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 **Syndicate at the Brighton Centre** on **Tuesday, 15 March 2016**, starting at **4.00pm**. It will last about two and a half hours.
There is public seating and observers can take part in an informal question and answer session with the Board prior to the formal meeting, starting at 3.30pm and they can leave when they wish.

What is being discussed?

Update on GP Surgery changes – it is intended to hold a public Q&A on this subject with a Panel made up of representatives from NHS England, Healthwatch and Community Voice.

There are 5 main items on the agenda

- Public Health Nursing Commissioning Strategy.
- Substance Misuse Inpatient Detoxification Beds.
- Rough Sleeping Strategy 2016: Consultation Draft.
- Local Safeguarding Children's Board Business Plan 2016-19
- Adult Safeguarding Board's Annual Business Plan

What decisions are being made?

- Public Health Nursing Commissioning Strategy – a decision will be made about the recommissioning of this service from April 2017.

Health & Wellbeing Board

Geoff Raw
Chief Executive - BHCC
(Non-voting)

Cllr Yates
Chair
(Voting member)

Natasha Watson
Lawyer BHCC

Mark Wall
Secretary - BHCC

Dr. Christa Beesley
CCG
(Voting member)

Cllr K. Norman
(Voting member)

Cllr G. Theobald
(Voting member)

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

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)

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

Dr. Xavier Nalletamby
CCG
(Voting member)

Cllr Mac Cafferty
(Voting member)

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

Frances McCabe
Healthwatch
(Non-voting Statutory member)

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

Cllr Barford
Lead Member for Adult Services
(Voting member)

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

Claire Holloway
CCG
(Invitee – Non-voting)

Presenting Officer
or
Public Speaker

Presenting Officer
or
Public Speaker

Press

Public Seating

Officers and Representatives attending

Health & Wellbeing Board
15 March 2016
4.00pm
The Brighton Centre

Who is invited:

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

Who is unable to attend:

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

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 7 March 2016

AGENDA

Formal matters of procedure

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

Page

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59 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

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

60 MINUTES **1 - 14**

The Board will review the minutes of the last meeting held on the 2nd February 2016, decide whether these are accurate and if so agree them (copy attached).

Contact: *Mark Wall* *Tel: 01273 291006*
Ward Affected: *All Wards*

61 CHAIR'S COMMUNICATIONS

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

62 FORMAL PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Mark Wall on 01273 291006 or send an email to mark.wall@brighton-hove.gov.uk

Note:

It is intended to hold a question and answer session in relation to Personal Medical Services GP Contract Review for a period of 30 minutes and therefore any specific questions relating to this issue should be submitted by no later than 12noon on the 10th March 2106.

The Panel answering the questions will consist of representatives

from NHS England, Healthwatch and Community Voice, together with the Board Members.

An FAQ sheet has been published in advance of the meeting to help with any queries and deal with any possible questions.

The main agenda

Papers for Decision at the Health & Wellbeing Board

63 PUBLIC HEALTH NURSING COMMISSIONING STRATEGY 15 - 20

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

Contact: *Mark Wall* *Tel: 01273 291006*
Ward Affected: *All Wards*

Papers for Discussion at the Health & Wellbeing Board

64 SUBSTANCE MISUSE INPATIENT DETOXIFICATION BEDS 21 - 30

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

Contact: *Kathy Caley* *Tel: 01273 296557*
Ward Affected: *All Wards*

65 ROUGH SLEEPING STRATEGY 2016: CONSULTATION DRAFT 31 - 78

Joint report of the Director of Adult Services and the Acting Director for Environment, Development & Housing, together with an extract from the Housing & New Homes Committee meeting held on the 2nd March 2016 (copies attached).

Contact: *Andy Staniford* *Tel: 01273 293159*
Ward Affected: *All Wards*

Papers to Note at the Health & Wellbeing Board

66 LSCB BUSINESS PLAN 2016-19

Report of the Chair of the Local Safeguarding Children's Board (copy to be circulated separately).

Contact: *Mia Brown* *Tel: 07584217256*
Ward Affected: *All Wards*

67 ADULT SAFEGUARDING BOARD'S ANNUAL BUSINESS PLAN **79 - 94**

Report of the Chair of the Adult Safeguarding Board (copy attached).

Contact:	*Michelle Jenkins*	*Tel: 01273 296271*
Ward Affected:	*All Wards*	

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

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

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

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

The Brighton Centre 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.

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Health & Wellbeing

- 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.

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 2 February 2016
Auditorium - The Brighthelm Centre

Minutes

Present: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and G Theobald Dr. Christa Beasley, John Child, Jenny Oats; Clinical Commissioning Group.

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

Also in attendance: Councillor Penn, Head of Commissioning & Contracts Adult Social Care, Environmental Health Manager and Head of Public Health Intelligence, Stephen Ingram (Head of Primary Care NHS England South), Ms S MacDonald (Director of Commissioning NHS England South), Jane MacDonald (Performance and Commissioning Manager, Brighton & Hove City Council), Angie Emerson (Head of Financial Assessments and Welfare Rights, Brighton & Hove City Council), Kathie Felton (Commissioning Manager, Maternity & Acute and Community Paediatrics, CCG), A Hill (Public Health Consultant CCG); Claire Holloway, CCG.

Apologies: Dr. Manas Sikdar and Dr Xavier Nalletamby.

Part One

49 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

49.1 The Chair noted that the following were attending the meeting as substitutes for their respective colleagues:

Ms J. Oats for Dr. Sikdar

49.2 The Chair noted that there were no declarations of interest and that there were no items listed in Part 2 of the agenda and therefore sought agreement that the meeting should remain open to the press and public.

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

50 MINUTES

50.1 The minutes of the Health & Wellbeing Board held on 15 December 2015 were agreed and signed by the Chair as a correct record.

51 CHAIR'S COMMUNICATIONS

51.1 The Chair stated:

I would like to welcome John Child to this meeting. John started work as the Chief Operating Officer at the Clinical Commissioning Group on Monday. I would also like to thank Claire Holloway who has covered this role, for attending the Board, not only today but since October. Thank you Claire and we wish you well.

Tripartite Planning
Following the release of 2016/17 national planning guidance for the NHS this month, I recently attended the NHS England and NHS Improvement teams planning workshop for the south east. The objectives of the workshop were to provide:

- An understanding of the national planning guidance;
- An overview of how the joint assurance and triangulation of plans will work;
- An opportunity to explore and understand how operational and strategic plans should link with other plans, for example Better Care Funding plans, as well as understanding the importance of triangulation with the plans being developed between commissioners and providers; and
- A consolidated understanding of the local planning context alongside peers, local partners, regulators and other technical subject matter experts.

The agenda was designed to provide an opportunity for local health system leaders to work collaboratively during the afternoon session to consider the next steps to developing your Sustainability and Transformation Plans (STPs). This is the start of a longer process and no doubt reports will come to the Board in due course.

Sugar Smart
As you are aware we have been undertaking a consultation as part of the sugar debate. Over 1100 responses were received and we thank you all for your contributions. A report summarising the results and a sugar smart action plan will come to the Health and Wellbeing Board shortly.

Brighton and Hove Impetus
Impetus is an independent organisation delivering a range of services aimed at improving the well-being and quality of life of vulnerable adults across the City. Its work enables users to access appropriate statutory services, reduce their isolation and exercise positive choices about their lives. The service users include people with learning disabilities, people with mental health issues, older people, people with physical disabilities and people with autistic spectrum conditions. Impetus had a conference in January aimed seeing how other areas support parents who had learning needs and disabilities look after their children.

University Pharmacy contract update
I am happy to announce that the University Pharmacy has been awarded an ongoing Local Pharmaceutical Services (LPS) contract and will continue to meet the needs of local patients which includes a large number of students. The contract will allow the pharmacy to continue receiving additional funding to sustain the service at the university campus, which students rely upon. It also recognises the proactive approach the pharmacy is taking to support the ongoing provision of services at the site.

Community Meals
Brighton and Hove City Council currently purchases its Community Meals Service via a Contract with the Royal Voluntary Service ('the RVS'). RVS deliver meals to people in their own homes. The current Contract expires on the 31st of March 2016 and the RVS have stated that due to the costs of their current operating model, they do not intend to continue the Contract beyond this date. This tender is now in the market place and initial applications will be evaluated during the first week of February 2016; it will not be a closed list as organisations can apply to join at any time. It is envisaged that the outcome of the procurement is the development of a 'Community Meals Menu'; a single document providing a resource for residents in Brighton and Hove which will cover both meal delivery, a list of local lunch clubs and a list of local shops that provide delivery services. Adult Social Care is working closely with RVS to ensure a smooth transition to the new service from 1st April 2016. Assessment teams are identifying vulnerable people and plans are being put in place to ensure that people who need a well-being check continue to receive one.
The Board will be updated as this progresses.

Transforming Care
Following on from fly on the wall documentary at Winterbourne View there have been a number of requirements on the NHS and Local Authorities to review and improve the care for people with complex learning disabilities, and or autism, mental health issues and or challenging behaviours who were being treated in hospitals.
Although a considerable amount of work had taken place, the review by the National Audit Office published in February 2015, highlighted a number of areas across the country where the ambitions had not been met. In the South there are few in-patient beds and, when required, people often end up receiving treatment a number of miles away that can result in isolation from any existing family and/or

friends. It is known that, those remaining in hospital for the South, are people who overall, have complex needs and require complex and costly packages of care in order to support them and those around them, safely in the community. There is a paucity of appropriate providers able to deliver this care and in order to ensure cost effective market development, joining together with partners is essential. Overall there is a need to radically change the management and delivery of support and care for people with learning disabilities and or autism and or mental health who display challenging behaviours from "birth to grave". A multi CCG and tri Local Authority piece of work is underway to seek improvements in East, West Sussex and Brighton and Hove. Like the Mental Health Transformation Plan which came to the Board several times recently, this has a tight timeline with various submission dates. I have therefore asked the lead officer Soline Jerram, Lead Nurse, Director of Clinical Quality and Patient Safety, Brighton & Hove CCG to kindly present to the Board in June an update of the 'Building the Right Support' programme.

Healthy Child Programme 0-19 Public Health services
Result of market testing
Brighton and Hove City Council is planning and considering the options for the commissioning of Public Health services for children and young people in the city aged up to 19 years. This may include the procurement of these services during 2016. In January 2016 the Council conducted a market testing exercise to gage interest from potential providers. Providers were not asked to provide their ideas for a service delivery model but were asked to provide details of their organisation's experience and interest in providing services in relation to the Healthy Child Programme. Three providers responded. These providers deliver services locally, however not all have experience of delivering Public Health nursing services for the Healthy Child Programme. Providers expressed interest in developing an integrated Public Health service working with a range of partners. No providers from the private sector responded to the market testing. Commissioners and procurement officers will continue to consider the options for the future commissioning of these services. The Director of Public Health will bring a report to the Health and Wellbeing Board meeting on 15th March 2016 with recommendations on the way forward for the commissioning of these services from 1st April 2017.

Community Health and Wellbeing Network event
Tomorrow (Wednesday 3rd Feb) there is a network event to meet and engage with some of the many organisations in the City that provide and support the health and wellbeing of our residents. I know several members of the Board will be attending to meet over 50 health and wellbeing services, including those from the voluntary and community sector.

52 FORMAL PUBLIC INVOLVEMENT

52.1 The Chair noted that two public questions had been received.

52.2 The Chair invited Ms V Knight to put her question to the Board.

52.3 Ms Knight asked the following question:

A significant factor leading to closure of Promenade Ward at Mill View Hospital was the transfer of Substance Misuse Services from Sussex Partnership NHS Foundation Trust to Cranston/Surrey and Borders Partnership Foundation Trust. SPFT's loss of funding means it cannot support in-patient doctors on Promenade Ward. The short term "gain" in outsourcing SMS has resulted in:

- a dramatic decline in local SMS services
- the loss of many experienced staff
- B&H no longer having its own detox ward

Please explain why your initial impact assessment did not identify these outcomes and how you will repair these dangerous and unacceptable negative outcomes

52.4 The Chair replied:

Sussex Partnership Foundation Trust (SPFT) gave notice on the contract for the provision of substance misuse inpatient detoxification beds in December 2015. The service currently provided by SPFT is funded by a separate contract, commissioned on BHCC's behalf by the Clinical Commissioning Group. SPFT also receive funding from East Sussex and a number of London boroughs for the two inpatient detoxification wards they currently operate. The majority of staff previously employed by SPFT for the substance misuse community service transferred to the new provider and continue to work in this capacity. The local connection to third sector organisations involved in delivering substance misuse support is strong. Feedback from staff and patients to commissioners on the changes has in fact been generally very positive. Since receiving notice of SPFT's intention to withdraw from substance misuse services altogether, the Public Health Team of BHCC have been working with a range of providers, including SPFT, to secure alternative service provision from the 1st April 2016. As with all significant service changes, an Equalities Impact Assessment is being undertaken, to ensure that any negative impact of the changes are understood and reduced where possible. A paper is under development for the March 2016 Health and Wellbeing Board to provide more detail, and also to give the Board assurance regarding the continued provision of safe and effective in-patient detoxification services to this vulnerable client group

I am also happy to provide you with a more detailed response in writing.

52.5 The Chair asked Ms Knight if she had a supplementary question. Ms Knight asked: Those procuring from Promenade Ward have now lost those beds, and I wonder where those beds are being made up and where those who need the service go.

52.6 The Director of Public Health said: I think that SPFT may be better placed to give a full response, but I am sure they would not have abandoned that group and we are

working with them to ensure this group of clients receive the correct care, and receive a smooth transition to another provider. For some patients it is better for them to receive care outside of their local area and away from influences which could impact on their recovery.

52.6 The Chair invited Ms Morley to put her question.

52.7 The Chair was advised that Ms Morley was not able to attend the meeting, and so Mr Vincent would ask the question.

52.8 Mr Vincent asked the following question:

Would the Board advise us what urgent steps it intends to take to ensure the continuity of all the current health services provided for patients at the five GP surgeries in Brighton and Hove covered by The Practice Group contract.

52.9 The Chair gave the following response:

Our first item on the Board agenda today will be a presentation from NHS England supported by the CCG. This will give us all an up to date report on the current situation following the decision by the Practice Group to withdraw from their contract to provide services at the five GP surgeries, and the next actions NHSE and the CCG will be taking. The Board will obviously wish to hear the presentation and ask questions prior to agreeing any action of its own. However I am sure all the Board is keen to ensure that there is a suitable solution found that meets the varied needs of the residents who use the 5 surgeries concerned.

52.10 The Chair asked if Mr Vincent had a supplementary question. Mr Vincent asked:

If the timetable overruns will the Board put in place a contingency plan for continuous care?

52.11 The Chair thanked Mr Vincent, and said that that issue would be covered in Item 53 on the agenda.

53 PERSONAL MEDICAL SERVICES GP CONTRACT REVIEW

53.1 The Board considered the report of the Chief Operating Officer of the Clinical Commissioning Group, which was introduced by Mr S Ingram (Head of Primary Care NHS England South) and Ms J MacDonald (Commissioning & Performance Manager).

53.2 The report summarised the key findings emerging from a review of all General Practice Personal Medial Services (PMS) across England undertaken by NHS England during February 2014 and March 2016. In Brighton and Hove there were five GP Practices which operated under a PMS contract. All the practices in the city with a PMS contract were managed by The Practice PLC. PMS contracts were

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negotiated locally as opposed to the nationally negotiated General Medical Services (GMS) contracts. NHS England had written to the practices operating under a PMS contract outlining the approach to the review in accordance with the national guidance. Those reviews need to be completed and any proposals implemented by March 2016. The aim of the review was to ensure that any extra funding above and beyond what an equivalent GMS contract would receive was linked to providing extra services.

