnosed at a point when treatment should have already begun) are lower in Brighton and Hove than nationally at 29% and 42% respectively.

## 4.2 The Martin Fisher Foundation

4.2.1 The Martin Fisher Foundation (MFF) was established in the memory of the late Professor Martin Fisher who was an internationally renowned HIV clinician and researcher based in Brighton & Hove, who died last year.

4.2.1 The aim of the foundation is to reduce HIV transmissions to zero, developing Brighton & Hove as a demonstration model for how this ambition could be achieved.

4.2.2 An important element of the MFF *Towards Zero, HIV Prevention Strategy* is to support Brighton & Hove to become a *Fast-Track City* and become a key partner in the achievement of the initiative's goals.

## 4.3 The Fast-Track Cities Initiative: 90-90-90

4.3.1 The *Fast-Track Cities* Initiative is a global partnership between the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat) and the International Association of Providers of AIDS Care (IAPAC).

4.3.2 *Fast-Track Cities* aims to build upon, strengthen and leverage existing HIV programmes and resources in high HIV burden cities to support their achievement of the UNAIDS 90-90-90 targets by 2020:

- 90% of all people living with HIV (PLHIV) will know their status
- 90% of all PLHIV will receive sustained antiretroviral therapy (ART)
- 90% of all PLHIV will have durable viral suppression

And also to:

- Increase utilisation of combination prevention, including pre-exposure prophylaxis;
- Reduce to zero the negative impact of discrimination and stigma;
- Monitor progress through a standardised approach to data generation, analysis and reporting.

4.3.3 The *Fast-Track Cities* Initiative is framed around a 5-element implementation plan which addresses the key aspects necessary for a robust, city-wide HIV/AIDS response:

4.3.4 **Process and Oversight** – *Fast-Track Cities* core partners will provide support to convene Fast-Track City-wide consultations, bringing local stakeholders together to gain consensus around attaining the 90-90-90 and discrimination and stigma targets and forge co-ordinated city-wide responses.

4.3.5 **Monitoring and Evaluation** – Fast-Track cities will be supported to develop a baseline epidemiology profile and can be supported with HIV care continuum metrics guidance as needed. All Fast-Track cities will have city-specific dashboards on a global *Fast-Track Cities* web portal which will track progress towards attainment of the 90-90-90 and discrimination and stigma targets.

4.3.6 **Programme Interventions** - *Fast-Track Cities* core partners will help in brokering strategic partnerships between Fast-Track cities and other partners through which to improve or scale up management, operational, and/or programmatic aspects of local HIV/AIDS responses. The International Association of Providers of AIDS Care (IAPAC), the core technical partner, will provide capacity building and technical assistance to public health, clinical and other service providers; and PLHIV and community groups around HIV care continuum optimisation.

4.3.7 **Communications –** Fast Track cities will be supported to develop a communications plan to: improve visibility of the initiative; increase stakeholder and community engagement; share information with local and global stakeholders; and, maintain city-specific dashboards on the global *Fast-Track Cities* web portal.

4.3.8 **Resource Mobilisation –** *Fast-Track Cities* initiative core partners will work with Fast-Track cities to set targets, mobilise local and international resources, and improve efficiency to ensure that project costs are used to maximise local efforts in a sustainable way.

4.3.9 The *Fast-Track Cities* Initiative programmatic priorities are based on the following principles:

- Targeted, evidence-based biomedical, behavioural and social interventions are fundamental to each Fast-Track city's accelerated local HIV/AIDS response;
- Efforts to increase testing rates and early diagnosis are key to addressing the first, and one of the largest, gaps across the HIV care continuum;
- The role of specialist and, increasingly primary care, clinical providers is incredibly important, and the healthcare workforce itself, is key to the initiative's success, as are affected communities, including patient advocates and lay providers;
- Building an enabling environment where discrimination and stigma do not prevent people from accessing health services will underpin success across all priority actions;
- Shared responsibility, at individual- and community-levels as well as government- and civil society-levels, will ensure cities' efforts are grounded in local accountability; and
- Strategic monitoring and evaluation to inform each Fast-Track city's response and allow for city officials to measure and report progress to all stakeholders.

## 4.4 The Paris Declaration on Fast-Track Cities

4.4.1 The Paris Declaration was first signed by 27 cities from around the world on World AIDS Day 2014 in the city of Paris. As of 1st November 2015, an additional 25 cities have signed the declaration committing themselves to attaining the UNAIDS targets by 2020.

4.4.2 In signing the Paris Declaration, Mayors and Leaders of Council also commit to seven additional objectives:

1) End HIV/AIDS as a public health threat in cities by 2030
2) Put people at the centre of everything we do
3) Address the causes of risk, vulnerability and transmission
4) Use our HIV/AIDS response for positive social transformation
5) Build and accelerate an appropriate response to local needs
6) Mobilise resources for integrated public health and development
7) Unite as leaders and work with a network of cities to make this declaration a reality.

4.4.3 Table 1 below shows selected 90-90-90 data that were announced at the international AIDS conference 2016, plus local estimates of the current Brighton and Hove position. These data show that the

greatest challenge to achievement of the targets locally is to identify undiagnosed infection.

Table 1. Selected data on achievement of the 90-90-90 targets: 2016

| Fast-Track City | 90-90-90 targets | | |
|---|---|---|---|
| | 90% Diagnosed | 90% On ART | 90% Virally Suppressed |
| Amsterdam | 93% | 88% | 94% |
| Denver | 90% | N/A | 87% |
| Kyiv | 51% | 44% | 85% |
| Paris | 81% | 82% | 94% |
| **Brighton & Hove** | **83%*** | **92%** | **96%** |

*this figure is based on the national estimate that 17% of HIV infection in the UK remains undiagnosed

## 4.5 Reduction in the Public Health Budget

4.5.1 Because of the continuing reductions to the public health ring -fenced grant and the additional council savings targets, all public health commissioned services are facing a reduction in their funding over the next four years. This has necessitated new contracts being offered at reduced values to realise savings of at least 20% of the current contract values.

4.5.2 Plans to re-procure HIV prevention and social care services achieving this savings target were presented to, and agreed by the Health and Wellbeing Board in July 2016 (as opposed to budget council, as was described in the wording of an amendment to the motion on the *Fast-Track Cities* initiative shown verbatim at 3.1.5 above).

4.5.3 The service specification for the new contract prioritises interventions with the best evidence of effectiveness in preventing HIV infection and promoting sexual health.

4.5.4 The current service provider, the Terrence Higgins Trust was the successful bidder for the new contract from April 2017.

4.5.4 The impact of the budget reduction on activity and outcomes has been mitigated by the service provider achieving efficiency savings including making greater use of social media and websites.

4.5.5 An equalities impact assessment of the savings plan has been undertaken and any potential impact will continue to be monitored through contract reporting, sexual health service activity and HIV and sexually transmitted infection (STI) diagnosis rates.

## 5. Important considerations and implications

Legal:

5.1 There are no legal implications arising from this report which is submitted for consideration of the Committee by the Council following a Notice of Motion presented on 20 October 2016. Lawyer consulted: Judith Fisher; Date:10.11.2016

Finance:

5.1 Any actions to help deliver the objectives of The Paris Declaration on Fast-Track Cities must be met from within existing budget resources.

Finance Officer consulted: Mike Bentley Date: 04/11/16

Equalities:

5.2 A reduction in HIV transmission will address the inequalities for men who have sex with men (MSM) and black African communities who are disproportionately affected by HIV/AIDS.

A budget equalities impact assessment has been undertaken and any potential impacts of the budget reduction will continue to be monitored

Sustainability:

5.3 None identified.

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

5.4 This paper explicitly addresses HIV as a personal and public health issue. Children's services are out-with the scope of this paper

## 6. Supporting documents and information

6.1 N/A

*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 Adults as well as Healthwatch. 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: Annual 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 22 November 2016

1.3 Author of the Paper and contact details

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## 2. Summary

2.1 Since April 2013, local authorities and CCGs 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, and is used to inform commissioning of services that will improve outcomes and reduce inequalities.

2.2 This duty is discharged by the Health & Wellbeing Board and overseen by the City Needs Assessment Steering Group.

2.3 Each year the programme for in-depth needs assessments is proposed, by the City Needs Assessment Steering Group, to the Health and Wellbeing Board. This paper sets out the planned timetable for drafting this programme.

2.4 The current processes and outputs of the JSNA in Brighton & Hove were agreed in 2012, following updated guidance from the Department of Health and consultation with statutory organisations and the community and voluntary sector in the city. Four years on, and with many changes in statutory organisations and commissioning of services, it is timely to review the JSNA to ensure it continues to meet the needs of services, commissioners, providers and the community and voluntary sector and is sustainable in the future.

2.5 This paper sets out the planned timetable for reviewing the JSNA for approval by the Health & Wellbeing Board.

## 3. Decisions, recommendations and any options

3.1 That the Board approves the 2016 JSNA summary section updates for publication and notes the inclusion of multiple births within the maternal and infant health JSNA summary.

3.2 That the Board approves the outlined plan for review of the JSNA, with a paper to be brought in March 2017 outlining proposed changes and the programme for in depth needs assessments in 2017/18.

3.3 That the Board notes that under S218A of the NHS Act 2006 (as amended) and the NHS Pharmaceutical Services and Local Services Regulations 2013 it is required to update the pharmaceutical needs assessment by March 2018.

## 4. Relevant information

### 4.1 Background information

4.1.1 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).

4.1.2 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 Our local approach to JSNA

4.2.1 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 the council's Public Health, Adult Social Care, Children's Services, Housing, and Communities Equality & Third Sector teams; the CCG; HealthWatch; Community Works; Sussex Police and the two universities.

4.2.2 The programme has three elements:

- Overarching resources: Including the JSNA summaries (~80 sections, each updated at least every three years), data snapshots, survey briefings and Annual Reports of the Director of Public Health
- Rolling programme of in-depth needs assessments on a specific theme or population group
- 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

4.2.3 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.

4.2.4 Recently published needs assessments have included Carers; Children and Young People's mental health; Trans people.

## 4.3 JSNA summary updates 2016

4.3.1 44 of the JSNA summaries have been updated in 2016. These have been approved by the City Needs Assessment Steering Group. Following approval from the Health & Wellbeing Board the summaries will then published on the website with the link disseminated to leads and more widely.

4.3.2 As in previous years, a call for evidence from the community and voluntary sector was led by Community Works and Public Health with 14 submissions from local organisations and groups.

4.3.3 Due to changes in staff at the CCG and in the Public Health team the following sections have been deferred for update in 2017: access to cancer screening, coronary heart disease, stroke, cancer, and musculoskeletal conditions. The community assets and community resilience sections will be combined in 2017.

4.3.4 An overarching short JSNA summary will be presented to the Board in March 2017.

### 4.4 Priorities for needs assessments in 2017/18

4.4.1 The following needs assessments have recently commenced and will report in 2017: International migrants (September 2017); Advocacy services (May 2017)

4.4.2 In addition to these, Health and Wellbeing Boards are required to develop and update pharmaceutical needs assessments from 1st April 2015, and then at least every three years thereafter. The last assessment was published in March 2015 and therefore the next assessment needs to be published by March 2018.

4.4.3 Any further requirements for in-depth needs assessments will need to be balanced with these priorities.

4.4.4 Members of the Public Health intelligence team have attended the CCG Senior Management Team; Families, Children and Learning; and Health and Adult Social Care Directorate Management Teams to discuss upcoming priorities.

4.4.5 The programme for in depth needs assessments in 2017/18 will be bought to the Board in March 2017 for approval.

### 4.5 Review the JSNA

4.5.1 As set out under the summary section of this paper the JSNA was last reviewed in 2012. The Steering Group has agreed that we should review our current JSNA processes and outputs to ensure we continue to meet stakeholders' needs in a way that remains sustainable.

4.5.2 In 2012 the following activities were part of the engagement on the JSNA, informing the changes made:

- A gap analysis conducted by the then CVSF (now Community Works)
- Workshops at the CVSF Health and Wellbeing network
- An online survey
- A large consultation event on changes to the JSNA and the Joint Health & Wellbeing Strategy attended by over 100 local stakeholders

4.5.3 There was no public engagement as part of the consultation on the JSNA in 2012. This was also before HealthWatch Brighton & Hove or Patient Participation Groups were established and these routes for engagement should be considered.

4.5.4 It is suggested that, alongside other engagement activities, a workshop be held in February 2017 as part of the JSNA review.

4.5.5 The programme for 2017/18 needs assessments and suggested changes to the JSNA process will be presented to the Health & Wellbeing Board in March 2017 for sign off.

## 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. Specifically, from April 2013, local authorities and Clinical Commissioning Groups have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities.

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, and then at least every three years, thereafter. The last assessment was published in March 2015 and therefore the next assessment needs to be published by March 2018.

Lawyer consulted: Natasha Watson Date: 11/11/16

**Finance:**

5.3 The resources required to support this work are funded by public health grant and are reflected within the service and financial plans for public health.

Finance Officer consulted: David Ellis Date: 3/11/16

**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 vulnerable migrants needs assessment in tackling health inequalities in vulnerable groups.

**Sustainability:**

5.5 No implications: 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 Families, Children and Learning, Health and Adult Social Care and the CCG are part of the City Needs Assessment Steering Group which will agree the suggested needs assessments for 2017/18 and signed off the summaries updated in 2016.

## 6. Supporting documents and information

6.1 The final draft JSNA 2016 summary updates are available to view at http://www.bhconnected.org.uk/content/jsna-update-page Hard copies of the updates have also been placed in the Members' Rooms.

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/

*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. Fuel Poverty and Affordable Warmth Strategy for Brighton & Hove

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 22nd November 2016.

1.3. Contact officer:
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## 2. Summary

2.1 As previously reported to the Health and Wellbeing Board in October 2015 a Fuel Poverty and Affordable Warmth Strategy for Brighton & Hove has been developed by the Housing and Public Health departments, in consultation with key partners in the city.

2.2 The strategy (attached as Appendix 1) has been developed in response to National Institute for Health and Care Excellence (NICE) guidance released in March 2015 entitled 'Excess winter deaths and morbidity and the health risks associated with cold homes' and the national fuel poverty strategy for England, 'Cutting

the cost of keeping warm'. The NICE guidelines propose that year round planning and action by multiple sectors is needed to reduce these risks and that Health & Wellbeing Boards are best placed to develop a 'strategy to address the health consequences of cold homes'.

## 3. Decisions, recommendations and any options

3.1 That the Board note the content of this report.

3.2 That the Board approves the strategy attached at appendix 1 and the objectives outlined.

## 4. Relevant information

4.1 Public Health England's 2015 Cold Weather Plan states that cold and winter weather have direct effects on the incidence of: heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression, reduced educational and employment attainment, and risk of carbon monoxide poisoning.

4.2 A wide range of people are vulnerable to the cold, including:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant women
- people on a low income.

4.3 The UK has a relatively high rate of Excess Winter Deaths (EWD), based on international comparisons that use this definition. The EWD Index expresses excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths. The number of EWD varies between years with an average of 25,000 in England each winter. The Brighton & Hove Joint Strategic Needs Assessment (JSNA) 2015 identifies the health risks of cold homes including winter deaths. For 2012-13 the EWD Index in Brighton & Hove was 19%, equivalent to 130 Excess Winter Deaths.

4.4 According to the World Health Organisation an estimated 40% of all EWD are attributable to inadequate housing. The majority of EWD occur in those aged 65+ with 93% of EWD in England occurring in this age group during 2012-2013.

4.5 The NICE guidelines make recommendations, with the aim to:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce fuel poverty and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes.

4.6 A household is defined as being in fuel poverty if it;

- has an income below the poverty line (including if meeting its required energy bill would push it below the poverty line); and
- has higher than average energy costs.

4.7 In Brighton & Hove the 2015 Housing Strategy aims to create 'Decent Warm & Healthy Homes' under the priority of improving housing quality; however the housing stock in Brighton & Hove presents a number of challenges to improving it's energy efficiency. The 2008 House Condition Survey showed that the age profile of the total private housing stock differs from the average for England in that there is a substantially higher proportion of pre 1919 stock at 40% compared to the national average of 25%. Many private sector properties are labelled 'hard to treat' (e.g. those with solid walls) in relation to standard energy efficiency measures.

4.8 The 2011 census showed that the size of the private rented sector in Brighton & Hove has increased by 37% since 2001 with an extra 10,691 homes. Two out of every seven households in the city are now renting from a private landlord, with the city having the 9th largest private rented sector in England & Wales with a total of 34,081 private rented homes.

4.9 The factors outlined above can consequently impact on the ability of homeowners, landlords and tenants to improve the energy efficiency of properties and therefore on occupiers to live in warm and healthy homes. The most recent annual fuel poverty statistics report estimated that over 15,000 (12.3%) of the city households were estimated to be living in fuel poverty in 2014, higher than the average for the south east region (8.3%). The report also estimated that across England as a whole the level of fuel poverty is

considerably higher in the private rented sector (20% of all households in this tenure are estimated to be fuel poor). This tenure is associated with relatively poor energy efficiency ratings and relatively low incomes which are key drivers of fuel poverty.

4.10 To support the recommendations within the NICE guidelines and subsequent objectives in the draft strategy, along with partners across the city, we continue to look for possible funding streams to support and escalate work to support vulnerable householders across the city. A successful bid, co-ordinated by Brighton & Hove Citizens Advice Bureau, to the British Gas Energy Trust Warm Homes Fund 2015-16, secured £395,000 for work in this area throughout 2016. The Council supported this bid to ensure it fits with the strategic challenges and approach outlined within the strategy.

4.11 Further to the NICE recommendations, addressing energy inefficient housing and bringing homes up to a minimum standard of thermal efficiency would have the greatest impact on the most vulnerable households. The Council continues to explore options and different models for the delivery of investment into the city's housing, across all tenures. This includes the work we have carried out with partners in Your Energy Sussex and emerging models that enable the Council to lever in new investment outside of both the general fund and HRA capital investment programmes. Many private sector landlords in the city are keen to work with the council to increase investment in the local housing stock to improve quality; we will work closely with this group to explore the most effective way to achieve this.

4.12 The Public Health funded Warm Homes Healthy People Programme currently operates annually on a limited budget, addressing risks to the most vulnerable groups. Continuation of this programme will be subject to future budget allocation.

4.13 Cold homes pose a significant risk to vulnerable residents' health; this has an impact on people's lives, contributes to preventable winter deaths and creates significant pressure on a variety of services, including the NHS, which is estimated to spend £1.36bn every year treating illnesses caused by cold homes.

4.14 Consultation and feedback from residents and partners from previous projects and programmes has been used to inform the development of the draft strategy. A consultation workshop was held with key partners in January 2016, using knowledge and

experience from all sectors to inform the development of the strategy and ensure a good representation of community views. In addition some specific briefings and meetings have been carried out. A report on the consultation is attached as Appendix 2.

## 5. Important considerations and implications

5.1 Legal

The Housing & New Homes Committee has delegated power to discharge the council's functions in relation to the council's Housing Strategy. It is appropriate for the Committee to review the draft Fuel Poverty & Affordable Warmth Strategy as it supports the Housing Strategy.

The HWBB are asked to approve the strategy referred in the report. The report sets out that the strategy has been developed against the NICE guidelines referred to. Addressing the issues arising from fuel poverty identified in the report will assist the Council and other agencies to meet their statutory duties to a range of vulnerable people.

*Lawyer Consulted:* *Liz Woodley & Natasha Watson*
*Date: 09.09.16*

5.2 Finance

A successful bid, co-ordinated by Brighton & Hove Citizens Advice Bureau, to the British Gas Energy Trust Warm Homes Fund 2015-16, secured £395,000 for work in this area throughout 2016. Any costs to the Council associated with implementing the Fuel Poverty and Affordable Warmth Strategy will be met from current Council budget resources although the Council, with its partner organisations, continues to look for possible funding streams to support and escalate work to support vulnerable householders across the city.

*Finance Officer Consulted: Monica Brooks* *Date: 09/08/16*

5.3 Equalities

A full Equalities Impact Assessment has been carried out alongside the development of the Fuel Poverty & Affordable Warmth Strategy (attached at Appendix 3).

In 2013, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. However

people aged 75+ experienced the deepest levels of fuel poverty. The vast majority of EWD in England occur among those aged 65 or over. As in previous years in England and Wales, there were more excess winter deaths in females than in males in 2012-13.

Fuel poverty is a contributor to social and health inequalities. In 2013, all fuel poor households in England came from the bottom four income decile groups. Unemployed households in England have the highest rates of fuel poverty across all economic activity groups and lone parent households have consistently been more likely to be in fuel poverty. People who have a long term illness or disability are also more likely to be fuel poor than those who do not.

Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions. This is likely to vary across different groups, for example for people with language barriers (such as minority ethnic communities), and those who have limited social networks and connections with their local community, such as isolated older people and people with learning disabilities.

5.4 Sustainability

The most effective way to tackle fuel poverty and address the issue of cold homes and impacts on health for the long term is to improve the energy efficiency of the city's homes. This also has the potential to reduce CO2 emissions from the city's housing, which currently makes up the largest proportion (42%) of the city's total emissions.

The aims and objectives of the strategy have a significant impact on improvements to the health and wellbeing of some of the city's most vulnerable residents.

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

Strategically addressing cold homes and fuel poverty in vulnerable groups will contribute to the prevention of ill health and excess winter deaths, reduce health and social inequalities, and improve wellbeing and quality of life. The importance of tackling fuel poverty is reflected by its inclusion in the Brighton & Hove Health and Wellbeing Strategy.

# 6 Supporting documents and information

Appendix 1: Fuel Poverty & Affordable Warmth Strategy
Appendix 2: Consultation Report
Appendix 3: Equality Impact Assessment

Brighton & Hove City Council

# Brighton & Hove

# Fuel Poverty and Affordable Warmth Strategy

# 2016-2020

## Foreword

The 2015 national fuel poverty strategy for England; 'Cutting the cost of keeping warm' is based on the ambition that;

'A home should be warm and comfortable and provide a healthy and welcoming environment that fosters well-being', and that it is 'unacceptable that many people are prevented from achieving such warmth due to the combination of having a low income and living in a home that cannot be heated at reasonable cost'.[1]

Such ambitions also underpin this strategy for the City of Brighton & Hove. During every winter, people in Brighton & Hove suffer from the adverse effects of cold homes. Many subsequent deaths and hospital admissions are preventable with systematic and co-ordinated action. They are not inevitable and, with ever-rising fuel bills, now is the time to act.

This strategy and the objectives contained, outline the risks to vulnerable people of living in a cold home and how these risks can be addressed. It builds on the 2015 National Institute for Health and Care Excellence (NICE) guideline 'Excess winter deaths and morbidity and the health risks associated with cold homes', with a tailored approach for Brighton & Hove, building on previous work and current established programmes.

This approach requires partnership working across a number of agencies in the city from all sectors. We know which groups are most at risk, which service providers work with them and the types of interventions that can have the greatest impact. The aim of this strategy is to bring together our knowledge and resources to support our residents to live in warm and healthy homes.

[1] Cutting the cost of keeping warm, A fuel poverty strategy for England, March 2015

## Contents



## Appendices

## 1. Executive Summary

This strategy has been developed in response to the release of the National Institute for Health and Care Excellence (NICE) guidance released in March 2015 entitled 'Excess winter deaths and morbidity and the health risks associated with cold homes'. The guidance provides evidence based recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The health problems associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather, and winter death rates across England increase at temperatures below about 6°C. The NICE guideline recommends that year-round planning and action by multiple sectors is undertaken to reduce these risks. Accordingly, the guideline is aimed at commissioners, managers, housing providers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home.

With the NICE guideline as a basis, this strategy has been developed to address the general risks associated with cold homes and fuel poverty, whilst taking into account the local challenges, resources and opportunities in Brighton & Hove. The strategy has been developed based on a partnership approach, acknowledging the knowledge and expertise of local organisations and their networks engaged in day to day support of some of the city's most vulnerable residents. This approach aligns with the ambition for Brighton & Hove to be a 'connected city' and with the priorities in the city's Sustainable Community Strategy, in particular around health and wellbeing and the aim that;

'We will work collaboratively with public, private and voluntary care providers to meet the needs of the population in an innovative, effective and efficient way as possible.'[2]

This strategy presents the national and local context and relevant drivers for action, describes the risks to health from cold homes and outlines how, as a city, we can tackle this issue under six key objectives:

[2] Sustainable Community Strategy for Brighton & Hove
http://www.bhconnected.org.uk/sites/bhconnected/files/Introduction%20to%20SCS%20doc..pdf

1. **Increase the energy efficiency of the city's housing stock**
2. **Support residents struggling to pay their energy bills**
3. **Improve awareness and understanding of fuel poverty**
4. **Work together to tackle fuel poverty through partnership and learning**
5. **Increase effective targeting of vulnerable fuel poor households and those most at risk of the health impacts of cold homes**
6. **Maximise resources and opportunities for tackling the causes fuel poverty**

## 2. Fuel Poverty & Affordable Warmth

The struggle to affordably heat homes is not a new issue, however the term ‘Fuel Poverty’ and it’s distinction from ‘poverty’ in general began to be more widely acknowledged through the 1980’s. The first Fuel Poverty Strategy for the UK, adopted in 2001, set out a way that fuel poverty could be measured. Known as the ‘10% definition’, this indicator considered a household to be fuel poor if it needed to spend more than 10% of its income (measured before housing costs) on fuel to maintain an adequate standard of warmth. For the purpose of this strategy '**Affordable Warmth**' means a household is able to afford to heat their home to the level required for their health and comfort without entering into fuel poverty.

Significant fluctuations in the numbers of fuel poor households through the late 1990’s to 2010 made it clear that the 10% indicator was very sensitive to energy prices. High prices were bringing some people who were reasonably well-off but lived in large, inefficient homes into the fuel poverty statistics. There was concern that there was a danger of both underplaying the effectiveness of support schemes and undermining good scheme design, to ensure that the most vulnerable households were targeted.

In response to these concerns, Professor Sir John Hills of the London School of Economics undertook an independent review of fuel poverty, to assess its causes and impacts and to make recommendations on a more effective way of understanding and measuring the problem. Professor Hills made two key recommendations, both of which were adopted by the Government:

- to adopt a new Low Income High Costs indicator of fuel poverty; and
- to adopt a new fuel poverty strategy for tackling the problem.

Consequently fuel poverty in England is measured using the Low Income High Costs indicator, which considers a household to be fuel poor if:

- they have required fuel costs that are above average (the national median level);

- were they to spend that amount, they would be left with a residual income below the official poverty line.

The Low Income High Costs (LIHC) indicator allows the measurement of not only the extent of the problem (how many fuel poor households there are) but also the depth of the problem (how badly affected each fuel poor household is). It achieves this by taking account of the 'fuel poverty gap', which is a measure of how much more fuel poor households need to spend to keep warm compared to typical households.

The three key elements which affect whether a household is fuel poor or not are:

- Household income
- Fuel bills
- Energy consumption (dependent on the lifestyle of the household and the energy efficiency of the home)

The national fuel poverty strategy for England 'Cutting the cost of keeping warm' showed the characteristics of a typical fuel poor household;

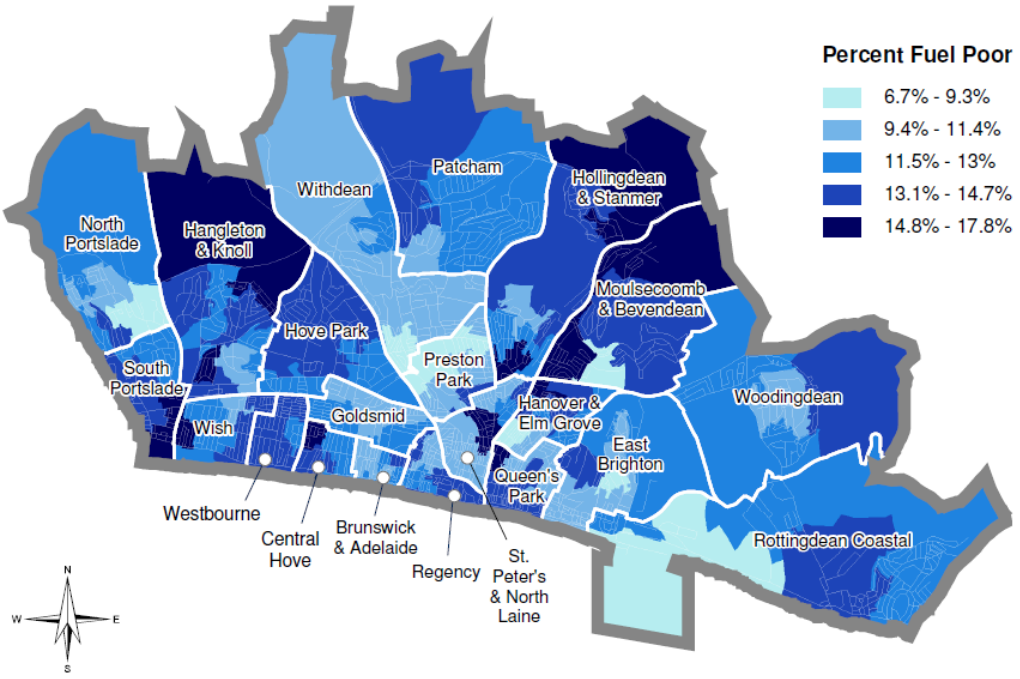
- Mainly families
- Living in larger homes
- Usually private tenure
- Living in older dwellings

It is worth noting however that the characteristics of a fuel poor household can change over time, depending on a number of factors such as fuel prices, changes to household incomes influenced by welfare reform and changes in the housing market. The latest available statistics (for 2014, released in 2016) identified, in terms of household characteristics, that lone parent households are the most likely to be in fuel poverty (22% of this group), with couples without dependent children (of all ages) and single elderly households the least likely groups to be fuel poor (approximately five per cent of these groups). However, as the age of the oldest person in a household increases, so does the average fuel poverty gap.

The Annual Fuel Poverty Statistics Report (2016) estimated that in 2014, 2.38 million households in England were in fuel poverty, representing approximately 10.6% of all households in England. In the South East region fuel poverty was estimated to affect 8.3% of households and in Brighton & Hove the figure was estimated to be 12.3% (15,459 households), higher than both the national and regional averages.

In England, the average fuel poverty gap in 2014 was £371. There are no figures available for the average fuel poverty gap in Brighton & Hove.

The map below shows the estimated distribution of fuel poor households in Brighton & Hove in 2013. However, caution should be exercised when viewing fuel poverty statistics relating to a geographical area smaller than local authority (see note below).






Source: Department of Energy and Climate Change (2015) Sub-regional fuel poverty levels, England, 2013

**Note:** estimates of fuel poverty are robust at local authority level, but are not robust at very low level geographies. Estimates of fuel poverty at Lower Super Output Area (LSOA) should be treated with caution. The estimates should only be used to describe general trends and identify areas of particularly high or low fuel poverty. They should not be used to identify trends over time within an LSOA, or to compare LSOA's with similar fuel poverty levels.[3]

[3] Department of Energy & Climate Change, Annual Fuel Poverty Statistics Report 2015

## 3. Health Impacts of Cold Homes

Public Health England's 2015 Cold Weather Plan states that winter weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression, reduced educational and employment attainment, and the risk of carbon monoxide poisoning if boilers and appliances are poorly maintained or poorly ventilated.