53.3 The Board were advised that The Practice PLC had given notice to NHS England that they would be bringing their PMS contract to an end. There was a requirement to give six months notice of a decision to end a contract, and NHS England were in discussions with the company to ensure that as much time as possible could be given to secure ongoing care arrangements for patients who would be affected. Patients and stakeholders had been informed and NHS England was working with NHS Brighton & Hove Clinical Commissioning Group (CCG) to identify alternative options. At this time patients did not need to take any action and would continue to receive care at their surgery as normal. Patients would be updated as soon as it was possible.

53.4 The Board were asked to note that paragraph 5.1 of the report should read that the PMS agreements were introduced in '1998' and not '2008'.

53.5 Dr C Beesley said that she worked as a GP in one of the Practice Group PLC surgeries. The percentage of NHS spend on general practices had gone down, which had resulted in practices being underfunded. A number of practices were financially vulnerable and there needed to be a change to the way practices worked. Brighton and Hove was a good place to work, but there was a problem with the retainment of general practitioners. Many young doctors did not want to become partners in practices, and that could be a problem as 60% of GP's in the city were due to retire in the next five years. The possible closure of five surgeries needed to be managed correctly as the dispersal of so many patients with the city could be disastrous.

53.6 Ms F McCabe agreed that the closures needed to be managed correctly, and continuity of care was important. Doctors needed to be encouraged to move to the city and join local practices. This was a difficult time, but with the right model there could be positive changes which would benefit patients.

53.5 Ms C Holloway said that lessons had been learnt from the recent closure of two other practices, and patients affected would be given independent advice and there would be a managed process to closing the surgeries.

53.6 Councillor Mac Cafferty was concerned at why The Practice PLC had withdrawn so suddenly from the contract, and hoped that the reasons were addressed to ensure that any issues were not repeated. He noted that six months notice had to be given to withdraw from a contract and suggested that that could be extended in future. The Commissioning & Performance Manager said that the six month period would end in June 2016, and that negotiations were taking place to try to stagger the

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closure of the surgeries over a longer period of time. Sometimes the closure of a surgery could create opportunities to improve the service, and it was hoped that a sustainable solution to the problems could be found.

53.7 Councillor G Theobald asked how vacancies in GP surgeries were advertised and asked if there was a list of all positions available in the city. Mr Ingram said all posts were advertised and there was no shortage of opportunities for doctors. The Director of Public Health said that it may be useful to look at the way posts were advertised and a more structured way could be used. The Commissioning & Performance Manager suggested that the Board may wish to invite Heath Education England to attend a meeting, as they worked to encourage doctors to become general practitioners.

53.8 The Chair thanked Mr Ingram and Ms MacDonald for their presentation and asked if they could attend the next meeting of the Board to provide an update on the closure of the five surgeries.

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

54 MULTIPLE BIRTHS - NOTICE OF MOTION

54.1 The Board considered the report of the Chief Operating Officer of the Clinical Commissioning Group and the Director of Public Health. The report was introduced by the Ms K Felton Commissioning Manager – Maternity, Acute and Community Paediatrics, NHS Brighton and Hove Clinical Commissioning Group and Mr A Hill, Public Health Consultant, Brighton & Hove City Council. The report provided a response to the Notice of Motion referred from the Full Council meeting held on 17 December 2015 regarding multiple births.

54.2 The Chair thanked them for the comprehensive report and said that it addressed many of the issues which had been raised. He said that one of the issues was the variation across the country in the way that the NICE guidance was being implemented and asked if it was felt that locally all was being done that could be. Commissioning Manager – Maternity, Acute and Community Paediatrics, NHS Brighton and Hove Clinical Commissioning Group said that there were a range of national and regional initiatives which were underway. The Royal College of Obstetricians and Gynaecologists had come up with a number of clinical initiatives and nationally, and locally they had collaborated to produce a Care Bundle which highlighted four areas which together would have an incredible impact on those babies and their mothers. Those areas covered such things as smoking cessation, foetal growth and the additional support those with multiple births received. Those were areas which would be worked on locally and would be monitored carefully. The Hospital trust had shared their protocol best practice with us. There was also an active Maternity Liaison Committee which was led by parents, and who met every few months with the maternity services.

54.3 Councillor Norman thanked the officers for the report and the information provided. He supported the initiatives and that there would be a review of the latest data relating to multiple births and still births/neonatal deaths as part of the JSNA programme.

54.4 Councillor Theobald referred to paragraph 5.2.1 which said that every year in the UK over 6,500 babies died just before, during or just after birth and asked what percentage that was. The Director of Public Health said it was around 4% of all births.

54.5 RESOLVED – That the Board noted the initiatives and work being undertaken and that the local JSNA would be reviewed in 2016.

55 BRIGHTON AND HOVE CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS 2016/17

55.1 The Board considered the report of Ms C Holloway, Acting Chief Operating Officer, Brighton and Hove Clinical Commissioning Group (CCG), and Ms R Booth, Head of Planning and Delivery, Brighton and Hove Clinical Commissioning Group. The report set out the draft commissioning intentions of the CCG for the period 2016-17, and set out the requirements for the development of a longer term plan covering the period October 2016 to March 2021.

55.2 Ms McCabe noted that some areas such as maternity services and multiple births, didn't appear in next years plan and in terms of primary care there was information about being more resilient, but it didn't feel quite robust enough. Another area was cancer treatment, waiting times and accident and emergency and she felt that there was a lack of information about how those intentions would be achieved. Ms Booth said there were some gaps in this early version which would be addressed in the final version. With regard to multiple births that would be included in the final version. NHS England would test the plans to ensure they were deliverable.

55.3 The Executive Director Adult Services referred the Board to paragraph 4.4 of the report and asked them to note that the Sustainability and Transformation Plans were Health and Social Care Plans. With regard to the commissioning intentions for Personal Health Budgets, she welcomed it but noted the intention to work with providers to develop the model and suggested that the issue should be that a personal budget was to enable people to make a choice and that needed to be considered when taking the plan forward.

55.4 Councillor Mac Cafferty said that it would have been a good opportunity for the CCG to talk about equalities, and how the commissioning intentions would be delivered in deprived areas. Ms Booth said that underpinning each of the commissioning intentions was a business case and that set out how the each of the specific items would be delivered and how they would tackle inequality in the city. When the Operating Plan was produced more detail would be provided and would set out how inequalities would be addressed.

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55.5 The Chair said that a more developed version would come to the Board in due course.

55.6 **RESOLVED:** That the Board:

1. Noted the draft commissioning intentions of the CCG for the period 2016-17;
2. Agreed that the draft commissioning intentions 2016-2017 took account of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
3. Noted the requirement and timetable for the development of a longer term plan covering the period October 2016 to March 2021.

56 FEES TO PROVIDERS 2016

56.1 The Board considered the report of Ms J Macdonald, Commissioning and Performance Manager, Brighton & Hove City Council. The report outlined the current fees paid to independent, voluntary and community care providers, and made recommendations for fees to be paid from April 2016 and the dates those fees would be reviewed. The report was introduced by Ms D D'Souza, Executive Director Adult Services and Ms Macdonald.

56.2 Councillor Mac Cafferty asked if it was felt that a 2% increase would be sufficient to meet the needs of those in the city. He also referred to the City's duties under the Care Act and the need to look at what the city wanted and needed, and asked for assurance that that was being done. He was advised that the main bodies who provided care were Care Homes and Home Care Services. There would be an interim uplift of 2% between April and September of this year for in city Care Homes and the Home Care Service. For Care Homes we were doing further modelling and would like a clearer way of structuring the fees and were working with the providers and other stakeholders to do that. Part of that will be modelling the living wage and providing a better and more robust way of monitoring the service.

56.3 Ms F McCabe asked if recommendations would assist in the provision of beds for those suffering from dementia. The Commissioning and Performance Manager said that dementia was a huge issue and over 80% of those in Care Homes were living with the condition. Where there was under supply we were looking at ways of contracting beds, and there was a Dementia Strategy with a number of action plans to support all parties.

56.4 Councillor Norman noted that there had been a number of years with a 0% or very low uplift in fees and care homes had been struggling, and so it was good that there may be a rise now and another in September.

56.5 **RESOLVED**: That the Board agreed the recommendations for fees uplifts as set out in Table 1 to the report.

56A PERMISSION TO TENDER FOR HOME CARE

56a.1 The Board considered the report of Ms J Macdonald, Commissioning and Performance Manager, Brighton & Hove City Council, and Mr Barfoot, Adult Social Care Category Specialist Procurement, Brighton & Hove City Council. The report outlined the recommendations for the new home care (domiciliary) contract, which was a joint contract between the Council and the NHS Brighton and Hove Clinical Commissioning Group (CCG). The report was introduced by Ms D D'Souza, Executive Director Adult Services and Ms Macdonald. The Executive Director Adult Services apologised that the report was late.

56a.2 The solicitor advised the Board that Recommendations 1 and 2 should be amended to include the following wording, 'To recommend to Policy & Resources Committee'. The recommendations would therefore be:

1) To recommend to Policy & Resources Committee to agree to commence a tender process leading to the award of home care contracts to suitably qualified providers who are able to demonstrate that they can provide value for money, effective from September 2016 for a duration of five years, with provision for a further extension of up to two years, as outlined in this Paper;

2) To recommend to Policy & Resources Committee to grant delegated authority to the Executive Director of Adult Services to approve the award of contracts, following the conclusion of the procurement process;

56a.4 Ms McCabe referred to paragraph 4.8, regarding the consistency of care workers visiting service users, and asked whether the entry and exit times would give an indicator on whether there was a regularity of workers, and how the organisation responded to things going wrong and asked if something more specific could be included. The Commissioning and Performance Manager said that the consistency of workers was being looked at, and the provision would be carefully monitored and included in the tender process.

56a.5 Councillor Mac Cafferty referred to New Larchwood and said that the unions continued to be concerned about the level of care provision and the impact on staff and conditions of employment. The Commissioning and Performance Manager said that there would be a TUPE for all staff working there, and whoever won the contract would be expected to adhere to the Unison Ethical Charter and payment of the national living wage and agree to new requirements in our Home Care specifications. The Executive Director Adult Services said that there were 19 staff at New Larchwood, and it should be remembered that the unit cost of in house service was considerably more than the rate paid to independent providers.

56a.6 Councillor Penn asked for reassurance that continuity of care for residents would continue. The Commissioning and Performance Manager said that there wouldn't be

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any break in care provision, and in the tender process the bidders would be asked to be explicit in what they would provide.

56a.7 Councillor Barford welcomed the tender, and asked for reassurance the Home Care providers would be monitored. Councillor Barford wanted to confirm that the living wage would be that set by Living Wage Foundation, rather than that set by the government.

56a.8 Ms P Ford welcomed the report and was pleased that the new model was being jointly modelled between the CCG and the Council. She asked that the issue of responsiveness for starting and restarting care packages at weekends was picked up and, with regard to training of staff, she suggested that it would be useful to include rehabilitative training for delivering care in the home. The Commissioning and Performance Manager said that there were a number of Key Performance Indicators and one of them was how quick parties could respond.

56a.9 Ms C Holloway said it was important that this tender went ahead, as good care packages were important. She said that continuity of carers was important and asked how that would be built into the contract and evaluated. The Commissioning and Performance Manager said that Key Performance Indicators related to continuity and consistency of the care.

56a.10 **RESOLVED:** That the Board agreed that –

1. To recommend to Policy & Resources Committee to agree to commence a tender process leading to the award of home care contracts to suitably qualified providers who are able to demonstrate that they can provide value for money, effective from September 2016 for a duration of five years, with provision for a further extension of up to two years, as outlined in this Paper;

2. To recommend to Policy & Resources Committee to grant delegated authority to the Executive Director of Adult Services to approve the award of contracts, following the conclusion of the procurement process;

3. That the above agreed recommendations be presented to the Council's Policy & Resources Committee on 17 March 2016.

57 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2016

57.1 The Board considered the report of the Head of Financial Assessments and Welfare Rights, Brighton & Hove City Council. The report sought approval of the Council's charging policy for Adult Social Care, which was compliant with the Care Act 2014.

57.2 The Chair reminded the Board that there were no significant changes to the charging policy, with the exception for Carelink Plus which was being made simpler

and would retain the no charging which applyied to for carers for the direct support given to them.

57.3 Council Mac Cafferty asked if a full equalities assessment had been conducted on how the changes may affect people, particularly those with multiple needs. The Head of Financial Assessments and Welfare Rights said that if the changes weren't made there would be inequality as the Personal Independence Payment (PIP) did not have a night time rate unlike the Attendance Allowance for older people and DLA for working age did. This meant that some people would be eligible for night time allowance and some would not which would be unequitable. The Board was advised that the changes would only affect those who would be claiming from April 2016.

57.4 **RESOLVED -** That the Board agreed that with effect from 11 April 2016:

1. That the council continued with the current charging policies for residential care and non-residential care services which were compliant with the requirements of Section 17 of the Care Act 2014;

2. To amend the charging policy to stop providing an income disregard for the night rate element of Attendance Allowance and DLA(care) for new service users;

3. To continue with the current decision that no charges should apply to carers for any direct provision of care and support to them;

4. The fee charged for setting up Deferred Payment Agreements should be increased by 2% to £485 plus any additional costs for property valuations;

5. The council continues to charge the maximum interest rate as set by the government for loans provided under the mandatory Deferred Payment Scheme;

6. That the table of charges as set out in the table in paragraph 3 be agreed.

58 BETTER CARE FINANCE AND PERFORMANCE REPORT DECEMBER 2015

58.1 The Board considered the report of the Interim Chief Operating Officer, Brighton and Hove Clinical Commissioning Group, which provided an overview of the Better Care Programme.

58.2 **RESOLVED**: That the Board noted the report.

The meeting concluded at 7.00pm

Signed Chair

Dated this day of 2016

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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 15th March 2016.

1.3. Author of the Paper and contact details
Lydie Dalton, Public Health Programme Manager, Brighton & Hove City Council, Kings House, Grand Avenue, Hove BN3 2SL.
Lydie.dalton@brighton-hove.gov.uk

2. Summary

2.1 The purpose of this paper is to outline the re-commissioning from 1st April 2017 of the Public Health Community Nursing services for the delivery of the Healthy Child Programme 0-19 Years.

2.2 This paper follows a previous paper presented to the Health and Wellbeing Board on 21st July 2015. The Board gave approval to extend the current contracts to 31st March 2017 because of the new commissioning responsibility of the Council for 0-5 services.

3. Decisions, recommendations and any options

3.1 That the Health and Wellbeing Board delegates authority to the Director of Public Health 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.

3.2 That if no alternative providers come forward, the Health & Wellbeing Board delegates authority to the Director of Public Health to lead a collaborative re-design process and contract negotiation with the current provider, Sussex Community NHS Trust (SCT).

3.3 That the Health and Wellbeing Board receives a further report on the outcome of this process before a new contract is awarded.

4. Relevant information

4.1 Currently, the services commissioned by the Council to support the delivery of the Healthy Child Programme are delivered under several contracts with Sussex Community NHS Trust (SCT):

- Health visiting service and Family Nurse Partnership (FNP- a targeted service for first time pregnant mothers under the age of 19);
- Breastfeeding support service (Peer Support Programme; targeted work in areas of inequalities);
- School nursing service;

4.2 It is proposed that the services delivered under these arrangements are commissioned within one Public Health Community Nursing contract from 2017/2018.