Extreme cold can kill directly through hypothermia, however, this is rare. Diseases of the circulation, such as heart attack and stroke, account for around 40% of excess winter deaths while respiratory illness accounts for approximately one third of the excess deaths. The onset of cold weather leads to an almost immediate increase in weather-related deaths, which can remain raised for up to four weeks. Negative health effects start at relatively moderate outdoor mean temperatures of 4-8°C. Although the risk of death increases as temperatures fall, the higher frequency of days at moderate temperatures in an average winter means the greatest health burden, in absolute numbers of deaths, occurs at more moderate temperatures.

The UK has a relatively high rate of Excess Winter Deaths (EWD), based on international comparisons that use this definition. The EWD Index expresses excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths. Overall, the number of EWD varies between years with an average of around 25,000 in England each winter. The majority of EWD occur in those aged 65+ with 92% of EWD occurring in this age group during 2011-2013 in England and Wales. The Brighton & Hove Joint Strategic Needs Assessment (JSNA) 2015 identifies the health risks of cold homes, including winter deaths. For 2008-11 the EWD Index in Brighton & Hove was 20%, equivalent to an average of 135 EWD per year.[4] However, local excess winter mortality is highly variable year on year and shows no clear trend. ‘Cutting the cost of keeping warm: A fuel poverty strategy for England’ (Department for Energy and Climate Change, March 2015) states:

[4] Office for National Statistics. Excess Winter Mortality in England and Wales, 2014/15 (Provisional) and 2013/14 (Final); 2015.

‘The link between fuel poverty and health and well-being is recognised and we are committed to developing a means of measuring this. There is no reliable indicator that can be used at this stage. The oft-cited rate of Excess Winter Deaths is not a reliable measure of the success or failure of fuel poverty policy. This is because there are many factors that determine these figures, such as how cold a specific winter is, whether there were any flu epidemics over that winter and how severe they were. Indeed, analysis of the Excess Winter Deaths data for England shows the most recent peak of 29,500 in 2012/13 was immediately followed by 17,000 in 2013/14, the lowest rate on record.’

EWD are almost three times higher in the coldest quarter of housing than in the warmest quarter. According to the World Health Organisation, between 30% and 50% of all EWD are estimated to be attributable to cold indoor temperatures.[5] In the recent past, the rate of EWD in England was twice the rate observed in some colder northern European countries, such as Finland. The NHS is estimated to spend £1.36bn every year treating illnesses caused by cold homes.

The risks of cold homes and the resulting impact on health are recognised by Brighton & Hove City Council and this has been reflected in:

- Excess Winter Deaths and Fuel Poverty Joint Strategic Needs Assessment section
- Director of Public Health Annual Report 2015
- BHCC Housing Strategy 2015

The National Institute for Health and Care Excellence (NICE) guideline makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The guideline acknowledges that the health problems associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather. They propose that year-round planning and action by many sectors is needed to combat these problems. Accordingly, they are aimed at commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home.

[5] World Health Organisation ‘Environmental burden of disease associated with inadequate housing’ – 2011 http://www.euro.who.int/__data/assets/pdf_file/0003/142077/e95004.pdf?ua=1

The NICE guideline identifies a wide range of people as vulnerable to the cold, including:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant women
- people on a low income.

The guideline makes recommendations, with the following aims:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce ‘fuel poverty’ and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes

## 4. National Policy Context

The legal framework for tackling fuel poverty in England is laid out in primary legislation through the Warm Homes and Energy Conservation Act 2000 and in secondary legislation, by the Fuel Poverty (England) Regulations 2014.
This set of regulations, which became law on 5 December 2014, gives effect to the new fuel poverty target;

**'to ensure that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of Band C, by 2030.'**

The regulations also set some interim Milestones:

**(i) as many fuel poor homes as is reasonably practicable to Band E by 2020 and**
**(ii) as many fuel poor homes as is reasonably practicable to Band D by 2025**

Minimum Energy Efficiency Standards

These regulations that introduce minimum energy efficiency standards on the private rented domestic property sector in England & Wales were approved by both Houses of Parliament in March 2015, as part of the Energy Act 2011.

From April 2018, private landlords will be required by law to ensure their properties meet an energy efficiency rating of at least Band E. From 1 April 2016, tenants living in F and G rated homes will have the right to request energy efficiency improvements which the landlord cannot unreasonably refuse, providing they do not present 'upfront costs' to the landlord.

Predicted future need

Over the next 40 years, global temperatures are set to rise. Even with climate change, however, cold related deaths will continue to represent the biggest weather-related cause of mortality.

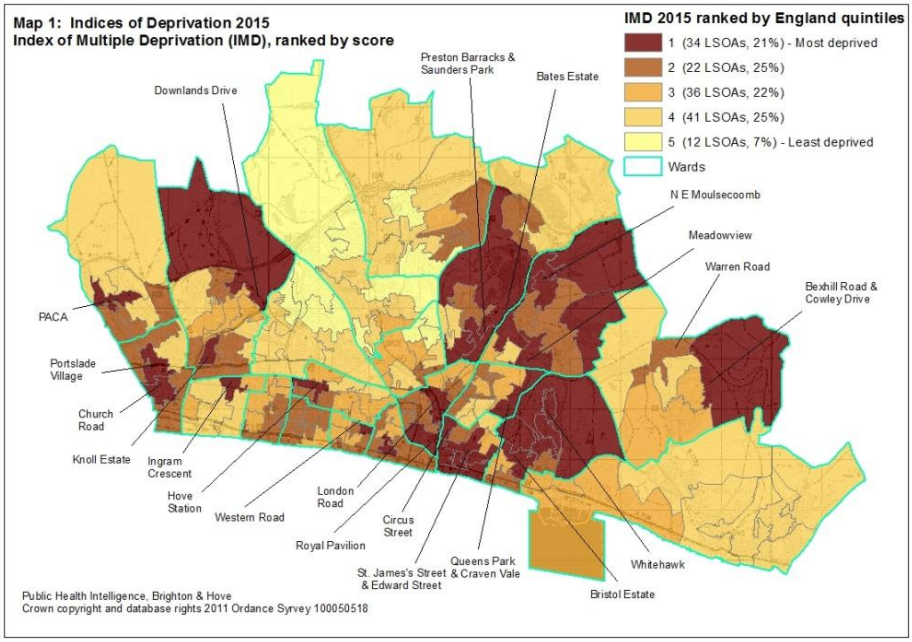
The number of fuel poor households in England is projected to fluctuate slightly during 2015 and 2016, with a slight drop in 2015, before increasing back to levels similar to 2014 in 2016.

The long-term trend in energy prices is likely to be one of continual increase and rising housing costs represent a constant challenge to the reduction of fuel poverty. Addressing energy inefficient housing and bringing all homes up to a minimum standard of thermal efficiency would have the greatest impact on the most vulnerable households.

## 5. Challenges in Brighton & Hove

Brighton & Hove is a popular place to live, work and visit. However, it is also a place of contrast, with areas of affluence and areas of deprivation, where residents can experience significant inequality compared to others in the city in terms of access to suitable housing, employment, health and life expectancy. Pressures from an increasing population, high property prices, pockets of poor quality housing, limited opportunities for new development and the effects of welfare reform are impacting on many families, particularly the most vulnerable people living in the city. The city has one of the highest average house prices outside London, coming within the top 10 local authorities and high rents in the private rented sector making rent unaffordable for many households.

We know from the Index of Multiple Deprivation 2015 (IMD 2015) that out of 326 authorities, Brighton & Hove is ranked the 102nd most deprived authority in England (using the most commonly used summary measure, average score). This means the city is among the third (31%) most deprived authorities in England. Under the IMD at the Lower Super Output Area (small areas of around 1,500 residents / 650 households) level there are 17 neighbourhoods (10%) in Brighton & Hove in the 10% most deprived in England. In total, 34 LSOAs in Brighton & Hove (21%) are in the 20% most deprived areas in England.



In the IMD ‘Barriers to housing and services’ domain, of 326 local authorities in England, Brighton & Hove is ranked 73 most deprived, meaning that we are ranked just in the second quintile (22%) of most deprived authorities in England for barriers to housing and services. This domain is split into two sub-domains; the ‘Geographical sub-domain’ and the ‘Wider barriers sub-domain’. Whilst the city fairs relatively well in terms of ‘geographical barriers’ in comparison with other areas the wider barriers sub-domain identifies relatively higher levels of deprivation. Measuring housing affordability, homelessness and household over-crowding, more than two thirds of Brighton & Hove’s LSOAs (116, 70%) are in the most deprived 20% for the wider barriers (housing) sub-domain.

Through measuring housing in poor condition and houses without central heating, IMD also compares ‘Indoor living environment’ of different areas. When combined with outdoor living environment, the IMD shows that of 326 authorities in England, Brighton & Hove is ranked 36 most deprived, meaning we are the in the first quintile (11%) of most deprived authorities in England for our living environment.

The Private Sector House Condition Survey 2008 reported that a third of the city’s housing stock (up to 37,000 homes) is considered to be non decent. The survey also showed that the age profile of the private stock differs from the average for England in that there is a substantially higher proportion of pre 1919 stock at 39.8% compared to the national average of 24.9%. Overall the stock profile is older than the national picture with 65.7% built before 1945 compared to 43.4% in England as a whole. There are in excess of 30 conservation areas in the city where planning controls are tighter in order to protect its special character. The city is known internationally for its extensive Regency and Victorian architecture and has around 3,400 listed buildings. These factors can consequently impact on the ability of home owners, tenants and landlords to improve the energy efficiency of homes and consequently on residents to live in warm and healthy homes.

The 2011 census showed that the size of the private rented sector in Brighton & Hove has increased by 37% since 2001 with an extra 10,691 homes. Two out of

every seven households in the city are now renting from a private landlord, with the city having the 9th largest private rented sector in England & Wales, with a total of 34,081 private rented homes. In England (2014), 20% of all private rented households were in fuel poverty, compared to 7% of owner occupiers and 11.5% of social renters.[6]

The 2015 Housing Strategy aims to create 'Decent Warm & Healthy Homes' under the priority of improving housing quality, however the housing stock in Brighton & Hove presents a number of challenges to improving its energy efficiency. The last few years have seen significant changes to the funding available to deliver the objectives outlined in the housing strategy, which means looking at new ways of working to support local people. These changes include the removal of private sector renewal funding that helped owners and landlords improve the quality of their homes. This funding enabled significant numbers of energy efficiency improvements in the housing stock, with a particular focus on our more vulnerable residents.

[6] Department of Energy and Climate Change. Fuel Poverty Trends 2003-2014; 2016.

## 6. Achievements & Opportunities

Through a number of measures, the city council has worked to improve the quality of homes in the city by increasing energy efficiency and reducing the city's carbon footprint. A number of initiatives have been successful;

**Private Sector Renewal**: From 2009, more than £9m has been invested in enabling over 4,500 homes to be made decent or moved towards decency. This included 2,438 energy efficiency measures installed and 1,592 tonnes of $CO_2$ saved.

**Brighton & Hove Warm Homes, Healthy People Programme:** Since 2011, the Public Health and Housing teams have overseen this annual programme of support to some of the city's most vulnerable residents. Initially funded by bids to the Department of Health totalling £200,000 in 2011 and 2012, the Brighton & Hove Warm Homes, Healthy People Programme is currently funded by Public Health. Delivered through a range of partner agencies across the city, this annual programme has to date delivered:

- 33 fuel poverty awareness training sessions to 235 front line workers
- 150 winter home checks to make homes safer and warmer
- 198 home energy advice and assessment visits
- 25 emergency home visits to check welfare and deliver 59 emergency warmth packs
- 215 warm packs to rough sleepers
- 33,500 awareness raising leaflets and 17,500 room thermometers to residents
- 15 community outreach workshops and 2 affordable warmth information events
- 186 emergency winter grants totalling £32,225
- 434 financial inclusion checks

The financial inclusion checks have resulted in a total of £734,415 in confirmed and likely annual income increases for residents – an average of around £1,700 per household, per annum.

**Government funding:** £411,000 was secured for energy efficiency improvements to vulnerable householders in the private sector through a joint bid with Eastbourne Borough Council. Through the 'Your Warm Home' project 100 vulnerable households

in the city were assisted by a case-worker to improve the energy efficiency of their home through insulation and heating upgrades. The Your Warm Home project, delivered with partners, also funded energy cafes in communities across the city, providing advice to residents about behaviour change and measures they could take to improve the energy efficiency and thermal comfort of their homes. Through Green Deal Pioneer Places, £221,000 was secured for 100 free Green Deal assessments, and retrofits to 10 houses across the city.

**Council housing stock** has achieved 100% decency through an intensive programme of improvements undertaken via a long term partnership between Mears and the council. Energy efficiency of homes has improved and residents heating bills have been cut by replacing boilers and installing insulation such as solid wall, cavity wall, loft and floor. There has also been significant investment in renewable heat and electricity installations.

**Working with private sector landlords:** Through the Strategic Housing Partnership we are working with landlords through both the Southern Landlords Association and the National Landlords Association to explore ways to improve the energy efficiency of privately rented homes. We are assessing models that can deliver investment that is affordable for both tenants and landlords.

**Your Energy Sussex:** The city council continues to explore options for improving the energy efficiency of the city's housing stock, including exploring different investment opportunities and other funding streams. With this in mind we have worked closely with Your Energy Sussex, a partnership of local authorities, to develop models for energy efficiency, energy generation and supporting residents across the region to reduce their energy bills.

**Local expertise:** We have two local universities well positioned to support organisations to meet the challenges outlined within this strategy. Through both the University of Brighton Green Growth Platform and Sussex University's Social Policy Research Unit, we have a number of local experts and academics with whom we look to work collaboratively.

There is a vibrant SME sector in the city, working across the sustainability agenda including energy efficiency. There are two energy co-ops based in the city working on projects to increase renewable energy generation, community ownership of energy and energy efficiency. Both Brighton Energy Co-op and Brighton & Hove Energy Services Co-op have had success in raising and bidding for funding for local projects.

There is an engaged and active community and voluntary sector in the city supporting residents around different vulnerabilities, financial inclusion and housing issues. The city council partners with these organisations wherever possible to ensure the reach of programmes of support to our most vulnerable residents. Our previous work and the input of partners has been reflected throughout this strategy.

**Warmth For Wellbeing** is a significant programme of work to address the health impact of cold housing on vulnerable residents in the city during 2016. Following a collaborative bid to the British Gas Energy Trust's 'Healthy Homes' fund, a local partnership led by Citizens Advice Brighton and Hove was awarded £395,158 to establish a Single Point of Contact Affordable Warmth Referral System. Targeted to those most at risk from adverse health effects of cold homes, a partnership of 14 community and voluntary sector organisations offers holistic support to those referred, including:

- in-depth financial and housing advice and casework
- small grants to make homes warmer
- home energy assessment and provision of low cost energy efficiency measures
- single point of contact Freephone advice line

A central, electronic referral system ensures that those referred are supported to access all elements of the programme as appropriate. The programme is also providing fuel poverty and energy awareness training for front line workers across the city and a fuel poverty online learning module.

## 7. Objectives of Strategy

Through working in partnership across the city and the wider area we want to ensure that households, and in particular those considered to be most vulnerable, are able to live in warm homes that support good health and wellbeing.

With consideration of both the NICE guideline referred to in Chapter 3 and the ambitions contained in the national Fuel Poverty Strategy 'Cutting the Cost of Keeping Warm', the objectives below have been drafted based on input and feedback from key partners across the city. In considering what the council and the wider city partnership can do, we need to recognise the challenges all partners face in the context of the current economic climate and welfare reform.

The funding challenges faced by the city council, wider public sector and third sector need to be addressed by making the best use of the resources available across organisations. This strategy comes at a time where the council is required to save £102m over the period 2015/16 to 2019/20 and follows the removal of private sector renewal funding that helped owners and landlords improve the quality of their homes. Recognising the challenges we face, the city council wants to support communities to realise their potential and to create a cultural shift from reliance on traditional support. The partnership approach proposed within this strategy reflects this and the diversity of our city.

We will look to build on the current partnership with the local Clinical Commissioning Group, as part of the Warmth for Wellbeing project, to ensure that our interventions are targeted at those residents in the city most at risk from the health impacts of living in a cold home, working through the GP clusters specifically.

Aligned to the recommendations contained within the NICE guideline and our previous experience and learning, this strategy contains a number of objectives to address the causes of fuel poverty and the impacts on residents lives from living in cold homes. In developing the strategy and its objectives, we have taken into account the significant equalities considerations that impact on these issues. These considerations have been identified through the related equalities impact assessment; however it is worth highlighting some specific issues here.

Poor home energy efficiency affects people with low incomes more severely because it affects life chances and how they spend disposable income on other essential items such as food and clothing. Fuel poverty and cold homes can have an even greater health impact on a range of people, including those with disabilities and long-term health conditions and older people.

The council has a legal duty under the Equality Act 2010 to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, sex, sexual orientation, and marriage and civil partnership). Through the strategy and looking forward to future action, we will pay due regard to these duties, including to:

- remove or minimise disadvantages suffered by equality groups
- take steps to meet the needs of equality groups
- encourage equality groups to participate in public life or any other activity where participation is disproportionately low, and
- consider if there is a need to treat disabled people differently, including more favourable treatment where necessary.

The council will also look at how we can foster good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.

The Brighton & Hove Warm Homes Healthy People Programme 2013-14 found that 84% of programme recipients who completed the evaluation form got into debt or cut down on buying essential items in order to heat their home. 51% stated that they or other people in the household had reduced the size of meals or skipped meals in the last six months because there wasn't enough money for food.

In 2014, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. However, older people had a larger average

fuel poverty gap, meaning they experience the deepest levels of fuel poverty. Unemployed households in England have the highest rates of fuel poverty across all economic activity groups. Lone parent households have consistently been more likely to be in fuel poverty. However, the depth of fuel poverty is lowest in lone parent households. People in England (2012) who have a long term illness or disability are more likely to be fuel poor than those who do not.

The objectives below are aimed at supporting all residents in the city struggling to affordably heat their homes, with a specific focus on those most at risk as outlined throughout the strategy. They have also been developed in the context of the wider priorities the council has identified, grounded on delivering the following ambitions;

**A good life:** Ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable.
**A well run city:** Keeping the city safe, clean, moving and connected.
**A vibrant economy:** Promoting a world class economy with a local workforce to match.
**A modern council:** Providing open civic leadership and effective public services.

These objectives and the ambition of the strategy must be considered in light of the challenges faced by the council and the city, reflected more widely across the country, about what councils should be doing and how they should be doing it. The dilemma is that councils and public services more generally cannot continue in the same way, since public spending is reducing, populations growing and costs are rising. These challenges place even greater emphasis on the need for a partnership approach, reflected through the NICE guideline and reflected throughout this strategy. In light of these challenges, the city council has recognised that by 2020 it will:

- become a **smaller**, more efficient organisation, working as one, with a reduced budget, fewer employees and fewer directly provided services;
- **collaborate** more with other public services, the community and voluntary sector and businesses to find common and jointly owned solutions;
- **positively** enable more citizens to play an active role in the creation and

provision of services for their local community;

- create a more **connected** council with more shared services, with other providers and other places.

## Evaluation and Reporting

Annual updates will be provided to both the Housing and New Homes Committee, and the Health and Wellbeing Board, on the strategy and progress against the objectives outlined below. A more detailed action plan will be developed and monitored in collaboration with partners to track and review progress.

**Objective 1**

**Increase the energy efficiency of the city's housing stock**

**What we intend to do**

**1.1** Support and encourage residents to access advice and support to improve the energy efficiency of their homes, including access to local and national funding opportunities

**1.2** Continued investment into the council's own housing stock through available grant funding and the HRA capital programme in line with the HRA Asset Management Strategy

**1.3** Work with registered housing providers, private landlords, letting agents and tenants to improve the energy efficiency of homes

**1.4** Work with private landlords, letting agents and tenants to ensure compliance with Minimum Energy Efficiency Standards guiding the energy efficiency of private rented homes

**1.5** Continue to work with local partners through the Your Energy Sussex partnership to identify models and funding opportunities that enable all householders to make energy efficiency improvements to homes that provide affordable warmth

**1.6** Through existing schemes and services overseen by the council's Private Sector Housing Team (e.g. Housing Health and Safety Rating System, Houses of Multiple Occupation Standards), work with landlords to ensure quality housing in the private rented sector

**1.7** Through planning processes, ensure standards in new development supports households to achieve affordable warmth

**Objective 2**

**Support residents struggling to pay their energy bills**

**What we intend to do**

**2.1** Support the ongoing development and resourcing of a Single Point of Contact Affordable Warmth Referral System

**2.2** Support the provision of tailored solutions via the Single Point of Contact Affordable Warmth Referral System for people living in cold homes

**2.3** Explore effective methods to assess heating needs of those most at risk who use primary health and home care services

**2.4** Explore opportunities for a switching scheme for Brighton & Hove / local area that involves a process to support and encourage vulnerable residents to access less expensive energy tariffs and methods of paying for energy

**2.5** Work with local advice agencies to ensure residents have access to advice on housing, benefits, money and energy

**2.6** Ensure signposting is in place to national and local schemes designed to support people struggling to pay for energy / keep their homes warm

**2.7** Where resources are available, support programmes of behaviour change across housing tenures aimed to reduce energy bills and keep warm affordably through energy saving advice

**Objective 3**

**Improve awareness and understanding of fuel poverty**

**What we intend to do**

**3.1** Improve communication and promotion to the general public of the health risk of cold homes, to increase awareness of risks and the support available

**3.2** Train health and social care practitioners to identify and support those residents most at risk from cold homes

**3.3** Provide easy to understand and accessible information to professionals, front line workers and volunteers to support and refer people in fuel poverty and living in cold homes

**3.4** Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing

**3.5** Increase understanding of the issue for front line workers across all sectors through sharing of resources and learning tools, in particular develop an accessible online learning tool

**Objective 4**

**Work together to tackle fuel poverty through partnership and learning**

**What we intend to do**

**4.1** Establish cross sector Fuel Poverty & Affordable Warmth steering group to deliver related action plan, monitor progress against strategy objectives and coordinate a city wide response.

**4.2** Build upon existing networks to promote available support to all sectors, relevant organisations and communities across the city

**4.3** Work alongside community groups to reach isolated individuals and communities across the city

**4.4** Through the Health & Wellbeing Board and constituent organisations, explore how the objectives and actions related to this strategy can work with and complement other programmes aimed at improving the health and wellbeing of local people

**4.5** Explore through the Strategic Housing Partnership how the housing sector can work in partnership with health, social care and voluntary sector providers to tackle fuel poverty

**Objective 5**

**Increase effective targeting of vulnerable fuel poor households and those most at risk of the health impacts of cold homes**

**What we intend to do**

**5.1** Work with the CCG and NHS partners to identify those groups highlighted in the NICE guideline as most at risk of ill health and morbidity linked to cold homes, exploring potential use of existing patient risk stratification tools and methods

**5.2** Work with Community and Voluntary Sector organisations to identify and support those groups highlighted in the NICE guideline as most at risk of ill health and morbidity linked to cold homes

**5.3** Work with social care providers to identify and support those groups highlighted in the NICE guideline as most at risk of ill health and morbidity linked to cold homes

**5.4** Explore how CCG and local authority commissioning can incorporate relevant NICE recommendations and strategy objectives

**5.5** Work specifically with teams involved in the discharge of vulnerable people from health or social care settings to ensure they return to a warm home

**Objective 6**

**Maximise resources and opportunities for tackling the causes fuel poverty**

**What we intend to do**

**6.1** Through a partnership approach and city wide steering group, coordinate bids and business cases for additional funding to support work in this area

**6.2** Working in partnership, coordinate and share resources to ensure assistance is targeted and maximised to the benefit of the most vulnerable residents

**6.3** Ensure meaningful links to other strategies and work streams across all sectors**,** coordinating with other financial inclusion / poverty work and wider wellbeing work to maximise opportunities, value for money and impact

## 8. Links to other relevant strategies

**2015 Housing Strategy**

The housing strategy aims to create 'Decent Warm & Healthy homes' under the priority of Improving Housing Quality.

**2015 Joint Strategic Needs Assessment - Excess winter deaths and fuel poverty**

The JSNA is an ongoing process that provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. To do this, needs assessments gather together local data, evidence from the public, patients, service users and professionals, plus a review of research and best practice.

**Financial Inclusion 2013-16**

The strategy defines financial health as "Having enough resources to meet basic needs adequately and to be able to make choices over a prolonged period to maintain physical and mental well being and participate in community and society." It has established a Community Banking Partnership to deliver a number of elements through an integrated seamless service model, including Food & Fuel.

**Food Poverty Action Plan**

Food is the flexible item in people's budgets; reducing other outgoings helps to free up spend for food. Food and fuel poverty are interlinked.

**Cold Weather Plan for Brighton & Hove**

**Sustainable Community Strategy for Brighton & Hove**

**Health & Wellbeing Strategy (Draft)**

**Fuel Poverty & Affordable Warmth Strategy 2016-2020**

**Consultation Report**

Stakeholder Consultation Workshop

A wide range of individuals and organisations from the community and voluntary sector, the NHS, emergency services and within the Council were invited to attend a consultation workshop. The workshop was held at the Brighthelm Centre on 7th January 2016. Invitees and attendees were also offered the opportunity to discuss the strategy and issues separately to the consultation event.

The consultation workshop was attended by 29 people from the following organisations;

| | |
|---|---|
| Brighton & Hove City Council (BHCC) – Public Health | Citizens Advice Bureau |
| BHCC – International & Sustainability Team | AgeUK Brighton & Hove |
| Brighton & Hove Food Partnership | Specialist Older Adults Mental Health Service |
| BHCC – Housing | Trust for Developing Communities |
| BHCC – Financial inclusion | Healthwatch Brighton & Hove |
| Older LGBT Project Switchboard | Southdown Housing |
| East Sussex Association of Blind and Partially Sighted | BHCC –Welfare Reform |
| BHCC – Stronger Families, Youth & Communities | Moneyworks |
| Money Advice Plus | BHCC – Adult Social Care Commissioning |
| Brighton Housing Trust | Brighton & Hove Energy Services Coop |
| The Fed Centre for Independent Living | |

Attendees received a presentation on fuel poverty, excess winter deaths and the health risks of cold homes in both the national and local context. The attendees were then asked to discuss and feedback on a series of consultation questions framed around some broad draft strategic objectives;

| | |
|---|---|
| Objective 1 | Increase the energy efficiency of the City's housing stock |
| Objective 2 | Support residents struggling to pay their energy bills |
| Objective 3 | Improve awareness and understanding of fuel poverty for residents in all tenures |
| Objective 4 | Work together to tackle fuel poverty through partnership and learning |
| Objective 5 | Increase Effective targeting of vulnerable fuel poor households |
| Objective 6 | Maximise resources and opportunities for tackling the causes of fuel poverty |

Groups provided the following feedback that has been reflected in the final drafting of the strategy where possible and will be influence delivery of future actions;

1. How can we reach / engage the vulnerable groups that you work with?

| | |
|---|---|
| Importance of face to face support to help people, i.e. if they are reluctant to put their heating on, need to be aware of the health risks via health workers | Target large families and single parent families (impacted by welfare reform) |
| GP surgeries (new outcomes framework for GPs) | Need to reach people in private rented accommodation |
| Care coaches | Through temporary accommodation team |
| Floating support services | Training for frontline workers |
| Local Discretionary Social Fund and Welfare Reform teams | Publicity – Adverts, on-line, social media |
| Meals-on-wheels | Care providers (private and public) |
| Through landlords and their associations | Advise tenants how to approach their landlord |
| Befriending services | Tenancy enforcement officers |
| Use face to face contacts that all agencies do to include checks on fuel poverty | Share info. via newsletters (incl. audio newsletters) |
| Through early help hubs | Through schools |
| Foodbanks | Family Information Service |
| Day centres | Health visiting service |
| Existing groups/meetings | City-wide connect hubs |
| Children's Centres (current review re. integrated hubs) | Try and attend meetings to talk about issues |
| GP clusters/locality hubs | Health visitors |

2. What do you believe to be the key existing strategies, work and services we should be linking into?

   Services & Existing work

| | |
|---|---|
| All housing related services including tenancy sustainment officers or equivalent across all housing providers i.e. BHT, Southdown Housing | Through services supporting 16-25 year olds, vulnerably housed, care leavers |
| City-wide connect hubs (March) | AgeUK are a key partner |
| Befriending services allied to faith groups | Services supporting people with mental health issues |
| Try and include in assessment processes i.e. hospital social worker | Low income families |
| Through existing local services at community level i.e. Hangleton & Knoll project, Trust for Developing Communities | All agencies that complete financial assessments |

| | |
|---|---|
| Through the Fed 'It's local actually' | Move on mentors |
| Poverty Action Groups | All warmth for wellbeing agencies |
| Tenant forums | Temporary Accommodation team |
| Local Action Teams | BHCC Revs & Bens team |
| BHESCO | Libraries |
| NHS organisations including CCG | Work with energy companies |
| Police and fire service | Build into CCG commissions |
| BME, refugee and EU migrant support groups | Through foodbanks |
| Link with faith based groups | |

Strategies

| | |
|---|---|
| Housing strategy | Fairness Commission |
| Your Energy Sussex | Food Poverty Strategy & Action Plan |
| Financial Inclusion Steering Group | City Employment and skills |
| Better Care | Health & Wellbeing Strategy |

3. a. Would you suggest any amendments to the below objectives?
   b. Are there further objectives you think should be included in the strategy?
   c. Are there specific actions, linked to the objectives, that you think should be included?

| | |
|---|---|
| Reducing the need for fuel use is key | Target the worst quality housing |
| In general - set goals and hold someone to account for achieving these | Bulk buying of energy? Getting a better deal for energy |
| Advice and education | Basic energy advice |
| Work in partnership | Source funding to support the work |
| New buildings need to be more sustainable/energy efficient | Community owned renewable energy should be promoted and invested in |
| Take the emphasis of it being an individual problem and make it collective responsibility | Need a 10 year plan and needs to be a priority, be creative |
| Communication is key as knowing what's out there continues to be difficult | Link to universities and their own accommodation strategies |
| Need a focus on how we work with and engage landlords, including focus on possible reaction to changes i.e. risk of rent increases if improvements are made, greater regulation of landlords and ensuring standards are met. Also opportunity to see them as an asset, a way of increasing investment | Communicate relevant legislation through objectives in particular Minimum Energy Efficiency Standards |
| Objectives need to be more targeted and specific, 'they're very vague' | Ensure objectives and actions are sustainable beyond the 'Warmth for Wellbeing' funding period |
| Need to link to new regulations re. energy efficiency standards | Explore private sector partnerships |

| | |
|---|---|
| Need to link to new bill re. de-regulation & retaliatory evictions | Link to 'poverty premium', digital inclusion and wider social isolation agenda |
| Need to link to licensing of Houses of Multiple Occupation and the Housing Health and Safety Rating System | Obj. 3 should be frontline workers and community groups as well as residents |
| Re. Objective 3 – enable quick and easy referral processes | Raise awareness via a clear, simple and consistent message |

In addition to the consultation workshop the following consultation and briefing sessions were held through the strategy development;

- Strategic Housing Partnership 7th July 2015 & 26th January 2016

Reports were provided to the Strategic Housing Partnership on the NICE guidelines and the developing Fuel Poverty & Affordable Warmth Strategy.