4.3 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 proposed from the re-commissioning of these services are £1,000,000 over the next three years from a total annual budget of £5,569,583. A saving of £200,000 has already been agreed with the current provider for 2016/17. The total savings equates to an eventual reduction in the annual budget of 18%.

4.4 Following soft market testing Public Health, Procurement and Legal officers have considered the options for the future commissioning of these services.

4.5 The possibility of a collaborative re-design process with the current provider (SCT) has been considered as it would have presented a number of benefits and there has been commitment from SCT to

work in a collaborative re-design process of the service with improved outcomes achieved within the new budget.

4.6 However legal requirements which came into force in 2015 require that such contracts are advertised by way of a Prior Information Notice (PIN) or Contract Notice in the Official Journal of the European Union (OJEU). Not to place a PIN or Contract Notice would be in breach of the legal requirements and open to challenge. The Council's Members Procurement Advisory Board has discussed this matter and recommended that a PIN should be issued.

4.7 The extension of the existing contracts during 2016/17 has enabled Public Health commissioners to review the services and to consider the implications of both the significant reductions in the ring-fenced Public Health grant as well as the council's savings requirement over the next four years. Savings of £200,000 for 2016/2017 have been recently negotiated with SCT. These will be achieved through a different skill-mix with the recruitment to existing Health Visitor vacancies of Community Nursery Nurses reducing the total number of WTE Health Visitors from 61.8 to 56.5 but delivering the same level of service. Other savings come from a School Nursing service restructure following the retirement of two School Nurse managers. There will be no loss in service activity level and no reduction in agreed outcomes. Further savings of £800,000 are required from 1st April 2017.

4.8 As is the case in many local authorities, following the publication of recent research in the Lancet and the significant reduction in the Public Health grant, it is proposed to decommission the Family Nurse Partnership (FNP) programme in Brighton and Hove. The FNP is a licensed programme. Public Health will work with providers to develop a new enhanced service delivered through the health visiting service for vulnerable teenage parents. A transition plan will be agreed and put in place so that new eligible clients receive appropriate support outside of the FNP but within an enhanced service, and those currently receiving the service are transitioned safely. There will be no gap in service provision. A communication strategy will be developed by the Council and SCT.

5 Important considerations and implications

Legal

5.1 The Health and Social Care Act 2012 gave the Council statutory responsibility for commissioning Public Health Nursing services for

children 0-19. The Council is subject to the Public Contracts Regulations 2015 (PCR 2015) and must comply with the overriding principles of transparency, non-discrimination and equality in the process of procuring and awarding all contracts including Public Health contracts. Public Health contracts fall under the 'Light Touch Regime' which as a minimum requires advertisement and the running of a transparent and non-discriminatory process.

5.2 The value of the services within the Healthy Child Programme exceeds the threshold of £589,148.00 and should therefore be advertised in the Official Journal of the European Union (OJEU) by way of the placement of a Contract Notice or a Prior Information Notice (PIN).

5.3 It is recommended that a PIN notice be issued and published in the OJEU. The PIN would indicate that the contract will be awarded without further publication and invite interested suppliers to express their interest in writing. If other providers come forward, a tender process should be undertaken and there is flexibility regarding timescales and the process to undertake this. If no other providers come forward, the Council will be in a position to proceed as set out at paragraph 3.2.

5.4 Failure to advertise the contract would be a breach of the Public Contracts Regulations 2015 and the Council's Contract Standing Orders. Such a breach could result in any contract awarded directly being declared ineffective and a fine being imposed, or the Council being open to a claim for damages.

Legal Officer consulted: Elizabeth Culbert Date: 22/02/16

Finance

5.5 The values of the current contracts are as follows:

- 0-5 contract: Health visiting: £ 4,191,200;
- Family Nurse Partnership: £290,000
- School nursing contract (including delivery of National Child Measurement programme): £1,037,383
- Breastfeeding support work contract: £51,000

5.6 Total value per annum of the above contracts with SCT= £5,569,583

5.7 As referred to in the main body of the report, savings of £200,000 have already been agreed with SCT for 2016/17. Further savings of £800,000 are required.

Finance Officer consulted: Mike Bentley Date: 18/02/16

Equalities

5.8 Consideration for equalities and the reduction of health inequalities will be explicit in the service specification and integral to the delivery of the services. 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 needs arising from their protected characteristics.

Sustainability

5.9 There are no direct implications for sustainability. The Healthy Child Programme services aim 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 Council's Corporate Plan 2015-2019.

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

5.10 These considerations are integral to the Public Health services outlined in this paper.

6. Supporting documents and information

None required.

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1. Substance Misuse Inpatient Detoxification Beds

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 on 15th March 2016.

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

2. Summary

2.1 Substance misuse inpatient detoxification beds are currently provided by Sussex Partnership Foundation Trust (SPFT). In December 2015, SPFT gave notice on the contract, and will cease to provide the service from the 31st March 2016.

2.2 As this element of the patient pathway is essential to the successful recovery of some individuals with addiction issues, it is vital that the service continues in some form. This paper sets out the approach that has been taken, for the short to medium term, to ensure inpatient detoxification is still available for residents of Brighton and Hove from 1st April 2016.

3. Decisions, recommendations and any options

3.1 This paper is presented for information.

4. Relevant information

Substance Misuse Services in Brighton and Hove

4.1 Adult community based substance misuse (drug and alcohol) services are provided by Pavilions, a partnership of organisations led by Cranstoun, which began providing services locally on the 1st April 2015. A range of treatment interventions are offered to support service users to 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.

Current Provision for Substance Misuse Detoxification

4.2 A high percentage of individuals will be suitable for community assisted detoxification, which will include psychosocial support from community treatment services, prescribing of standard relapse prevention pharmacotherapies if relevant/necessary and possible vitamin replacement therapy. If an individual is not suitable for a community assisted detoxification they are referred to the inpatient detoxification beds currently provided by Sussex Partnership Foundation Trust (SPFT). In 2014/15 a total of 2,391 individuals accessed substance misuse treatment services[1]. Of these individuals, 145, or 6% of all people accessing treatment services, were admitted to inpatient detoxification services[2] at some point. N.B. an individual may access services on more than one occasion.

4.3 Currently, SPFT are funded approximately £400,000 per year to provide 1421 'bed nights' on Promenade Ward, which is part of Mill View Hospital, in Hove. Contractual responsibility for this service sits with the Clinical Commissioning Group (CCG), and is part of the wider mental health block contract that the CCG has with SPFT.

4.4 Data for 2014/15 indicates that 145 Brighton and Hove patients used Promenade Ward, for a total of 1349 bed days. The length of stay varied, but the majority of patients stayed for between six to 14

[1] Public Health England Diagnostic Outcomes Monitoring Executive Summary (DOMES) Q4 2014/15
[2] Data taken from the Commissioning Support Unit commissioned by Brighton and Hove CCG, which is taken from the Secondary User Service (SuS) data system, and from Nebula Data System.

days. Approximately 70% of patients were admitted for an alcohol detoxification, and 30% for a drug detoxification. Almost 80% of patients 'successfully completed' their inpatient admission, meaning that when they were discharged they had successfully detoxified from their substance/s.

4.5 Referrals to the inpatient ward are managed by the community service provider, who has overall responsibility for the care co-ordination of the patient pathway. Once a service user is discharged from the inpatient ward they will receive follow up care in the community, or may enter into residential rehabilitation services.

Evidence of Effective Practice

4.6 The National Institute for Health and Care Excellence (NICE) publish support documents for commissioners and providers, to ensure that the most clinically appropriate treatment is available for patients. Separate NICE clinical guidelines are available for opiate detoxification[3] and for alcohol detoxification[4]. In addition to these documents, the Novel Psychoactive Treatment UK Network (NEPTUNE) has recently produced a guidance document for the clinical management of acute and chronic harms of club drugs and novel psychoactive substances, which cover the various detoxification options for these emerging drugs[5]. See appendix one for more information.

Position from April 2016

4.7 In December 2015 SPFT provided formal notification that they would be terminating the contract for the provision of Substance Misuse Inpatient Detoxification beds from the 31st March 2016. Therefore it has been necessary to secure alternative provision for the 1st April 2016 onwards. BHCC has worked with the CCG to ensure that detoxification services continue to be available to those patients with a clinical indication for a referral. The initial budget allocated for inpatient detoxification beds for 2016/17 will be £250,000.

[3] Drug Misuse in over 16s: opioid detoxification. NICE Clinical Guideline. Published: 25th July 2007. Nice.org.uk/guidance/cg52
[4] Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline. Published:23rd February 2011. Nice.org.uk/guidance/cg115
[5] Novel Psychoactive Treatment UK Network (NEPTUNE). Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances. The Health Foundation Inspiring Improvement. March 2015 http://www.neptune-clinical-guidance.co.uk/

4.8 Currently there are no other NHS or Voluntary Sector providers of inpatient detoxification in Brighton and Hove. Given the timeframe available to secure alternative provision, the most suitable approach has been to work with the current providers of community substance misuse treatment services to put a short to medium term solution in place. From the 1st April 2016, any Brighton and Hove resident with a clinical indication for an inpatient detoxification will be referred to the 'City Roads' residential detoxification, crisis intervention and stabilisation service provided by Cranstoun. City Roads is based in Islington, north London. City roads is a 21 bed unit that is staffed 24/7 by a clinical and social care team. As Cranstoun also oversee community services they will be responsible for both elements of the patient pathway.

4.9 The decision to take this approach was based on the short time frame available to set up an alternative solution, and the fact that there is extremely limited, value for money, alternative provision in Brighton and Hove, and the surrounding area. East Sussex County Council (ESCC) currently commission SPFT to provide inpatient detoxification services, and so are also seeking to put alternative provision in place from April 2016. East Sussex commissioners of substance misuse services are taking a similar approach to BHCC and working with their existing community services provider to secure inpatient detoxification services. Historically West Sussex County Council have spot purchased inpatient detoxification services from a number of providers. Their existing contractual arrangements expire in May 2016, and given the more lengthy timeframe, West Sussex are undertaking a procurement process for a new Framework Agreement for inpatient detoxification services.

4.10 The option taken in Brighton and Hove does mean that service users will have to travel outside of the city for their inpatient detoxification. The average length of stay is likely to be ten days. Whilst detoxifying, clients are usually required to restrict contact with the outside world, and therefore the expectation is that being situated in an area that is not their home city may make this easier. Once the person has detoxified they will return to their home city and be supported to continue their recovery by linking in to the existing recovery community within Brighton and Hove. Cranstoun have been providing this service from the City Roads location for a significant period of time. Current patients come from many areas of the south east. Therefore Cranstoun are experienced in meeting their needs and providing the support required. Where necessary a member of Cranstoun community staff will travel with the patient.

Alternatively when a patient's needs are greater, Cranstoun City Roads can send a car to pick up the client.

4.11 The change of provider of this service offers an opportunity to review the overall care pathway and the budget allocation. As both community and inpatient detoxification services will be provided by the same provider, it is timely to review the referral pathways to ensure that the most appropriate patients are referred to inpatient detoxification. It is anticipated that this will help to reduce the number of patients who are currently unsuccessful in their inpatient detoxification episode.

4.12 In parallel to this, community based detoxification services will be reviewed to ensure that they offer the appropriate support to individuals to enable them to successfully complete detoxification in the community.

4.13 Should a situation arise where it is not tenable for an individual to attend the City Roads detoxification unit, alternative arrangements can be considered. However, it is highly unlikely that this will be necessary.

Community Engagement and Consultation

4.14 As with any change in service provision, consultation is key to successful implementation. Existing service users, the recovery community of Brighton and Hove, partners and other providers will be actively engaged with at each stage of the development. This will ensure that all factors, particularly those associated with the travel expectations this approach will bring, are considered.

4.15 An Equalities Impact Assessment will be undertaken to support the delivery of this service.

Conclusion

4.16 Inpatient and residential detoxification from substances is a vital part of the substance misuse treatment pathway. Taking the approach outlined above will allow this essential part of the pathway to continue. Delivery of the service will be monitored in the short to medium term, to allow evaluation of the outcomes. Should this approach not meet expectations a review can be undertaken, and alternative solutions considered.

5. Important considerations and implications

Legal:

5.1 The Service falls within Schedule 3 (Social and Other Specific Services) of the Public Contract Regulations 2015 and as such is subject to the 'light touch regime'. The threshold for mandatory advertising of the light touch regime contracts is £ 589,148.00. The service wishes to review its future provision and intends to consult with users. If following review that service value over the life of a proposed contract will exceed the threshold the service should at that time be procured in accordance with the applicable Public Contract Regulations.

Lawyer consulted: Judith Fisher Date:26.01.2016

Finance:

5.2 From April 2016 the budget allocated for substance misuse detoxification from the ring-fenced Public Health grant will be approximately £0.250m, which equates to a funding reduction of approximately 40% from 2015/16.

Finance Officer consulted: Mike Bentley Date: 21/01/16

Equalities:

5.3 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.

Sustainability:

5.4 The continued provision of an inpatient detoxification services is vital to the overall patient pathway. Reducing the overall budget in line with known budget reductions to the Public Health ring-fenced grant should allow the service to be provided in a sustainable way.

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

5.5 This is covered in the body of the report.

6. Supporting documents and information

6.1 Appendix 1 – Supporting Clinical Guidelines

Substance Misuse Inpatient Detoxification Appendix 1 – Supporting clinical guidelines

For patients detoxifying from opiates the guideline recommends that community based programmes should be routinely offered to service users considering detoxification. Exceptions to this may include service users who[i]:

- Have not benefited from previous formal community based detoxification
- Need medical and/or nursing care because of significant comorbid physical to mental health problems
- Require complex poly drug detoxification, for example concurrent detoxification from alcohol or benzodiazepines
- Are experiencing significant social problems that will limit the benefit of community based detoxification.

Residential detoxification is available as an option to appropriate individuals detoxifying from opiates via the in-city providers of residential rehabilitation. Usually service users would attend the residential rehabilitation unit for both the initial detoxification, and the ongoing 'recovery' based support programme. Inpatient, rather than residential, detoxification should normally only be considered for people who need a high level of medical and/or nursing support because of significant and severe comorbid physical or mental health problems, or who need concurrent detoxification from alcohol or other drugs that require a high level of medical and nursing experience.

Patients detoxifying from alcohol should usually be offered a community based programme, which should vary in intensity according to the severity of the dependence, available social support and the presence of comorbidities. Outpatient based assisted withdrawal programmes should be offered to[ii]:

- People with mild to moderate dependence. Contact between staff and the service user will average between 2 to 4 meetings over the first week
- People with mild to moderate dependence and complex needs, or severe dependence. An intensive community programme should be offered following assisted withdrawal in which the service user may attend a day programme lasting between 4 and 7 days per week over a three week period.

Inpatient or residential assisted withdrawal should be considered if a service user meets one or more of the following criteria:

- Drink over 30 units of alcohol per day
- Have a score of more than 30 on the Severity of Alcohol Dependence Questionnaire (SADQ)
- Have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes
- Need concurrent withdrawal from alcohol and benzodiazepines
- Regularly drink between 15 and 30 units of alcohol per day and have:
    - Significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina chronic liver disease) or
    - A significant learning disability or cognitive impairment

The evidence base is relatively limited for novel psychoactive substances, as treatment of these drugs is much newer, and there is currently no consensus on the best setting for detoxification.[iii]

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[i] Drug Misuse in over 16s: opioid detoxification. NICE Clinical Guideline. Published: 25th July 2007. Nice.org.uk/guidance/cg52

[ii] Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline. Published:23rd February 2011. Nice.org.uk/guidance/cg115

[iii] Novel Psychoactive Treatment UK Network (NEPTUNE). Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances. The Health Foundation Inspiring Improvement. March 2015 http://www.neptune-clinical-guidance.co.uk/

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1. Rough Sleeping Strategy 2016: Consultation Draft

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 15th March 2016.