- Reports updating on strategy development and context for Brighton & Hove were presented to the Housing & New Homes Committee 23rd September 2015 and the Health & Wellbeing Board 20th October 2015

- Meeting with Brighton & Hove Food Partnership 11th January 2016

Due to the clear link between Food & Fuel and the choices some families have to make between heating and eating we are keen to ensure that strategy aligns to the work of the partnership and the Food Poverty Action Plan 2015-18.

- Briefing for BHCC Private Sector Housing Team 19th January 2016

# Equality Impact and Outcome Assessment (EIA) Template - 2015

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

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

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

**For further support or advice please contact the Communities, Equality and Third Sector Team on ext 2301.**

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

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

| | | | |
|---|---|---|---|
| **Title of EIA[5]** | Fuel Poverty & Affordable Warmth Strategy | **ID No.[6]** | PH25 |
| **Team/Department[7]** | Housing & Public Health | | |
| **Focus of EIA[8]** | Assessment of equalities implications of the new Fuel Poverty & Affordable Warmth Strategy, to ensure it comprehensively addresses the consequences and impacts of fuel poverty and cold homes, and the specific challenges faced by protected characteristic groups. | | |

## 2. Update on previous EIA and outcomes of previous actions

| **What actions did you plan last time?** (List them from the previous EIA) | **What improved as a result?** What outcomes have these actions achieved? | **What <u>further</u> actions do you need to take?** (add these to the Action plan below) |
|---|---|---|
| N/A First iteration of strategy | | |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| **Age[10]** | 13.4% of the city's population are aged 65+ (ONS 2014). There is a clear pattern of increasing depth of fuel poverty in older households (Annual Fuel Poverty Statistics Report 2015). In 2013, people in England aged 75 or over had the largest average fuel poverty gap.<br><br>Excess winter deaths (EWD) are higher among people aged 65+. In 2013/14 51% of cold-related deaths were among people aged 85 and older; 27% were among those aged between 75 and 84;22% were among people under 75. ('Statistical bulletin: excess winter mortality in England and Wales, 2013/14'). In Brighton & Hove (for the three years of 2010/11 to 2012/13) 50% of EWD were in people aged 85 or over.<br><br>In 2013, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. Local Health Counts data (2012) | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.<br><br>Feedback from the 2015 Warmth for Well-being pilot project service users and service providers<br><br>Feedback and views gathered from key partners at strategy consultation workshop January 2016. | Older people (aged 65 and older) and young children (from new-born to school age) are identified as groups who are vulnerable to the cold in the National Institute for Health and Care Excellence (NICE) 2015 guideline, 'Excess winter deaths and morbidity and the health risks associated with cold homes' | • Through working with key partners in the city e.g. Age UK and the Brighton Unemployed Centre Families Project, available support and advice can be targeted at residents aged 65+ and under five.<br>• BHCC commissions provide services for residents aged 65+ and under five; relevant information and training is provided to front-line workers engaging with these age groups.<br>• The potential to include assessment of the risks to older residents and the requirement for agencies to signpost to further support is being considered for inclusion in pertinent service specifications.<br>• The 2016 Warmth For Wellbeing (WFW) project, coordinated by CAB, is providing funding to Age UK to identify 100 vulnerable older residents who would benefit from the support available. Further projects (depending on available funding) can also explore this approach.<br>• Brighton Unemployed Centre |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | suggested that the youngest age groups in Brighton & Hove are most likely to be unable to keep their homes warm enough in the winter most of the time or quite often.<br><br>Children under five are in a high risk category for ill health due to cold weather (Cold Weather Plan for England, 2015) and are identified as a group who are vulnerable to the cold by the National Institute for Health and Care Excellence (NICE) | | | Families Project (BUCFP) is a key delivery partner for the 2016 WFW project<br>• The annual Public Health 'Warm Homes Healthy People' (WHHP) Programme distributes information and advice resources directly to organisations who work with residents aged 65+ and under five (e.g. day centres and Children's Centres)<br>• Engage with organisations supporting residents aged 16-24 to ensure they are able to identify fuel poverty, provide initial advice and signpost to support. |
| **Disability[11]** | People in England (2013) who have a long term illness or disability are more likely to be fuel poor (12%) than those who do not (10%). In Brighton & Hove, Health Counts Survey respondents who had a limiting long-term illness or disability were significantly more likely to be unable to keep their home warm in winter.<br><br>16.3% of people living in Brighton & Hove have their daily | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.<br><br>Feedback from the 2015 Warmth for Well-being pilot | Disabled people are identified as a group who are vulnerable to the cold in the associated NICE guideline and people with chronic and severe illness are in a high risk category for ill health due to cold weather (Cold Weather Plan for England, 2015) | • Through working with key partners in the city e.g. The Fed, available support, and advice can be targeted at disabled residents<br>• Working through organisations and agencies providing care and supporting carers, awareness of risk and support can be raised.<br>• The WHHP Programme 2015/16 is funding The Fed to identify 25 vulnerable disabled residents who would benefit |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | activities limited a little or a lot by a long term health problem or disability (Census 2011). Nationally, disabled people are more likely to live on low incomes and experience poverty than non-disabled people.<br><br>Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions (e.g. people with learning disabilities). | project service users and service providers.<br><br>Feedback and views gathered from key partners at strategy consultation workshop January 2016. | Disabled people are more likely to need a warmer home environment to maintain their health; some disabled people may need to use benefits intended to support their independence to ensure their home is warm enough. | from the support available through the Warmth For Wellbeing project. Further projects (depending on available funding) can also explore this approach.<br>• Ensure programmes of support such as Warmth for Wellbeing include wider financial, benefit and debt advice to maximise income, ensure links are established to generic financial inclusion work and commissions.<br>• The annual WHHP Programme distributes information and advice resources directly to organisations who work with disabled residents (e.g. SCOPE)<br>• Provide information and awareness training to practitioners who work with disabled people |
| **Gender reassignment[12]** | The Brighton & Hove Trans Needs Assessment found that the trans community;<br>• Have more people with a disability or long term health need than the general population. 44% of respondents reported that | Feedback and views gathered from key partners at strategy consultation workshop January 2016.<br><br>Information gathered | Trans community may be at higher risk of fuel poverty as they are more likely to live in the private rented sector.<br><br>Increased likelihood | • Ensure engagement of local groups to engage clients in programmes of support, particularly where other factors such as age or disability increase risk<br>• Ensure the annual WHHP Programme distributes |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | they have a limiting long-term illness or disability, compared with 26% of all respondents to the Health Counts Survey.<br>• Are more likely to live in the private rented sector (47% of community survey respondents reported they rent from a private landlord, compared to 28% of general population (2011 Census). In England (2013), almost 19% of all private rented households are in fuel poverty, compared to 8% of owner occupiers and 10% of social renters | through Trans Needs Assessment | of disability or long-term health condition may make the Trans community more vulnerable to the health risks of cold homes. | information and advice resources to organisations who work with trans people<br>• Provide information and awareness training to practitioners who work with trans people |
| **Pregnancy and maternity[13]** | Pregnant women are identified as a group who are vulnerable to the cold within the associated NICE guidelines | Feedback and views gathered from key partners at strategy consultation workshop January 2016. | Pregnant women are identified as a group who are vulnerable to the cold within the associated NICE guidelines | • Engage with key staff and raise awareness among primary health care professionals (midwives and health visitors) of the risks and support available.<br>• Explore sharing Fuel Poverty E-Learning module with local NHS Trusts to train their staff.<br>• Provide information and awareness training to practitioners who work with pregnant women |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| **Race[14]** | Black and minority ethnic (BME) families are likely to experience housing inequalities (de Norohna, 2015; Finney, 2013; Chouhan et al., 2011) and live in poorer housing with many residing in pre 1919 cold homes (Garrett et al., 2014).<br>People in England (2013) who are of minority ethnic origin are more likely to be fuel poor (18%) than people who are of white ethnic origin (9%) (Dept. of Energy and Climate Change 2013).<br><br>In Brighton & Hove nearly twice as many BME residents (45 per cent) were renting their homes from private landlords than White UK/British residents (24 per cent) were in 2011 (Census 2011).<br>National Fuel Poverty Statistics Report 2015 estimates that 19% of those households living in the private sector are in fuel poverty.<br><br>Travellers may be at increased risk due to poor insulation and high cost of gas. Data collected by London Gypsy Traveller Unit showed a high incidence of health problems and that most | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.<br><br>Feedback from the 2015 Warmth for Well-being pilot project service users and service providers.<br><br>Feedback and views gathered from key partners at strategy consultation workshop January 2016. | The link between some minority ethnic groups and deprivation may mean that some of these groups are more likely to live in cold homes.<br>Other groups, such as recent immigrants, including those from warmer climates, could also be particularly vulnerable during their first few years here. For example, they may be more likely to live in poor quality housing and they face an unusually complex energy market. | • Through working with key partners in the city e.g. BMECP available support and advice can be targeted at BME residents in the city.<br>• Work with BHCC traveller liaison team to provide advice and guidance<br>• Design material to be accessible regardless of language and consider use of translated material where feasible<br>• Ensure the annual WHHP Programme distributes information and advice resources to organisations who work with BME people |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | households had difficulty keeping warm. Ability to claim winter fuel allowance requires a permanent address.<br><br>Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions (e.g. people with language barriers). | | | |
| **Religion or belief[15]** | No specific data identified at a local or national level. | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation. | No specific impacts identified | • Ensure engagement of local faith groups to engage clients in programmes of support, particularly where other factors such as age increase risk |
| **Sex/Gender[16]** | In Brighton & Hove (for the three years of 2010/11 to 2012/13) there were 373 EWD. Of these, 58% were female. Of EWD in Brighton & Hove of people aged 85 years or over, 79% were female. | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service | Higher proportion of older women at risk due to increased life expectancy compared with men. | • Ensure engagement of local groups to engage clients in programmes of support, particularly where other factors such as age identify risk |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | The 2014-15 Warm Homes Healthy People programme evaluation showed that of the 60 recipients of emergency grants who replied to the survey 53% were female and 47% were male.<br><br>There is a gender divide in average weekly earnings with full-time female earners averaging lower earning than males in the city. However, the differential is much lower in Brighton & Hove than across Great Britain (JSNA 2015) | users, service providers and evaluation.<br><br>Feedback and views gathered from key partners at strategy consultation workshop January 2016 | | |
| **Sexual orientation[17]** | No specific local data available. Local estimates suggest that 11% to 15% of the city's population aged 16+ are lesbian, gay, bisexual or other sexual orientation. | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation. | No specific impacts identified | • Ensure engagement of local groups, such as LGBT switchboard, to engage clients in programmes of support, particularly where other factors such as age identify risk |
| **Marriage and civil partnership[18]** | No specific data identified at a local or national level. | Feedback and views gathered from key partners at strategy consultation | No specific impacts identified, the highest proportion of fuel poverty is among lone | None identified at this stage |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | | workshop January 2016 | parents with dependent children - on average more than a quarter of households in this group are fuel poor, (Annual Fuel Poverty Statistics Report 2015). | |
| **Community Cohesion[19]** | No specific data identified at a local or national level. | Feedback and views gathered from key partners at strategy consultation workshop January 2016 | | Through engagement with relevant community groups opportunities for community cohesion can be increased. Work through local community development organisations and workers to engage with residents. |
| **Other relevant groups[20]** | Lone Parent households are more likely to live in fuel poverty (25% of this group at a national level). However, they have smaller average fuel poverty gaps than other household types.<br><br>Unemployed households in England have the highest rates of fuel poverty across all economic activity groups, but have smaller average fuel poverty gaps.<br><br>The depth and likelihood of | Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation. | Increased risk, particularly where other risk factors such as disability are also present. | Work with local agencies who may be supporting lone parents and unemployed people e.g. BUCFP |

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| | being fuel poor increases markedly with lower SAP scores (how energy efficient a building is). People living in dwellings built before 1964 are more likely to be fuel poor than those in more modern dwellings. A similar pattern is seen in the fuel poverty gap which decreases from approximately £500 in pre-1919 homes to £250 in homes built after 1945. | | | |
| **Cumulative impact[21]** | | | | |

**Assessment of overall impacts and any further recommendations[22]**

In 2013, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. However people aged 75+ experienced the deepest levels of fuel poverty. The vast majority of EWD in England occur among those aged 65 or over. As in previous years in England and Wales, there were more excess winter deaths in females than in males in 2012-13.

Fuel poverty is a contributor to social and health inequalities. In 2013, all fuel poor households in England came from the bottom four income decile groups. Unemployed households in England have the highest rates of fuel poverty across all economic activity groups and lone parent households have consistently been more likely to be in fuel poverty. People who have a long term illness or disability are also more likely to be fuel poor than those who do not.

Poor home energy efficiency affects people with low incomes more severely because it affects life chances and how they spend disposable income on other essential items such as food and clothing. Low income households face the choice to “heat or eat”: either less money can be spent on basics such as a sufficient, healthy diet, or less can be spent on heating their home to an adequate temperature to maintain good health.

Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help

| Protected characteristics groups from the Equality Act 2010 | Data that we have/what do we know | Community engagement exercises or mechanisms | Impacts | What can you do[9]?<br>All potential actions to:<br>• advance equality of opportunity,<br>• eliminate discrimination, and<br>• foster good relations |
|---|---|---|---|---|
| improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions. This is likely to vary across different groups, for example for people with language barriers (such as minority ethnic communities), and those who have limited social networks and connections with their local community, such as isolated older people and people with learning disabilities.<br><br>Programmes of support and advice are delivered in conjunction with a wide range of local community and voluntary sector organisations and other statutory services e.g. NHS and East Sussex Fire and Rescue Service to ensure engagement with vulnerable and hard to reach groups. | | | | |

## 3. List detailed data and/or community feedback which informed your EIA

| **Title** (of data, research or engagement) | **Date** | **Gaps in data** | **Actions to fill these gaps** (add these to the Action plan below) |
|---|---|---|---|
| Consultation Workshop | 07.01.2016 | Local data could be more robust / complete | Further evaluation of schemes such as Warmth for Wellbeing running throughout 2016 and the annual Warm Homes Healthy People programme |
| Annual Fuel Poverty Statistics Report 2015 (DECC) | 2015 | | |
| Department of Energy and Climate Change: Detailed Tables, England 2013, LIHC definition. | 2015 | | |
| Cold Weather Plan for England 2015: Protecting health and reducing harm from cold weather (Public Health England) | 2015 | | |
| NICE Guidelines – Excess Winter Deaths and morbidity and the health risks associated with cold homes - NICE guideline nice.org.uk/guidance/ng6 | Published: 5 March 2015 | | |
| Health Counts 1992-2012 (NHS Brighton & Hove and Brighton & Hove City Council) | 2013 | | |
| Brighton & Hove Warm Homes Healthy People Programme Evaluation Report, 2014-15 | May-Sept. 2015 | | |
| Brighton & Hove Citizens Advice Bureau – Warmth for Wellbeing Evaluation Report | Oct. 2015 | | |

## 4. Prioritised Action Plan[23]

| Impact identified and group(s) affected | Action planned | Expected outcome | Measure of success | Timeframe |
|---|---|---|---|---|
| NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified. | | | | |
| Older and younger residents at risk of health impacts from cold homes | Through working with key partners in the city e.g. Age UK and BUCFP, available support and advice can be targeted at older and younger residents. | Improved targeting of support to those most at risk | Referrals and support provided | As part of Warmth for Wellbeing project by October 2016 |
| Disabled residents at risk of health impacts from cold homes | Through working with key partners in the city e.g. The Fed, available support, and advice can be targeted at disabled residents | Improved targeting of support to those most at risk | Referrals and support provided | As part of Warmth for Wellbeing project by October 2016 |
| Trans residents more likely to have long term health conditions or be disabled | Ensure engagement of local groups supporting members of the Trans community to engage residents in programmes of support, particularly where other factors such as disability identify risk | Improved targeting of support to those most at risk | Increased referrals (self or professional) from trans community | Ongoing, to be reflected in evaluation of Warmth for Wellbeing and future programmes of support |
| People with long term health conditions, disabled people, pregnant women and all vulnerable groups accessing health services | Engage with key staff and raise awareness among primary health care professionals (midwives and health visitors) of the risks and support available. | Raise awareness of more professionals and volunteers across a range of agencies | Referrals and support provided | Ongoing |

| | | | | |
|---|---|---|---|---|
| | | | | |
| As above | Explore sharing Fuel Poverty E-Learning module with local NHS Trusts to train their staff. | Raise awareness of more professionals and volunteers across a range of agencies | Increased awareness amongst all staff and volunteer groups, increased referrals from these staff teams to programmes of support | E-learning module in development due for completion March 2016 use will be ongoing |

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

**Lead Equality Impact Assessment officer:** **Miles Davidson** **Date: 5th February 2016**

**Directorate Management Team rep or Head of Service:** **Andy Staniford** **Date: 5th February 2016**

**Communities, Equality Team and Third Sector officer:** **Sarah Tighe-Ford** **Date: 5th February 2016**

## Guidance end-notes

[1] The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

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

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

[2] **Our duties in the Equality Act 2010**

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

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

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

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

[3] EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

[4] **When to complete an EIA**:

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

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



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

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

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

[5] **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

[6] **ID no:** The unique reference for this EIA. If in doubt contact Clair ext: 1343

[7] **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

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

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

[9] Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

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

[10] **Age**: People of all ages

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

[12] **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

[13] **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

[14] **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers

[15] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

[16] **Sex/Gender:** Both men and women are covered under the Act.

[17] **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

[18] **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

[19] **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

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

[21] **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else



[22] **Assessment of overall impacts and any further recommendations**

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

[23] **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give ‘due regard’ to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.

*Although a formal committee of 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 Adults as well as Healthwatch. 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. The re-fresh of the children and young people's Local Transformation Plan

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 22nd November 2016

1.3 The author of the paper is:

Gill Brooks
Commissioning Manager
Brighton and Hove CCG
Kings House, Grand Avenue, Hove BN3 2SL

Gill.brooks1@nhs.net

## 2. Summary

The purpose of this report is to present the draft Children and Young People's Mental Health Local Transformation Plan – annual refresh, for the Health and Wellbeing Board to approve.

## 3. Decisions, recommendations and any options

The Board is asked to approve the draft Children and Young People's Mental Health Local Transformation Plan – annual refresh.

## 4. Relevant information

4.1 Nationally, there is a great deal of focus on children's mental health services, recognising this is an area where improvements need to be made. The Mental Health taskforce of experts on Children's Mental Health services (2015), called for a whole child and family approach, improving interventions and recovery, working with the voluntary sector and digital systems to break down barriers to develop a whole system service. The recommendations in *Future in Mind; promoting, protecting and improving our children and young people's mental health and wellbeing*[1], the outcome from the Taskforce, also asks CCGs to:

a) Develop an annual local Transformational Plan that will be closely monitored and assured by NHS England. This was completed in November 2015 and again in November 2016;
b) Develop a Joint Strategic Needs Assessment. This was published in February 2016, *Appendix C*; and
c) Produce an annual `local offer` outlining what the needs of the population are and what the CCG and BHCC are commissioning to address those needs.

4.2 The Health and Wellbeing Board approved the Brighton and Hove (LTP) in November 2015. The final Plan (from November 2015) can be found here: http://www.brightonandhoveccg.nhs.uk/plans

4.3 Each CCG is asked to refresh and republish their LTP by 31st October 2016. The draft refreshed LTP has been approved by the Clinical Strategy Group and the Performance and Governance Committee in the CCG and also by the CCG Governing Body on 27th September. Please find attached, in *Appendix 1,* the draft refreshed Local Transformation Plan for Brighton and Hove.

## 5. Important considerations and implications

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

5.1 Legal:
Commissioning high quality, effective children's mental health and emotional wellbeing services is a safeguard for children and families, and will assist agencies to meet their statutory duties. The legal context in which the plan is required is described in the body of the report. The Local Transformation Plan sets out the overarching framework for local transformational change in line with the Government's 'Future in Mind' policy document published in March 2015.

Lawyer consulted: Natasha Watson Date:11.11.16

Finance:

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

Finance Officer consulted: David Ellis; Date: 03.11.16

Equalities:

5.1 Making appropriate provision for children and young people with mental health and emotional wellbeing needs is essential to improving health outcomes across the whole City.

Sustainability:

5.2 Improving mental health services across the whole system will help build more sustainable communities and will boost health and wellbeing amongst children and young people and their families. Children, young people and parent/carers can play a role in the development and continuing improvement of mental health provision to ensure that services provided are effective, offer value for money and are sustainable into the future.

## 6. Supporting documents and information

6.1 *Appendix 1* - the draft re-fresh of the children and young people's Local Transformation Plan.

6.2 *Background papers:*
(a) the approved Local Transformation Plan (2015)
http://www.brightonandhoveccg.nhs.uk/plans

(b) Joint Strategic Needs Assessment for children and young people's mental health and wellbeing (0-25 years)
http://www.bhconnected.org.uk/content/needs-assessments

# Brighton and Hove Children and Young People's Mental Health and Wellbeing Local Transformation Plan – refresh 2016/17

## Contents

## 1. Executive Summary

1.1 This is an exciting time for the development and improvement of children's mental health services. Mental health has been placed on an equal footing to physical health in policy through Parity of Esteem. The National Health Select Committee recommended that improvements are urgently needed for underfunded children's mental health services. The Brighton and Hove Children and Young People Transformation Plan (LTP) was produced in November 2015 in response to *Future in Mind (2015) - promoting, protecting and improving our children and young people's mental health and wellbeing*[1] which highlighted the difficulties children, young people and their families have in accessing mental health support.

1.2 Our LTP was developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people and it outlined the need to transform care and support on a whole system basis. Our continued aim is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. This will happen alongside the development of a system of prevention enabling services to respond quickly to need, with specific, targeted support to vulnerable children and to ensure a community eating disorder service was provided.

1.3 Significant progress has been made in the implementation of the plan. We know that we needed to really understand what children, young people and their families needed and wanted to involve them in development of services. The publication of the Joint Strategic Needs Assessment and the various consultation undertaken so far underlines the importance of this to our success. This 2016 refresh of the plan summarises the progress that has been made as well as ongoing plans for the future transformation of care in context of lessons we have learnt as well as the changing landscape in particular the development of our local Strategic Transformation Plan (STP).

1.4 The LTP progress is monitored monthly by NHS England and a local Assurance Group. The Health and

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Wellbeing Board has an important role in ensuring the whole system change addresses need.

## 2. Introduction and context

2.1 The publication of *Future in Mind (2015) - promoting, protecting and improving our children and young people's mental health and wellbeing*[2] highlighted the difficulties children, young people and their families have in accessing mental health support and the need to transform the services offered. All CCG's are required to develop a LTP. Brighton and Hove CCG developed and published our LTP in November 2015 http://www.brightonandhoveccg.nhs.uk/plans and has been updated during 2016 and in *Appendix A.* This will be refreshed and published annually.

2.2 These desired outcomes of the LTP echo those described in *Future in Mind,* written as an open letter to children and young people as follows:

> "…*we want to help you acquire the resilience and skills you need when life throws up challenges. We want you to know what to do for yourself if you are troubled by emotions or problems with your mental health. That includes knowing when and how to ask for help and, when you do, to receive high quality care. We want services to be able to respond quickly, to offer support and, where necessary, treatment that we know works, to help you stay or get back on track.*[3]

2.3 Achieving these outcomes will involve transforming the whole system of care and our plan is based around three inter-related programmes of work:

- Building the infrastructure, including skilling up the workforce to respond to young people's mental health and promoting anti-stigma;
- Shift in the balance of resources towards prevention, early intervention, resilience and promoting mental health and wellbeing; and
- Targeting resources to those most at risk for example, those in crisis, Looked After Children and those known to youth offending services.

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413393/Childrens_Mental_Health.pdf. An open letter to children and young people

2.4 One of the current problems with mental health support to children and young people is that it can be fragmented and there are sometimes gaps in the pathway. This may mean people wait too long until they are unwell enough to meet criteria for a particular service or that the transfer between services, especially to adult mental health services, is not as seamless as it could be.

2.5 The transformation of the service offer involves developing more personalised services based around the needs of the individual and their families. New services are being co-designed and evaluated by our children/ young people and their parents/ carers.

2.6 The LTP is whole system and involves working in collaboration with a range of services including developing joint working with other agencies for example schools, colleges, children's services, voluntary and community services and General Practice.

2.7 The *Brighton and Hove Caring Together* Integrated Care Strategy (our local placed-based plan) involves groups of practices working in six clusters and in partnership with health, social care, education and voluntary sector organisations. Embedding mental health support to children and young people is a key alement of this plan.

2.8 Mental Health has been identified as a priority area to address within the STP based on the potential to improve outcomes of care. We will maximise opportunities to collaborate with commissioners and providers of care to share approaches and resources across the STP to ensure a sustainable system. The LTP is an important part of the CCG's STP being developed across the South East, with our local 'footprint' covering a Central Sussex Alliance. We have a track record of working together across Sussex with the development of the Early Intervention in Psychosis service, the children and young people's specialist eating disorder service as well as the current perinatal mental health community development bid.

## 3. Vision

3.1 **The vision is to ensure there is more proactive support to children and young people, providing them with opportunities to build their own resilience, recognise their need earlier and access services when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way.**

3.2 The vision for children and young people's mental health services has been developed in collaboration with children, young people, parents/ carers as well as key stakeholders (providers, Brighton and Hove City Council including Public Health and Children's Services and Voluntary sector organisations).

3.3 Consultation and engagement with users and the whole system has been vital to the development of the children and young people's mental health pathways vision and LTP and a summary of the consultation is detailed in *Appendix B.*

3.4 It has been underpinned by the findings from a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing including autism for 0-25 year olds published in February 2016[4] (See *Appendix C*). The JSNA process included consultation with children, young people, parents/ carers, providers and commissioners and the key areas highlighted for improvement mirrored many of the national issues identified in the *Future in Mind* report and key recommendations have been incorporated into the plan.

[4] http://www.brightonandhoveccg.nhs.uk/sites/btnccg/files/files/Final%20BH%20Children%20and%20Young%20People%27s%20Mental%20Health%20Needs%20Assessment%202016.pdf

***The key elements of the transformation vision are:***

*a) Placing more emphasis on building resilience, promoting good mental health through prevention and early intervention;*

*b) Making mental health support more visible and easily accessible for young people adopting the principle that no door is the wrong door;*

*c) Ensuring services are built more around the needs of children, young people and their families, moving away from a system sometimes defined in terms of services organisation;*

*d) Building additional capacity across the system to deliver treatment and care with evidence-based outcomes;*

*e) Improving the links between services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable (such as Children in Care, crisis or known to the Youth Offending Service), working with NHS England Health & Justice to develop a multi-agency team of support;*

*f) Ensuring access to responsive services in a crisis especially out of hours**;** and*

*g) Preparing for adulthood by ensuring young people transition well at different stages of their life, especially at 18 years old moving to adult mental health services.*



## 4. Governance of the Local Transformation Plan

4.1 A Transformation Plan Assurance Group for Brighton and Hove has been established is to ensure improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan. *Appendix D* shows the LTP tracker (performance monitoring, risks and project plan). This is achieved through a partnership approach bringing together commissioners across the system (CCG, Children's Services, Public Health and NHS England) to oversee the delivery, monitoring and on-going development of the Local Transformation Plan. See *Appendix E* for the Terms of reference. The children

and young people's mental health partnership group (all providers and parent representatives) is able to contribute to development of plans and vision.

4.2 The Assurance Group also oversees the impact of the investment across services. Activity and financial information can be found for each provider in *Appendix F.*

## 5. Summary of Progress to Date

5.1 Following the publication of the *Five Year Forward View Mental Health* (FYFVMH) goals[5] (which align with *Future in Mind*), CCGs are assured in terms of progress towards achieving those goals. The details of what needs to be achieved by 2020/12 and the CCG progress towards that are outlined in table one below:

Table One: Summary of FYFVMH and progress

| | FYFVMH goals | CCG progress |
|---|---|---|
| a | Developing and refreshing a children and young people's mental health Local Transformation Plan on an annual basis, ensuring milestones are achieved, funding allocation is robust and agreed across the system and impact is monitored | The CCG has worked with children, young people, parents/ carers and across the whole system to agree and develop a LTP and vision for children's mental health services |
| B | A dedicated community eating disorder service is provided achieving the access and waiting times set out nationally in the Eating Disorder Guidance[6], and that the provider is part of the Quality Network[7]; | A Sussex-wide community eating disorder service for children and young people will be implemented in October 2016 and will comply with the national Guidance |

[5] https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf
[6] https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf
[7] http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/childandadolescent/communitycamhsqncc/qncc-ed.aspx

| | | |
|---|---|---|
| C | Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS; | The CCG is working with NHS England to develop collaborative commissioning plans around crisis care and inpatient pathways |
| D | Joint agency workforce plans aligned with the roll out of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme[8]; | The CCG is now a member of the London and South East Learning Collaborative for CYP IAPT with the intention of being compliant in 2017 following scoping and planning in 2016/17, and will link the development of a whole system workforce strategy to the CYP IAPT programme |
| E | Ensuring there is a mental health crisis response especially out of normal working hours; | The CCG has commissioned a Paediatric Mental Health Liaison team based in The Royal Alex Children's Hospital 7 days per week (8-8) and is currently working with Sussex Partnership Foundation Trust to further improve the community crisis response pathway |
| f | Ensuring there is a mental health crisis place of safety in line with Brighton and Hove's Mental Health Crisis Care Concordat[9]. | The CCG has commissioned an all ages place of safety in the City (Mill View Hospital) and has recently won a capital bid to improve the facilities to ensure they are more child/ young person-friendly |



5.2 In 2015-16 we have undertaking a range of improvements to achieve our vision. Good progress has been made against the original LTP published in November 2015, particularly in the following categories: innovative communications, the mental health pilot in schools, health promotion support for parents/ carers, perinatal mental health pilots, LGBT training, child sexual exploitation and the further development of the Teenage to Adult Personal Advisor (TAPA) Service. See The Success Box on page 11.

5.3 In response to the particular gap in capacity at the more preventative end of the pathway and has allocated additional funds accordingly. The Community Wellbeing Service that is currently only available for adults is

[8] https://www.england.nhs.uk/mentalhealth/cyp/
[9] http://www.crisiscareconcordat.org.uk/areas/brighton-and-hove/

currently being re-commissioned and will be extended to children and young people. The new service will start in June 2017.

5.4 We have also piloted an equivalent service in schools which has proved highly successful in terms of responding to problems as early as possibly which has improved access as well as prevented as well onwards f referrals to more specialist mental health service. The Wellbeing service offer will be rolled out to all schools and colleges in the City during 2017.

5.5 These two complementary services will work closely together to provide a choice for children, young people and their families who need to access mental health support at the earliest opportunity to prevent problems persisting or escalating. By commissioning and investing in these services we seek to help address the treatment gap and enable us to meet our national target of increasing by at least 10% by 2020. Details of the trajectory are contained in Section 7.

5.6 Alongside the development of the expanded Community Wellbeing Service we are working with Sussex Partnership Foundation Trust (SPFT) to develop plans to redesign the specialist mental health support offer (currently known Tier 3 CAMHS). This will ensure that the services work together as part of an overall seamless pathway and the expertise of the specialist service is available in terms of training and development/ consultation of both the Community Wellbeing Service as well as universal services such as GP's, community services, other professionals and schools including school nurses. The specification will be developed to address feedback from the JSNA process and will ensure improved access, engagement and involvement in service delivery.

5.7 *Appendix C* provides detail for the summary of the children and young people's mental health pathway that shows these elements of development and the vision for children's mental health services.



***A few example of Brighton and Hove Successes so far…***

a) *Mental Health anti-stigma campaign – a brighton born social media campaign* ***#IAMWHOLE****, launched on World Mental Health day, calls for young people to recognise their mental health issues, talk about it openly and seek help. A hugely successful campaign that has generated 15.3m unique Twitter users and 500,000 Facebook and Youtube shares in the first 3 days of the campaign. The campaign is linked to the newly developed platform www.findgetgive.com that provides information, advice, guidance, signposting and an opportunity for feedback on mental health services as well as blogs, vlogs, YouTube and Apps;*

b) *Primary Mental Health worker (PMHW) in schools – 3 secondary schools and 8 primary schools have had a PMHW in their school developing a whole school approach to mental health and emotional wellbeing , including 1:1 interventions, form/ year group support and assemblies as well as support to staff and parents/ carers. Brighton and Hove were also chosen to be part of the national Schools CAMHS pilot. One school reporting a 53% reduction in referrals to Tier 2 CAMHS;*

c) *Support for parents/ carers- a new online forum has started to provide support for parents/ carers of children and young people who need mental health help, in particular for those young people who are not engaging with services, the link is here* http://www.findgetgive.com/parents-carers/

d) *LGBT training – following the Trans JSNA, it was recognised there was a gap in knowledge and understanding of LGBT needs in specialist mental health services so a local LGBT organisation has been delivering awareness training in SPFT. This will also involve developing a service improvement plan;*

e) *Expanding the TAPA service – the TAPA model of specialist, outreach mental health support and interventions for young people up to aged 25 years old is excellent and we intend to further develop and expand this model to improve access and experience and engagement; and*

f) *Perinatal mental health service in Children's Centres – as well as continuing to invest in specialist perinatal mental health services, we have piloted parent-infant psychology services within specialist services and in Children's Centres, working with both SPFT and BrightPiP (part of PiP UK). The pilots have demonstrated success in reaching families struggling to bond with babypreventing escalating mental health issues for both parent and child.*

## 6 Ongoing Plans

6.1 Whilst good progress has been made during 2015-16 we have more ambition in 2016-17 and beyond to further transform care.

6.2 Key priority areas identified for further improvement include:

a) Further improvements to the crisis pathway beyond the new Paediatric Mental Health Liaison Service at the Royal Alex Hospital and we will implement an enhanced pathway during 2017;

b) Further improvements to the mental health support to Looked After Children/ Children in Care;

c) Improving the transition pathway to adults and we will utilise the new national Commissioning for Quality and Innovation (CQUINs) as a framework to support the improvements necessary in transition from children to adult services so that experience of care is smooth, informed and supported;

d) Link the developments in the Looked After Children Pathway (above) to our successful NHS England Health and Justice bid to ensure mental health support is available within our Social Care pods, in particular the Adolescent pod so that a multi-professional team can be responsive to our most vulnerable young people;

e) Investment in the autism pathway to ensure waiting times are NICE compliant as well as a review of the current pathway to see what improvements can be made to improve outcomes, access and experience;

f) Developing more support within primary care. One of our GP clusters is developing an innovative approach to young people's mental health by employing mental health practitioners who can deliver interventions within the surgery. It will also involve extending the service offer to locations that are

more accessible to children and young people including schools and youth settings. This approach will be evaluated in 2017;

g) National funds available as part of an STP bid to improve specialist perinatal mental health services;

h) Early Intervention in Psychosis (EIP) - The CCG has also worked successfully with other CCGs in Sussex to commission an EIP service for the full age range that ensures people are assessed and received NICE concordat treatment within 2 weeks of referral. The provider is positively `shadow` reporting this access and waiting time target, including those who present in generic mental health services, until it will be formally monitored from April 2017.

6.3 **Workforce Strategy** - eveloping our workforce is an essential element to the large transformational change planned to deliver children and young people's mental health services requires sufficient workforce capacity that is skilled and has the expertise to provide high quality services and outcomes.

6.4 The CCG intends to work in partnership with Public Health and Children's Services locally, to develop a multi-agency workforce plan in 2017/18 using a suitable Dynamic Workforce Planning Tool. This work has started with the scoping and mapping of skills and expertise already within the City as part of the CYP IAPT work (understanding workforce numbers, skills and expertise) and also through the planned training for frontline staff and potentially other groups. The Workforce Plan will be developed to ensure practice can be developed as well as a focus on prevention and health promotion.

6.5 The CCG also intends to work with Health Education England, the Community Education Partnership Network, Local Workforce Action Board, NHS England Clinical Network and London & South east Learning Collaborative, as well as Sussex CCGs to develop a Sussex-wide workforce framework. The CCG intends to start to develop these plans in 2017.

6.6 The CCG was involved in developing the curriculum for the *CYP MH and Wellbeing Commissioning Development Programme*, and will ensure all relevant commissioners take part to ensure we are equipped to deliver this change.

## 7 Local Transformation Plan funding & Trajectories 2015/16 – 2020/21

7.1 The CCG has been allocated the following funds for 2015/16 – 2020/21 (see table two below):

Table Two: LTP funding allocation 2015/16 – 2020/21

| | 2015/16 | 2016/17 | 2017/18 onwards |
|---|---|---|---|
| **Community Eating Disorder Service for Children and Young People (CEDS-CYP)** | £148,848 | £154,000 | £154,000 |
| **Transformation Plan** | £372,582 | £610,259 | £610,259 |
| **Total** | **£521,430** | **£764,259** | **£764,259** |

7.2 The CCG has been allocated an additional £237,259 for the Transformation Plan in 2016/17. There is also some slippage (funds not yet spent) with the allocated LTP funds in 2016/17 of £86,833 so the CCG, with commissioning partners in Children's Services and Public Health have allocated non-recurrent funds and the already allocated funds the CCG totaling £610,259 to spend as detailed in (see table three in *Appendix H*).

7.3 There are a range of other programmes over and above the LTP funding, that contribute to achieving the vision and transformation of children's mental health services in Brighton and Hove including:

a) Suicide Prevention Strategy with a focus on reducing the rates of young people who self-harm;
b) Continuing to further develop Crisis Care Concordat Plans across the system with an emphasis on creating a Safe Space for young people in crisis at Mill View Hospital and plans to pilot a `crisis café; and

c) Our continuing work with NHS England and SPFT to develop new models of care, to reduce the demand on in-patient mental health placements for children and young people and co-commission across the whole crisis pathway by developing the Urgent Help Service.

7.4 Community Eating Disorder Service (2015/16)

7.4.1 The Eating Disorder allocation was **£148,848.** If any of these funds were not able to be spent on eating disorder services they were to be allocated to crisis care and/ or self-harm as follows: . The allocation was spent in the following ways:

a) *£31, 288* - clinical lead for the development of the model and pathway based on the national guidance, and non-recurrent equipment costs to make the sure the service was ready for implementation;

b) *£95,000* – the part year costs of implementing the Paediatric Mental Health Liaison Team at the Royal Alex Children's Hospital; and

c) *£22,560* – self-harm and awareness raising.



7.5 Community Eating Disorder Services (2016/17 and beyond)

7.5.1 The allocation of eating disorder funds for 2016/17 is **£154,000** (adjusted upwards from 2015/16 based on population). Once again, any funds that are not used for eating disorders should be allocated to crisis and / or self-harm.

7.5.2 A new pan-Sussex CYP family eating disorder service launched on 1st October 2016, offering a comprehensive assessment and treatment pathway for CYP with a mild to severe eating disorder. The service, for CYP aged 10-18 (continuing to 19 when appropriate), will be accepting self-referrals and referrals from professionals from 1 October. Referrals can be made by telephone, email or online. It will operate 7 days a week. The service will cover the whole of Sussex, operating a 'hub' and 'spoke' model with home visits to ensure easy and rapid access for CYP and families. A multi-professional (including paediatrician and dietetics) central hub site (in development) will provide multi-family therapy, clinical assessment, physical health checks and systemic family practice for eating disorders. Physical health checks, clinical assessment and systemic family therapy will also be provided in the community in Brighton.

The service will also provide prescribing, transition to adult services, training, consultation and advice. The service will include support and engagement with children, young people and families. Currently children and young people are assessed within 4 weeks and treated within 18 weeks as part of generic Tier 3 CAMHS. There will be part year costs associated of £72,224.

7.5.3 The rest of the funding (£81,776) will be allocated as follows:

a) £66,357 - self-harm and eating disorder training; and
b) £15,419 – support for parents/ carers for those whose children require eating disorder services (as part of a two year pilot).

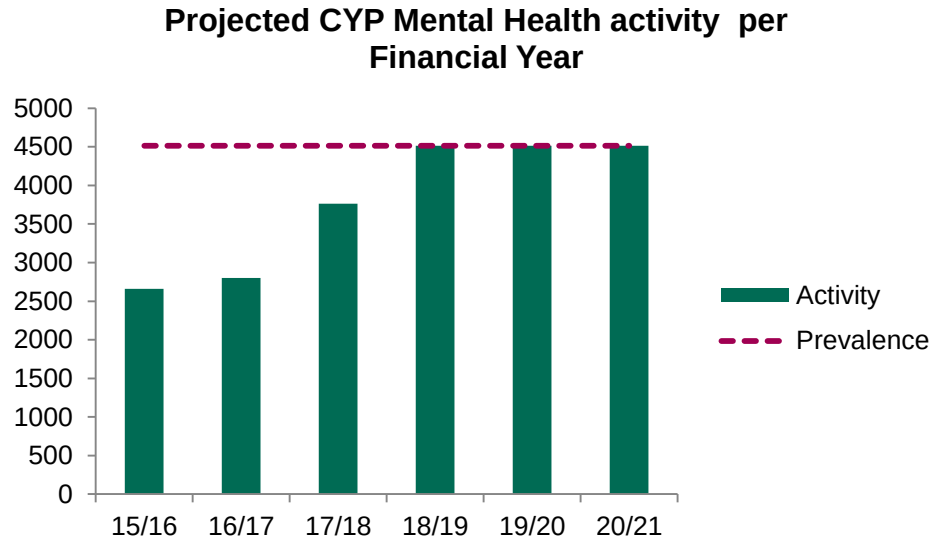
7.5.4 2017/18 onwards the eating disorder funds will be allocated as follows:

a) £144,448 (Community Eating Disorder Service), added to the current investment in specialist eating disorder service will give a total of £226,448 for Brighton and Hove CCG; and
b) £9,552 (Parent/ carer support for eating disorder).

7.6 By 2020/21 there is an expectation that there will be a 10% increase in access to mental health services for children and young people (to meet the needs of at least 35% of with a diagnosable mental health condition)[10]. The CCG is addressing this need through various initiatives that started in 2015/16 as well as the full roll out of the Primary Mental Health Worker in schools and colleges and the Community Wellbeing Service from June 2017. A trajectory of this activity can be found overleaf.



[10] https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf






## 8 Summary

8.1 The CCG has worked with children, young people, families and partners to develop a vision from 2017 onwards to improve children's mental health services so that they are more accessible, young people friendly, and address needs more easily and effectively, making it easier for users to receive the right level of support the first time. Parallel to service improvement is the focus on wellbeing and ensuring help and support is available early to prevent deterioration, so that mental health becomes normalised.

8.2 2015/16 and 2016/17 are the foundation years to this vision. The Transformation Funds have enabled commissioners to invest in infrastructure to achieve this aim as well as piloting improvements prior to a City-wide roll out. From 2017/18 onwards a whole system change addressing the need for more resource for mild to moderate need (Community Wellbeing Service and Primary Mental Health Workers in schools), as well as an integration with specialist mental health services will improve experience and outcomes for our children and young people.

## Appendix A – Brighton and Hove CCG Local Transformation Plan 2015/16

http://www.brightonandhoveccg.nhs.uk/plans

## Appendix B – Consultation

The following events provided the CCG with an opportunity to involve a wide range of people in these developments:

a) Children, young people, parents/ carers as well as professionals were part of focus groups, 1:1 interviews and the steering group from the JSNA process (November/ December 2015);

b) The consultation for the Community Wellbeing Service (Public questionnaire, GPs online questionnaire and Community Voluntary Sector Engagement Groups (users with lived experience) as well as the CCG Clinical Strategy Group) April and May 2016);

c) The young volunteers at Right Here (July 2016);

d) Members of the children and young people's mental health and wellbeing partnership group (includes parent/ carer representation as well as a range of providers) meeting bi-monthly (May and June 2016); and

e) The Senior Management Team within Children's Services including Public Health (August 2016).

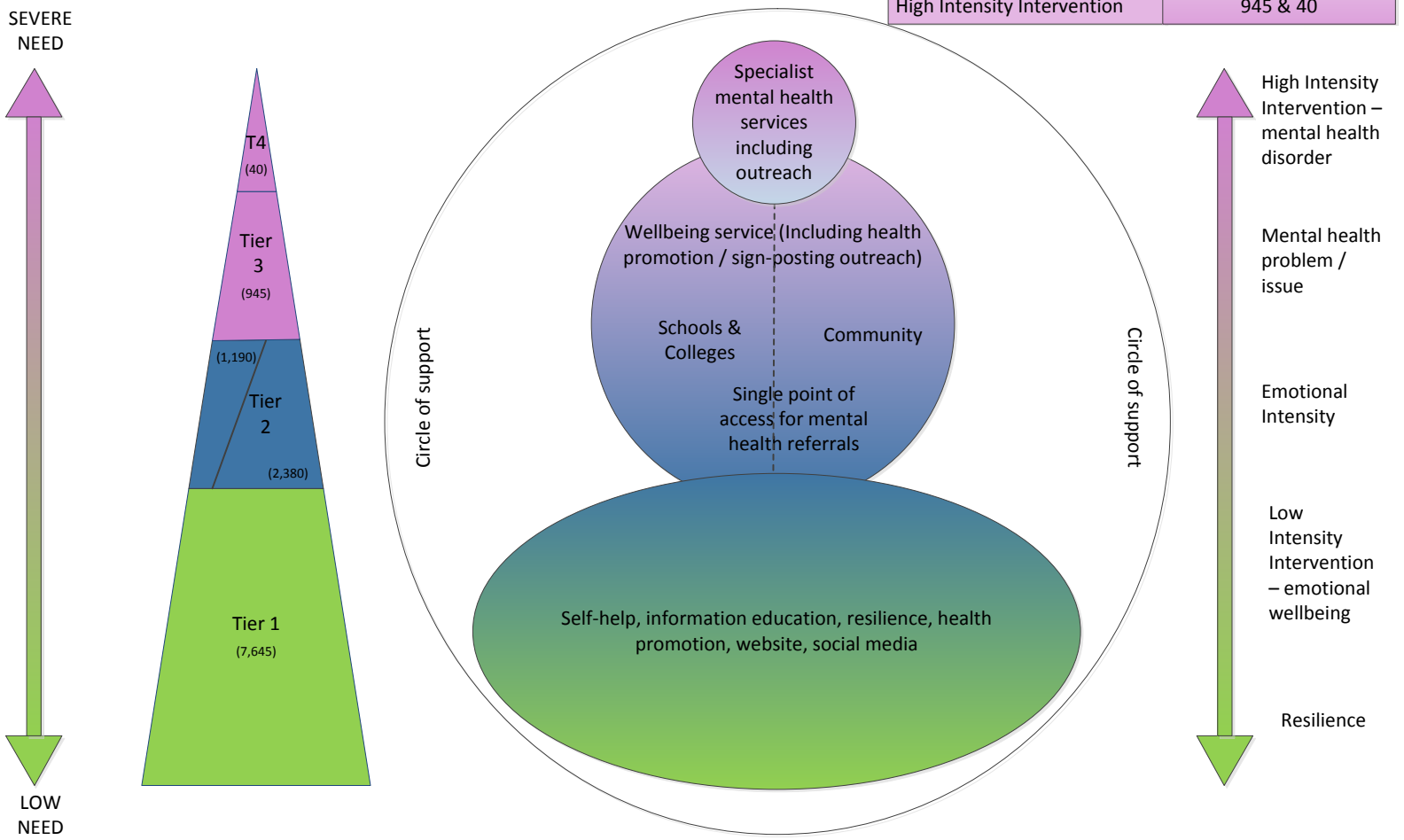
## Appendix C – Joint Strategic Needs Assessment Children and Young People's Mental Health and Wellbeing (0-25 years) Brighton and Hove (2016)

http://www.bhconnected.org.uk/content/needs-assessments

## Appendix D - Children and young people's mental health pathway

## CYP Emotional Wellbeing and Mental Health Pathway

| Key: | Public Health Prevalence (based on population) |
|---|---|
| Low Intensity Intervention | 7,645 |
| Medium Intensity Intervention | 3,570 (only 1 in 3 treated) |
| High Intensity Intervention | 945 & 40 |



## Appendix E – Transformation Plan tracker (KPIs, Risks and Project Plan)

**(These background papers [Excel spreadsheets] have been circulated to members under separate cover)**

## Appendix F – Transformation Plan Assurance Group Terms of Reference

**(This is appended at the end of the document)**

## Appendix G – Service information, activity and finances

**(This is appended at the end of the document)**



## Appendix H - Table Three: LTP 2015/16 – 2016/17 Summary of investments and updates

| | Area of investment 2015/16 and update | Funding 2015/16 | Area of investment and rationale 2016/17 | Funding 2016/17 |
|---|---|---|---|---|
| | **INFRASTRUCTURE** | | | |
| a | Innovative Communications<br>- Digital/ social media investment<br>- Anti-stigma event<br>- Campaign (preparation)<br>- Grassroots App<br>- Social media workshop<br>The development of the one point of local information online project that is young people and parent/ carer-friendly is on track.<br>Additional funds are required for preparation of the social media campaign and involving schools as well as an opportunity to develop a suicide prevention App for young people | **Total £94,406**<br>£85,000<br>£3,000<br>£5,611<br>£600<br>£195 | *Capacity following mental health anti stigma campaign (various providers).*<br>Following the launch of the social media mental health anti-stigma campaign the CCG requires services to be ready for any surge in demand and be able to respond appropriately and in a timely way and address inequalities<br>*Mental health anti stigma social media campaign*<br>Funding PR company for the campaign and includes the event for all secondary schools<br>*Social media maintenance*<br>Recognition that once the website is established there will be a requirement for constant refresh and new technological ways of communication will be developed | £123,599<br>£46,000<br>£12,000* |

| | | | | |
|---|---|---|---|---|
| b | Primary Care, Early Help Hub, Schools and CAMHS communications<br>This cost was associated with a whole system workshop based around Cluster One GPs (local schools, CAMHS, EHH, health visitors, and school nurses). An action plan was developed that should be implemented in 2016/17 (main themes were on communication and sharing of information) | £2,301 | *Extend Early Help (EHH) pilot with GP Cluster one to develop communications and sharing of information with EHH, CAMHS, Schools and Primary Care.*<br>The implementation of the action plan as agreed at the workshop | £5,000 |
| c | LGBT capacity and training (addressing inequalities)<br><br>Estimated numbers of additional young people seen<br><br>Following the recent Trans JSNA in 2015 where gaps were identified within mental health services, the CCG funded the LGBT therapeutic interventions to provide capacity for under 16 year olds as well as a training programme for frontline CAMHS staff | £27,000<br><br>125 | | |



| | | | | |
|---|---|---|---|---|
| d | | | *Mental Health Training for frontline staff.*<br>Following the JSNA process and consultation for the vision of services in the future, involving CYP and parents, there is recognition that frontline staff (Primary Care, Social Workers, Schools, Youth workers, Health Visitors etc.) would benefit from training on early recognition of issues, knowledge and understanding of what they can do to support young people and how to access additional specialist support if required. This will link to the self-harm training in paragraph 6.5.2 a | £50,000 |
| e | | | *Street Funk.*<br>A previous Mental Health Innovation fund bid that requires sustainability prior to the implementation of the PMHW and Community Wellbeing Service<br>Estimated number of additional young people seen | £2,000<br><br>60 |

| | | | | |
|---|---|---|---|---|
| f | | | *Project Management*<br>A recognition that the CCG requires project management due to the multiple streams of work across the whole system (for 6 months until Jan 2017) | £45,000 |
| | **BUILDING CAPACITY AT AN EARLY STAGE** | | | |
| g | Sustaining E-Motion (online counselling)<br>Estimated numbers of additional young people seen<br><br>This was a pilot that the CCG wanted to sustain to provide choice of how to access counselling | £28,450<br>70 | *Sustaining E-Motion*<br>Estimated numbers of additional young people seen | £36,500*<br>70 |
| h | CYP IAPT<br>In 2015/16 the provider was unable to recruit to the post that would scope and map local services, outcome measures and best practice interventions used so this cost was deferred to 2016/17 and the money was allocated to other streams | *Zero (£54,000 allocated but not spent* | CYP IAPT<br>The provider has now recruited and work has commenced (including involving children, young people and families) with a report available Feb 2017 | £54,000* |

| | | | | |
|---|---|---|---|---|
| i | Schools & CAMHS<br>- PMHW in schools<br><br>- Primary School and workshops (national pilot costs)<br><br>- Evaluation by Sussex University<br>- Primary School Therapy<br>- Continuation of national pilot after March 2016<br><br>Estimated numbers of additional young people seen<br>The recruitment to the PMHW was delayed and therefore spend was deferred to 2016/17. The pilot still continued with associated costs for the evaluation which should be available in autumn 2016.<br>The CCG, with partners, successfully won a bid for a national pilot with CAMHS and schools but there were some costs associated that the CCG was responsible for.<br>One primary school put a bid into the Mental Health Innovation fund (CCG and Public Health) and it was decided the funding of this pilot would come from the LTP as it was school based therapy. | Total £87,967<br>Zero (allocated £65,000)<br>£8,637<br><br>£24, 870<br>£4,460<br>£50,000<br><br>158 | *Safety Net resilience in schools.*<br>To complement the work that PMHW will do, an offer to Primary Schools. Links with other Public Health Schools Programme work<br>Estimated numbers of additional young people seen<br><br>*PMHW in schools* – further extension of pilot to address inequalities<br><br>Estimated numbers of additional young people seen | £20,000<br><br>200<br><br>£37,917*<br>(fye is £65,000)<br><br>270 |

| | | | | |
|---|---|---|---|---|
| j | Address capacity in the system<br>- SPFT (CAMHS)<br>- YMCA counselling<br>- Impact Initiatives counselling<br><br>Estimated numbers of additional young people seen<br><br>The funds were allocated to key pathways that had long waiting times to enable them to ready to make changes required over the coming years. The key pathways were autism and ADHD as well as group/ buddy work in youth settings to supplement the counselling interventions | **Total £63,833**<br>£25,000<br>£26,833<br>£12,000<br><br>98 | | |
| | **TARGETED SUPPORT** | | | |
| k | Sustaining outreach counselling (pilot)<br>This was spent as planned on sustaining a previous pilot that offered counselling in East Brighton | £13,125 | *Sustaining outreach counselling* | £22,500* |

| | | | | |
|---|---|---|---|---|
| l | Health promotion (parents/ carers)<br>Estimated numbers of additional families supported (at least)<br><br>This post will run health promotion events within schools on emotional wellbeing (pupils and parents/ carers). The post will also gather data on what type of support parents/ carers want when their child requires mental health interventions and also pilot an online forum for parents/ carers<br>http://www.findgetgive.com/parents-carers/ | £20,000<br>10 | | |
| m | Perinatal mental health pilots<br>- BrightPiP<br>- SPFT PiP<br><br>Estimated numbers of additional families seen<br><br>Two pilots for parent infant psychology (PiP) were started by providers. The CCG was keen for them to continue so that evaluation data could be captured to include in any future developments of the perinatal mental health pathway and any associated national funding in the future | **Total £22,000**<br>£15,000<br>£7,000<br><br>43 | *Perinatal PiP pilots.*<br>To ensure pilots in both SPFT and BrightPiP (parent infant mental health) can continue prior to national funding being available<br>Estimated numbers of additional families seen<br><br>*Young Oasis (Mellow Parenting).*<br>To complement the PiP pilots ahead of any commissioning of an improved perinatal mental health pathway in the future (2017/18 onwards)<br>Estimated numbers of additional families seen | £30,000<br><br>43<br><br>£7,000<br><br>25 |

| | | | | |
|---|---|---|---|---|
| n | Child sexual exploitation (WiSE) counselling<br><br>Estimated numbers of additional young people seen<br><br>There was a risk that some important therapeutic work for young people at risk or victims of sexual exploitation would not continue without this non-recurrent funding. Ongoing the service will be part of a broader pathway across Sussex commissioned by the Local Authority addressing inequalities | £10,000<br><br>20 | | |
| o | Teenage to Adult Personal Advisor (T3 CAMHS 14-25 year olds) – TAPA<br><br>This investment was allocated to 2016/17 however a recruitment programme meant that the cost was brought forward to 2015/16. There was a marginal number of new children and young people seen as the new post commenced in March 2016 | £3,500 | *TAPA*<br>Further developing an outreach model for Tier 3 CAMHS and bridging the gap at transition as the service covers 14-25 year olds | £60,000* |
| p | | | *Urgent Help Service*<br>Recognition that crisis response needs to be improved and integrated into community mental health services with the aim of reducing the need for specialist placements and potentially out of area inpatient beds | £16,000*<br>(fye is £65,000) |

| | | | | |
|---|---|---|---|---|
| q | | | *Looked After Children*<br>Recognition of a need to improve the mental health pathway for this particularly vulnerable group that works across health and social care. This includes mental health resource within social care pods to support young people, carers and social workers and link with mainstream mental health services | £39,000*<br>(fye is £50,000) |
| r | | | *Unallocated.*<br>For unforeseen circumstances | £3,493 |
| | **TOTAL** | **£372,582** | | **£610,259** |

*Recurrent funding



Other streams of work, funded over and above the LTP funding, can be found in table four below.

| | Area of investment | Funding | Rationale to increase access and capacity |
|---|---|---|---|
| a | Autism pathway | £70,000 recurrent<br><br>£50,000 (2016/17) | To improve and access and waiting times for assessment and diagnosis within the autism pathway to align with NICE guidelines<br><br>Non-recurrent spend to scope the current pathway, research best practice, and make recommendations for future service delivery aligned to the Transforming Care agenda |

| | | | |
|---|---|---|---|
| b | Mental Health support for young people known to Youth Offending Services | £35,000 (recurrent)<br><br>£25,000 (2016/17) | To implement a multi-agency team around the child/ young person and their family/ carers. This would be achieved by combining all the current work-streams of service improvement that have already started in Brighton and Hove (Crisis Care, Looked After Children, Learning Disability and/ or autism, and Social Care Innovation Programme) and building on the established social care Adolescent Pod. The CCG will also be a member of the planned NHSE Health and Justice network<br><br>To project manage the implementation |
| c | Reducing waiting times in CAMHS | £128,000 (2016/17) | An emphasis on reducing waiting times for treatment from 18 weeks, and ensuring providers are `ready` for transformation al change in 2017/18 |
| | **TOTAL** | **£203,000 (2016/17)**<br><br>**£105,000 (recurrent)** | |

Table Four: Other funding other than LTP



## Transformation Plan funding 2017/18 onwards

Sustainable and recurrent funding of the LTP from 2017/ 18 onwards is summarised in table five below.

| | Area of investment | Funding | Rationale to increase access and capacity |
|---|---|---|---|
| | **INFRASTRUCTURE** | | |
| a | Social media/ website maintenance and development | £20,000 | Recognition that once the website is established there will be a requirement for constant refresh and new technological ways of communication will be developed |
| | **CAPACITY AT AN EARLY STAGE** | | |
| b | *WELLBEING* - Primary Mental Health Worker in schools and colleges | £155,000 | Addressing the gap for moderate to mild need and providing mental health support in schools to complement the Community Wellbeing Service |
| c | *WELLBEING* - Community Wellbeing Service (children and young people element) | £140,000 | Addressing the gap for moderate to mild need and providing an all ages Community Wellbeing Service (family-focussed) that will complement the PMHW in schools |
| d | CYP IAPT | £54,000 | All CCG areas to be providing CYP IAPT by 2017/ 18, this work builds the foundations to be compliant |
| e | Online counselling development (E-Motion) | £36,500 | Continues the development of the model of offering a choice in how young people access therapeutic interventions including online |
| | **TARGETING SUPPORT** | | |
| f | TAPA | £60,000 | Further developing an outreach model for Tier 3 CAMHS and bridging the gap at transition as the service covers 14-25 year olds |

| | | | |
|---|---|---|---|
| g | Urgent Help Service | £65,000 | Recognition that crisis response needs to be improved and integrated into community mental health services with the aim of reducing the need for specialist placements and potentially out of area inpatient beds. The CCG is also planning to commission services to be able to be accessed and responded over the 24 hour period |
| h | Looked After Children mental health pathway | £50,000 | Recognition of a need to improve the mental health pathway for this particularly vulnerable group that works across health and social care |
| i | Outreach counselling | £22,500 | Continues to develop a model that reaches out to where young people are and want to access mental health services |
| j | Medically Unexplained Symptoms | £7,000 | To contribute to the development of a mediacly unexplained symptoms service for children and young people |
| k | Reserves (unallocated at present) | £259 | For unforeseen circumstances |
| | **TOTAL** | **£610,259** | |