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

1.4 Report of: Executive Director, Adult Services and Acting Executive Director, Environment, Development & Housing, Brighton & Hove City Council.

2. Summary

2.1 The issue of rough sleeping has become more acute recently with a visibly increased presence on the streets. This not only impacts on the individual's life chances, but also the city's reputation and costs to public services and business.

2.2 The city's current approach to rough sleeping is being re-assessed to ensure that the city's commissioners, service providers and those supporting people sleeping rough are working in partnership to a clear strategic plan. This plan will reduce rough sleeping in the city and improve outcomes for people sleeping rough and those at risk of rough sleeping.

2.3 The draft Rough Sleeping Strategy 2016 was submitted to Housing & New Homes Committee on 2 March 2016 and Neighbourhoods, Communities & Equalities Committee on 14th March 2016 requesting permission to carry out formal consultation to shape the final version that will be brought back to those committees for adoption later in the year.

3. Decisions, recommendations and any options

3.1 That the Board notes the contents of this report and the accompanying Draft Rough Sleeping Strategy 2016 attached for information as Appendix 1.

4. Relevant information

4.1 Rough sleeping is not a lifestyle choice, but often driven out of desperation, poverty and ill health. Police and health service report high levels of service need caused by rough sleeping:

- People sleeping rough are more likely to be the victim of crime and also more likely to commit crimes.

- The City's Joint Strategic Needs Assessment highlights a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst people sleeping rough. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections (including hepatitis).

- Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64.

- The average age of death for a homeless person nationally is estimated to be 47 years old compared to 77 for the general population.

4.2 People sleeping rough are a transient population and in 2014/15 services worked with 1,129 cases involving 775 people (around a third of cases relating to people being seen more than once). In November 2015, a snapshot of a single night estimated there were 78 people sleeping rough in Brighton & Hove.

4.3 As of January 2016, the city has 272 hostel beds and 25 mental health hostel beds which are full. There is a waiting list for this accommodation of 197 clients, 82 of which are considered a high priority. In addition, information is not available for many of the hidden homeless in our city that may be living in squats, sleeping on sofas, and staying with friends and family.

4.4 There are concerns that numbers could increase further over the next year with the natural draw of Brighton & Hove as the place to be, the impact of welfare reforms and the high cost of accessing and sustaining accommodation in the city's private rented sector.

4.5 The council is facing significant budget reductions which have seen £77m saved in recent years and a further £68m needing to be saved by 2020. The council budget for Housing Related Support linked to rough sleeping services is £4.3m for 2016/17. In addition there was funding from Better Care, in partnership with the NHS, in 2015/16 of £0.600m. The Better Care allocation for Brighton & Hove has been confirmed for 2016/17 and the joint decision of how this is apportioned between services is planned for mid March 2016. The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such as through volunteering.

What will our new strategy achieve?

4.6 The strategy is allowing us an opportunity to refocus and reprioritise services within the available funding to better meet the needs of those at risk. Amongst the range of actions proposed in the draft strategy, we would like to see:

4.7

- A new shared agreement, a **Multi-Agency Protocol**, between the council, service providers, and other groups supporting people sleeping rough. The Protocol is aimed at making sure we are all promoting the same consistent message, a single offer of support focussed on moving away from rough sleeping and street life.

- A new permanent **Assessment Centre** with a number of temporary (sit-up) beds to enable service providers to assess the needs of people sleeping rough in a stable environment.

- Each person having their own **Multi-Agency Plan** that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. A key

part of the Plan will be to outline the client's housing options to help them make an informed choice about their future.

- A **primary care led hub** with a multidisciplinary team delivering services in a number of settings in the city. This will to support homeless people to access primary and community healthcare services and include outreach to street settings where appropriate, day centres and hospitals to support care and discharge planning.

- **New accommodation** for older homeless people with complex needs following a successful bid to the Homes & Communities Agency for £569,000. The accommodation will offer at least eight en-suite rooms adapted for people with physical disabilities and provide the extra support they need to improve their lives. This will also free up much needed hostel space for others in need.

City's Vision (draft)

4.8 Our draft strategy vision is:
"To make sure no-one has the need to sleep rough in Brighton & Hove by 2020"

Strategic Principle: Working together, a partnership (draft)

4.9 Within these priorities there is an underlying principle that, as a city, whether service commissioner, provider, community group, or individual with the desire to help, we need to work together to provide a consistent message and response to rough sleeping to support people to turn a corner and improve their lives.

The City's Strategic Priorities (draft)

4.10 We have focussed our strategy on five priority areas, each with a number of goals:

Priority 1: Preventing Homelessness and Rough Sleeping – to provide a consistent message about housing options that helps services prevent homelessness and moves people away from sleeping rough:

- Goal 1: Develop a consistent citywide approach to prevent homelessness and rough sleeping;

- Goal 2: Improve housing options for single person households

Priority 2: Rapid Assessment and Reconnection – outreach to assess the needs of people sleeping rough to plan support, and where appropriate, reconnect people with friends, families and support networks, before they are fully immersed in street life:

- Goal 3: Provide rapid assessment, support planning and effective reconnection;

- Goal 4: Target people sleeping rough with complex needs to ensure there is an integrated plan to move people into accommodation;

- Goal 5: Ensure services are sensitive to the needs of all vulnerable groups including LGBT* people, young, older, women and ex service personnel.

Priority 3: Improving Health – to ensure people sleeping rough are supported by health and social care services that help them to regain their independence:

- Goal 6: Improve outcomes by delivering integrated primary care led health and social care services that are accessible to homeless people and support them to regain their independence;

- Goal 7: Ensure those on the streets have access to emergency shelter during extreme weather.

Priority 4: A Safe City – making sure people sleeping rough, residents and visitors are safe and free from intimidation:

- Goal 8: Focus on managing risks, harm and promoting appropriate behaviour;

- Goal 9: Promote alternatives to discourage begging

Priority 5: Pathways to Independence – to support people sleeping rough into regaining their independence:

- Goal 10: Have a flexible accommodation pathway that responds to changing needs;

- Goal 11: Develop bespoke supported accommodation options where appropriate;

- Goal 12: Ensure timely move-on to independent accommodation.

Timescales:

4.11 The Rough Sleeper Strategy Review is being developed in phases to give stakeholders opportunity to help shape the city's priorities:

- **Position Paper (Nov/Dec 2015):** this summarised the city's current approach to rough sleeping and was used as the basis for scoping consultation which included a stakeholder summit. Responses were used to develop the draft strategy, its priorities, goals and strategic actions.

- **Draft Rough Sleeping Strategy 2016 (Mar/Apr 2016):** building on the Position Paper and options developed in the summit. We plan to consult on the draft strategy between 16 March and 17 April 2016 and particularly welcome contributions from those who are, or have been, sleeping rough. The results of this consultation will help shape the final strategy.

- **Final Strategy (July 2016):** stakeholders will be encouraged to formally sign-up to the vision, aims and objectives of the strategy to ensure a unified and consistent approach across the city.

5. Important considerations and implications

Legal:

5.1 This is a draft consultation request and at this stage does not bind the Council to any decision save commitment to a small amount of resources to pursue the consultation. Given the stages process described it is sensible to have consultation take place. Choosing the correct consultees who represent all the relevant interest groups will be important.

5.2 There will be a significant portion of the cohort of street population who will have a range of issues which may then bring them under the umbrella of the Equalities Act and there may be some legal duties owed to them depending on their level of need. The Care Act may also apply in some instances. This should be noted in relation to the consultation process going forward.

5.3 The proposals themselves are proportionate and reasonable in relation to consultation and then referring back for final approval.

5.4 The function of street homelessness straddles the functions of the Housing & New Homes Committee as well as that of the Neighbourhoods, Communities & Equalities Committee. That is why the report is coming to both committees

Lawyer Consulted: Simon Court Date: 04/02/16
Lawyer Consulted: Abraham Ghebre-Ghiorghis Date: 08/02/16

Finance:

5.5 Any housing related costs associated with the consultation on this strategy will be managed from within the general fund budget. Once the strategy is consulted upon, the final strategy will be reported back to this committee and any housing costs of implementation will be highlighted prior to approval.

Finance Officer Consulted: Neil Smith Date: 08/02/16
Finance Officer Consulted: Monica Brooks Date: 08/02/16

Equalities:

5.6 Rough sleepers are a vulnerable group more likely to have contact with the criminal justice system, drug, alcohol and health conditions, be excluded from mainstream services and have much worse outcomes than other groups. Measures to reduce rough sleeping will have a direct impact on reducing inequality in Brighton & Hove. An Equalities Impact Assessment was completed to support the draft strategy.

Sustainability:

5.7 None directly arising form this report.

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

5.8 As part of the Better Care initiative overseen by the Health and Wellbeing Board, an integrated health and care model for the single homeless is being developed. Although the remit of this work is broader than rough sleeping, it will be closely linked with the emerging work to develop a Rough Sleeping Strategy.

6. Supporting documents and information

6.1 Appendix 1: Draft Rough Sleeping Strategy 2016

Health & Wellbeing

Brighton & Hove
Rough Sleeping Strategy 2016

Draft Rough Sleeping Strategy 2016

Making sure no-one has the need to sleep rough in Brighton & Hove by 2020

About this Draft Strategy

This draft strategy details our proposed approach to making sure that no-one has the need to sleep rough in Brighton & Hove by 2020.

The Rough Sleeping Strategy is being developed in phases to give stakeholders opportunity to help shape the city's priorities and future action:

1. **Position Paper (Nov/Dec 2015):** this was published in November 2015 and summarised the city's current approach to rough sleeping. The Paper was used as the basis for consultation in December 2015. Consultation included a Summit that brought together a range of stakeholders including councillors, the council, NHS, Police, third sector advocates, service providers and business community, relevant professional experts and service user representatives to review the city's approach to rough sleeping.

2. **Draft Rough Sleeping Strategy 2016 (Mar/Apr 2016):** building on the Position Paper and options developed in the summit. We wish to consult on the draft strategy and particularly welcome contributions from those who are, or have been, sleeping rough. The results of this consultation will help shape the final strategy.

3. **Final Strategy (July 2016):** stakeholders will be encouraged to formally sign-up to the vision, aims and objectives of the strategy to ensure a unified and consistent approach across the city.

4. **Implementation 2016/17:** Delivery of the city's strategy and remodelling or redesigning services where necessary.

To comment on this draft strategy, please visit the Council's Consultation Portal at http://consult.brighton-hove.gov.uk/portal. You can also write to us as Housing Strategy Team, Brighton & Hove City Council, 4th Floor Bartholomew House, Bartholomew Square, Brighton BN1 1JE or housing.strategy@brighton-hove.gov.uk.

Comments on this draft strategy are welcome between 16 March and 17 April 2016.

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Introduction from the Lead Member for Rough Sleeping

The issue of people sleeping rough has become more acute with a visibly increased presence on the streets. Most importantly, this impacts on the individual's life chances, the street is a very vulnerable place to be, but it also affects the city's reputation and adds costs to public services and business.

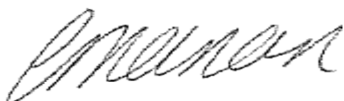
Homelessness and rough sleeping could happen too many of us with little warning, from the loss of a job or a relationship breakdown for example. These difficult times can be compounded if people have other needs such as mental health, addiction and other vulnerabilities.

The city's current approach to rough sleeping is being re-assessed in partnership with all groups and organisation providing services, the wider community and with commissioners, We have used the thoughts and ideas of many partners shared at our Rough Sleeping summit and earlier consultation, plus research with those who are sleeping rough or have previously slept rough, to develop this draft strategic plan which shows how we can come together as a city to improve lives. We need to make sure we combine our efforts with a joint sense or energy and purpose to focus on supporting people to move forward with their lives, regain their health and find secure housing.

If the city does not reduce rough sleeping there will be:

- More health problems and early deaths
- More suffering and hardship
- Crisis pressure on the Police, hospital accident and emergency and other services
- Crime and anti-social behaviour associated with rough sleeping and street drinking
- Increased costs to the local authority, Police and NHS
- Reputation damage as a caring city
- Tourism impact from street begging

I hope that all the partners across the city who work with people sleeping rough will endorse the final Rough Sleeping Strategy expected in summer, therefore I very much welcome your thoughts on this draft. Please help us make sure that we have identified the correct priorities and actions to deliver our vision "*To make sure no-one has the need to sleep rough in Brighton & Hove by 2020.*"



Councillor Clare Moonan
Lead Member for Rough Sleeping

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1. The City's Strategy

The City's Vision

People sleeping rough die younger than the general population[1] yet the cost of preventing rough sleeping or supporting someone back into independence is much less than the cost to the individual and society than a life on the streets[2]. Our strategy vision is:

"To make sure no-one has the need to sleep rough in Brighton & Hove by 2020"

Strategic Principle: Working together, a partnership

Within these priorities there is an underlying principle that, as a city, whether service commissioner, provider, community group, or individual with the desire to help, **we need to work together** to provide a consistent message and response to rough sleeping to support people to turn a corner and improve their lives.

Rough sleeping and the impact of the wider street population affect everybody in Brighton & Hove. People sleeping rough die younger, suffer ill health and are more vulnerable to violence than those in the wider street population (who may be housed). It impacts on businesses, residents and tourists through shoplifting, aggressive begging, street drinking and other anti-social behaviour. These place additional demands on the council, police and health services.

Fundamentally, however, seeing people sleeping rough fosters the desire to help, whether from those providing services, those giving their spare time or those giving donations of food, clothing and other items to help those in need.

The city's strategy needs to harness this expertise, energy and goodwill to enable all those with a stake in the city to work together and deliver our shared vision in partnership:

- Street Outreach Services (St. Mungo's)
- Brighton Housing Trust (including First Base Day Centre)
- Brighton YMCA
- St John Ambulance
- Community and Voluntary Sector
- Faith based groups
- Churches Winter Emergency Shelters
- Pavilions Drug and Alcohol Services

[1] Homelessness Kills, Crisis, 2012
[2] Research into the Financial Benefits of the Supporting People Programme, DCLG, 2009

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- Private landlords
- Brighton & Hove Business Crime Reduction Partnership (BCRP)
- Brighton City Centre Business Improvement District (BID) (City Centre Ambassadors)
- YMCA DownsLink Group
- Stopover (Impact Initiatives)
- Sanctuary Housing (The Foyer)
- Night Stop Plus
- Clocktower Sanctuary
- Emmaus
- Synergy
- Soup Run
- Sussex Armed Forces Network
- British Legion
- Help for Veterans
- Brighton & Hove City Council (BHCC)
- NHS organisations including Brighton & Hove Clinical Commissioning Group (CCG), Sussex Partnership Foundation Trust, Brighton & Sussex University Hospitals Trust, South East Coast Ambulance Service, Sussex Community Trust
- Sussex Police (Street Community Neighbourhood Police Team)
- Sussex Homeless Outreach, Reconnection and Engagement (SHORE) Partnership
- Homeless Link
- People with experience of sleeping rough
- The residents and visitors of Brighton, Hove, Portslade and Sussex

A constructive and meaningful dialogue is needed with those groups working in the city to support people sleeping rough who are not connected to the city's formal partnership structures. This will help all groups collectively understand what they want to achieve and make sure this good will and our combined efforts are not keeping people on the streets, but are focussed on getting people off the streets.