Table Five: LTP 2016/17 summary of investments and updates



## Appendix I – I Am Whole Campaign Evaluation Report

## (This is appended at the end of the document)

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Tier 3 CAMHS Sussex Partnership NHS Foundation Trust** |
| Description | The service accepts referrals via a single point of access with Tier 2 CAMHS and referrals of children and young people with more moderate to severe mental health issues likely to respond to medium to longer term interventions will be directed to CAMHS. The service offers some joint working with Tier 2 CAMHS in the form of groups. The team is multi-disciplinary and includes those from a range of professional background including psychiatry, nursing, psychology, therapists. Young people referred to the service will be seen initially in an assessment clinic (within 4 weeks) and then referred to the relevant professional for intervention as appropriate. Besides the generic pathway for children and young people with mental health issues there are also specialist pathways for:<br>• Assessment and diagnosis of autism (over 11s)<br>• Looked after children<br>• Children with Chronic fatigue syndrome<br>• Children with long term health conditions<br>• Children with learning disabilities and associated challenging behaviour<br>• children with neurodevelopmental conditions<br>• Early intervention in psychosis<br>• Young people aged 14-25 who need support with transition or struggle to access the CAMHS service (Teen to adult personal advisors (TAPA service)<br><br>There are also:<br>• Specialist mental health nurses within substance misuse service and youth offending team<br>• Specialist mental health practitioners in Clermont child protection unit<br><br>The service also provides:<br>• Duty response to paediatric A&E where a young person presents with serious self-harm<br>• Urgent help service for crisis and out of hours response<br>24 hour duty psychiatry advice |
| what outcome(s) is it aiming to achieve | • Reduction in the symptoms of mental ill health including via access to medication as needed<br>• Promotion of wellbeing and emotional resilience<br>• Advice and support to professionals working with children and young people with mental health issues<br>• Support and advice to parent carers and family members in managing the mental health needs of children and young people<br>• Maintaining children and young people in a community setting unless they are acutely unwell and require an inpatient admission (provided at Chalkhill Haywards Heath by SPFT and young people can also access other specialist centres as needed via referral to a specialist funding panel) |
| Reach / age range | Under 18 years (up to 25 for TAPA Service) |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Early Intervention in Psychosis Service** |
| Description | Early Intervention services support individuals experiencing a first episode of psychosis who are typically presenting for the first time to mental health services and who have either not yet received any antipsychotic treatment or have been treated for less than one year[1].<br><br>Diagnostic uncertainty characterises the early phase of a psychosis and thorough assessment is a crucial and key function of the Early Intervention Team. |
| what outcome(s) is it aiming to achieve | The purpose of this service is to provide a comprehensive, integrated package of care to young people aged 14-35 years living in Brighton and Hove experiencing or suspected to be experiencing a first episode of psychosis. |
| Reach / age range | 14 -35 years |

| | |
|---|---|
| Name | **Perinatal mental health service** |
| Description | The service is designed to target antenatal women who develop mental health problems related to pregnancy, women with post-natal mental illness and women with pre-existing psychiatric disorder. The service works with women throughout their pregnancy until one year post childbirth. The team accepts referrals for women who are experiencing severe mental health problems, but will also offer advice, information and signposting for health professionals working with women with less severe presentations. |
| what outcome(s) is it aiming to achieve | • Enhance the experience of women with perinatal mental health problems in getting their needs met and accessing appropriate support;<br>• Enable women with perinatal mental health problems to have clear care plans and to facilitate consistent implementation of care plans. Where appropriate this will involve joint care plans produced by the Consultant Psychiatrist in conjunction with a Consultant Obstetrician based at the Perinatal Clinic;<br>• Facilitate access to appropriate therapeutic activities and expert advice which will help individuals and their families learn more about the condition and how best to manage it;<br>• Improve risk assessments of women at high risk of or suffering from perinatal mental health problems;<br>• Make onward referrals for supporting parenting capacity for women who need support; and<br>• Raise awareness of the service to health care professionals. |
| Reach / age range | Adults (mothers) and their babies |

| **2015/16** | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment – treatment) | Patient information | Workforce (WTE) | Workforce (skills & roles) |
| T3 CAMHS | 2034 | 974 | 4 weeks | 18 weeks | www.sussexpartnership.nhs.uk | 23 WTE | Team leaders<br>Consultants<br>Psychologists<br>Nurses<br>Therapists<br><br>Admin<br>Management |

[1] NIMHE 2008

**Appendix E – Provider activity data and finance 2015/16**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| EIP | 194 | 191 | 8.4 days | 3.6 days | www.sussexpartnership.nhs.uk | 15.58 WTE | Team leader<br>Consultant Psychology<br>Nursing<br>Care Coordinators<br>Admin |
| Perinatal | 207 | 207 | 34.9 (average) | 5.1 days | www.sussexpartnership.nhs.uk | 3.4 WTE | Consultant Psychiatrist<br>Psychology Practitioner and Team Leader |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Community CAMHS (tier 2) Brighton and Hove City Council (BHCC)** |
| Description | The Tier 2 Community CAMHS team offers a consultation service to parents, carers and professionals. This is where there is an opportunity to discuss concerns about a young person's emotional wellbeing or mental health before a referral is made. Experience shows that an early consultation can often address concerns and save the need for a referral. If they are not the right service they are normally able to signpost to a more appropriate service.<br>The service accepts referrals via a single point of access with Tier 3 CAMHS and referrals of children and young people with more moderate mental health issues likely to respond to short to medium term interventions will be directed to Community CAMHS. The service offers some joint working with Tier 3 CAMHS in the form of groups and focussed support.<br>The service is a partnership delivered by Primary Mental Health workers employed by BHCC and family support workers from two community and voluntary sector organisations (Safety Net and SCYMCA) |
| what outcome(s) is it aiming to achieve | • Promotion of emotional wellbeing and building of resilience<br>• Reduction of symptoms of mental ill health<br>• Advice and support to professionals in managing the needs of children and young people<br>• Development of self-management and coping skills |
| Reach / age range | 0-18 though most referrals are of school age and upwards |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment – treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| T2 CAMHS | 1873* | 406 | 2 weeks (all referrals offered a telephone assessment within 2 weeks) | Mean average waiting time – 6 weeks (from referral date) ** | https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/child-and-adolescent-mental-health-services-camhs | 11 WTE (includes LAC post funded by CCG) | Manager<br><br>Primary Mental Health Workers<br><br>Family Support Workers |

** Mean waiting times are heavily influenced by clients' choice

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **E-Motion online counselling - delivered in partnership by YMCA Downslink Group and Impact Initiatives** |
| Description | Counselling available through the medium of email with specially trained online counsellors http://www.e-motionbh.org.uk/ |
| what outcome(s) is it aiming to achieve | • Increased coping skills<br>• Increased self-esteem/confidence<br>• Reduce feelings of isolation<br>• Reduced stress and anxiety<br>• Signposting into other appropriate agencies<br>• Assisted to better consider employment, education or training<br>• Reduced drug and/or alcohol use<br>• Improved relationships and ability to communicate with family/ peers<br>• These outcomes result in improved mental health and wellbeing, enhanced access to learning, improved school attendance, improved enjoyment of life and attainment, improved relationships at home and prevention of social disaffection through criminality, teenage pregnancy, NEET and anti- social behaviour. |
| Reach / age range | 13-25 years |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral–assessment) | Waiting times (assessment–treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| E-Motion | 136 | 103 (13-25 year olds) | Under 1 week | Under 1 week | http://www.e-motionbh.org.uk/ | 2 WTE | Counselling |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Right Here Project Brighton & Hove** |
| Description | A youth led project that aims to promote the mental health and emotional wellbeing of young people aged 13-25, and provides free resilience building activities. The project supports engagement and participation of young people in service developments, research and publication of resources produced by young people for young people. |
| what outcome(s) is it aiming to achieve | Right Here aims to prevent young people from developing mental health issues through providing resilience building activities. The project should be seen primarily as a prevention and project, and secondly as an early intervention project.<br>Right Here is not a project that provides interventions or support to young people experiencing mental health issues. |
| Reach / age range | 13-25 years |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment–treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| Right Here | NA | Mental health related workshops to 1479 young people<br><br>4 young Men's Health Champions consultations | | | http://right-here-brightonandhove.org.uk/ | 1 WTE<br><br>Plus 20 youth volunteers aged 16-25 years | Wellbeing Manager (BA Applied Social Sciences<br>PG Diploma Psychodynamic Psychotherapeutic Counselling (BACP approved course)) |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Young People's Centre (counselling) – Impact Initiatives** |
| Description | The Young People's Centre aims to provide a centre that is an accessible and safe place for young people to meet, access a range of services that meet their needs, develop their skills and broaden their horizons. We provide drop-in sessions that include support, advice and information from staff and volunteers, affordable food, activities and games, a space that facilitates peer support and free access to computers and the internet. These sessions include specialist one-to-one support for young people around mental health, sexual health, education, employment and training issues and are complimented by the counselling service. We provide a range of informal education and learning opportunities. |
| what outcome(s) is it aiming to achieve | We aim to encourage and facilitate young people's personal growth, awareness and progression and promote increased confidence, well-being, mental and emotional health. We equip and enable young people to create the changes they wish to make, empowering themselves and developing coping strategies. We work in a person centred way, using action plans, goal setting and advocacy work through one-to-ones, open access sessions and counselling. |
| Reach / age range | 13-25 year olds |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment– treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| Impact Initiatives | 136 | 103 | 1 week | 1 week | http://www.e-motionbh.org.uk/ | 2 WTE | Counsellors |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Homewood College Psycho-therapist** |
| Description | Homewood is a special school for children experiencing Social, Emotional, and Mental Health Difficulties. The therapist offers a range of interventions including:<br>• Contributing to multi agency planning meetings and liaising with other agencies<br>• Providing individual state of mind assessments<br>• Providing weekly therapy sessions with children on site<br>• Working collaboratively with teachers at through small group work<br>• Providing parent/carer and child sessions<br>• Writing reports which help inform planning and interventions for individual children<br>• Providing support to adults working within the school who need to process the impact of their work with very challenging children<br>• Being the link to any CAMHS interventions<br>• Supervising mentors for many pupils on school site<br>• Providing staff group supervision and developing their awareness and expertise in mental health and emotional well being<br>• Advising the senior leaders within the school on the development of a therapeutic approach to working with the most challenging and hardest to reach/teach children and young people attending the school. |
| what outcome(s) is it aiming to achieve | Homewood College exists to support children in gaining the greatest possible access to learning and achievement in preparation for the responsibilities and experiences of life. To this end our therapist helps individual children, and their families to address issues that are impacting upon their emotional wellbeing and mental health, and preventing successful engagement with school. Some of these are short term interventions whilst others may be longer term depending on each child's particular needs. The therapist works with children and families who have either failed to engage with traditional CAMHS services, or where children cannot access traditional CAMHS for other reasons, such as chaotic families and parents unable to manage their child's behaviour in a traditional clinic.<br>As Homewood develops its work with young people who have very complex needs, and extremes of challenging behaviour (in the past these children would have been sent to residential schools out of the city), there has been an increased need for staff to have greater expertise in mental health and emotional wellbeing. We have found that by skilling the staff group this can impact on more students than solely providing individual therapeutic sessions. Especially where our young people are suspicious of traditional 'mental health' professionals, and take a long time to trust adults. |
| Reach / age range | Age 7 – 16 years old |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment– treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| Homewood College | 19 (ongoing)<br>8 (New)<br>Including two families in home | 27 | No more than 2 weeks | No more than 2 weeks | Available to 11-16 year olds and their families | 0.8 WTE | Child and adolescent therapist |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Dialogue Community Counselling @ 65 – YMCA Downslink (including outreach in East Brighton)** |
| Description | The Counselling Service at No. 65 occupies the top floor of the building offering free counselling and therapeutic support using a 10 session model for 13-25 year olds since 1995. The service has a Co-ordinator, 2 paid p/t counsellors/supervisors, 1 administrator and 6 Honorary Counsellors. Counselling is also offered in East Brighton.<br>The main issues young people present with are Suicidal thoughts, Self-Harm, Isolation, Eating related behaviour, Bullying, Bereavement/Loss, Family Illness, Domestic Violence, Suicide Attempts, Alcohol & Drug use, Suicide of a friend or family member and Arguments at Home.<br>All paid staff are post-diploma qualified and the Honoraries are either in their final year of training or post-qualified.<br>The service offers clients a meaningful intervention that helps them develop positive coping mechanisms that in turn enables them to address life's challenges with greater self-awareness and resilience.<br>The service is one of only 5 services in Sussex to be accredited by The British Association of Counselling & Psychotherapy to work with Children, Young People & their Families |
| what outcome(s) is it aiming to achieve | • Increased coping skills<br>• Increased self-esteem/confidence<br>• Reduced stress and anxiety<br>• Obtained employment, education or training<br>• Reduced drug and/or alcohol use<br>• Improved relationships and ability to communicate<br>These outcomes result in Improved Health & Well-Being, Enhanced Access to Learning, Improved School Attendance, Improved enjoyment of life and attainment, Improved relationships at home & Prevention of social disaffection through criminality, teenage pregnancy, NEET and anti- social behaviour. |
| Reach / age range | 13 – 25 year olds |

| **2015/16** | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment– treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| Dialogue | 144 | 133 | 4 weeks (average) | 5 weeks (average) | YMCA SERVICES such as counselling, anger management, Walk and Talk, E-motion, YAC | 1.5 WTE plus Honorary Counsellors (volunteers) | Counselling |

**Appendix E – Provider activity data and finance 2015/16**

| | Service information |
|---|---|
| Name | **Safety Net** |
| Description | **Safety Net is an independent charity whose aim is to promote safety, resilience and well-being for children, young people and families, at home, school and in their communities.** Safety Net delivers a number of its services through a Protective Behaviours Framework; this is a Programme which focusses on increasing safety, resilience and mental health and well-being by building emotional literacy, increased safety awareness and strategies and developing networks of support.<br>Safety Net delivers a range of services:<br>**Support for Families** - Holistic support for whole families with children aged 4-12 years old who attend participating primary schools ( at present 20 primary schools across the city) Service includes:<br>➢ Outreach/engagement e.g. home visiting<br>➢ Early help assessment, lead professional and action planning<br>➢ School based easy access Book in/Surgeries for parents and staff consultation<br>➢ Family activities/ participation<br>➢ Direct work with children<br>➢ Workshops for parents on parenting and related topics<br>➢ Groups and courses for parents, and parents and children together e.g. Triple p, Protective Behaviors<br>➢ Family support workers based in the Community CAMHS Team and Parenting workers based in the Engagement Team and with Children's Social Care<br><br>**Under 5's - Home Safety Equipment** - Safety Net runs a home safety equipment scheme for vulnerable families on low incomes across Brighton and Hove, mainly for children under 2.<br>**Feeling Good, Feeling Safe** group work for parents across Children's Centre's and some nurseries in Brighton & Hove<br>**Work with Children and Young People** - Safety Net provides 1:1 group work and projects for children and young people in schools and in the community to prevent bullying and abuse, teach children safety and assertiveness skills and involve them in safety issues in their neighbourhoods. Services include:-<br>- SNAP Groups (Safety Net Assertiveness Project – group work)<br>- SNAP-ITS (individual work with vulnerable and at risk children and young people)<br>- Playground Buddies - bullying prevention project<br>- Survivors' Group – Protective Behaviours 1:1, group work and residential for young people aged 13 – 25 who are at risk of or who have experienced sexual abuse or harm<br>- Safety Rocks – personal safety training and consultation for primary aged children<br>- Protective Behaviours whole school approach – training, lesson plans and parent information on Feeling and Keeping Safe<br>- Holiday activities for children that have attended SNAP and SNAP ITS sessions.<br>**Support for community and voluntary sector groups** – We provide support to community groups to make sure that they have systems in place to keep children and young people safe. We can help with child protection training, policies and procedures and a DBS checking service.<br>**Training** – Safety Net provides a range of training for individuals, schools, nurseries, groups and organisations who work with children, young people and families. This training includes: safeguarding, Protective Behaviours, mindfulness and attachment. |

## Appendix E – Provider activity data and finance 2015/16

| | |
|---|---|
| what outcome(s) is it aiming to achieve | Improving children and young people's safety, resilience and mental health and wellbeing at home, school and in the community<br>Working to 'Every child matters outcomes:' stay safe, be healthy, enjoy and achieve, make a positive contribution, achieve economic wellbeing<br>Early Help Plan outcomes for family members including; **improved** health (mental, emotional and physical), behaviour, identity, family relationships, confidence, learning, education and skills<br>**Reduction** of exclusions **improved** attendance, housing, employment, finance, social and community relationships, parenting capacity, ability to cope and family resilience<br>**Increased** involvement and participation<br>**For children in particular -** increase in children's assertiveness, resilience and participation leading to a positive transition to secondary school, increased feeling of safety in their community and in schools including safe from bullying, increased protective factors to protect young people from risky and abusive situations |
| Reach / age range | Most of the services are focussed on primary school age. Assertiveness groups for children up to 13 years<br>Home Safety and Children's Centre work is focussed on under 5's<br>SNAP Groups are for children up to 16 years old and Survivors group work is for young people up to 18 years' old |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment–treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| Safety Net | NA | 376 (transition groups)<br><br>890 (personal safety)<br><br>75 (SNAP) | NA | NA | http://www.safety-net.org.uk/ | 6 WTE | Personal safety workers with Participation skills.<br>Personal safety and Protective behaviours skills. |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Mind in Brighton and Hove Young People's Mental Health Advocacy Service** |
| Description | Mind in Brighton and Hove provide independent mental health advocacy service to children and young people aged between 11 and 19 years.<br>The advocate will:<br>• Provide general information on treatments, consent, legal rights and service policies and procedures.<br>• Support young people in expressing opinions, concerns and complaints about their care or treatment.<br>• Accompany young people or represent them at decision making meetings such as care planning meetings, case reviews or when they wish to consider all options available to them regarding services.<br>• Liaise with statutory and voluntary sector services on issues affecting young people when given permission to do so from the young person.<br>• Ensure that young people have access to information about services relevant to their needs and to identify gaps in service provision that will influence strategic planning of children and young people's services.<br>• Provide advocacy for young people on any issue they feel the service can help them with.<br>• Enable young people to participate in the feedback and development of mental health and associated services through the Mind Me Up group |
| what outcome(s) is it aiming to achieve | Mind in Brighton and Hove Young People's Mental Health Advocacy Service enables children and young people to communicate their wishes and feelings and participate in decisions about their emotional health and wellbeing. The service works to promote independence and resilience in children and young people with emotional wellbeing and mental health issues.<br>Advocacy is a process of supporting and enabling people to:<br>• Express their views and concerns<br>• Access information and services<br>• Defend and promote their rights and responsibilities<br>• Explore choices and options |
| Reach / age range | 11-19 years |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral – assessment) | Waiting times (assessment–treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| MIND | 94 | 94 | NA | NA | http://www.mindcharity.co.uk/services/services-in-brighton-and-hove/advocacy/young-peoples-advocacy-speak-your-mind-advocacy/ | 0.64 WTE | Advocate |

## Appendix E – Provider activity data and finance 2015/16

| | Service information |
|---|---|
| Name | **Therapeutic support for children of sexual abuse (BHCC)** |
| Description | Provide therapeutic support for children under 14 years old and the safe caregiver, where sexual abuse is being disclosed or where there are serious concerns about child sexual abuse. To assess and deliver evidence based therapy and interventions for up to 40 children per year (up to 15 sessions each) |
| what outcome(s) is it aiming to achieve | Provide therapeutic support for children under 14 years where sexual abuse is being disclosed or where there are serious concerns about child sexual abuse |
| Reach / age range | 14 years and under |

| 2015/16 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | No of referrals received | No of referrals accepted | Waiting times (referral–assessment) | Waiting times (assessment–treatment) | Patient information | Workforce (WTE) | Workforce (skills and roles) |
| CSA | 22 | 18 | 20 responded to within 24 hours | 18 working days | http://brighton.proceduresonline.com/pdfs/ther_supp_fam.pdf | 1 WTE | Psycho-therapist |

## Appendix E – Provider activity data and finance 2015/16

**Brighton and Hove CCG mental health and wellbeing contracts (2015/16)**

| Specification | Funding (£) |
|---|---|
| Tier 3 CAMHS (SPFT block contract) | £2,494,940 |
| LD CAMHS (SPFT) | £49,076 |
| Neurodevelopmental psychologist at SSV (SPFT) | £36,000 |
| Early Intervention Psychosis service (SPFT) (aged 14-35 years) | £922,913 |
| Perinatal Mental Health (SPFT) | £191, 029 |
| LAC post in T2 CAMHS (BHCC) | £41,000 |
| E-Motion (YMCA and Impact Initiatives) aged 14-25 years | £25,000 |
| Health & Wellbeing Manager (Right Here) aged 14-25 years | £35,000 |
| Young People's Centre - Counselling (Impact) - counselling aged 14-25 years | £38,000 |
| Wellbeing in East Brighton (Impact) aged 14-25 years | £10,500 |
| Psychotherapist at Homewood College | £29,616 |
| Protective behaviours (Safety Net) | £43,000 |
| Domestic violence and child psychotherapy (RISE) | £40,000 |
| Therapeutic support for children of sexual abuse (under 14 years) | £68,320 |
| Youth Advice Centre (YMCA) - counselling (aged 14-25 years) | £56,500 |

**Public Health mental health and wellbeing contracts (2015/16)**

| Specification | Funding (£) |
|---|---|
| Tier 2 Community CAMHS | £80,000 |
| Non- recurrent projects costs for work in primaries and in secondary's on self-harm / emotional health and wellbeing | £5,500 |
| Safety Net and Impact of social media – transitions work | £5,000 |
| Right Here | £45,000 |

## Appendix E – Provider activity data and finance 2015/16

**Children's Services mental health and wellbeing contracts (2015/16)**

| Specification | Funding (£) |
|---|---|
| Impact Initiatives- counselling service between 13-19 | £19,000 |
| Mind Brighton and Hove- advocacy service between 11-19 | £27,596 |
| Safety Net Ltd- family work in community CAMHS | £40,139 |
| YMCA Downslink group- family work in community CAMHS | £67,600 |
| SPFT- art psychotherapist post for LAC | £55,000 |

**Appendix F**

# Transformation Plan Assurance Group

# Terms of Reference

## 1. Background

1.1 The publication of *Future in Mind (FiM)- promoting, protecting and improving our children and young people's mental health and wellbeing* [1] heralded a call to transform the services offered to children and young people with mental health and wellbeing issues through the development of a local transformation Plan. To support this change Brighton and Hove Clinical Commissioning Group (CCG) has been allocated the following funds (see table one below):

| | 2015/16 | 2016/17 onwards |
|---|---|---|
| **Community Eating Disorder Service for Children and Young People (CEDS-CYP)** | £148,848 | £154,000 |
| **Transformation Plan** | £372, 582 | £610,259 |
| | **£521,430** | **£764,259** |

Table One: B&H CCG Allocation of funds

1.2 Key issues at a national level identified in FiM:

- Treatment gap – less that 25% to 35% of those with a diagnosable mental health condition accessing support
- Difficulties in accessing services with an increase in referrals, caseload complexity and waiting times
- Complexity of care pathway with the potential for children and young people to fall through the net.
- Specific issues relating to access to out of hours and crisis services

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

- Specific issues relating to access to vulnerable groups.

1.3 In January 2016 a Joint Strategic Needs Assessment (JSNA) was published on children and young people's mental health and wellbeing (0-25 years) in Brighton and Hove. The JSNA identified issues that largely mirrored those identified at a national level but also identified particular issues in relation to transitioning between children and adult services.

1.4 In light of the recommendations from FiM and the local JSNA the aspirations for the Transformation Plan are to:

a) Place emphasis on building resilience, promoting good mental health through prevention and early intervention;
b) Make mental health support more visible and easily accessible for young people adopting the principle that *no door is the wrong door*;
c) Ensure services are built around the needs of children, young people and their families, moving away from a system defined in terms of services organisation;
d) Build additional capacity across the system to deliver treatment and care with evidence-based outcomes;
e) Improve the linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
f) Ensure access to responsive services in a crisis especially out of hours**;** and
g) Prepare for adulthood by ensuring young people transition well at different stages of their life, especially at 18 years old

1.4.1 Delivering this Transformational change will be require who system working and will be underpinned by involving children and young children and young people and parents and carers in co-design of plans and services.

1.4.2 The Local Transformation Plan for Brighton and Hove can be found on the CCG website by following this link.
http://www.brightonandhoveccg.nhs.uk/plans

## 2. Purpose

2.1 The purpose of Transformation Plan Assurance Group is to ensure improvements in children and young people's mental health are delivered in line with the aspirations of the Transformation Plan. This will be achieved through a partnership approach bringing together commissioners across the system to oversee the delivery, monitoring and on-going development of the Local Transformation Plan.

2.2 The group will ensure that all stakeholders' perspectives are accounted for, will promote participation and engagement, and develop recommendations for transformation of service delivery.

## 3 Responsibilities

3.1 The Transformation Plan Assurance Group's responsibilities are to ensure the Transformation Plan:

a) Is underpinned by the FiM principles;
b) Reflects national guidance for example specific waiting time standards;
c) Responds to local need;
d) Has adequate assurance in its delivery through regular monitoring including management of risk, enabling compliance with the NHS England assurance process; and
e) Is updated as required and at least annually in accordance with need and to respond to any national/ local guidance or policy or strategic change.



## 4 Membership and attendance

4.1 The Transformation Plan Assurance Group shall be comprised of representatives from the following:

| Name | Organisation and title |
|---|---|
| Gill Brooks (Deputy Chair) | B&H CCG CAMHS Commissioning Manager |
| Anne Foster (Chair) | B&H CCG Head of Commissioning |
| Dr Becky Jarvis | B&H CCG MH Clinical Lead |
| Regan Delf | BHCC Assistant Director Children's Services |
| Helen Gulvin | BHCC Assistant Director Children's Services |
| Kerry Clarke | BHCC Public Health Commissioner |
| Ian Notely | B&H CCG Finance |

| | |
|---|---|
| Janet Moralee | B&H CCG PMO |
| Vince Hau | B&H CCG Informatics |
| Marguerite MacFarlane | SE Clinical Network (NHSE) |

4.2 Children and Young People, parents, carers and providers will be represented via the Children and Young People's MH Partnership Group.

4.3 Members should be of a senior level with a lead responsibility for their respective organisations.

4.4 Members should designate a deputy if they are unable to attend a meeting.

4.5 Members will be responsible for ensuring that their own organisation or group is fully briefed on decisions.



4.6 Membership will be kept under review.

4.7 To ensure the meetings are meaningful, actions can be reviewed and recommendations made, there will be sufficient attendance. It is expected that there will be at least the Chair or Deputy Chair present and at least 3 other members.

## 5 Frequency and structure of meetings

5.1 The Transformation Plan Assurance group will meet on a monthly basis. The frequency of meetings will be reviewed every 6 months.

5.2 All communications relating to meetings will be disseminated and papers/ reports circulated in a timely manner.

5.3 Agenda items should be forwarded to the Chair one week prior to meetings.

5.4 The meetings will take place at Lanchester House.

## 6. Recommendations and reporting lines

6.1 The Transformation Plan Assurance group will be accountable to the CCG Governance Committees (see structure chart overleaf).

6.2 All organisations will be responsible for ensuring any service development and change to service provision will be signed off within their internal governance structures.

## 7. Review of Terms of Reference

7.1 These Terms of Reference will be reviewed on at least a 6 monthly basis.

**Health and Wellbeing Board**

**Oversees Joint Strategic Needs Assessments and sets the Strategic Direction for Children's Services in the City. Facilitates an integrated approach and holds constituent partners to account for delivering on key outcome measures.**

**Senior Officer Group for Children's Services**

Quarterly Meeting – Chaired by Director for Children's Services

It includes, CCG Exec and Council/Public Health Exec Leads, Commissioning Leads.

To meet quarterly to provide strategic leadership to the commissioning of Children's Services. Ensure a high level quality & performance monitoring. Establish ad-hoc reviews/service redesign work etc. ensuring City responds to assessed need/new guidance/best practice.

**CCG Governance Structures**

- Performance & Gov committee – overseas financial and governance arrangements
- Clinical Strategy Group – signs of Strategy and changes to Clinical Pathways
- Quality Assurance Committee – Oversees quality and safeguarding compliance
- Senior Leadership Team – Oversees financial delivery, contract performance & delivery

**Local Authority Governance Structures**

Council Children's Committee

Children's Services Departmental Management Team

Performance and Review Board

**Transformation Plan Assurance Group** monitors the progress of the Plan, makes decisions and recommendations and ensures NHSE assurance process is achieved

**CYP MH Partnership Group** made up of all system stakeholders, inform, update, share best practice, develop services and make recommendations and support decisions from the Transformation Plan Assurance Group

NHS
Brighton and Hove
Clinical Commissioning Group




# Campaign Evaluation Report OCTOBER 2016

Spirit

YMCA
Proud to support #IAMWHOLE

Brighton & Hove City Council

# CAMPAIGN AIMS

#IAMWHOLE

## Objectives

- To 'normalise' mental health difficulties and challenge the negative language and social stigma often attributed to them
- To encourage young people to be open about mental health difficulties and to seek help if they or someone they know needs it
- To raise awareness of a new mental health service directory website for young people created by YMCA Right Here (a mental health project based in Brighton & Hove) that includes service user reviews, feedback and peer-to-peer advice
- To deliver a communications campaign for the city of Brighton and Hove that represents efficient and effective use of local CCG funding and value for money for the wider NHS

## Target audiences

- **Primary campaign audience** – children and young people, aged 11-24
- **Secondary audience** - parents and carers, services and organisations that work with and care for young people

# CAMPAIGN STRATEGY

#IAMWHOLE

As a **Brighton-born campaign** fronted by a pop star with a connection to the city, we knew #IAMWHOLE would grab the attention of local media.

But as the audience reached by Brighton-based media is small in comparison to the city's population - and older than our primary target audience - we needed to generate **a media buzz from beyond the city's boundaries and a call to action that would motivate young people** to share the campaign message with each other.

Our strategy therefore involved developing **a national earned media campaign and social media movement** that would grab the attention of young people, parents, schools and colleges on World Mental Health Day. Securing **support from NHS England and a partnership with YMCA England** was key to this strategy.

# CAMPAIGN TACTICS

#IAMWHOLE

- **Creation of the NHS's first music video featuring a chart-topping artist**
  Jordan Stephens from UK hip-hop duo Rizzle Kicks filmed his 'Whole' music video especially for the campaign.
  Filmed in Brighton & Hove, the video features local young people with lived experience of mental health difficulties.
  It was launched on World Mental Health Day (Monday 10 October 2016) on NHS and YMCA social media channels and given as an exclusive to www.theladbible.com - one of the world's largest online communities for young men

- **Campaign video featuring high-profile supporters**
  Including TV presenters James Corden and Dermot O'Leary, musician Ed Sheeran and Radio 1 DJ Adele Roberts.

- **#IAMWHOLE social media campaign & targeted use of branded clothing**
  NHS, YMCA, police, fire brigade and local authority teams all posted 'circle of hand selfies' on social media, alongside national and local politicians, celebrities and thousands of young people, many of whom wore branded sweatshirts and T-shirts designed personally by Jordan to spread the campaign message visually in schools, in the community and online.

- **Nationwide research commissioned by YMCA**
  Looked at the prevalence and impact of mental health stigma among 11-24 year olds in England and Wales.

- **Live music performance and press interviews in the British Airways i360**
  Jordan performed the campaign song 'Whole' live for the first time, 450ft up in the air, in Brighton's new i360 – the world's tallest moving observation tower - in front of members of the press and local stakeholders.