A set of five partnership **Homeless Strategy Working Groups** are tasked with developing action plans to implement the priorities of the Homeless Strategy 2014. These are focussed on the Integrated Support Pathway; Work & Learning; Youth Homelessness; Homeless Prevention; and Day & Street Services. Alongside the development of this strategy, these working groups are being reviewed to develop stronger links with health and other support services to encourage the shared ownership of actions which relate to improving services and improving the outcomes of service users. This model will include wider representation from service users. The review will be complete in March 2016 and implemented by March 2017.

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The City's Strategic Priorities

To help us come together as a city and deliver the strategic vision, we have focussed our strategy on five priority areas:

1. **Preventing Homelessness and Rough Sleeping** – to provide a consistent message about housing options that helps services prevent homelessness and moves people away from sleeping rough

2. **Rapid Assessment and Reconnection** – outreach to assess the needs of people sleeping rough to plan support, and where appropriate, reconnect people with friends, families and support networks, before they are fully immersed in street life

3. **Improving Health** – to ensure people sleeping rough are supported by health and social care services that help them to regain their independence

4. **A Safe City** – making sure people sleeping rough, residents and visitors are safe and free from intimidation

5. **Pathways to Independence** – to support people sleeping rough into regaining their independence

Responding to the Position Paper Consultation

The findings from the consultation and engagement carried out in December 2015 have helped to develop this draft strategy.

Methodology

A Position Paper was produced that summarised the city's current approach to rough sleeping and existing plans as well as highlighting the challenges we face. This included the draft vision and priorities for the new strategy and was the basis of the initial scoping consultation. This paper was emailed to all councillors, MPs and all stakeholders invited to the summit.

During the consultation, a stakeholder summit was held which had 78 professionals attend, and there was online consultation through the council's consultation portal which received 36 detailed submissions covering all aspects of our proposals. The council's website, social media and press engagement was used to promote the consultation.

Summary of Findings

Those responding to the consultation recognised that homelessness and rough sleeping could happen to many of us with little warning, such as arising from the loss of a job or a relationship breakdown. These difficult times are compounded when other factors such as mental health, drug and alcohol, and other support needs may be present.

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There was overwhelming support for the proposed vision and priorities of the strategy, with many suggestions for improvements to the way we work. Many respondents highlighted the significant challenges faced by the strategy from the fundamental issues arising from the shortage of high quality affordable housing and budget pressures. As these matters are picked up in plans such as the Housing Strategy 2015, Homelessness Strategy 2014 and the CCG Annual Operating Plan, this strategy has not replicated the actions needs to address these.

As a result of the consultation, there have been a number of changes to the initial priorities for the city's strategy suggested by the Position Paper:

- **Street Triage** and **Reconnection** have been merged into a new priority on **Rapid Assessment and Reconnection** which is developing Multi-Agency Plan's for people sleeping rough, where professionals work together with clients to agree the most effective course of action.
- **Managing the Street Communities** received criticism, particularly as people sleeping rough are more likely to be the victims of crime and around half of those in the city's street communities are not sleeping rough. There were also opposing views on the balance between support and enforcement. This priority has been rewritten to focus on making Brighton & Hove **A Safe City** – for rough sleepers, residents, businesses and tourists – and recognises that a life on the streets is not appropriate and should not be supported
- **Working with the City** has been removed as a priority as it was very clear that partnership working needs to underpin the whole strategy rather than be a separate element. We recognise that not a single element of our strategy is achievable without the combined efforts of all those living and working in the city. **A Partnership Approach** is now the strategic principle of this strategy and underpins all of the work we do.

Other responses to the consultation highlighted the need for the strategy to take into account the specialist needs of particular groups who may be more vulnerable and require a slightly different approach, such as young people, women and LGBT* people.

The detailed consultation responses were shared with those responsible for the priorities within the strategy to develop the goals and strategic actions presented in this document. A transcript of these responses is contained in **Consultation Report 1: Position Paper**, available at www.brighton-hove.gov.uk/content/housing/general-housing/how-help-people-living-rough-street

Consultation Questions 1: Revised Priorities and Principle

1.1 Do you support the city's revised strategic priorities?
1.2 Please tell us about anything you would like to change in the city's priorities and principle

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2. Rough Sleeping in Brighton & Hove

What do we mean by People Sleeping Rough?

This strategy is not just about those living and sleeping on the city's streets, but all those, predominantly single people, who are homeless where there is not likely to be a statutory housing responsibility.

For the purposes of the strategy, people sleeping rough have been defined as:

- People sleeping rough within Brighton & Hove
- Squatters who were previously or are at risk of sleeping rough
- Sofa surfers who were previously or are at risk of sleeping rough
- Those living in motor vehicles (not including Travellers)
- Those living in tents (not including campers, protesters or Travellers)
- Those currently supported in hostels who were previously sleeping rough
- All others considered at risk of rough sleeping

The City's Challenge

People sleeping rough are a transient population and the city's street services work with more than 1,000 cases each year, 20 every week. Around a third of these relate to people being seen more than once (in 2014/15 there were 1,129 cases involving 775 people). In November 2015, a snapshot of a single night estimated there were 78 people sleeping rough in Brighton & Hove:

People living on the streets	2010/11	2011/12	2012/13	2013/14	2014/15
Street service cases (year)	588	732	1,163	1,066	1,129
Official street count (people on a single night)	14 (Nov'10)	36 (Nov'11)	43 (Nov'12)	50 (Nov'13)	41 (Nov'14)
Street estimate (people on a single night) [3]	x	76 (Nov'11)	90 (Mar'13)	132 (Mar'14)	78 (Nov'15)

There are concerns that numbers could increase further over the next year with the natural draw of Brighton & Hove as the place to be, the impact of welfare reforms and the high cost of accessing and sustaining accommodation in the city's private rented sector.

[3] The Rough Sleeper Estimate is a different methodology from the official count and records the number of rough sleepers known to services in the city on a particular date.

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As of the January 2016, the city has 272 hostel beds and 25 mental health hostel beds which are full and has a waiting list of 197 clients, 82 of which are considered a high priority.

Information is not available for many of the hidden homeless in our city that may be living in squats, sleeping on sofas, and staying with friends and family. Nationally one study has shown that of 437 single homeless individuals, 62% were hidden homeless and a quarter had never accessed any accommodation provided by a homeless or housing organisation.[4]

Local Inequalities

Rough sleeping is not a lifestyle choice, but often driven out of desperation, poverty and ill health. Police, prisons and health service report high levels of service need caused by rough sleeping:

- People sleeping rough are more likely to be the victim of crime and also more likely to commit crimes
- The City's Joint Strategic Needs Assessment[5] highlights a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst people sleeping rough. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections (including hepatitis).
- Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64
- The average age of death for a homeless person nationally is estimated to be 47 years old compared to 77 for the general population

The rough sleeping and single homeless population is not representative of the wider city with the 2014/15 Rough Sleeper Annual Report showing that of the 1,129 cases (involving 775 people):

- 83% were male; 17% were female
- 12% (136 cases) were aged 17-25; 7% (83 cases) were over 55
- 81% (917 cases) indicated that they were UK nationals
- 19% (212 cases) were not from the UK with the largest group from central or eastern Europe (86 cases, a 50% increase from this region on 2013/14)
- 39% (438 cases) had a local connection. Where known, the main reasons given for rough sleeping amongst those with a local connection in 2014/15 were: eviction from hostel or temporary accommodation (31%); abandoning own accommodation (13%); relationship breakdown (13%); prison release (12%), left rehab (11%). However, this does not identify the underlying cause, just the most recent trigger. For example, those evicted from hostels were already homeless.

[4] Crisis, K Reeve with E Batty, The Hidden Truth about Homelessness – Experiences of Single Homelessness in England, May 2011
[5] Joint Strategic Needs Assessment 2014: Rough Sleeping and Single Homeless: http://www.bhconnected.org.uk/sites/bhconnected/files/jsna-6.4.3-Rough-sleepers2.pdf

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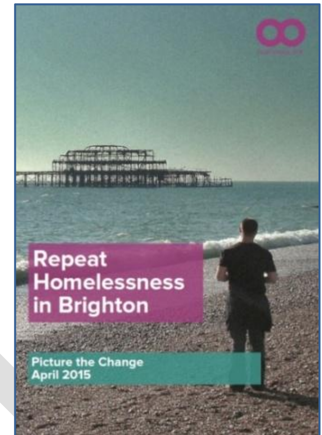
Local Causes of Rough Sleeping

Homeless Link carried out a qualitative research project in partnership with the Coordinated Agency Interventions to End Rough Sleeping (CAIERS) group, who work with people sleeping rough in Brighton & Hove[6]. The research was based on 29 in-depth interviews with clients using the city's homeless services 2014.



The research identified that the causes of homelessness and repeat homelessness are divided into two main areas:

- Structural - which included poor and unsuitable housing, insecurity in the private rented sector, transitioning/leaving accommodation or institutions (especially prison) and loss of employment; and
- Personal reasons - which included mental health issues, experience of trauma, relationship breakdown, and fleeing domestic violence or abuse.

There is a strong pull for people coming and returning to the city because they consider the city to be a place of diversity and acceptance. Many people had happy memories of Brighton & Hove, which stemmed from childhood or previous relationships. While people were positive about the homelessness services available, they were more likely to talk about how much they liked the town rather than its services.

There was a lack of understanding about local connection policies in Brighton & Hove. Many people travelled back to the city on the basis that they had previously held a local connection, only to find out that they were no longer eligible.

Some of those who had been helped to reconnect and move, either by the local authority or support services had returned to Brighton & Hove because they had been unable to access the support they needed. For others, the pull of Brighton & Hove meant that they were prepared to remain homeless if this meant remaining local to the area.

The recommendations made by this research have been used to help shape the strategy.

Rough Sleeping Amongst Lesbian, Gay, Bisexual and Trans* People

The Stonewall Housing Finding Safe Spaces[7] project was commissioned by the Homelessness Transition Fund to understand the experiences of Lesbian, Gay, Bisexual and Trans (LGBT*) people who have been street homeless.

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[6] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf

[7] Finding Safe Spaces: Understanding the experiences of lesbian, gay, bisexual and trans* rough sleepers, Stonewall Housing, 2014: http://www.stonewallhousing.org/

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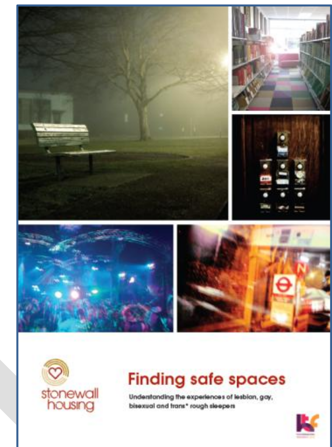
Stonewall Housing spoke directly with LGBT* people who had experienced, or were experiencing, rough sleeping during summer 2014 in Manchester, Brighton and east London.

Whilst there were a wide range of reasons for rough sleeping amongst this group, the research found that more often than not, rough sleeping was related to their sexual orientation or gender identity, having a detrimental and often irreversible effect on their support systems of people such as after coming out to friends or family.



Stonewall Housing research with LGBT* people sleeping rough in the city found that many did not feel safe in hostels or on the streets. Drugs, alcohol, sex work or sex in exchange for accommodation was used as a way to secure a place to sleep, despite the great risk to safety as well as to their mental, physical and sexual health.

The research made a number of recommendations and Brighton & Hove City Council has committed (as part of the Trans Scrutiny Report) to reviewing these for the Rough Sleeping Strategy. These have been included in the strategic actions listed under the five strategy priorities.

Predicted Future Need

The impact of the Welfare Reform Bill is still being felt with the introduction of the benefit cap (to be reduced further to £20,000 in 2016), changes to Disability Living Allowance, reductions in Housing Benefit (particularly for young people), proposed reductions on tax credits and the introduction of Universal Credit.

Combined with high and rising property prices in Brighton & Hove, it is predicted that these changes will increase the number of individuals unable to sustain their accommodation in the coming year placing them at an increased risk of rough sleeping, and putting more pressure on services at a time of decreasing funding.

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3. The City's Connected Approach

Housing Strategy 2015 & Homeless Strategy 2014

The Housing Strategy 2015[8] is a key stand alone chapter of the city's Community Strategy[9], and through the strategy:

> *"We want Brighton & Hove to be an inclusive city with affordable, high quality, housing that supports a thriving economy by offering security, promoting health and wellbeing and reduces its impact on the environment. We want to help bring about integrated communities in a society that values everyone to recognise and tackle the inequality faced by families, the poor and the vulnerable."*

The Housing Strategy 2015 incorporates the priorities of the Homelessness Strategy 2014[10] to prevent homelessness through early intervention, and the timely provision of advice and support. When homelessness is unavoidable, there is a need to ensure that people receive appropriate housing, care and support, with a clear pathway towards living independently.

The Homeless Strategy 2014 has five strategic objectives:

1. Provide housing and support solutions that tackle homelessness and promote the health and well-being of vulnerable adults
2. Provide 'whole families' housing and support solutions that tackle homelessness and promote the well-being of families and young people.
3. Develop access to settled homes
4. Reduce inequality and tackle homelessness amongst our communities of interest
5. Provide integrated housing, employment and support solutions as a platform for economic inclusion

Housing Related Support Commissioning Strategy 2015

Accommodation and support services for single homeless people are provided by the Housing Related Support team in Brighton & Hove City Council's Adult Services (Adult Social Care). These services aim to prevent homelessness and rough sleeping amongst vulnerable people and provide support to help individuals move towards or maintain independent living.

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[8] Housing Strategy 2015: https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Housing%20Strategy%202015%20%28FULL%20COUNCIL%20FINAL%29.pdf
[9] Brighton & Hove Community Strategy: http://www.bhconnected.org.uk/strategy/strategy
[10] Homelessness Strategy 2014-19: http://present.brightonhove.gov.uk/Published/C00000709/M00005185/AI00040396/$HomelessStrategy2014CommitteeVersion.docx.pdf

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The team is redrafting service specifications to ensure services are flexible. This is to provide a more personalised response to need, reducing dependency, avoiding duplication with other services across the city and meeting local priorities such as reducing admissions to more intensive services, as well as in response to budget reductions.

Those with the most complex needs, who receive a range of services, will be supported into independence where this is achievable or will have a suitable service in place to support them to maintain accommodation and prevent homelessness. A focus will also be on people who have been in homeless services for some time to offer them sustainable support and accommodation packages.

Brighton & Hove Better Care Plan

The Brighton & Hove Better Care Plan describes how services for our frail and vulnerable population will be improved to help them stay healthy and well, and will be more pro-active and preventative, and promote independence.

In Brighton & Hove improving health and care outcomes for homeless people has been identified as a priority. A Homeless Integrated Health & Care Board was established in 2014 with the vision:

> *"To improve the health and wellbeing of homeless people by providing integrated and responsive services that place people at the centre of their own care, promote independence and support them to fulfil their potential."*

The Board includes representatives from BHCC (adult social care, housing and public health), the CCG and NHS Trusts, a GP, community and voluntary sector, Sussex Police and service user representation. The Board has developed an integrated health and care model with a multi disciplinary team approach focussing on the single homeless people in the city that will be implemented in 2016/17.

Housing Related Support Cost Benefit Analysis

In 2009, the Department of Communities and Local Government commissioned Capgemini to produce a cost benefit analysis of housing related support services[11]. In Brighton & Hove the local cost benefit analysis in 2013 showed savings of £4.90 for every £1 spent on housing related support services for single homeless clients. The study found the financial benefits of housing related support to be:

- Costs relating to housing and homelessness are reduced, because the risks of sleeping rough and failure to move into settled accommodation are reduced
- Health service costs are reduced through improvements in the general health of clients. These result in fewer admissions to Accident and Emergency, lower use

[11] Research into the Financial Benefits of the Supporting People Programme, Department of Communities and Local Government 2009

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of GP and community mental health services, and fewer admissions to hospital for physical and mental health problems
- Health and social services costs are reduced because of a lower incidence of drug and alcohol problems
- Crime costs are reduced as clients are given advice to help them avoid burglary and street crime, and through reductions in their own re-offending

They also found non-financial benefits which included
- Improved quality of life for the individual including greater independence, decreased vulnerability, improved health, and greater choice of options on where and how to live
- Greater stability, allowing single homeless people to deal with other issues in their lives, such as substance abuse, unemployment, mental health problems, offending and behavioural problems
- Decreased fear of crime
- Easier access to appropriate services
- Improved involvement in the community (benefiting both the individual and society)

Resourcing the Strategy

The council is facing significant budget reductions which have seen £77m saved in recent years and a further £68m needing to be saved by 2020. This represents around 30% of the council's non-school funding and means that all services require a radical rethink to determine what services, and how they could operate, are possible within the reducing amount of available resources. Similarly, financial pressures are affecting health services, the police and the community and voluntary sector. This is at the same time as high housing costs, welfare reform and an ageing population are increasing demands for services.

The council budget for Housing Related Support linked to rough sleeping services is £4.3m for 2016/17. In addition there was funding from Better Care, in partnership with the NHS, in 2015/16 of £0.600m. The Better Care allocation for Brighton & Hove has been confirmed for 2016/17 and the joint decision of how this is apportioned between services is planned for mid March 2016. The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such as through volunteering.

In addition to expenditure on services to prevent rough sleeping and support people back to independence, the Police, criminal justice system and NHS spend significant sums of money on dealing with the impacts of crime, poor health and substance misuse attributable to people sleeping rough.

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Priority 1: Prevent Homelessness and Rough Sleeping

To provide a consistent message about housing options that helps services prevent homelessness and moves people away from sleeping rough

As a city, we need to manage people's expectations about the availability of housing. Brighton & Hove is an expensive place to live and at the same time wages are relatively low making housing affordability a challenge for many. There are approximately, 23,000 households on the housing register, with 1,500 in temporary accommodation and only around 700 properties becoming available each year.

Average rents are above housing benefit limits putting them out of reach of those not working. In September 2015, just two shared properties were available to rent in Brighton & Hove on rightmove.co.uk within the local housing allowance limit for single people under 35 and, for those aged 35 or above, 14 properties were available within the 1 bedroom limit available, mainly bedsits and studio flats.[12]

Many single homeless households do not fall into a priority need category and hence there is no statutory duty for the council to provide housing under Part 7 of the Housing Act 1996. For those where there is not a housing duty, the chance of someone being offered social housing is remote because of the extremely high demand against a very small supply.

The Homelessness Strategy 2014 seeks to link into a broader 'prevention agenda' to provide advice and assistance to any resident in danger of losing their home. We want to minimise rough sleeping for those who we cannot provide accommodation for and to look at the wider impacts homelessness can have, such as deterioration in mental health, risk of suicide, substance misuse, offending and increased hospital admission. This also minimises the impact on more costly crisis services provided by the council and health services.

To prevent homelessness, the city will:

- Goal 1: Develop a consistent citywide approach to housing, health, care and other support to prevent homelessness and rough sleeping
- Goal 2: Improve housing options for single person households

[12] Brighton & Hove Housing Market Reports: https://www.brighton-hove.gov.uk/content/housing/general-housing/housing-market-reports#RentLHA

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Goal 1: Develop a consistent citywide approach to prevent homelessness and rough sleeping

Brighton & Hove is fortunate in that it has a caring and tolerant population and many people want to help people sleeping rough through supporting charitable work or personal donations. As a city, we want to make sure that all those seeking to help rough sleepers are doing so in a way that leads to sustainable solutions that help encourage people to engage with services to move away from rough sleeping.

Success in preventing homelessness and entrenchment depends on all service providers promoting the same consistent message, a single offer of support focussed on minimising the risk of those getting into crisis and spending time on the streets.

To make sure this happens, all of the city's organisations working with homelessness will be brought together to develop a **Multi-Agency Protocol.** This will build on the strengths of existing partnerships that have developed new ways of working with the street population, tackle health inequalities and prevent repeat homelessness as well as removing duplication through multiple assessments by different providers.

Goal 2: Improve housing options for single person households

The city has a strong record in **preventing homelessness** or finding alternative accommodation where it has not been possible to sustain people's accommodation. Services provide advice and assistance, to those where there is not a statutory housing duty, on how to sustain their accommodation including their legal rights to remain in occupation. This often allows people some time to find an alternative home.

A new service called **Community Connections**, provided by Southdown, will help people to stay in their accommodation by working with landlords and agencies to prevent eviction. A range of support services will be provided including wellbeing and mental health, and practical help to support people settle and sustain new tenancies.

Many landlords do not accept tenants on benefits, and those at risk of homelessness are less likely to have a deposit, advance rent, fees or a guarantor. Even if a home is available, there is a gap in providing people with start up cost for private sector tenancies. The current rent deposit assistance is aimed at preventing homelessness where there is a statutory duty to assist. Any change to this requires funding and resources before this could be extended to people were there was no statutory duty.

The council works with a wide range of agencies such as **Brighton Housing Trust** and the **YMCA DownsLink Group** to sustain accommodation or source alternatives. Incentives and support for private landlords will help increase the supply of low cost rented housing without high set up costs or guarantors. Landlords will often keep good tenants at lower rent rather than maximise rental values to unknown tenants. The council also works with the prison service and probation to source accommodation for people leaving the criminal justice system who are at particular risk of rough sleeping.

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Joint work with health and social care through the **Pathway Plus** project supports people leaving hospital to prevent them from being discharged onto the street.

The city needs to be open to innovative solutions to provide temporary affordable homes for single people and utilise initiatives, such as the credit union to provide a way for people to save money to cover the costs of moving on if the need arises. More affordable homes can be found in other parts of the country which may require people to make difficult choices about where they live.

Strategic Action Plan: Priority 1: Prevent Homelessness and Rough Sleeping

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Strategic Action	Target	Resource Implication	Lead Partner
Goal 1	**Develop a consistent citywide approach to prevent homelessness and rough sleeping**		
Develop a Multi-Agency Protocol for Brighton & Hove	June 2016 (to include data sharing agreement)	To be developed within existing resources	BHCC Adult Services & St. Mungo's
All partners (commissioned and non-commissioned) sign the Multi-Agency Protocol	Signed as part of Strategy approval in July 2016	All partner commitment to the Plan will help utilise resources more effectively	All partners
Ensure the Plan is promoted and understood by staff, volunteers and residents	Roll out communications from June 2016	Communications Plan to be developed and costed (eg training, work shadowing, publicity etc)	BHCC Communications & St. Mungo's
Ensure a rolling communications programme on reducing rough sleeping that engages the general public	Roll out communications from June 2016	Media Campaign to be developed and costed	BHCC Communications & BHCC Adult Services
All partners to be aware of the housing market and benefit rates	Circulate B&H Housing Market Reports to partners	Reports already produced and publically available	BHCC Housing & BHCC Adult Services
Goal 2	**Improve housing options for single person households**		
Publicise where to go for assistance and to seek help at an early stage	Incorporate into the Multi-Agency Protocol	Within existing resources	BHCC Housing

Strategic Action	Target	Resource Implication	Lead Partner
Develop an easy referral mechanism so that other professionals can direct clients to housing advice	Review use of information prescriptions for housing advice	Within existing resources	BHCC Housing
Allow flexibility for those with complex needs when making nominations to supported accommodation	Incorporate into the Multi-Agency Protocol	Within existing resources	BHCC Adult Services
Ensure those ready for general needs accommodation are supported to manage their tenancy	Incorporate into the Multi-Agency Protocol	Within existing resources	BHCC Adult Services & Third Sector
Investigate creative solutions to increase accommodation options (such as lodgers)	March 2017	Subject to options developed	BHCC Adult Services & BHCC Housing
Improve access to housing information to raise awareness affordable housing options locally and in other parts of the country	IT approach to be developed	Within existing resources	BHCC Housing

Consultation Questions 2: Priority 1: Prevent Homelessness

2.1 Do you agree with the approach to this priority?

2.2 How successful do you think this approach will be? (On a scale of 1-10, 10 is best)

2.3 What do you think the city could change or do better to achieve this priority?

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Priority 2: Rapid Assessment and Reconnection

Outreach to assess the needs of people sleeping rough to plan support, and where appropriate, reconnect people with friends, families and support networks, before they are fully immersed in street life

If someone finds themselves faced with the prospect of sleeping on the streets, it is essential that services engage with them as quickly as possible to get people at risk off the streets and prevent additional health and wellbeing needs developing.

The Rough Sleepers Street Services and Relocation Team Annual Report 2014/15 found that around 61% of rough sleeping cases involved people who did not have a local connection to Brighton & Hove. Around a quarter were from London and the wider South East, 19% from abroad, with the remainder from the rest of the UK.

Reconnecting people with safe and stable support networks such as friends, families and services from where they came from can bring about a sustainable move away from street life. We recognise that this is not appropriate in all cases, particularly if someone has fled abuse or in some instances where there may be overriding health needs.

Different approaches within a shared Multi-Agency Protocol are required to effectively respond to the needs of different groups of people sleeping rough. The Protocol needs to quickly get new arrivals away from the streets; to develop sustainable plans for those who keep returning to street life; to get a commitment from organisations to holistically support chronic entrenched cases; and to deliver solutions for those with no recourse to public funds. Through assessment, each person sleeping rough will have their own Multi-Agency Plan, their single offer under the Protocol.

To provide rapid outreach and assessment, the city will:

- Goal 3: Provide rapid assessment, support planning and effective reconnection
- Goal 4: Target people sleeping rough with complex needs to ensure there is an integrated plan to move people into accommodation
- Goal 5: Ensure services are sensitive to the needs of all vulnerable groups including LGBT* people, young, older, women and ex-service personnel

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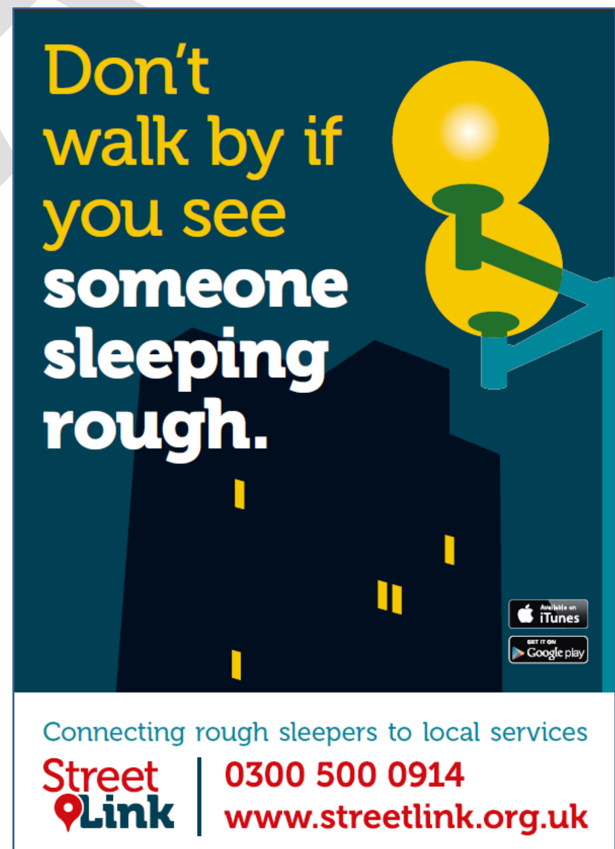
Goal 3: Provide rapid assessment, support planning and effective reconnection

To enable service providers to assess the needs of people sleeping rough in a stable environment we will set up a permanent **Assessment Centre**. It is recognised that this process may take time, particularly with those with more complex needs, and to prevent the client returning to the streets in the interim, the centre will have a number of **temporary (sit-up) beds**.

The centre will allow professionals across a range of disciplines to work with clients to develop a **Multi-Agency Plan** with that person. The Plan will outline who is responsible for co-ordinating that person's professional care, which services are working with the client and what support is to be provided. A key part of this Plan is to outline the housing and support options available to the client to help them make an informed choice about their future.

The citywide rough sleeper contract has recently been awarded to St Mungo's by the council. This started in September 2015 through their **Street Outreach Service (SOS)** to provide a rapid response with assertive outreach to people sleeping rough. This works through diversion and signposting, comprehensive assessment of individuals needs, reconnecting people sleeping rough to their place of origin in a structured way, and assisting people from homelessness into settled accommodation.

New **SOS Rapid Response Outreach Case Workers** receive the StreetLink alerts to provide a fast service to clients that are new to the city or have returned to the city after a period of being housed. Individuals without a local connection can be helped to reconnect to an area where they are entitled to support with accommodation.



StreetLink - is a website, mobile app and phone line which allows members of the public to send an alert with information about the location of someone sleeping rough.

Once this alert is received, StreetLink will pass the information to St Mungo's Street Outreach Service to engage with the person sleeping rough. By providing a means to act when they see someone sleeping rough, StreetLink allows the local community to be part of the solution to homelessness.

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As part of the St. Mungo's service, **No Second Night Out** targets those new to rough sleeping and offers them an alternative to a second night on the streets. This helps them move off the streets before they become entrenched. Sussex local authorities and their partners have come together to form the **Sussex Homeless Outreach Reconnection & Engagement (SHORE)** partnership to implement the No Second Night Out principles in Sussex to help those reconnect across the region.
In 2012/13, when delivered by the Crime Reduction Initiative, this project supported 76 individuals in Brighton & Hove, and in 2014/15 this had more than doubled to 174.

Supported housing is generally only available to those with a local connection[13],[14] to Brighton & Hove. Reconnection is only used when a robust assessment of an individual's needs and accommodation history has been made and needs to provide the individual with a genuine route away from rough sleeping or they may return to the streets. This strategy recognises that this is not appropriate in all cases, particularly if someone has fled abuse or in some instances where there may be overriding health needs. **First Base Day Centre** and **Project Antifreeze** reconnect clients that access their day centres which has seen the reconnection rate increase.

Goal 4: Target people sleeping rough with complex needs to ensure there is an integrated plan to move people into accommodation

It can be a challenge to engage those with complex needs in a chaotic street environment, and have a meaningful dialogue about needs and support requirements.

To provide a more stable environment for assessing needs, the city has piloted an **Emergency Assessment Centre** that operated every few weeks through the night. This highlighted the need for space with temporary beds for rough sleepers to be assessed by a range of services.

A **Housing First** service has been developed for people with complex needs and expanding the use of personal budget and personalised support plans and St. Mungo's is developing a **Multi-Agency Plan** to target work around people who are entrenched in rough sleeping to move them into the most appropriate accommodation for their needs.

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[13] Local Connection: The statutory definition of local connection is heavily shaped by case law stemming from the Housing Act 1996, Part 7, Section 199(1) which provides that a person has a local connection with the district of a housing authority if he or she has a connection with it: i) because he or she is, or was in the past, normally resident there, and that residence was of his or her own choice; or ii) because he or she is employed there; or iii) because of family associations there; or iv) because of any special circumstances. http://www.legislation.gov.uk/ukpga/1996/52/section/199
[14] The current Allocations Policy is under review in 2016

Goal 5: Ensure services are sensitive to the needs of all vulnerable groups including LGBT* people, young, older, women and ex-service personnel

Figures estimate that approximately 17% of rough sleepers are women. **Homeless Link**[15] found that, rather than sleep on the streets, many, especially women, described staying out of sight and moving around because they felt vulnerable. Many had been or knew someone who had been a victim of violence and/or abuse, including robbery, intimidation and rape. Supported housing needs to be sensitive to the needs of women, particularly those who may be fleeing domestic violence.