- **Anti-stigma challenge video & worksheet** designed for schools, colleges and groups that work with young people.

# RETURN ON INVESTMENT

#IAMWHOLE

## Budget

- £35,000 funding from the CCG paid for the campaign concept, production of 3 x videos, social media and PR strategy development, infographics and Anti-Stigma Challenge resources, liaison with Jordan Stephens and high-profile supporters
- £7,500 funding from YMCA England paid for nationwide Youthsight research and the publication of an 'I am whole' report
- **Total investment = £42,500***

## Earned media coverage and social media engagement

- **222 pieces of national and regional UK media coverage** with an audience reach of over 120 million (121,067,744) and an advertising value equivalent of £534,180
- **1 million earned views** of the campaign and music video during October 2016 (1m paid-for views on YouTube and Facebook combined would have cost approx £60k)
- **Total return = media coverage and video views with an equivalent paid-for value of £594,180**
- **CPM** (cost per thousand people reached by #IAMWHOLE media coverage and social media) = **35p** (compared to the UK PR industry target CPM of between £2-£6 per 1000 for a national campaign and £10-£12 for a regional one)

*excludes cost of time dedicated to the campaign by in-house CCG, YMCA and Brighton & Hove City Council communications and research leads

# CAMPAIGN PARTNERS


## NHS Brighton and Hove CCG and Spirit Media

Production, audience building and PR agency, Spirt Media, were commissioned by NHS Brighton and Hove CCG to: create the campaign concept; produce all video content; develop a social media and PR strategy; design infographics and school workshop resources; liaise with campaign ambassador, Jordan Stephens, and other high-profile campaign supporters.

## YMCA Right Here, YMCA England and NHS England

Volunteers and staff from Brighton & Hove's YMCA Right Here mental health project were involved in the filming of the campaign videos and also developed a new mental health service directory website for young people in partnership with other local groups. YMCA England commissioned nationwide research into the prevalence and impact of mental health stigma on young people and published the findings in an 'I am whole' report. YMCA services across the country supported the campaign on social media and through regional press activity. YMCA England Chief Executive, Denise Hatton, acted as a national media spokesperson on launch day, together with NHS England's National Clinical Director for Mental Health, Tim Kendall.

## Brighton & Hove City Council

The city's Public Health schools liaison team is supporting #IAMWHOLE engagement within local schools and colleges.

# CAMPAIGN DETAIL

# ‘WHOLE’ MUSIC VIDEO








**Jordan Stephens is the first pop star to front an NHS campaign**

His song ‘Whole’ was written as part of his Wildhood project and is about tackling mental health issues. The music video was filmed especially for the #IAMWHOLE campaign and **features local young people with lived experience of mental health difficulties** as well as a crowd scene featuring young people from Brighton and Hove schools and colleges https://youtu.be/ZLLGD-7fTL4 The BBC was invited to join the production team and film the making of the video.

#IAMWHOLE

# CAMPAIGN VIDEO



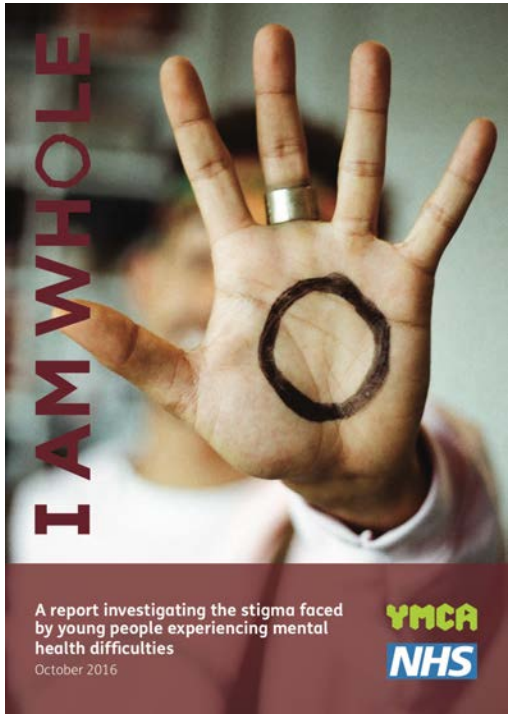


The **#IAMWHOLE campaign video** featuring Jordan, young people with lived experience of mental health difficulties and the campaign's celebrity supporters was launched on social media on the same day as the Whole music video https://youtu.be/FZ4TlCx3eHA

#IAMWHOLE

# NATIONWIDE RESEARCH

#IAMWHOLE




**'I AM WHOLE' research was commissioned by YMCA** with the fieldwork conducted by specialist research agency, YouthSight. The sample consisted of 2,072 interviews with young people aged between 11 and 24 years old from across England and Wales.

The research findings were published in a 44-page report sent to the media and Government on World Mental Health Day. It included the views and **personal stories of young people** affected by mental health difficulties, told in their own words. Extracts from over 100 case study interviews were also published on YMCA's website.

**Dexter: #IAMWHOLE in my own words...**

Dexter, 17, London Dexter, a young transgender man, has struggled with mental health difficulties since he was 10-years-old. It was hard for his family to accept and, struggling to cope with his mental health difficulties on his own, Dexter self-harmed. At 15-years-

**Louis: #IAMWHOLE in my own words...**

Louis, 19, south east England Both Louis parents were alcohol dependent, making his childhood a difficult one. When he was 13 years-old he started self-harming and didn't tell anyone about his struggles out of fear people would think about him differently.

**Charlie: #IAMWHOLE in my own words**

Charlie, 22, south west England Charlie was in his last year at university when the stress of studying for his undergraduate degree became too much for him to handle. Trying at first to get on with things, Charlie realised quickly that he needed help.

**Connie: #IAMWHOLE in my own words...**

Connie, 22, south east England When Connie was 16-years-old, she developed an eating disorder and, feeling unable to ask for help, she struggled with it all on her own for the next four years. Feeling low and finding it hard to concentrate, she

# MATERIALS FOR SCHOOLS

#IAMWHOLE



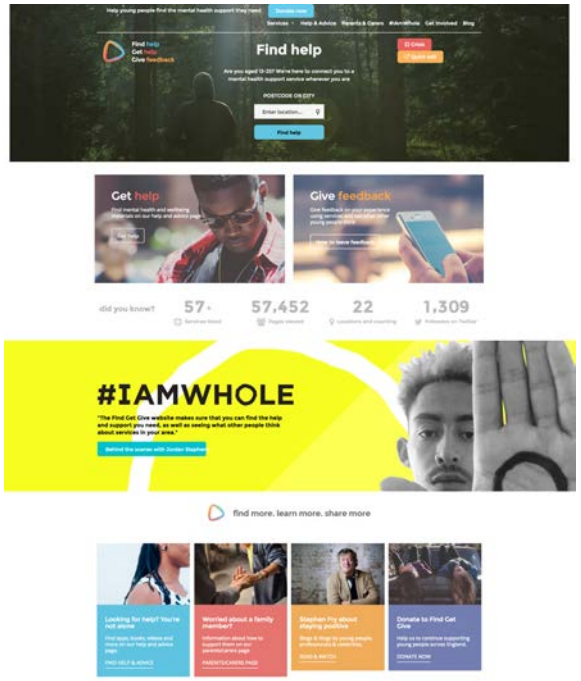
An all-day event on tackling mental health stigma was held in Brighton, attended by over 100 local secondary school and college students and their teachers.

A workshop set students a challenge - to 'develop your own anti-stigma campaign for your school or college based on the key messages within the #IAMWHOLE campaign'.

**Jordan's Anti-stigma Campaign Challenge video** https://youtu.be/Rq9xUetm5oc **and an accompanying worksheet** were created for the event and are now available for schools and colleges across the country to use.

# NEW WEBSITE FOR 13-25 YEAR-OLDS

#IAMWHOLE




**The #IAMWHOLE campaign asked young people to do 4 things:**

### Challenge harmful language

used to describe mental health difficulties so that people can ask for help without fear of negative labels

### Ask for support

from friends, parents, teachers, GPs or youth workers

### Show support

by joining the #IAMWHOLE movement on social media and posting ‘circle on hand’ selfies in support of the anti-stigma message

### Find and get help

by visiting **www.findgetgive.com** - a new mental health service directory designed by young people for young people, created by YMCA’s Right Here project. The site allows users to search for support, share stories about their own mental health and give feedback on services they have used for others to read. ‘Find Get Give’ also includes resources for parents and carers

# PRESS PREVIEW EVENT

#IAMWHOLE



Brighton & Hove's Mayor, Council members, NHS, YMCA and Public Health representatives joined local young people and the media to watch the first live performance of 'Whole' in the British Airways i360.

18 journalists attended, including a reporter from **national youth radio station Radio 1** and Jordan participated in over three hours of media interviews.

Local sixth form college students made this film at the event https://youtu.be/7HRVep5zyx8

# INFLUENCER SUPPORT

#IAMWHOLE

**The following featured in the campaign video and/or #IAMWHOLE social media posts** (all for no fee)**:**

**James Corden** - actor / TV presenter
**Dermot O'Leary** - TV presenter
**Ed Sheeran** - pop star
**Adele Roberts** - Radio 1 DJ
**Faye Marsay** - actor (Game of Thrones)
**Sean Teale** - actor (E4 teen drama 'Skins')
**Jamal Edwards** - filmmaker/ internet entrepreneur
**Dom Joly** - comedian
**Hussain Manawer** - mental health ambassador
**Miquita Oliver** - TV presenter
**James Arthur** - pop star
**Sinead Hartnett** - singer / songwriter
**Harley Alexander-Sule** - pop star
**Russell Kane** - comedian

# STAKEHOLDER SUPPORT

#IAMWHOLE

NHS
Brighton and Hove
Clinical Commissioning Group

Dear Supporter

Thank you for helping to support **#IAMWHOLE** – a new NHS anti-stigma campaign due to launch on Monday 10 October, World Mental Health Day 2016, in partnership with the YMCA across England.

Created in Brighton & Hove through a partnership between the local NHS, Brighton & Hove City Council and young people from the city's YMCA Right Here project, the #IAMWHOLE campaign has been designed to reach out to young people, aged 13-25, across the country, as well as to parents, teachers, employers and services that provide mental health support.

We've sent you some campaign clothing, specially designed by #IAMWHOLE campaign ambassador, Jordan Stephens (pictured, right), from UK hip-hop duo The Rizzle Kicks.

An #IAMWHOLE campaign video, featuring Jordan, YMCA Right Here volunteers and local school and college students will go live on social media on Monday 10 October.

**We're asking campaign supporters to post selfies of themselves wearing an #IAMWHOLE top – either individually or in groups/teams – on social media (Facebook, Twitter, Instagram, Snapchat) from 10 October (but not before this date please as we are keeping things quiet until then so that we make as much impact as possible on World Mental Health Day).**

Here is some suggested wording to post with your selfies: **"I am/we are helping young people challenge stigma and @findgetgive mental health support #IAMWHOLE"**

If possible, please also draw a black circle on the palm of your hand and hold it up to the camera in your pictures (as Jordan is doing in the above image).

We're hoping to keep the campaign buzz going throughout October, so here are a few more ways you can help:

- **NOW:** sign up to the #IAMWHOLE Thunderclap social media campaign before 10 October here http://bit.ly/IAMWHOLEsupporter
- **From 10 October:** share the #IAMWHOLE campaign video http://bit.ly/IAMWHOLE on social media – this link will be live from 10 October.
- **Wear your #IAMWHOLE top** with pride and tell onlookers all about the campaign.

Better Health For Our City


**Campaign T-shirts and sweatshirts personally designed by Jordan** were distributed to stakeholders and supporters ahead of the campaign launch together with instructions for signing up to the #IAMWHOLE Thunderclap and posting 'hand on circle' selfies on social media on World Mental Health Day

# SOCIAL MEDIA STRATEGY

#IAMWHOLE

A carefully crafted social media strategy was developed to maximise the fact that this was a purely earned media campaign.

This included a **Thunderclap campaign with a reach of 922,132 people** which went live on the morning of World Mental Health Day. Organisations with large social media followings such as Sussex Police, NHS England, YMCA and Sussex Councils all signed up to the campaign on Facebook and Twitter



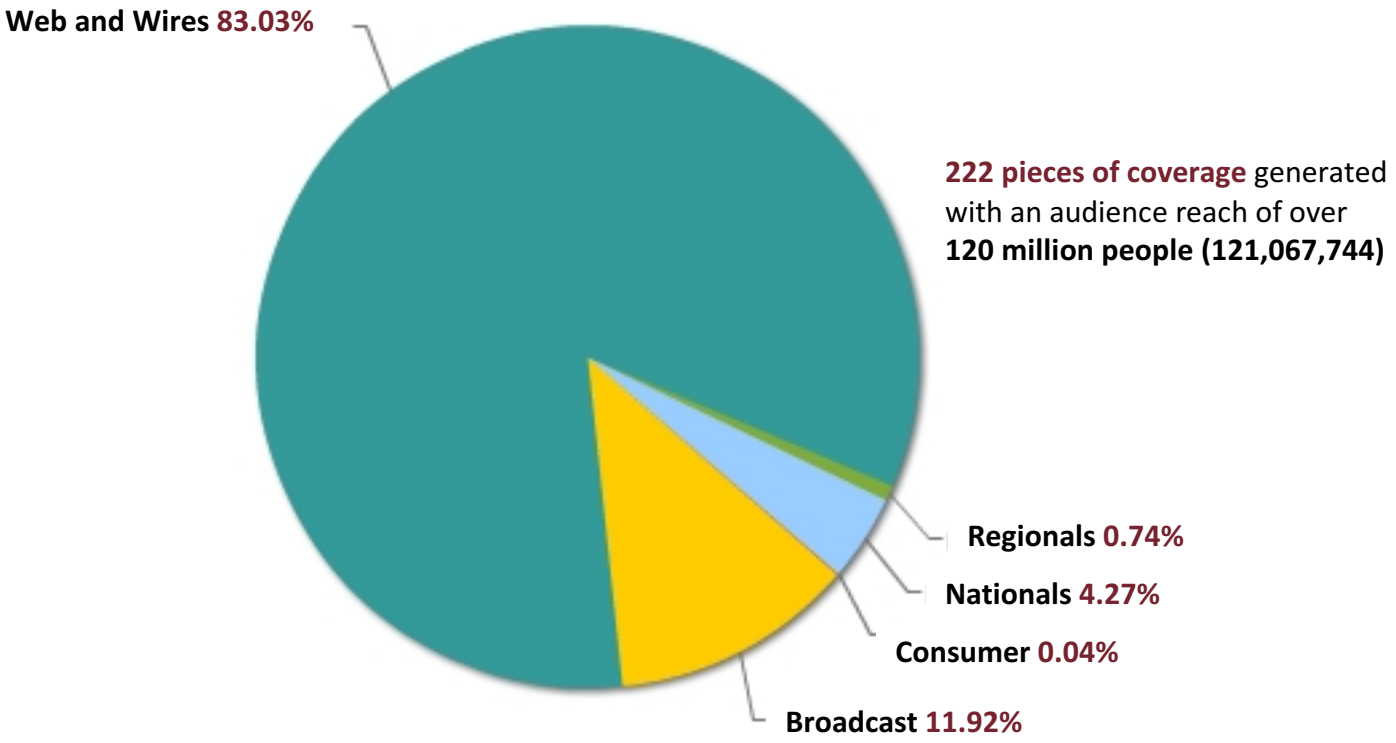


**The social media campaign was kicked off by the campaign's celebrity supporters** and continued throughout October with a series of infographics featuring key findings from the research and graphics showing celebrity 'circle on hand' selfies

# CAMPAIGN IMPACT – MEDIA COVERAGE

# MEDIA COVERAGE

#IAMWHOLE




**222 pieces of coverage** generated with an audience reach of over **120 million people (121,067,744)**

# NATIONAL BROADCAST

#IAMWHOLE



**Sky News** ran interviews with CCG Chair Dr Xavier Nalletamby and Right Here volunteer Connie Free in news bulletins throughout World Mental Health Day
https://vimeo.com/187199954/d0ece5488e

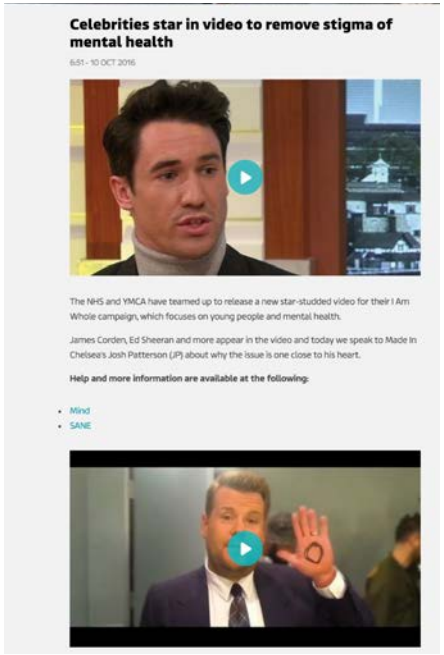

**Channel 5 news** filmed Jordan talking to teenagers about the campaign at a secondary school on World Mental Health Day and interviewed NHS England's National Clinical Director for Mental Health Tim Kendall.

Jordan and YMCA England Chief Executive Denise Hatton were interviewed live in the studio during the evening programme.
https://vimeo.com/187201902/adedfc6578

**ITV News** also ran the story in its lunchtime news bulletin

# NATIONAL BROADCAST

#IAMWHOLE





**Good Morning Britain** featured the campaign during a live World Mental Health Day item on 10 October and added a link to the campaign video on its website.

**Radio 1's Newsbeat** ran Jordan's interview with Brighton's Will Page recorded during the #IAMWHOLE i360 press preview event

# ONLINE

#IAMWHOLE

Mail Online

## Half of young suffering mental health stigma 'bullied by friends'

By PRESS ASSOCIATION
PUBLISHED: 06:34, 10 October 2016 | UPDATED: 06:34, 10 October 2016

Share 11 shares

More than half of young people who experience stigma due to mental health problems say their own friends are the ones who bully them.

A new poll of more than 2,000 11 to 24-year-olds for the YMCA found 38% felt stigmatised, with more than a third saying it happens at least once a week and 54% saying it originates from their own friends.

Types of stigma included being left out of activities (54%) and verbal abuse (36%). Most of those affected said it damaged their school performance and confidence.

**Under proposals being considered by ministers, schools would be assessed for their pastoral abilities as well as their ability to get good exam results (stock image)**

The YMCA is backing the #IAMWHOLE mental health campaign, which is being fronted by celebrities including presenters James Corden and Dermot O'Leary and singer Ed Sheeran.

The campaign aims to change how people describe mental health issues and urges young people to ask for support from their friends, parents, teachers, GPs or youth workers.

Denise Hatton, chief executive of YMCA England, said: "YMCA's research backs up conversations we have had with young people in which they have told us mental health is one of the principle worries affecting their generation today.

"What is alarming from these findings is the widespread stigma young people are now seeing or experiencing from others that is making them less likely to seek professional help."

Dr Tim Kendall, national clinical director for mental health for NHS England, said: "A lot of work is being done by the NHS in England to support improvements in children and young people's mental health and wellbeing, including major investment and service transformation over the next five years.

"Reaching out to young people who aren't coming forward to access services due to fear of stigma is so important and the #IAMWHOLE campaign is helping to start that conversation with young people today online, through social media and an anti-stigma challenge initiative for schools."

The survey comes as a separate poll of more than 1,200 youngsters aged eight to 15 for mental health research charity MQ found 49% thought a diagnosis of mental health problems might mean never getting better.

Some 56% of young people said they thought that if a classmate the same age developed a condition they would be treated differently, 55% thought they would lose friends and 51% would feel embarrassed.

New figures from the charity also show that mental health research funding across all age groups in the UK is just £8 per person affected each year.

It said this is 22 times less than that spent on cancer and 14 times less than dementia.

Cynthia Joyce, chief executive of MQ said: "We can no longer accept the status quo in mental health. Radical change is needed. If we don't take action now, this imbalanced situation will continue to let down millions of children and young people.

"Through research, we've seen extraordinary advances in healthcare that were once unimaginable. We need to be just as ambitious about mental health, and implement long-term action."

Mirror

## James Corden, Ed Sheeran and Prince Harry lead celebrities supporting World Mental Health Day

13:42, 10 OCT 2016 UPDATED 17:07, 10 OCT 2016 BY JOHN JAMES ANISIOBI

From the Royal family to reality TV stars, everyone is getting behind World Mental Health Day

1565 SHARES 2 COMMENTS

Enter your e-mail for our celebs newsletter Subscribe

The stigma that has been associated with mental health in the past is starting to be eradicated thanks to tirelessly campaigning for a better understand about the topic.

Today is World Mental Health Day and famous faces from all walks of life have stepped up to support the campaign, while some have spoken about their own battles with mental health.

BBC NEWS

NEWS
Home UK World Business Politics Tech Science Health Education Entertain
Health

## I was told to 'cheer up' while battling bulimia

By Cherry Wilson
BBC News

3 hours ago Health Share


Connie experienced stigma from friends and her boss while suffering mental health problems

**Sitting down on a shop floor crying, Connie Free was at a low point in her battle with bulimia when a manager told her to simply "cheer up".**

The 23-year-old is not alone in experiencing negative attitudes towards mental health.

A report from youth charity YMCA released on Monday has found that more than one in three young people with mental health issues have suffered stigma.

Connie was feeling numb and "out of touch with reality" when her boss even suggested she wear more make-up to her job working for a high street retailer.

NEWS
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England Regions

## Rizzle Kicks singer Jordan Stephens fronts mental health campaign

**10 October 2016** Last updated at 00:29 BST

Singer Jordan Stephens, who is one half of the band Rizzle Kicks, has launched an anti-stigma campaign to raise awareness surrounding mental health issues in young people.

It is in partnership with the youth charity YMCA.

YMCA research shows one in three young people with mental health difficulties feels stigmatised, with more than a third saying it happens at least once a week.

To coincide with World Mental Health Day, the singer has worked with the NHS to produce its first ever music video. His song Whole is using social media to connect with young people through the hashtag #IAMWHOLE.

He said: "I wrote Whole to express how I was feeling at the bottom of a situation.

"When the NHS suggested it could be used to give other people a way of feeling less alone, man that felt really good."

# ONLINE



The LADbible

19 days ago · 11 Shares

## Ed Sheeran And James Corden Join Fight Against Mental Health Stigma

George Pavlou in U OK M8?

Today is World Mental Health Day. To mark the occasion and kick off his own campaign to end the stigma surrounding mental health, Rizzle Kicks star Jordan Stephens has created #IAMWHOLE.

While we run our own UOKM8 mental health campaign, it's important to take stock and not be precious about content - ending the stigma is the most important thing.

To that end, we were sent the media exclusive of the music video Jordan has created with the help of actual mental health sufferers as well as celebrities James Corden and Ed Sheeran.

Check it out below...


Research published by YMCA, one of the world's largest youth charities, has revealed that one in three 11-24-year-olds say they experience the stigma that surrounds mental health, including social exclusion and verbal abuse.

itv Live TV Shows Categories News

NEWS Top stories Your area Topics Sport Weather

ITV REPORT 10 October 2016 at 7:56am

## Youngsters with mental health issues feel 'bullied by friends'

*Many youngsters said mental health issues were a source of stigma Credit: PA*

More than half of young people who experience stigma around mental health issues claim their own friends bully them.

Around 38% of 11 to 24-year-olds said they felt stigmatised over their mental health problems, a YMCA poll found.

A third claimed described themselves as bullied at least once a week, while 54% said this originated from their own friends.

Being left out of activities (54%) and verbal abuse (36%) made up a number of the complaints.

Most of those affected said the stigma damaged their school performance and confidence.

• Young royals to mark World Mental Health Day

*Dermot O'Leary is helping to front the #IAMWHOLE campaign Credit: PA*

itv NEWS

PRWEEK

## Watch: Rizzle Kicks star launches #IAMWHOLE mental health campaign with music video

Added 6 hours ago by Rob McKinlay , Be the first to comment

Rizzle Kicks' Jordan Stephens stars in a music video for #IAMWHOLE, an NHS anti-stigma campaign launched today to co-incide with World Mental Health Day today (10 October).

News

SHARES 4

James Corden has thrown his support behind the #IAMWHOLE campaign

Run in partnership with the YMCA, the earned media campaign is backed by a host of celebrities, including James Corden, Ed Sheeran and Dermot O'Leary, who will use their considerable influence on social to spread the message.

It is hoped the act of people posting a selfie with a circle drawn on their hand will go viral to further raise awareness.

## Five campaigns we liked in October 2016: Vote for your favourite

Added 25 hours ago by Rob McKinlay , Be the first to comment

Check out PRWeek UK's top PR and comms campaigns from October 2016 below and vote in the poll for your favourite.

Feature

SHARES 9


**Poll**

Which of the five campaigns is your favourite?

- Why not? – easyJet
- #IAMWHOLE – NHS/YMCA
- Return of The Walking Dead – Sky
- One Breath – Nicorette
- Little Stars – NSPCC

VOTE View Results

#IAMWHOLE

THE HUFFINGTON POST

## Helping Young People Access Mental Health Services Starts with Their Friends and Family

10/10/2016 12:29

**Denise Hatton**
YMCA England Chief Executive

Denise Hatton is Chief Executive and National Secretary of YMCA England, the national council of YMCAs in England. Denise has worked within the YMCA for more than 25 years, during which time she held a variety of local and national roles, including the previous position of Chief Executive at YMCA Thames Gateway.

# NATIONAL PRINT

#IAMWHOLE



THE TIMES

## ‘We rush to next crisis with no time to reflect’

**Nine in ten emergency workers have suffered poor mental health, but struggle to talk about it. Lucy Bannerman writes**

One in four people who work in emergency services have contemplated suicide but often find it difficult to ask for help, according to the mental health charity Mind.

Dan Farnworth, an ambulance worker who had post-traumatic stress disorder diagnosed after attending an emergency involving the murder of a young child, will be among campaigners meeting the Duke and Duchess of Cambridge and Prince Harry today to raise awareness of mental health problems suffered by those on the forgotten front line.

Struggling to cope with the distressing scenes witnessed on the job, Mr Farnworth said, “is a bit like *Fight Club*. The first rule of Fight Club is don’t talk about Fight Club.”

He said that campaigns such as Help for Heroes had rightly raised awareness about post-traumatic stress suffered by soldiers. “But why don’t we hear more about supporting the mental health of people in the emergency services? We need to support people who help others.”

Nearly two thirds of staff and volunteers in the police, search and rescue, fire and ambulance services in England have considered leaving their job because of stress or poor mental health.

Nine in ten said they had experienced stress and poor mental health at some point while working in a “blue light” role but only 48 per cent had ever taken time off because of it.

The royals will hear the stories of people such as Mr Farnworth who received “mental health first aid” when they needed it most, be it from a friend acting as a confidant or a colleague encouraging them to seek help.

After the reception, celebrating the work of the Heads Together campaign, they will join campaigners on the London Eye, which will be illuminated in purple light to mark World Mental Health day.

Mr Farnworth, from Blackpool, has been working in the ambulance service for ten years. Two years ago he attended an incident that changed his life: the murder of a child who was about the same age as his own children.

“I found myself paddling in very deep waters as we tried to deal with the situation,” he said. The rush to the next emergency left little time to deal with what he had seen. “There used to be time to reflect, to restock the vehicle, have a conversation, but nowadays it is so busy — just job after job after job.” Mr Farnworth, 31, is an emergency medical technician, a role similar to that of a paramedic.

“I started having very vivid flashbacks of the child. I wasn’t sleeping at night, I felt really withdrawn from all my colleagues, my family, and found myself just sitting in a room, doing nothing but thinking about the incident. I felt like I had nowhere to turn. I had always known it was a tough job, an important job, and that’s the reason I’d spent so long training for it. I worried that if I said anything, people would think I wasn’t cut out for it.”

He eventually confided in a colleague, who encouraged him to visit his GP and seek counselling. He returned to work after a six-month break with the full support of North West Ambulance Service.

Dan Farnworth’s crew attended a murder scene

● More than half of young people who experience stigma over mental health problems say that their own friends are the ones who bully them. A poll of more than 2,000 11 to 24-year-olds for the YMCA found that 38 per cent felt stigmatised, with 54 per cent saying that originated from their own friends.

Leading article, page 27

The Telegraph

## Friends bully troubled young people

◆ More than half of young people who experience stigma due to mental health problems are bullied by friends.

A poll of more than 2,000 11 to 24-year-olds for the YMCA found 38 per cent felt stigmatised, with more than a third saying it happens at least once a week and 54 per cent blamed friends.

The stigma included being left out of activities and verbal abuse.

The NHS and the YMCA have launched the #IAMWHOLE campaign which aims to change how people describe mental health issues and urges youths to ask for support from friends, parents, teachers and GPs.

THE Sun

## BULLIED BY ‘MATES’

MORE than half of youngsters picked on over mental health problems say their pals are the ones who bully them.

A poll for the YMCA of 11 to 24-year-olds found more than a third said it happens at least once a week, and 54 per cent blamed friends.

Types of stigma include being left out of activities and verbal abuse. The YMCA is backing the #iamwhole campaign, fronted by James Corden, Dermot O’Leary and Ed Sheeran, to change how mental health is discussed.

The survey comes as police get new guidance on handling mental health, including taking calls on suicide.

● More than half of young people who experience stigma over mental health problems say that their own friends are the ones who bully them. A poll of more than 2,000 11 to 24-year-olds for the YMCA found that 38 per cent felt stigmatised, with 54 per cent saying that originated from their own friends.

Leading article, page 27

SOCIETY

## Teenagers feel stigmatised for mental illness

By Jane Kirby

More than half of young people who experience stigma due to mental health problems say their own friends are the ones who bully them.

A new poll of more than 2,000 11- to 24-year-olds for the YMCA found 38 per cent felt stigmatised, with more than a third saying it happens at least once a week and 54 per cent saying it originates from their own friends.

Types of stigma included being left out of activities (54 per cent) and verbal abuse (36 per cent). Most of those affected said it damaged their school performance and confidence.

i

Denise Hatton, chief executive of YMCA England, said young people had told them that “mental health is one of the principle worries affecting their generation today”.

She said: “What is alarming from these findings is the widespread stigma young people are now seeing or experiencing from others that is making them less likely to seek professional help.”

Dr Tim Kendall of NHS England added: “A lot of work is being done to support improvements in children and young people’s mental health.”