Young people under 25 are one of the fastest growing groups of people sleeping rough. Consultation as part of developing this strategy has highlighted that some services may not feel accessible to younger people where processes and procedures can seem off putting. Through the **Young People's Accommodation and Support Pathway**[16], use of advocates such as **The Clocktower Sanctuary,** and dedicated accommodation at the new **Housing First** service, young people are being helped to access the support they need.

The **Stonewall Housing Finding Safe Spaces**[17] project spoke directly with LGBT* people who had experienced, or were experiencing, rough sleeping during summer 2014 in Manchester, Brighton and east London and found that many did not feel safe in hostels or on the streets. Drugs, alcohol, sex work or sex in exchange for accommodation was used as a way to secure a place to sleep, despite the great risk to safety as well as to their mental, physical and sexual health. The research made a number of recommendations and Brighton & Hove City Council has committed (as part of the **Trans* Scrutiny Report**[18]) to reviewing these recommendations for the Rough Sleeping Strategy:

1. Ask people about their sexual orientation and gender identity in an appropriate and consistent way.
2. Never make assumptions on how someone defines their gender identity of sexual orientation.
3. Be consistent in how you ask questions relating to gender identity and sexual orientation.

[15] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf

[16] Brighton & Hove Young People's Accommodation and Support Pathway: http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwja-eqwvb3KAhUECBoKHenQB4MQFggmMAE&url=http%3A%2F%2Fpresent.brighton-hove.gov.uk%2FPublished%2FC00000709%2FM00004769%2FAI00036300%2F%242013091614474 9_004725_0018502_HousingandSupportforYoungPeopleJointCommissioningStrategyFinalSept.docA.ps.pdf&usg=AFQjCNHg8aH3tU49dEAJCp5SvnfCMhsQzw&sig2=C0kbD4PnxIlyUurIwkGJGQ

[17] Finding Safe Spaces: Understanding the experiences of lesbian, gay, bisexual and trans* rough sleepers, Stonewall Housing, 2014: http://www.stonewallhousing.org/

[18] Trans Equality Scrutiny Panel: http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/trans-equality-scrutiny-panel-2013

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4. Be able to provide safe spaces for LGBT* rough sleepers using your services and working with your staff.
5. Know how many LGBT* people are experiencing rough sleeping in the area you work and are using your service.
6. Be very clear about the long term harmful impacts of rough sleepers not being able to talk about their gender identity and/or sexual orientation.
7. Make sure the first point of contact is trained with a clear awareness around LGBT* people's needs and experiences as rough sleepers.
8. For all LGBT* organisations, who carry out needs assessments for support, to ask their service users about the security of their housing.
9. A change in the verification protocol to fit the experiences of LGBT* people.

Strategic Action Plan: Priority 2: Rapid Assessment and Reconnection

Strategic Action	Target	Resource Implication	Lead Partner
Goal 3	**Provide rapid assessment, support planning and effective reconnection for those new to rough sleeping**		
Set up a permanent assessment centre(s) with temporary (sit-up) beds	Operational March 2017	Resource allocation as part of service recommissioning in 2016	BHCC Adult Services
Develop integrated joint assessments and support planning across housing, care and health	All clients to have their own Multi-Agency Plan. Pilot late 2016 to go live March 2017	Within existing resources	BHCC Adult Services & St. Mungo's
Sharing of client information across all partner organisations to ensure a consistent approach and improve interventions / outcomes	March 2017	Multi-agency IT system being investigated	BHCC Adult Services
Have direct access to temporary, emergency and supported housing options for No Second Night Out	Incorporate into Multi-Agency Protocol	Social housing demand exceeds supply	BHCC Adult Services & BHCC Housing
Work with providers and charities to ensure safe and sustainable reconnections	Memorandum of Understanding to be developed relating to good practice	Resource allocation as part of service recommissioning in 2016	BHCC Adult Services & SHORE
Goal 4	**Target people sleeping rough with complex needs to ensure there is an integrated plan to move people into accommodation**		
Provide temporary beds for those with complex needs to ensure engagement before reconnection assessment	Set up a permanent assessment centre(s) with temporary (sit-up) beds by March 2017	Resource allocation as part of service recommissioning in 2016	BHCC Adult Services

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Strategic Action	Target	Resource Implication	Lead Partner
Develop integrated joint assessments and support planning across housing, care and health	Pilot late 2016 to go live March 2017	Within existing resources	BHCC Adult Services BHCC Housing BHCC Public Health CCG
Implement a scheme to target those entrenched / complex rough sleepers based on bespoke responses to individual needs through a multi agency response	Scheme late 2016	Part of integrated joint assessments and support planning pilot Possibly some resource implication regarding accommodation options	BHCC Adult Services & BHCC Housing
Goal 5	**Ensure services are sensitive to the needs of all vulnerable groups including LGBT* people, young, older, women and ex service personnel**		
Ensure providers implement recommendations of Stonewall Housing LGBT* report	Include recommendations in Multi-Agency Protocol	Within existing resources	BHCC Adult Services BHCC Housing St. Mungo's
Consult women and other groups about delivery of service which best meet their needs	Develop women only accommodation provision	Commissioning by March 2017	BHCC Adult Services
Continue to develop the Young People's Accommodation and Support Pathway	Young people's bed spaces in the Housing First Jan 2016 (complete)	As per the 2013 Joint Commissioning Plan	BHCC Adult Services BHCC Housing BHCC Children's Services
Ensure Care Act assessments are carried out for older and frail people sleeping rough	Include in integrated joint assessments across housing, care and health March 2017	Within existing resources	BHCC Adult Services
Maintain our commitments to ex-Armed Forces personnel through the Armed Forces Covenant	Monitoring and reporting of rough sleeping amongst ex-forces personnel	Regular liaison between BHCC and Armed Forces Network to agree appropriate action when necessary	BHCC Adult Services & Armed Forces Network

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Consultation Questions 3: Priority 2: Rapid Assessment & Reconnection

3.1 Do you agree with the approach to this priority?
3.2 How successful do you think this approach will be? (On a scale of 1-10, 10 is best)
3.3 What do you think the city could change or do better to achieve this priority?

Priority 3: Improving Health

To ensure people sleeping rough are supported by health and social care services that help them to regain their independence

Local research[19,20] has highlighted the multiple disadvantages faced by the homeless, including mental and physical health issues, drug and alcohol misuse and experience of violence and abuse while sleeping rough. Physical and mental health issues can increase people's risk of homelessness, including rough sleeping, and can also be a critical factor preventing their recovery from this situation. In turn, rough sleeping presents very high risks and often leads to further deterioration in individuals' health and wellbeing.

To improve health, the city will:

- Goal 6: Improve outcomes by delivering integrated primary care led health and social care services that are accessible to homeless people and support them to regain their independence
- Goal 7: Ensure those on the streets have access to emergency shelter during extreme weather

Goal 6: Improve outcomes by delivering integrated primary care led health and social care services that are accessible to homeless people and support them to regain their independence

Homeless people have often relied on unplanned care such as accident and emergency services. National evidence and best practice[21] has demonstrated the benefits of adopting a more proactive approach to improve health and support recovery from homelessness.

In 2014, an **Integrated Health & Care Board**, including representatives of housing, social care, the third sector, public health, the NHS CCG, NHS Trusts, GPs, police and other services was set up to improve services for homeless people, as part of the Brighton & Hove Better Care Plan led by the Health & Wellbeing Board.

[19] Brighton & Hove Homeless Health Needs Audit, 2014: http://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20and%20Hove%20Homeless%20Health%20Needs%20Audit%20FINAL.pdf

[20] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf

[21] The Faculty for Homeless and Inclusion Health (2013) Standards for commissioners and service providers Version 2.0 The Faculty for Homeless and Inclusion Health http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf

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In Brighton & Hove, homeless patients can register at any of the 44 GP practices in the city. The city has a specialist GP practice for those who are homeless and not registered with a GP. In 2016/17, a new model of care agreed by the Integrated Health & Care Board will be rolled out, which includes proposals to base the model around a primary care hub providing enhanced and specialist GP provision.

In addition, a number of pilot projects have been implemented between 2014 and 2016 including:

- **Pathway Plus** - this service provides specialist care and discharge planning for homeless patients in Royal Sussex Community Hospital delivered through GP in-reach, nursing, engagement workers and community transport.
- **Hostels Collaborative Project** - since 2013 Sussex Community NHS Trust has provided a specialist multi-disciplinary team to in-reach into the city's homeless hostel residents. Since November 2015, the team has been piloting ways to meet the needs of the rough sleeping population, working closely with established services, including the St Mungo's Street Outreach Service.
- **Mental Health Homeless Team** - this Sussex Partnership NHS Trust service has provided a service to street homeless and those in emergency accommodation. A pilot of mental health in-reach to hostel residents is being delivered from October 2015 to October 2016.
- **Complex Homeless Multidisciplinary Team meetings** - primary care led fortnightly meetings were established in June 2015. The team identify the homeless people who will most benefit from coordinated proactive management, including those rough sleeping. Initial evaluation of the impact of this way of working has been very positive.

Other key services for health and wellbeing include:

- **First Base Day Centre** – offers a range of services to support people who are sleeping rough or insecurely housed in the city, including health lifestyles, sexual health and employment and skills projects and access to other health services including St John Ambulance and oral hygienists.
- **Substance Misuse Services** – the Pavilions service begun in April 2015 with a focus on Dual Diagnosis. Substance misuse staff work collaboratively with Mental Health services in numerous locations to improve engagement and access to both mental health and substance misuse services for people with complex needs.

In 2015 the Integrated Health & Care Board agreed a model for improving services locally based on a Hub and Spoke model to provide a proactive and integrated model of care. This incorporates the learning from the pilot projects and includes:

- **A primary care led hub with a multidisciplinary outreach team delivering services in a number of settings (or 'spokes') in the city**. This will include outreach to street settings where appropriate, as well as day centres accessed by those rough sleeping.

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- Enhanced primary care service for homeless people.
- Hospital in reach to support care and discharge planning.
- Proactive engagement model to support homeless people to access primary and community healthcare services and support care plans.

This new model will make a significant improvement in the accessibility and effectiveness of health and social care services for the homeless, including those rough sleeping. Delivery of the model will be aligned with homeless services, such as the St Mungo's Street Outreach Service, so that health services are part of the city wide integrated approach to support people rough sleeping. In addition, **hostel provision** and **mental health supported accommodation services** are being remodelled to include a strong focus on supporting health and wellbeing**.**

Goal 7: Ensure those on the streets have access to emergency shelter during extreme weather

The **Severe Weather Emergency Provision** ensures that people sleeping rough are housed when there is extreme cold or storms forecast. The protocols and provision will be reviewed in 2016 to ensure that the provision is aligned with the new model for providing health and social care.

Strategic Action Plan: Priority 3: Improving Health

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Strategic Action	Target	Resource Implication	Lead Partner
Goal 6	**To improve outcomes by delivering integrated primary care led health and social care services that are accessible to homeless people and support them to regain their independence**		
Commission new integrated health and social care model for homeless	April 2016 – March 2017	CCG business case funding	Brighton & Hove CCG BHCC Adult Services BHCC Public Health
Review access to, and support for, assessment of rough sleepers under the Mental Capacity Act and Care Act to ensure that access is timely and supported by clear protocols and staff training	December 2016	Within existing resources	BHCC Adult Services
Improve access to support through increased flexibility and responsiveness in service delivery (increased outreach settings, holistic assessment and regular review of care) and ensure staff are trained and skilled to	April 2017	Targets to be developed and included in contracts and service plans	NHS BHCC CVS providers

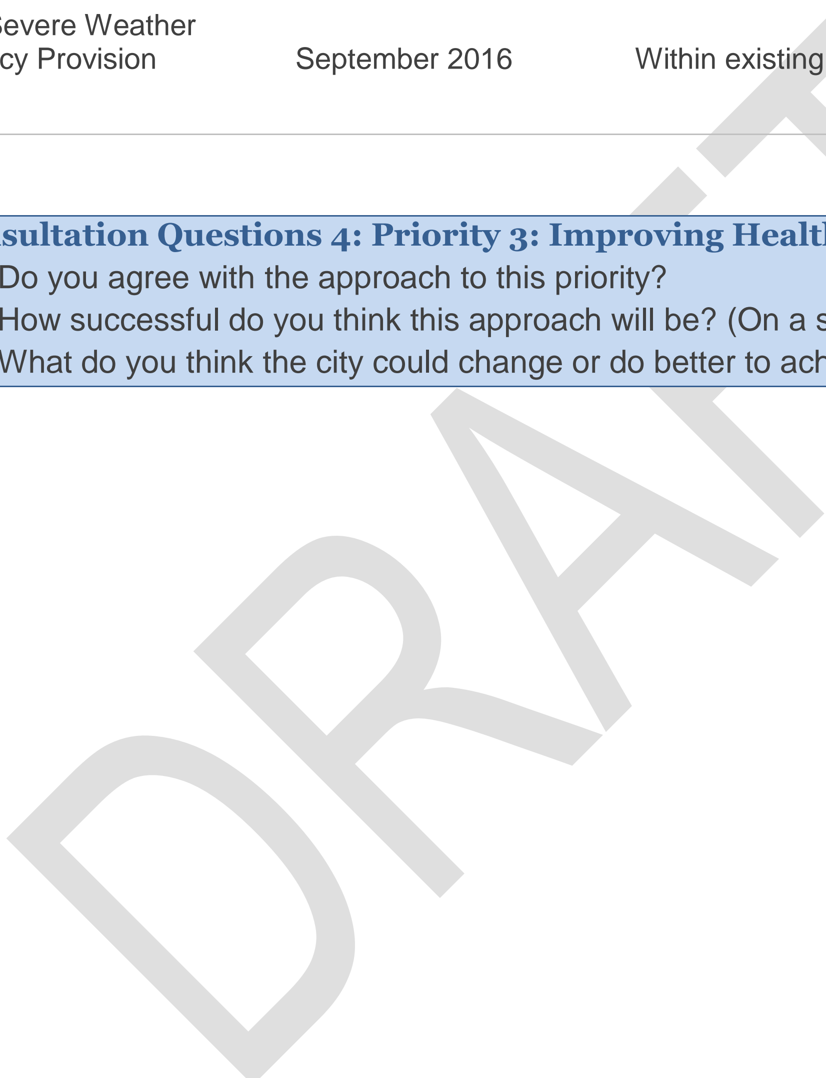
Strategic Action	Target	Resource Implication	Lead Partner
deliver this model of care			
Ensure substance misuse services are aligned with the new service model	March 2017	Public Health commissioned service	BHCC Public Health and Pavilions
Goal 7	**Ensure those on the streets have access to emergency shelter during extreme weather**		
Review Severe Weather Emergency Provision protocols	September 2016	Within existing resources	BHC Adult Services

Consultation Questions 4: Priority 3: Improving Health

4.1 Do you agree with the approach to this priority?

4.2 How successful do you think this approach will be? (On a scale of 1-10, 10 is best)

4.3 What do you think the city could change or do better to achieve this priority?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Priority 4: A Safe City

Making sure people sleeping rough, residents and visitors are safe and free from intimidation

People sleeping rough are more likely to be the victim of crime than the general population. 10 people sleeping rough have been murdered in the city during the past 13 years. Homeless Link[22] found that, rather than sleep on the streets, many, especially women, described staying out of sight and moving around because they felt vulnerable. Many had been or knew someone who had been a victim of violence and/or abuse, including robbery, intimidation and rape.