# REGIONAL TV

#IAMWHOLE

The **BBC's Inside Out programme** ran a 7-minute #IAMWHOLE feature in both of its South East and London regions on World Mental Health Day, reaching a combined audience of **4.1 million viewers**. It included interviews with CCG Mental Health Lead Dr Rebecca Jarvis and Spirit's Creative Director Matt Campion and footage filmed by BBC Health Correspondent, Mark Norman, at the i360 press preview event https://vimeo.com/187198896/980bf7e7ae
News reports also ran within **BBC South Today, BBC South East Today and BBC East** regions throughout the day, reaching a further **6.9 million viewers**




ITV MERIDIAN

Inclusion in **ITV Meridian** evening news bulletins reached an additional
**1 million viewers**
https://vimeo.com/187201366/410f7bba14

**Combined audience reached by BBC and ITV regional TV news coverage:**
**12 million viewers**

# REGIONAL PRESS

#IAMWHOLE



London Evening Standard

## Royals' Marathon effort on mental health

Kate, Wills and Harry team up with 2017 race to help end stigma

Rachel Rainey and Robert Jobson

PRINCE HARRY today urged everyone to talk openly about mental health to end the "stigma" that sees people suffer in silence.

He joined forces with Prince William and the Duchess of Cambridge at the London Eye to announce that their mental health initiative – Heads Together – would be the charity partner for the 2017 London Marathon. He said it is "one of the largest sporting and mass participation events on Earth", and added: "We want as many London Marathon runners as possible, spectators around the course and people watching at home to get involved and make it a marathon for mental health."

The prince also said: "We all have mental health just as we all have physical health. Too often we think mental health problems are things that happen to other people, not us." The three royals took a ride on the Eye to mark World Mental Health Day, and meet affected people. They ranged from a man who lost his wife to cancer and was helped by his best friend when his mental health deteriorated, to a mid-wife who gave practical support and advice to a mother whose mental health problems resurfaced when she was expecting a baby.

Meanwhile James Corden, singer Ed Sheeran and X Factor host Dermot O'Leary were today backing another campaign, called #IAMWHOLE, after research showed more than half of young people who suffer from mental health issues are bullied by their own friends.

The NHS and YMCA initiative aims to change attitudes to mental health and urges youngsters to ask for support from friends, parents, teachers, GPs or youth workers. YMCA chief Denise Hatton said: "Our research backs up conversations we have had with young people in which they have told us mental health is one of the principal worries affecting their generation today."

She added: "What is alarming from these findings is the widespread stigma young people are now seeing or experiencing from others that is making them less likely to seek professional help."

Royal support: Kate at the Eye today, right and top – in a £400 rose chiffon Kate Spade dress – to back Heads Together. Above, Prince Harry and James Corden

Peterborough Telegraph

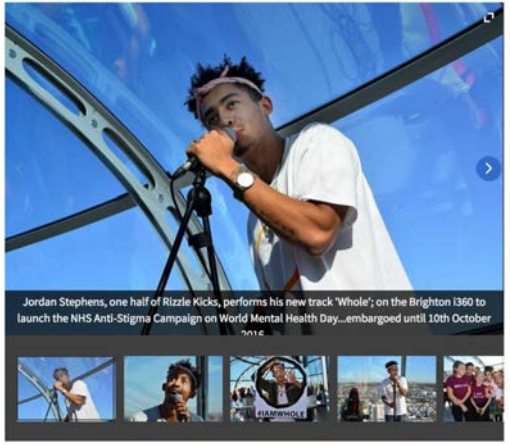
## YMCA Cambridgeshire & Peterborough supports new mental health campaign

Ed Sheeran is one of the celebrities supporting the #IAMWHOLE campaign

Regional print coverage in Brighton & Hove and other areas of the country reached a combined audience of **1,385,889 readers**

The Argus

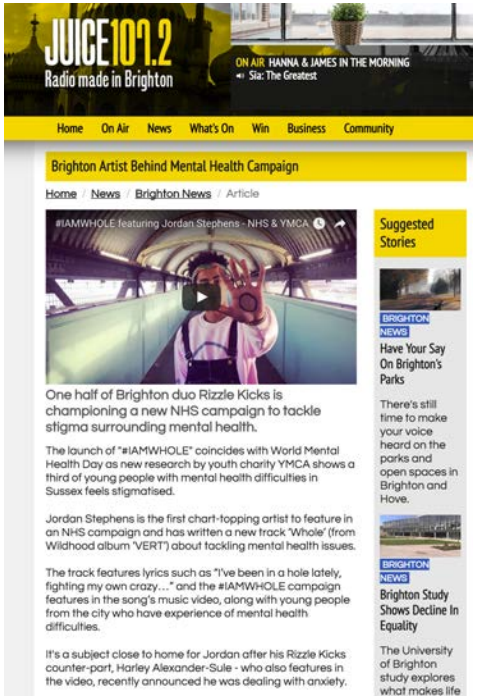
## Rizzle Kicks star launches major mental health campaign



Jordan Stephens, one half of Rizzle Kicks, performs his new track 'Whole'; on the Brighton i360 to launch the NHS Anti-Stigma Campaign on World Mental Health Day...embargoed until 10th October 2016

# REGIONAL RADIO

#IAMWHOLE




Jordan was interviewed by Brighton radio station **Juice 107.2** as well as **BBC Radio Sussex** and **BBC Radio Kent**


# CAMPAIGN IMPACT – SOCIAL MEDIA

# ONLINE ENGAGEMENT – KEY STATS

**The campaign went global** and was picked up in multiple countries and continents, including Canada, Australia, Europe, the USA and South America.

**#IAMWHOLE became THE hashtag to use when talking about mental health** – even when posts weren't referring to the campaign. People grabbed onto the hashtag and its message and used it to talk.

**TWITTER**

- 14.6k Tweets between 10-31 October, with a reach of 58.3 million potential impressions
- Average of 2,426 tweets a week, generating 9.7 million potential impressions and a retweet rate of 3.1

**INSTAGRAM**

- 6,405 posts using #IAMWHOLE hashtag

**VIDEO VIEWS ON FACBOOK, YOUTUBE and www.theladbible.com**

- 1 million between 10 and 31 October



#IAMWHOLE

# GLOBAL ENGAGEMENT


USA


France


Australia


Estonia


Argentina


Brussels

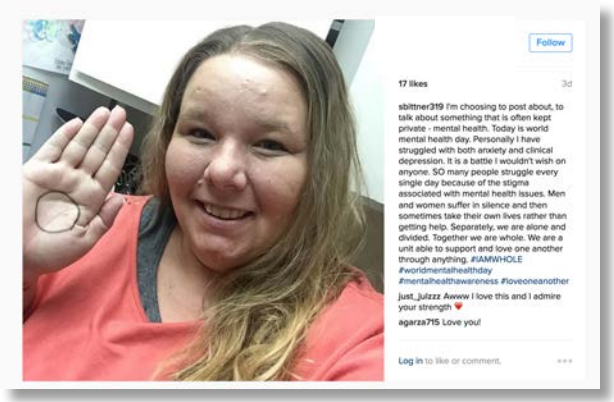
#IAMWHOLE

# RESPONSES FROM YOUNG PEOPLE

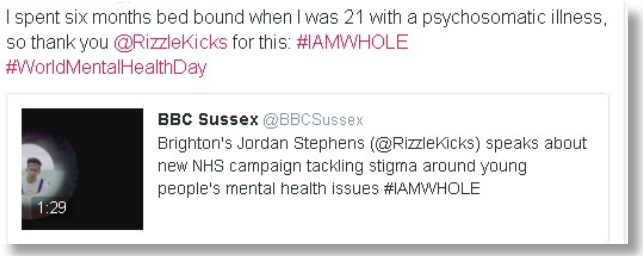
Thousands of children and young people posted ‘circle on hand’ selfies on social media during the week of World Mental Health Day…

# RESPONSES FROM YOUNG PEOPLE

Many shared their personal experiences of living with mental health difficulties on Instagram, Twitter and Facebook…





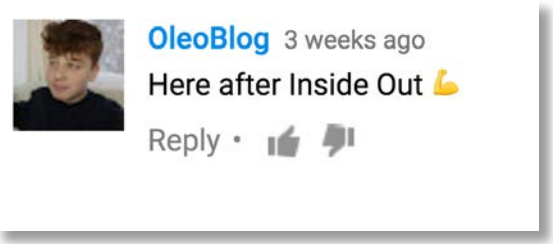





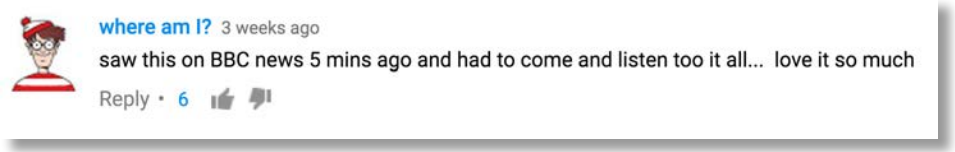
#IAMWHOLE

# RESPONSES FROM YOUNG PEOPLE

Many also explained how seeing the campaign on TV and online had changed their behaviour and outlook…





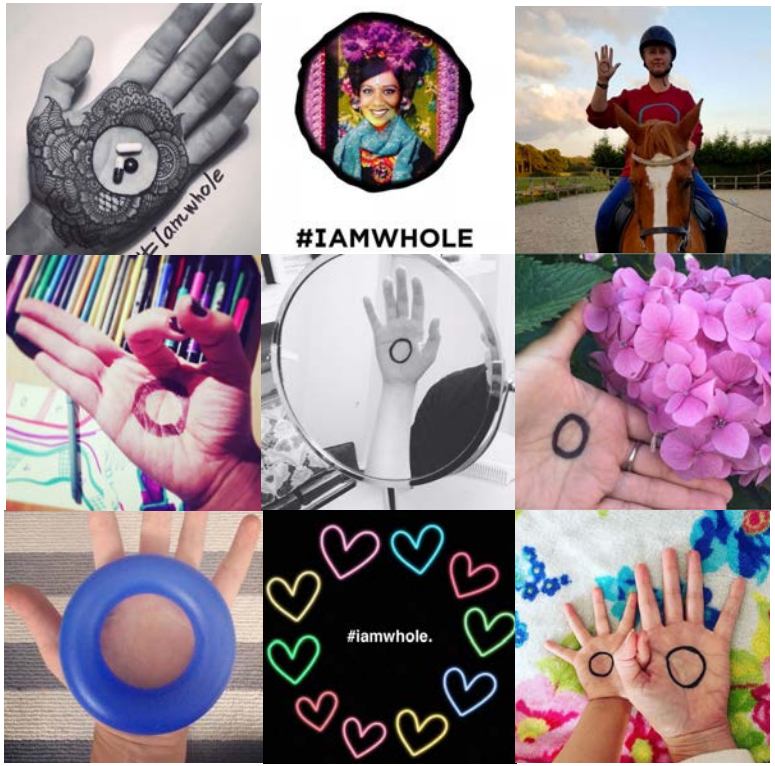

A message sent to Jordan:

"Hello. I'm not sure if you'll read this but here I go anyway. For the last 5 years I've felt pretty rubbish. I've never been ashamed of mental illness, just confused & anxious about speaking out. I've lost bfs, friends, missed out on career opportunities & had to move back in with my parents. I watched your campaign the other day & decided to get help. This morning I was diagnosed with OCPD, a personality disorder, & will be starting behavioural therapy shortly to help with the anxiety & depression attached. From the bottom of my heart, thank you for being so strong and speaking publicly about your mental health. I already feel a huge weight off my shoulders."

#IAMWHOLE

# CREATIVE & PERSONAL

Thousands of individuals posted their own personal take on the campaign's imagery and message on social media

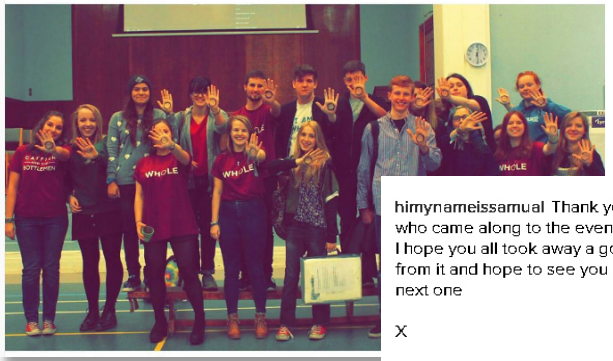





# SCHOOLS





Hove Park School @HpsHove · Oct 10
Join hip-hop star Jordan Stephens, the NHS & YMCA by fighting mental health stigma. Together we are whole #IAMWHOLE

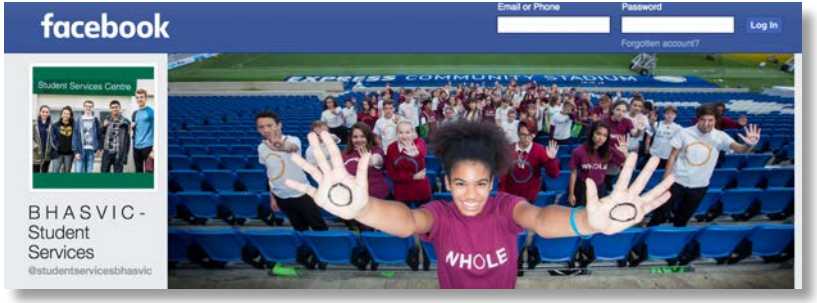
himynameissamual Thank you to everyone who came along to the event in the hall. I hope you all took away a good message from it and hope to see you again at the next one

X

#IAMWHOLE

#IAMWHOLE

# COLLEGES & UNIVERSITIES





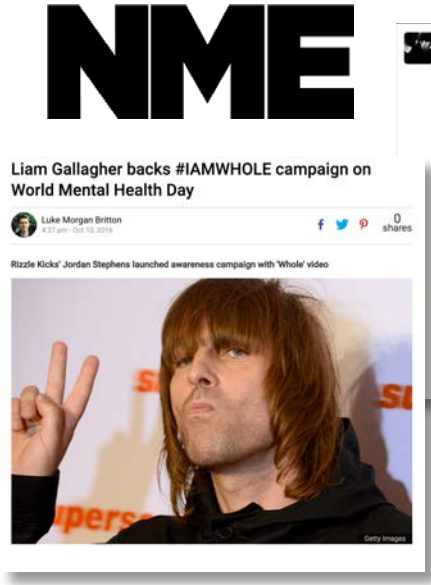
We were very proud to show our support of the incredible #IAmWhole campaign at it's launch this month, and were very lucky to see the debut performance of 'Whole' by Jordan Stephens (Rizzle Kicks/Wildhood).

Check out our blog to hear all about the launch, the campaign and why we should all stand together and say.... I Am Whole! https://goo.gl/1kGedd





# HIGH-PROFILE SUPPORTERS





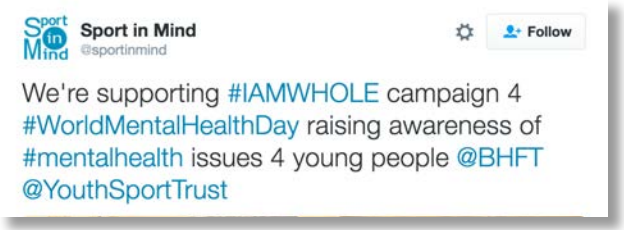


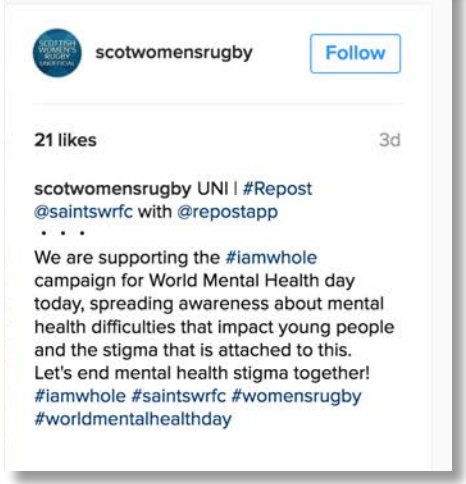

Musician **Liam Gallagher's** Tweet on World Mental Health Day generated 1.5k retweets and an overall potential reach of 2.8 million Twitter users, plus it created an additional news story of its own via NME

**Downton Abbey actress Michelle Dockery's** selfie @theladydockers has generated 18.3k likes on Instagram. 'Game of Thrones' actor Sam Coleman, Sky 1 TV presenter Jessie Pavelka and TV presenter Denise Welch also posted support

#IAMWHOLE

# SPORT



#IAMWHOLE

# BUSINESS & BRANDS





#IAMWHOLE

# NHS, YMCA & PUBLIC SERVICES




#IAMWHOLE

Sussex Police @sussex_police

Sussex Police supporting the #IAMWHOLE anti stigma campaign on World Mental Health Day 2016.

Out of Hospital
@ESHT_OOH
Follow

Great campaign to tackle mental health #IAMWHOLE - let's get on board.

Queen Victoria Hospl @qvh
The team from Peanut ward QVH supporting campaign to tackle mental health stigma. #IAMWHOLE




# NATIONAL & LOCAL GOVERNMENT




**National and local politicians** from Conservative, Labour and The Green Party all showed support

#IAMWHOLE was referred to and congratulated during a **Backbench Business debate on Young People and Mental Health in the House of Commons on 27 October** – "I want to pay tribute to a brilliant piece of work that was recently published by the YMCA in partnership with the NHS. Called 'I Am Whole'…" Helen Hayes MP

#IAMWHOLE

# SECRETARY OF STATE SCHOOL VISIT




**The Secretary of State for Health, Jeremy Hunt MP**, visited Cardinal Newman Secondary School in Hove during the week of World Mental Health Day to meet staff, students and commissioners involved in the #IAMWHOLE campaign.

**Mr Hunt said:** "I've been struck by the compassion and intelligence of staff and pupils and the genuine desire to work with local services to break the stigma of mental health issues and ensure that everyone gets the support they need."

#IAMWHOLE

# CONTACTS

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Head of Communications and Engagement
**NHS Brighton and Hove Clinical Commissioning Group**
Tel: 07786905499

**Matt Campion**
Creative Director
**Spirit Media**
Tel: 07956997721

# Adult Social Care and Children's Services – re-procurement of the self-directed support service

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

1.2 Date of Health & Wellbeing Board meeting
22nd November 2016

1.3 Author of the Paper and contact details:
Judith Cooper Commissioning Manager
Judith.cooper@brighton-hove.gov.uk
Tel: Brighton (01273 29 6313)

## 2. Summary

2.1 Self-directed support, also called 'personalisation', is about people being in control of the support they need to live the life they choose. Brighton & Hove City Council has contracted for a Self-Directed Support Service for many years (original pilot scheme commenced in 1999) covering both adult and children's services. A critical part of the service is supporting people to plan and manage their own support using Direct Payments - funding from the council made to people with assessed needs to buy services or employ people to support them.

2.2 The current contract for Self-Directed Support is delivered by Possibility People (previously known as The Fed) and has been in place since 2013. This contract expires in March 2017. This report seeks approval to re-procure and award a Self-Directed Support Service, either in conjunction with East Sussex County Council (ESCC) as the Lead Authority or procured solely by Brighton & Hove City Council. It is expected to complete the process by June 2017.

## 3. Decisions, recommendations and any options

3.1 That the Health & Wellbeing Board approves the following recommendations:

3.1.1 That delegated authority be granted to the Executive Director of Health & Adult Social Care to enter into a competitive procurement process to secure the provision of Self-directed Support Services either jointly with East Sussex County Council or directly by Brighton & Hove City Council.

3.1.2 That delegated authority be granted to the Executive Director of Health & Adult Social Care to award and let contract(s) for those services to the tenderer(s) submitting the most economically advantageous tender as determined in the procurement process.

3.1.3 That delegated authority be granted to the Executive Director of Health & Adult Social Care to conclude negotiations with East Sussex County Council on the use of their contract.

## 4. Relevant information

4.1 There are currently over 560 Adults in receipt of Direct Payments and increasing this figure is a key target for Adult Social Care, necessitating more referrals from Assessment Teams. In addition 131 families receive Direct Payments to support their assessed children.

4.2 BHCC has a target in 2016/17 target of 30% of community based social care clients (adults) to be in receipt of Direct Payments. Figures at the end of September 2016 showed that our Direct Payments figure was 22.95% (based on 557 Direct Payments recipients). A further breakdown is provided below.

| | |
|---|---|
| **Learning Disability Support** | **26.53%** |
| **Memory and Cognition Support** | **10.95%** |
| **Mental Health Support** | **13.92%** |
| **Physical Support Access & mobility only** | **29.05%** |
| **Physical Support for Personal care** | **22.79%** |
| **Sensory Support** | **24.24%** |
| **Social Support** | **28.21%** |
| **Unknown** | **16.67%** |

| | |
|---|---|
| **Grand Total** | **22.95%** |

Although the target is not being reached this represents a year on year increase for BHCC of over 1.5% p.a.:

- 2015/16 21.41% (529 Direct Payments recipients)
- 2014/15 19.62% (504 Direct Payments recipients)

However, in 2014/15 the England average was 28.1% reflecting the fact that BHCC has ongoing work to try to reach this target.

4.3 Current actions in support of this target include:

- The council working with Possability People, our local user led organisation to improve information about Self Directed Support as well as streamlining internal and cross-organisation interface.
- The council has launched a pre-paid card option for those choosing direct payments. This avoids the need for customers to supply the council with invoices and therefore experience a lighter touch whilst improving their own governance of the process and building confidence. All transactions are available in a personal on-line account and the council is able to monitor expenditure with direct on-line access to the same information. 80 people are now using pre-paid cards and every new person choosing Direct Payments is given the opportunity.
- Training for front line staff specifically around direct payments is presently being designed and will be rolled out early 2017. This is as a result of the Care Act 2014 and feedback from other training associated with the Care Act.

4.4 Information provided at contract reviews, in the form of case studies and via surveys show that for the majority of people it is a good experience; clients have increased confidence where they take a greater role in their own care and by choosing to have Direct Payments they are empowered to make choices about who delivers it.

### 4.5 Legislative context: The Care Act 2014 and Children and Families Act 2014

4.5.1 The use of Direct Payments has been developed through various items of legislation (since 1996 for adults and 2000 for children) all of which is now consolidated into the Care Act 2014 for adults and

the Children and Families Act 2014 for children. Since 2001 it has been mandatory for councils to offer and promote Direct Payments to people who consented to, and are able to manage them, with or without assistance. Councils are obliged however not to force anyone against their will to use this method of support and care.

4.5.2 The Care Act focuses on 'Meeting needs' rather than 'providing services'. The purpose of the care and support planning process is to agree how a person's needs should be met, and therefore how local authorities will discharge their duty, or their power, to do so. One of the ways to meet needs would be by making a Direct Payment, which allows the person to purchase and design their own care and support.

4.5.3 The Care Act asks the council to strengthen its offer to both established customers and new ones. The council is expected to speak to existing clients at every opportunity to give them a real chance to try out this way of receiving and planning their support. Staff will be trained and supported to have a better knowledge and confidence to show to service users how this can be achieved.

4.5.4 In relation to the Children where a request for direct payments has been made the local authority must consider that request subject to statutory guidelines.

4.5.5 To support and sustain this mandated process BHCC has commissioned a self-directed support service to provide the following activities as listed in 4.4 below.

### 4.6 Contracted activity

4.6.1 The underpinning objective of the Service Specification is that the service provides:

- A complete and accessible range of local service to support people and their carers to access direct payments which will enhance the quality-of-life for people with care and support needs and ensure they have a positive experience of care and support.
- Accessible and up to date comprehensive information provided via a website, hard copy and information sessions to increase the proportion of people using direct payments locally with particular attention to groups with lower levels of take up.
- Availability of up-to-date advice and information on the type of support services available locally that can be purchased using a direct payment

- Creative and innovative ways to enable people to use their direct payment and their carers most effectively. Also to promote independence and the personalisation agenda locally. Direct payments to be used to minimise and delay the need for further support
- Informal peer support and pooling of direct payments which will be encouraged and facilitated;
- Opportunities to collaborate with other organisations maximised to provide the most effective way of delivering the service.

4.6.2 As of August 2016 there are 563 Adults receiving Direct Payments, of which 283 are supported to be employers. Based on the 563 people the council incurs an annual unit cost of £597 per person in terms of administration although this does not reflect the varying services and level of services that individuals receive. As regards Children the August 2016 figure is that 131 families have opted for Direct Payments to fund Personal Assistants (PAs) giving an administrative unit cost of £417 p.a. However, it is recognised that the Children's service and its clients also benefit from the Adult Social Care funding in the block contract.

## 4.7 Proposed way forward

4.7.1 In 2014/15 Brighton & Hove Adult Social Care worked with East Sussex Adult Social Care to create a joint framework for respective Direct Payment employers to procure Employers' Liability Insurance. This process was successful and the annual cost of insurance was reduced from £90 to £48 per person, resulting in a saving of approximately £10,000 as people have gradually moved over to the new provider. East Sussex has already moved from a block contract to a variable cost and volume one leading to savings for ESCC.

4.7.2 Discussions have taken place with ESCC (whose SDS contract also expires in March 2017) with the underlying aim of pursuing joint procurement activity. The intention was that a joint specification for a service would deliver cost savings for both authorities. In addition, a joint approach would result in administrative savings with ESCC being the authority with the highest volume and expenditure to the contract leading on any joint procurement process. However, due to timing and governance challenges ESCC will need to commence their tender process before the Health & Wellbeing Board considers this report. ESCC has indicated that they will name BHCC on the Contract Notice and OJEU Notice so that BHCC can use ESCC's contract if it meets the Council's requirements.

### 4.8 Further considerations and risks

4.8.1 The contract award will need to comply with the Light Touch Regime within the Public Contracts Regulations 2015.

4.8.2 East Sussex has indicated that they wish to appoint more than one provider (as with their current contract) in order to ensure real choice for people using the SDS service; this would be of interest to BHCC for the same reasoning. It is possible that having more than one provider will also mitigate the risk of challenge.

4.8.3 Due to the complexity of the requirements within the Self-Directed Support specification, the implications for the Children's Support Service and impact on timing, careful consideration needs to be given to the contract start date.

## 5. Important considerations and implications

### 5.1 Legal

5.1.1 The procurement of these services must comply with UK and European Union legislation and with the Council's Contract Standing Orders. The services fall within Schedule 3 Public Contracts Regulations 2015 and a notice is required to be published in the Official Journal of the European Union value should the value of the contract over its term exceed the threshold value of £ 589,148.00. Currently the value of the contract is expected to be approximately £ 370,000 p.a. over a minimum 3 year contract period. The value would thus exceed the threshold at over £1.1 million.

5.1.2 The contract may be procured through a joint procurement exercise by B&HCC and ESCC with separate Lots identified and separate contracts entered into by each authority. Alternatively East Sussex could as lead authority establish a framework agreement under which B&HCC may call off provided that the Regulations applicable to Framework Agreements have been complied with.

5.1.3 In either case the evaluation of the tenders submitted by prospective bidders should be such as to identify the bidder(s) submitting the most economically advantageous tender i.e. the

optimum balance of price and quality over the lifetime of the contract from the Council's perspective.

Lawyer consulted: Judith Fisher Date: 19/10/2016

5.2 **Finance**

5.2.1 The current Self-Directed Support (SDS) contract is a block contract with an annual value of £153,062 comprising £140,454 from Adult Social Care and £12,608 from Children's Services in 2016/17. The current contract was issued through a prospectus in 2013 for two years but has been waivered until 31st March 2017 following the expiry of the initial contract term.

5.2.2 However, In addition to the block contract with the current provider, Adult Social Care & Children's Services make 'spot' purchasing arrangements with the provider for other administrative charges. This is funded from the Adult Social Care Community Care budget and also from the Children's Services budget.

5.2.3 This gives a total annual expenditure of **£390,562** as follows:

| | Adults | | Children |
|---|---|---|---|
| Block Contract: | £140,454 | | £12,608 |
| Monthly invoiced activity (annualised): | £182,000 | | £42,000 |
| Insurance for PAs: | £13,500 | | |
| **TOTAL** | **£335,954** | | **54,608** |
| Unit cost | £597 per person p.a. | | £417 per person p.a. |

5.2.4 It is believed that a better value contract could be obtained for the self-directed support activity by changing the contract type from a block to a cost and volume type with the provision for some development activity. Service development work is seen as a key aspect in this area as being responsive to legislative or other changes is critical. Each support element would have a cost attached to it for each person being supported by the provider. Any new items requiring support would need to be negotiated with providers.

5.2.5 A budget saving of £19,000 has been requested in 2017/18, the impact of which has been considered in a Budget Equalities Impact

Assessment. Planned procurement would be based on an annual expenditure of no more than £372,000.

Finance Officer consulted: Sophie Warburton Date: 20/10/2016

5.3 Equalities
A budget Equalities Impact Assessment has been completed.

5.4 Sustainability
The recommendations are intended to be fair prices which support the care market to be sustainable.

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

5.5.1 Children's Services are party to the process. Other partners have yet to be consulted. The recommendations are hoped to have a positive impact on the families currently receiving this service in Children's Services with a potential choice of providers available to them, a more efficient provision and a more up to date commissioning approach as well as provide better value for money for BHCC overall.

## 6. Supporting documents and information

None

*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. Public Health Nursing Commissioning Strategy

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 22nd November 2016.

1.3. Author of the Paper and contact details Kerry Clarke, Children, Young People and Public Health Schools Programme Commissioner, Brighton & Hove City Council, Hove Town Hall, Hove BN3 3BQ. Kerry.Clarke@brighton-hove.gov.uk

## 2. Summary

2.1. The purpose of this paper is to update the Health and Wellbeing Board concerning the progress of the procurement of a Public Health Community Nursing Service, Children and Young People aged 0-19 and to recommend to the Board that Sussex Community NHS Foundation Trust is appointed as provider of that service

2.2. This paper follows a previous paper presented to the Health and Wellbeing Board on 15th March 2016 that outlined the purpose for the re-commissioning process. The board gave approval for:

2.2.1. The Director of Public Health to be granted delegated authority to place a Prior Information Notice pursuant to the requirements of the Public Contracts Regulations 2015 and to carry

out a competitive procurement process if alternative providers come forward;

2.2.2. That if no alternative providers come forward, the Director of Public Health be granted delegated authority to lead a collaborative re-design process and contract negotiation with the current provider, Sussex Community NHS Foundation Trust (SCFT).

2.3. An open, fair and transparent commissioning process was implemented following expressions of interests being submitted from alternative providers as well as the existing provider. As a result of the process, Sussex Community NHS Foundation Trust has been identified as the preferred bidder.

## 3. Decisions, recommendations and any options

3.1 That the Health and Wellbeing Board accepts the recommendation that the Public Health Community Nursing Services, Children and Young People aged 0-19 contract is awarded to Sussex Community NHS Foundation Trust (SCFT) at a value not exceeding £14.1m over a three year period, subject to the Director of Public Health being satisfied that the clarifications requested have been received and are satisfactory and have been incorporated into the mobilisation plan.

3.2 That the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end for three year term with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available.

## 4. Relevant information

4.1. Following the approval of the Health & Wellbeing Board in March 2016, a Prior Information Notice was published in the Official Journal of the European Union resulting in four providers submitting expressions of interest. This triggered the procurement process which was overseen by a working group comprising officers from the Council's legal, procurement and Public Health commissioning teams. The process was also informed by Public Health England leads for children's commissioning.

4.2. The service specification developed for the new service was adapted from the specification included in the Public Health England guidance for local authorities published in January 2016 on commissioning health visitors and school nurses, for public health services for children aged 0 to 19. This was completed in partnership with Families, Children and Learning and the CCG, as well as being informed by a consultation process with young parents, 16 – 19 year olds and an equalities impact assessment. The specification included provision for pooling commissioning resources with the CCG for the continence service.

4.3. The aim of the Public Health Community Nursing Service for Children and Young People aged 0-19 is to help empower parents and young people to make decisions that affect their own or their family's health and wellbeing. The role of the service is central to improving the health outcomes of populations and reducing inequalities.

4.4. The service is to work at four levels: Community; Universal; Universal Plus and Universal Partnership Plus (universal services being essential for primary prevention, early identification of need and early intervention) and across six high impact areas. See appendix.

4.5. The Universal Plus and Universal Partnership Plus delivery will also include:

4.5.1. Additional support that any family or young person may need for some periods of time, for example, care packages for maternal mental health, parenting support and baby/toddler sleep problems, continence problems, sexual health support, support for emotional health and wellbeing – where the 0 - 19 team may provide, delegate or refer support and which by reason of early intervention will prevent problems developing or worsening;

4.5.2. Additional services for vulnerable families and young people requiring on-going support for a range of additional needs, for example families at social disadvantage, families with a child with a disability, teenage parents, adult mental health or substance misuse problems.

4.5.3. Additional services for children with long term conditions or complex needs, working in partnership with primary and secondary care colleagues to facilitate appropriate management of health

conditions to maintain their health and wellbeing and ensure hospital admissions are kept to a minimum.

4.6. From April 2016 to September 2016 a fair, transparent and open competitive commissioning process was put in place which included:

4.6.1. Setting up an evaluation panel with representatives from Families, Children and Learning and the CCG.

4.6.2. The completion of a consultation process with young parents and 16 – 19 year olds which informed the final specification.

4.6.3. A bidders briefing event which described the specification and what the commissioners were looking for.

4.6.4. Completion of an equalities impact assessment. This will be released to the successful bidder during the mobilisation period.

4.6.5. A single staged tendering process.

4.7. The invitation to tender document was published on 18th July 2016 with a deadline for receipt of proposals by 2nd September 2016.

4.8. The evaluation process was designed to assess the overall value of the service being proposed. This involved consideration of both the price and quality of tenders. 30 % of the marks were allocated to price considerations and 70% to quality issues. There was one submission by SCFT. The SCFT tender was evaluated and assessed as being capable of delivering the service in accordance with the Council's requirements subject to clarification in the areas listed below. SCFT were informed of their preferred bidder status by letter on 29th September 2016 subject to receipt of satisfactory clarification of the following:

4.8.1. Clarification and assurances sought around the total staffing numbers and skill mix and proposals to locate school nurses and youth staff in children's centres.

4.8.2. Clarification of the service model described for:

Children 0-5. Specifically the balance in priority when delivering the integrated development check for two year olds to achieve the targets, which at present is a national challenge, and introduce a new questionnaire for 3 and 4 year olds, which will build on school

readiness but is not a requirement but a new innovation.

Young people aged 16 – 19, including the proposed offer to work in partnership with the Youth Collective, in light of the commissioning intentions for youth services.

4.8.3. Clarification and assurances in relation to the services for Home Educated Children;

4.8.4. Clarifications and assurances on the specific interventions at UPP level for both 0-5 and 5-19;

4.8.5. Clarification about the specialist Teenage and Vulnerable Parent Team including capacity and relationship with Early Parenting Assessment Programme (EPAP) and the Multi-Agency Safeguarding Hub (MASH);

4.8.6. Confirmation that data sharing agreements and protocols will be in place prior to contract start;

4.8.7. Clarifications and assurances that services will be operational by 1st April 2017;

4.9. On 14th October, SCFT was provided with detailed feedback which included the reasons for the decision including scores, alongside feedback on the areas for improvement. The positive aspects of the submission include:

4.9.1. Clear description of the three /four service levels with an explanation of how they will link to other services and examples of interventions at each level for 0 – 19 year olds.

4.9.2. Clear description of each of the high impact areas and how these will be promoted at each level for 0 -1 9 year olds.

4.9.3. New Health Visitor with a specialist role for Perinatal and Infant Mental Health.

4.9.4. Promotional Guides, new pathway for school readiness.

4.9.5. A Teenage and Vulnerable Parents team which will engage and provide support for disadvantaged families.

4.9.6. Innovative use of social media including plans to extend 'ChatHealth', a texting health information and signposting service,

to parents and 16 -19 year olds.

4.9.7. Co-location of the Public Health Community Nursing workforce in Children Centres.

4.9.8. Clear plans to improve links with primary care clusters with allocated leads and to continue work with the Children's Centres, Stronger Families Stronger Communities, Early Help hub and social work teams.

4.9.9. New School Nurse clinics in youth centres.

4.9.10. Delivery of a strength based approach with peer support, volunteering in breast-feeding, support for fathers, and work with voluntary organisations. (Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family and the community, drawing on their strengths and building connections).

4.9.11. Collaborative forum to engage with service users and work with service users to plan changes.

4.9.12. The new skills mix of the workforce and the workforce development vision for a community nursing team.

4.10 The contract will be managed for the council by the Public Health Team and performance will be closely managed through regular measurement of key performance indicators and quality assurance meetings, site visits and reviewing of the providers annual accounts.

4.11 The mobilisation period will be managed by the Public Health Community Nursing 0 – 19, Mobilisation Review Meeting (MRM). This has been meeting monthly since October 2016 and will continue until at least two months after the new contract is live. Commissioners will ensure that as part of the mobilisation period SCFT will engage in conversation with local communities and ward councillors about any changes to service being delivered in their communities.

## 5. Important considerations and implications

Legal:

5.1.1 The Health & Wellbeing Board is responsible for the oversight, monitoring and decisions concerning Public Health. Further, the

Council's contract standing orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee.

5.1.2 The procurement exercise was undertaken in accordance with all relevant European and UK public procurement legislation and the Council's contract standing orders.

Judith Fisher 2.11.2016

Finance:

5.2 The commissioning of these services is taking place in the face of severe financial challenges, resulting from reductions in the ring-fenced Public Health grant and the requirement to meet the Council's savings targets over the next four years. The savings made from the recommissioning of these services is £1,000,000 per year, the total savings over three years being £3,000,000, with the total spend being no more that £14,100,000 for the initial contract period.

Mike Bentley 31.10.2016

Equalities:

5.3 Consideration for equalities and the reduction of health inequality is evident in the bidders submission and they have recently been shared the equalities impact assessment that was completed as part of the commissioning process. This is now being integrated into the performance framework. The Public Health universal services are delivered with a scale of intensity proportionate to the level of needs experienced by certain population groups including those arising from their protected characteristics.

Sustainability:

5.4 There are no direct implications for sustainability. The Public Health Community Nursing Services aims to promote good health and wellbeing for children, young people and their families and so can contribute to achieving the priorities for children and young people's health and wellbeing as set out in the City Councils Corporate Plan, 2015 – 2019.

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

5.5 These considerations are integral to the Public Health services outlined in this paper.

## 6 Supporting documents and information

6.1 Infographic of the Public Health Community Nurse 4-5-6 approach to the levels of service and high impact areas.

Public Health England

# Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing

## 0–5 years HEALTH VISITING

## 5–19 years SCHOOL NURSING

0–19

Safeguarding

ACCESS EXPERIENCE OUTCOMES

HCP HEALTHY CHILD PROGRAMME

Safeguarding

VISIBLE ACCESSIBLE CONFIDENTIAL

### 6 HIGH IMPACT AREAS

- Parenthood and early weeks
- Maternal mental health
- Breastfeeding
- Healthy weight
- Minor illness and accidents
- Healthy 2 year olds and getting ready for school

### 5 HEALTH REVIEWS

- Antenatal health promoting visit
- New baby review
- 6-8 week assessment
- 1 year review
- 2-2½ year review

### 4 LEVELS OF SERVICE

- Community
- Universal Services
- Universal Plus
- Universal Partnership Plus


### 5 HEALTH REVIEWS

- 4-5 year old health needs assessment
- 10-11 year old health needs assessment
- 12-13 year old health needs assessment
- School leavers – post 16
- Transition to adult services

### 6 HIGH IMPACT AREAS

- Resilience and wellbeing
- Keeping safe
- Healthy lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Transition

School nursing vision
National health visitor plan
Healthy Child Programme: Pregnancy and the first five years of life
Healthy Child Programme: 5 to 19 years old

*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 Adults as well as Healthwatch. 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. Better Care – Section 75 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 22nd November 2016.

1.3 Author of the Paper and contact details
*Ramona Booth, Head of Planning and Delivery, Brighton & Hove CCG*
*Anne Richardson-Locke, ASC Commissioning and Performance Manager*

## 2. Summary

2.1 This paper provides the Health & Wellbeing Board with an overview of the performance of initiatives within the purview of the Section 75 Agreement relating to the Better Care Fund.

2.2 An additional paper at **Appendix 3** provides a detailed review of the forecast overspend relating to the Integrated Community Equipment Service (ICES).

## 3. Decisions, recommendations and any options

3.1 The Board is recommended to note the levels of performance against budgets at month 6; and

3.2 to note the decision taken to review the Joint Integrated Community Equipment Service contract and the actions taken to address a projected overspend.

## 4. Relevant information

4.1.1 The Pooled Fund is at month 6 underspending by £700,000 .00. but is expected to overspend by £776,000.00 by the year end. A full review of in-year performance against budgets is taking place to consider whether there is any further slippage against budgets in the second half of the year to offset the forecast overspend.

4.1.2 Currently the Integrated Delivery Workstream is underspending by £261,000.00, and is forecast to underspend by £168k by the year end.

4.1.3 The Personalisation Workstream is overspent by £113,000.00 at month 6 and is forecast to overspend by £1,025,000.00 at the year end. This is due to the pressures on the Community Equipment Service. It is anticipated the overspend may be partially offset by a forecast underspend against the Carers' budget.

4.1.4 Protecting Social Care budgets are underspent at month 6 by £388,000.00. This is due to the timing of payments being made and expenditure is expected to reach budgeted levels by the year end.

4.1.5 The Keeping People Well Workstream is underspent by £164,000.00 at month 6 and a year-end underspend is also expected. .

4.2 A summary of the month 6 position is contained in **Appendix 1**.

## 5. Important considerations and implications

Legal:

5.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. In 2016-17, NHS

England have set a number of conditions for the fund, which local areas need to meet to access the funding, and which were reflected in the 2016/17 Better Care Plan submitted on 3rd May 2016.

With regard to Appendix 3: ICES Section 72 Public Contracts Regulations 2015 applies to the contract. This section contains a code for determining when a modification may be made to contracts during their term without triggering a requirement for a new award procedure. Where a contract has made clear provision anticipating the need for modification during the term and those modifications do not alter the overall nature of the agreement they will be permitted. The contract entered in to between the Council and NRS contains detailed clauses providing for an annual review and for variations to be agreed to secure continuous improvement in the service through changes in operational procedures and as a result of the development of and adoption of new technologies. The contract also provides for benchmarking reviews as appropriate. The proposed variations, provided they are recorded in writing, are anticipated by the contract provisions.

Judith Fisher 10/11/2016

5.2 Finance

The CCG's Pooled Fund Manager, in collaboration with the council's Finance Lead has produced the month 6 position.

(With regard to Appendix 3: ICES) The 2016/17 Better Care budget for the Community Equipment Store is £1.3m and is set to overspend by £1.1m. This is due to the reasons set out in 4.10 above.

The Action Plan referred to in the paper has been signed off by the Better Care board and will ensure that the service is run as efficiently as possible, with consistently appropriate prescribing behaviours and that the contract is fit for purpose and reflects appropriate activity levels in order that the budget can be agreed and set at the appropriate level.

Sophie Warburton 28.10.16

5.3 Equalities

An equality impact assessment has been completed on specific commissioned services within the overall programme.

(With regard to Appendix 3: ICES) An Equalities Impact Assessment was completed at the time of the transfer and the proposal was not found to have a negative impact on the equality strands as the service was looking to improve outcomes for local people by improving deliveries, collections and access to the service. The Equipment Service has enabled people not to receive delayed transfer of care and this has also been a factor in the increased uptake in equipment usage

Healthwatch have been commissioned to carry out patient engagement to look at the person's experience of the process of being assessed for and receiving equipment and the outcomes for people.

5.4 The actions in the report above and in the action plan aim to ensure that the service is more sustainable by increasing recycling levels, moving to a more standardised product range to mitigate the cost of purchasing expensive special equipment and considering whether drop-off points are required to reduce the reliance on car travel.

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

Health, social care, and public health are all key members of the Better Care Programme Board and have been fully involved in the development and delivery of the Better Care Plan.

## 6. Supporting documents and information

Appendix 1 – Section 75 Pooled Budget
Appendix 2 – KPI summary
Appendix 3 – Integrated Community Equipment Service

## **Appendix 1** – Section 75 Pooled Budget

Month 6

| | Annual | Month 6 | | | Year End | |
|---|---|---|---|---|---|---|
| | Budget | Budget | Actual | Variance | Forecast | Variance |
| | £ | £ | £ | £ | £ | £ |
| Integrated Delivery Workstream | | | | | | |
| Integrated Care (Sarah Bartholomew) | | | | | | |
| Proactive Care (Primary Care) | 1,500,000 | 750,000 | 685,047 | (64,953) | 1,500,000 | 0 |
| Additional Care Managers working across the City localities 7 days per week | 138,000 | 69,000 | 52,044 | (16,956) | 138,000 | 0 |
| Integrated Primary Care Teams (SPFT) | 98,573 | 49,286 | 49,286 | (0) | 98,573 | 0 |
| Integrated Primary Care Teams (SCFT) | 7,993,639 | 3,996,820 | 3,837,349 | (159,471) | 7,825,350 | (168,289) |
| 3 Social Workers in IPCT's | 121,000 | 60,500 | 38,489 | (22,011) | 121,000 | 0 |
| Incentivising care homes and homecare providers to respond 7 days per week | 69,000 | 34,500 | 40,000 | 5,500 | 69,000 | 0 |
| Homeless Model (Linda Harrington) | 607,000 | 303,500 | 300,020 | (3,480) | 607,000 | 0 |
| **Total Integrated Delivery Workstream** | **10,527,212** | **5,263,606** | **5,002,234** | **(261,372)** | **10,358,923** | **(168,289)** |
| | | | | | | |
| Personalisation Workstream | | | | | | |
| Community Equipment Service | 1,338,784 | 669,392 | 1,058,157 | 388,765 | 2,458,070 | 1,119,286 |
| Carers Reablement Project | 40,000 | 20,000 | 20,000 | 0 | 40,000 | 0 |
| Alzheimer's Society – Information, Advice and Support for Carers | 50,000 | 25,000 | 25,000 | 0 | 50,000 | 0 |
| Alzheimer's Society – Dementia Training for Carers | 10,000 | 5,000 | 5,000 | 0 | 10,000 | 0 |
| Sussex Community Trust – Carers Back Care Advisor - SLA ??? | 34,000 | 17,000 | 0 | (17,000) | 0 | (34,000) |
| Amaze – Carers Card Development | 10,000 | 5,000 | 5,000 | 0 | 10,000 | 0 |
| Carers Centre – Adult Carers Support | 128,000 | 64,000 | 63,998 | (2) | 128,000 | 0 |
| Carers Centre – Young Carers Support | 32,000 | 16,000 | 15,999 | (1) | 32,000 | 0 |
| Crossroads – Carers Support Children and Adults | 47,000 | 23,500 | 23,503 | 3 | 47,000 | 0 |
| Carers SDS Breaks and Services – spot purchase budget | 25,000 | 12,500 | 6,000 | (6,500) | 24,000 | (1,000) |
| Carers Centre – End of Life Support | 18,000 | 9,000 | 6,333 | (2,667) | 19,000 | 1,000 |
| Amaze – Parent Carers Survey | 1,000 | 500 | 500 | 0 | 1,000 | 0 |
| Dementia | 22,000 | 11,000 | 0 | (11,000) | 22,000 | 0 |
| Carers SDS Breaks and Services – spot purchase budget | 100,000 | 50,000 | 30,333 | (19,667) | 100,000 | 0 |
| Crossroads – Carers Health Appointments (previously known as Carers Prescriptions) | 75,000 | 37,500 | 37,500 | 0 | 75,000 | 0 |
| Working Carers Project - ASC Supported Employment Team | 60,000 | 30,000 | 30,000 | 0 | 60,000 | 0 |
| Hospital Carers Support – IPCT Carers Support Service | 54,000 | 27,000 | 27,000 | 0 | 54,000 | 0 |
| Carers Support Service - Integrated Primary Care Team (ASC Staff) | 185,000 | 93,175 | 93,175 | 0 | 186,350 | 0 |
| Carers | 554,000 | 276,325 | 57,253 | (219,072) | 492,650 | (60,000) |
| **Total Personalisation Workstream** | **2,783,784** | **1,391,892** | **1,504,751** | **112,859** | **3,809,070** | **1,025,286** |
| | | | | | | |
| Protecting Social Care Workstream | | | | | | |
| Maintaining eligibility criteria | 2,904,000 | 1,452,000 | 1,210,000 | (242,000) | 2,904,000 | 0 |
| Protection for Social Care (Capital grants) | 151,000 | 75,500 | 50,410 | (25,090) | 151,000 | 0 |
| Disabled facilities grant (Capital grants) | 1,430,000 | 715,000 | 705,175 | (9,825) | 1,430,000 | 0 |
| Additional social workers for Access Point | 70,000 | 35,000 | 34,893 | (107) | 70,000 | 0 |
| Telecare and Telehealth (Capital grants) | 16,000 | 8,000 | 6,667 | (1,333) | 16,000 | 0 |
| Additional call handling resource for CareLink out of hours | 35,000 | 17,500 | 19,720 | 2,220 | 35,000 | 0 |
| Additional Telecare and Telehealth resource | 200,000 | 100,000 | 87,659 | (12,341) | 200,000 | 0 |
| Care Act Implementation (Philip Letchfield) | 1,189,000 | 594,500 | 495,417 | (99,083) | 1,189,000 | 0 |
| **Total Protecting Social Care Workstream** | **5,995,000** | **2,997,500** | **2,609,942** | **(387,558)** | **5,995,000** | **0** |
| | | | | | | |
| Keeping People Well | | | | | | |
| Care Navigation Service | 137,000 | 64,250 | 64,250 | 0 | 137,000 | 0 |
| Befriending - Neighbourhood Care Scheme | 96,000 | 36,000 | 36,000 | 0 | 96,000 | 0 |
| Keeping People Well | 217,000 | 108,500 | 0 | (108,500) | 217,000 | 0 |
| Dementia Plan | 250,000 | 125,000 | 110,213 | (14,787) | 250,000 | 0 |
| 2 Band 6 RMNS for care home in reach / Dementia Patients | 81,000 | 40,500 | 0 | (40,500) | 0 | (81,000) |
| **Total Keeping People Well** | **781,000** | **374,250** | **210,463** | **(163,787)** | **700,000** | **(81,000)** |
| | | | | | | |
| **TOTAL** | **20,086,996** | **10,027,248** | **9,327,390** | **(699,857)** | **20,862,993** | **775,997** |

## **Appendix 2 –** KPI summary

| Prevention | Performance | | Target | Variance | Trend |
|---|---|---|---|---|---|
| % of adults with a learning disability in paid employment | 12.7% | Q1 16/17 | 12.7% | 0% | |
| % of adults in contact with secondary mental health services in paid employment | 6% | 2015/16 | | | |
| % of carers services provided, where the % cared-for person is not in receipt of | 66% | Q2 16/17 | | | |
| % of adult social care users who have as much social contact as they would like | 45% | 2015/16 | | | |
| % of adult carers who have as much social contact as they would like | 43% | 2014/15 | | | |

| Proactive Domain | Performance | | Target | Variance | Trend |
|---|---|---|---|---|---|
| Non-elective Admissions (G&A specialties) | 1,938 | Aug-16 | 1,748 | 11% | |
| Admissions to nursing and residential homes (65+) | 19 | Jul-16 | 24 | -21% | |
| Percentage of patients receiving a Whole Person Assessment against the roll-out | 102 | Sep-16 | 272 | -63% | |
| % of Proactive Care patients received face-to-face appointments within 4 weeks | 56% | Sep-16 | 90% | -34% | |
| Average Length of Stay for older people (65+) | 3.7 | Jul-16 | | | |
| A&E frequent attenders (3+ a year) - number of individuals | 6,122 | 2015/16 | | | |
| A&E frequent attenders (3+ a year) - number of attendances | 27,490 | 2015/16 | | | |
| Non-elective frequent admissions (2+ a year) - number of individuals | 3,483 | 2015/16 | | | |
| Non-elective frequent admissions (2+ a year) - number of admissions | 9,762 | 2015/16 | | | |

| Recovery | Performance | | Target | Variance | Trend |
|---|---|---|---|---|---|
| % of older people at home 91 days after hospital discharge into reablement | 83% | 2015/16 | 89% | -6% | |
| Delayed transfers of care (days) | 1,113 | Aug-16 | 575 | 94% | |
| % Emergency readmission within 30 days of discharge from hospital (B&H CCG) | 8% | Jul-16 | - | - | |

| All | Performance | | Target | Variance | Trend |
|---|---|---|---|---|---|
| Proportion of support plans that have a % telecare as a component | 42% | Q2 15/16 | | | |
| Number of people supported throug Telecare (620 per annum) | | | 620 | | |
| Telecare service user satisfaction (95% target) | | | 95% | | |
| % of users receiving long-term community support who received self-directed supp | 94% | Q2 16/17 | | | |
| % of carers receiving carer specific services who received self-directed support | 100% | Q2 16/17 | | | |
| % of users receiving long-term community support who received direct-payments c | 23% | Q2 16/17 | 30% | -7.1% | |
| % of carers receiving carer specific services who received direct-payments or part di | 81% | 2015/16 | | | |
| Adults with a learning disability who live in their own home or with family, express | 80% | 2015/16 | 81% | -0.8% | |
| Adults in contact with secondary mental health services living independently, with | 6.2% | 2015/16 | | | Reconcile between SPFT/HSCIC |
| Number of people with a Personal Health Budget | 9 | Q2 16/17 | 13 | -4 | |
| % of equipment delivered/collected in time | 99% | May-16 | | | |

Appendix 3

# 1. Update report on the Joint Integrated Community Equipment Service

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 22nd November 2016.

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# 2. Summary

2.1 The Community Equipment Service has been provided by NRS Healthcare since 1st October 2015.

2.2 The paper provides information about the performance of the new service, the reasons why there are pressures on this budget and the steps taken to address these pressures.

# 3. Relevant information

## Background

3.1 Prior to the commencement of the current contract for Integrated Community Equipment Service (ICES) the service was commissioned jointly by Brighton and Hove City Council (BHCC) and Brighton & Hove CCG (BHCCG). The service had been provided via a Section 75 agreement with Sussex Community Foundation NHS Trust (SCFT) since 2004. SCFT managed the integrated service, and SCFT and BHCC delivered daily living and community health equipment and minor adaptations to adults and children.

3.2 After SCFT gave notice on the contract and following approval at the Health & Wellbeing Board on 9th September 2014 and BHCC's Policy and Resources Committee on 17th November 2014 it was agreed that BHCC and BHCCG would commission the service under the umbrella of a OJEU compliant tender process undertaken by West Sussex County Council (WSCC). WSCC had contracted with Nottingham Rehab Services (NRS), a national provider of ICES, for a decade beforehand and the tender was again awarded to them to start in April 2015, with delivery of the Brighton & Hove contract to start in October 2015. NRS commenced the service in Brighton & Hove on the 1st October 2015.

**New NRS Service**

3.3 With any new contract the first few months can be challenging, but commissioners and prescribers have developed a good working relationship with NRS and meet regularly to discuss performance and equipment and prescribing issues. NRS have given feedback that the challenges that Brighton & Hove have faced in this first year of a commercial contract are similar to those reported by other clients of the company and they have been very helpful in identifying solutions. The strengths and challenges with the new service and business model are set out below:

**Strengths:**

- Of 44,764 deliveries and collections in Brighton & Hove over the year there were only 18 complaints (0.04%) and the company received 46 compliments in this first year.

- Feedback from prescribers and other stakeholders, for example home care agencies, has been positive.

- The depot in Hove offers much better accessibility to prescribers and customers and there is a training room where customers and staff can try out equipment.

- Between August 2015 and July 2016 only 1% of delayed transfers of care related to access to equipment in Brighton & Sussex University Hospitals Trust and 2% in SCFT.

- With the exception of the first 3 months' transition, NRS have exceeded their performance targets of 95% of deliveries and collections made within the timeframe.

- NRS have also exceeded their target of recycling 75% of equipment collected and the percentage of equipment collected each month is rising.

- NRS have similar contracts throughout the country so they can secure competitive prices for equipment and can share best practice from other areas.

Challenges:

- Activity costs have been higher than anticipated as the service is experiencing much higher than average demand for same day delivery (30% in September). This is the most expensive delivery type and should only be used to prevent hospital admission, facilitate hospital discharge and in palliative care cases but prescribers have given feedback that they sometimes use this because the next delivery option of '3 days' is too far away.

- Unsuccessful deliveries are proving to be costly as with the same day delivery type it is the responsibility of the prescriber to ensure that the customer knows what the equipment is and when it will be delivered. On average 10% of all same day deliveries are currently unsuccessful with some teams only delivering 50% of equipment successfully. 26% of deliveries are unsuccessful across all delivery types with the following reasons given: the client is not home, refused the equipment or asked for an alternative delivery time, the wrong product was prescribed or the client was still in hospital. In these cases the original delivery is charged for as well as the subsequent deliveries.

- The same problems are arising with collections. 30% of collections are unsuccessful with half of these because the equipment could not be identified or located and 24% due to the customer declining to give the equipment back. All equipment is barcoded and labelled with the return address and phone number but it is clear that some customers are not aware that the equipment is on loan and should be available for collection.

- Whilst NRS are meeting their targets for collections and recycling they can only collect and recycle equipment that they are notified of by the prescriber or customer. For example in September NRS recycled 79% of equipment collected, on average only 60% of the items that have been delivered are being collected (79% of 60%).

- The demand for 'special' equipment is increasing as more people with complex conditions are cared for at home. This is equipment that is not on the standard catalogue as it is usually bespoke for an individual client. It is therefore not always transferrable between clients but NRS try to recycle as much as they can. This equipment is not owned by NRS but by commissioners.

- There is a lack of consistency in prescribing equipment, particularly special equipment which can be very expensive. It must be authorised

by a panel of lead health and social prescribers and items over £1000 face a further level of scrutiny at Operational Manager level in Adult Social Care and at Commissioner level in Health. There are criteria for some categories of equipment but these need to be reviewed, extended to all categories and applied consistently.

## Business model

3.4 The business model for the ICES is described as a 'credit/debit' model and is the standard model for commercial equipment services. NRS charge for delivery/collection and purchase the equipment and charge 100% of the price, and when it is returned and if fit for re-use, a credit is issued for 80% of the purchase price. For special (non-standard) equipment, NRS charge a procurement fee and this equipment is paid for and owned by BHCC/CCG. Activity charges cover the costs of vehicles, driver/technicians, fuel, etc., and associated on-costs. Equipment sales cover fixed costs such as warehouse, customer services, decontamination and storage.

3.5 The providers' margin on equipment sales is the difference between debit and credit (20%) less the equipment scrapped. At the point of transfer SCFT identified annual equipment sales values of £3.4m and with a recycling rate of 60% the margin for NRS would have been in the order of £400K plus. This would adequately have covered the fixed costs of £324K which are scheduled in the contract.

3.6 NRS estimated a contract figure of £1.7m for the first year (October 2015 to September 2016) with the understanding that this could fluctuate with demand. It was agreed by BHCC/CCG that a review should take place nine months into the contract, or earlier if there were concerns, as this period would give enough time to see actual trends and activity.

3.7 At month seven it was identified that there was only around £2.0M of equipment sales projected annually, which, taking into account recycling and credit percentages, generates only £240K, which is insufficient to cover the incurred fixed costs resulting in an operating loss for NRS. This triggered a contract review and commissioners worked closely with NRS to find a solution and agreed to cover the fixed costs but to reduce the overall spend by reducing the activity charges. This approach was approved at the Better Care Board representing both BHCC and BHCCG and agreed by the Executive Director of Adult Services.

## The budget and current spend

3.8 The projected net spend for 2016/17 against the NRS contract is £2.4m, based on average net costs over the past 11 months. As the budget was set at £1.3m this is a potential overspend of £1.1m. This is the worst case

scenario and the implementation of the measures set out below will result in a reduction in the projected level of overspend.

3.9 In summary the overspend is due to the following reasons detailed above:

- The fixed costs for the service that have not been covered by the equipment sales (£324k)
- High spend on same day deliveries, many of them repeated deliveries as they were unsuccessful the first time (approx. £60k)
- High spend on unsuccessful deliveries and collections (approx. £40k)
- Low numbers of equipment being collected to be recycled (approx £158k)
- A growth in demand for equipment. National statistics indicate average annual growth of 13% for equipment services as there is a drive to care for people with higher dependency levels at home (approx. £221k)
- The cost of special equipment ( £347k)

3.10 Actions are being put in place to manage the overspend and it is anticipated that these measures will save £300k - £400k per annum, with an estimate of £100k to be saved in the final quarter of this financial year. Accountants in the CCG and BHCC are carrying out detailed modelling and the budget for 2017/18 will be determined as part of the overall BHCC and CCG budget setting process.

**Actions being taken to address the budget shortfall**

3.11 Commissioners from BHCC and the CCG have produced a 47 point action plan that was agreed at the Better Care Board on 22nd September 2016 and includes the following key actions:

1. Reduce the use of same day delivery to 15% of all delivery activity by introducing a next day delivery option and reinforcing strict criteria for each option with scrutiny by managers of the same day usage.
2. Reduce the number of failed deliveries by reinforcing the message that it is prescribers' responsibility to tell clients to be in, and by having greater auditing of this by managers.
3. Increase the number of collections by monitoring high cost, short term equipment, informing clients that equipment is on loan, and committing additional administrative resource to follow-up on equipment to collect.
4. Review and reinforce the Care Homes and Equipment Policy to ensure that care and nursing homes are providing an adequate range of equipment as per their registration.
5. Reduce the spend on Special equipment by reviewing the criteria and the authorisation process, benchmarking against comparable areas to see where spend could be rationalised, and standardising the equipment as much as possible to ensure better value for money.
6. BHCC and CCG to jointly agree a realistic budget for 2017/18 that allows for growth.

7. Improve prescriber and team accountability for spend. A senior clinician within SCFT has been identified to join the Equipment Board and lead on strategic issues and commissioners are working closely with senior managers to identify and manage prescriber behaviour.
8. Carry out an independent review to benchmark equipment provision and criteria across other ICES, produce protocols for prescribers and equipment, identify good practice and make recommendations about prescribing protocols and authorisation. The Better Care Board agreed to the joint commission of an independent consultant at a cost of approximately £6,000 and this work has commenced.