Whilst the street population is often associated to crime and anti-social behaviour, it is estimated that only half of those on the streets are sleeping rough, with the other half housed. The street population is a diverse collection of groups and can be defined as people having one or more of the following attributes: rough sleeping; street drinking / begging; antisocial behaviour; insecurely housed (e.g. hostel or temporary accommodation) and spending a high level of time in street based activities, which may have a negative impact on other members of the public.

Brighton & Hove is a popular city with a significant street population. Many have multiple and complex needs and have moved in and out of homelessness for many years. Individuals who end up rough sleeping quickly become entrenched in a street lifestyle and this can be difficult to change. A proportionate response is required that encourages those in the street communities to seek the support they require and also takes action to prevent anti-social behaviour.

To help make sure people sleeping rough, residents and visitors are safe and free from intimidation, the city will:

- Goal 8: Focus on managing risks, harm and promoting appropriate behaviour
- Goal 9: Promote alternatives to discourage begging

Goal 8: Focus on managing risks, harm and promoting appropriate behaviour

Whilst enforcement action to tackle street anti-social behaviour has a wide range of positive impacts, if not managed properly it risks a number of negative impacts:

- Whilst the use of enforcement action can result in some people choosing to engage with support services, others can disengage and see services as being in opposition.

[22] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf

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- Moving people on can resolve an immediate issue in one location, but is likely to result in people sleeping rough elsewhere, often still within the city area.
- Enforcement can have a damaging effect on people's wellbeing because it may further reduce their already limited options. It rarely resolves the underlying issues or causes of someone needing to sleep rough.
- Enforcement can generate media interest or community opposition. Equally, inaction can generate complaints, community opposition and media interest.
- It can take a long time to enforce legal action and this can potentially cost a significant amount; even then outcomes are likely to have a short term impact.

A focus on the needs and complexity of the individual is more likely to result in an effective solution and sustainable move away from street life. Through the **Substance Misuse Service**, the Equinox Drug and Alcohol Outreach Team provide outreach and engagement, working with street drinkers and drug users to support people into treatment and reduce their street presence.

The police have **Dispersal Powers** and can require groups likely to be engaged in causing harassment, alarm or distress or be in the locality of crime or disorder to leave an area for up to 48 hours. The decision must have regard to the European Convention on Human Rights which provide for the right for lawful freedom of expression and freedom of assembly where there is no anti-social behaviour.

The council, police and support services have developed an **Engagement and Move-On Protocol** in relation to tents and encampments. The city council and its partners work to remove tents and other structures where there is a detrimental effect on the wider community, where they pose a community safety or public health risk or where the encampment is preventing the lawful use of council land. The council is working with the police on the potential use of **Public Spaces Protection Order's** (PSPO) to protect some of the city's sensitive sites and higher profile locations to help deal with particular nuisance or problems. To issue a PSPO, the behaviour must be having a detrimental effect on the quality of life of those in the community, it must be persistent or continuing and it must be unreasonable.

Goal 9: Promote alternatives to discourage begging

It is an offence to beg in a public place under Section 3 of the Vagrancy Act 1824. Whilst it is an offence to beg, it has been suggested that some lucrative begging spots in the city can net hundreds of pounds a week for those individuals. Such spots see competition between 'professional' beggars and the local street population with the money often used to buy drugs[23].

[23] The Argus, 2 May 2012: http://www.theargus.co.uk/news/9681166.On_patrol_with_the_head_of_Brighton_s_anti_begging_squad/

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The generosity of local people and tourists may provide limited help to those in need and solutions are needed that offers alternatives for those who wish to help such as by donating to one of the charities supporting the strategy in helping people move away from the streets. Donations can be made to support a range of practical activities in Brighton & Hove such as by providing:

- a Rent Deposit Scheme to help move people from the streets into accommodation
- start-up funding for a sit up bed service to bring people off the streets and assess their needs

Strategic Action Plan: Priority 4: A Safe City

Strategic Action	Target	Resource Implication	Lead Partner
Goal 8	**Focus on managing risks, harm and promoting appropriate behaviour**		
Work with support agencies to ensure they are not inadvertently encouraging people to spend excessive time on the street	Number of agencies who had a formal briefing	Capacity to brief, planned rolling programme	Adult Social care Council Housing Communities Team Third Sector
Support to encourage the street community not to meet in groups and disperse to safer lower impact locations	Reduced ASB reported perpetrated against, and by, street community people	Encouraging reporting to get an accurate assessment of impact	Sussex Police BHCC Community Safety Team
Support people into appropriate treatment services where possible as an alternative to enforcement	Number of street community people accessing treatment	Identify those most at risk and harm	BHCC Public Health
When necessary and proportionate, use place based enforcement to protect the public realm and reduce risk and harm to people	Reduced ASB reported perpetrated against, and by, street community people	PSPO, dispersal powers, move on protocol	Sussex Police BHCC Community Safety Team
Take robust enforcement action where necessary to reduce the risk and harm caused to people	Reduced ASB reported perpetrated against, and by, street community people	Identify those causing the most risk and harm and through the High Impact Case Forum	Sussex Police BHCC Community Safety Team
Use tenancy/residency enforcement action where appropriate to manage behaviour on the street	Sussex Police Council Community Safety Team	Specialist officer and legal officer time. Court costs	BHCC Housing BHCC Adult Services
Goal 9	**Promote alternatives to discourage street life and begging**		

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Strategic Action	Target	Resource Implication	Lead Partner
Promote alternatives to giving to beggars focussed on helping people move away from street life	Use communications to sustain and embed alternative giving in the public psyche	Council Communications team capacity	BHCC Communications Team
Take robust enforcement/disruption action against persistent or intimidating begging	Number of convictions for begging	Police/support services co-ordinated directed patrols Use Vagrancy Act to prosecute beggars	Sussex Police

Consultation Questions 5: Priority 4: A Safe City

5.1 Do you agree with the approach to this priority?
5.2 How successful do you think this approach will be? (On a scale of 1-10, 10 is best)
5.3 What do you think the city could change or do better to achieve this priority?

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Priority 5: Pathways to Independence

To support people sleeping rough into regaining their independence

Simply putting a roof over someone's head does not resolve their housing needs. Physical health, mental health and substance misuse needs, and re-engagement with society through social skills, leisure activities, education and employment is needed to make sure the person is able to maintain accommodation and an active and engaged role in their community.

Homeless Link[24] found that there were particular barriers associated with the environment in hostel accommodation while trying to work, or if they were recovering from issues with alcohol or substance misuse. Other people spoke about the negative impact that living in hostel accommodation had on their health and wellbeing.

A further challenge is the lack of suitable and affordable alternative accommodation for people who have formerly slept rough to move on from hostels to more appropriate supported accommodation or independence. The move to independence frees up valuable supported accommodation for other service users in need.

To support people sleeping rough into regaining their independence through effective treatment and life skills training, the city will:
- Goal 10: Have a flexible accommodation pathway that responds to changing needs
- Goal 11: Develop bespoke supported accommodation options where appropriate
- Goal 12: Ensure timely move-on to independent accommodation

Goal 10: Have a flexible accommodation pathway that responds to changing needs

The **Integrated Support Pathway (ISP)** was set up in 2007 as a way of providing supported accommodation for single homeless people, people sleeping rough and ex offenders who require support. The intention of the Pathway was to move people from the streets, through a pathway of services with reducing support which would help them to develop greater independence and eventually move to independent living.

[24] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf

The Pathway is being remodelled in partnership across housing, social care, public health, children's services and the CCG. The aim is to ensure it meets needs, is flexible, services are personalised and asset based and fills identified gaps in provision. A Psychologically Informed Environment approach will make sure day-to-day running of hostels has been consciously designed to take into account the psychological and emotional needs of the service users recognising the emotional trauma that may cause, or arise from, an individual becoming homeless. To meet a gap in service provision, the council will be establishing a women only accommodation service for those with complex needs.

Work and Learning and **Peer Support** services are being remodelled and recommissioned. These support individuals' with literacy and numeracy, and accessing voluntary and paid work and also train people with experience of homelessness to support people who are on their recovery journey.

Goal 11: Develop bespoke supported housing options where appropriate

The council will make sure it takes advantage of opportunities to bid for funds to develop supported accommodation services which meet local needs. In December 2015, Brighton & Hove City Council was awarded government funding from the Homes & Communities Agency to develop new supported housing for older single homeless people with physical disabilities who are currently living in hostel accommodation. Not only will this meet their needs more effectively in more suitable surroundings, it will free up hostel space for others in need.

Housing First is a new service to offer secure long term, self contained homes with intensive support to individuals who have multiple complex needs and a history of repeatedly losing accommodation, and/or are unable to live in hostels. A pilot ran for almost two years and was evaluated as a success by the University of York. The pilot has been converted into a permanent service run by St. Mungo's. This is the first Housing First project known to offer some spaces specifically for young people.

Goal 12: Ensure timely move-on to independent accommodation

High costs in the private rented sector, with average rents above local housing allowance limits, mean few affordable properties become available. When they do, landlords may not accept tenants on benefits and those who have slept rough are less likely to have a deposit, advance rent, fees or a guarantor. A wide range of agencies such as **Brighton Housing Trust** and the **YMCA DownsLink Group** work to sustain accommodation or source alternatives however, the challenge is great.

Social housing is scarce with demand far in excess of supply and generally only available to those in priority need such as those with children or disabilities. This excludes most single homeless people; however, it is recognised that there may be complex cases where social housing may be an appropriate move-on solution.

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More affordable homes can be found in other parts of the country which will require people to make difficult choices about where they live. Other services need to be aware of these pressures and deliver the same consistent message if we are to change perceptions and expectations.

The city needs to consider innovative solutions to provide temporary affordable homes for single people and utilise initiatives such as the credit union to provide a way for people to save money to cover the costs of moving on if the need arises.

Strategic Action Plan: Priority 5: Pathways to Independence

Strategic Action	Target	Resource Implication	Lead Partner
Goal 10	**Have a flexible accommodation pathway that responds to changing needs**		
Remodel and recommission supported accommodation within the integrated support pathway	Remodel and recommission 2016, mobilise 2017	Within reduced budget	BHCC Adult Services
Ensure hostel accommodation is safe, a suitable quality, and supports wellbeing	Introduction of Psychologically Informed Environments in all hostels by March 201 7	Will be done as part of retendering within existing resources	BHCC Adult Services
Consult women and other groups about delivery of service which best meet their needs	Develop women only accommodation provision	Commissioning by March 2017	BHCC Adult Services
Review Homeless Strategy Working Groups	Review to be complete March 2016 and implemented by March 2017	Within existing resources	BHCC Adult Services BHCC Housing
Recommission Peer Support services	By March 2017	Within reduced budget	BHCC Adult Services
Commission Work and Learning services	By June 2017	Within reduced budget	BHCC Adult Services
Encourage social enterprise solutions between the Third Sector and business community that provide work and learning opportunities for service users	To be discussed as part of consultation	Within existing resources	BHCC Adult Services Third Sector Business Community

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Strategic Action	Target	Resource Implication	Lead Partner
Goal 11	**Develop bespoke supported housing options where appropriate**		
Deliver new supported scheme for older people with complex needs	Accommodation to be sourced and developed March 2017	Government funding awarded December 2015	BHCC Housing
Commission Housing First accommodation with units for young people	Contract live January 2016 (action complete)	New service funded within existing commissioning budgets	BHCC Adult Services
Consult women and other groups about delivery of service which best meet their needs	Develop women only accommodation provision	Commissioning by March 2017	BHCC Adult Services
Goal 12	**Ensure timely move on to independent accommodation**		
Ensure all those on the pathway to independence have a move-on plan developed at an early stage	Incorporated as part of the new model tender March 2017	Within existing resources	BHCC Adult Services
Work with third sector and landlords to source secure accommodation suitable for single people	Target to be developed in 2016	Within existing resources	BHCC Adult Services BHCC Housing Third Sector
Improve access to social housing where appropriate to meet needs of those ready	Allocations Policy Review in progress 2016	Social housing demand exceeds supply	BHCC Adult Services & BHCC Housing
Ensure the Multi-Agency Protocol highlights the regions housing affordability challenge	June 2016	To be developed within existing resources	BHCC Adult Services & St. Mungo's
Investigate creative solutions to increase accommodation options (such as lodgers)	March 2017	Subject to options developed	BHCC Adult Services & BHCC Housing

Consultation Questions:

6.1 Do you agree with the approach to this priority?

6.2 How successful do you think this approach will be? (On a scale of 1-10, 10 is best)

6.3 What do you think the city could change or do better to achieve this priority?

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How to Respond to the Consultation

Consultation Questions 7: Final thoughts

7.1 Now you have read the proposals, how successful overall do you think the city's strategy, priorities and approach will be? (On a scale of 1-10, 10 is best)

7.2 Is there anything else you would like to tell us about the city's approach to make sure no-one has the need to sleep rough in Brighton & Hove by 2020?

To comment on this draft strategy, please visit the Council's Consultation Portal at http://consult.brighton-hove.gov.uk/portal

You can also write to us as:

Housing Strategy Team
Brighton & Hove City Council
4th Floor Bartholomew House
Bartholomew Square
Brighton BN1 1JE

Email: housing.strategy@brighton-hove.gov.uk

Comments on this draft strategy are welcome between 16 March and 17 April 2016.

It is very important that the strategy is built on a firm understanding of the experiences of all those affected by rough sleeping. In addition to the valuable research done locally with people sleeping rough by Homeless Link and Stonewall Housing, we will particularly seek and welcome contributions from those with experiences of rough sleeping to share.

We will use the feedback from this consultation to finalise the strategy for approval in summer 2016.

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Housing Strategy Team

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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. Adult Safeguarding Board's Annual Business 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 15th March 2016

1.3 Author of the Paper and contact details
Michelle Jenkins
Head of Adult Safeguarding
Tel: 01273 296271
Email: michelle.jenkins@brighton-hove.gcsx.gov.uk

2. Summary

2.1 This is the Business Plan for the Brighton & Hove Safeguarding Adults Board (LSAB), for the period of April 2016 to April 2019. In April 2015 adult safeguarding boards became statutory under Care Act legislation. This is the first Business Plan under the new statutory arrangements to be developed with the Board and the new Independent Chair of the Board in Brighton & Hove.
The LSAB met in September 2015 for a development day, where the priorities were identified. A first draft of this Business Plan was developed from this day, and was presented to the LSAB for comment at the Board in December 2015. This final draft is for agreement and sign off at the Board on 7th March 2016.

This Business Plan denotes the Board's vision, the priority areas to meet this vision, the work objectives, and accountability.
The Business Plan will be reviewed and updated as a work in progress at each quarterly Board meeting.

3. Decisions, recommendations and any options

3.1 The LSAB Business Plan is presented to the Health and Wellbeing Board for information.

3.2 That the Board note the LSAB Business Plan 2016/19

4. Relevant information

4.1. Brighton & Hove City Council Adult Social Care is the statutory lead for the co-ordination of work for safeguarding adults at risk from harm and abuse. If there is a concern or an allegation made that a vulnerable adult may be being harmed, the lead role for co-ordinating any enquiry into this rests with Adult Social Care.

4.2. The Brighton & Hove Safeguarding Adults Board is multi agency with representation from all statutory organisations, and representation from local groups and organisations who have an interest in safeguarding issues for adults at risk. The LSAB takes a strategic lead in planning work to ensure vulnerable citizens are safeguarded from harm, abuse or exploitation.

4.3. On April 2015 the Care Act came into force, making Safeguarding Adults Boards statutory, with 3 statutory member organisations, Police, Clinical Commissioning Groups and the Local Authority. A requirement under the Care act is for Safeguarding Adult Boards to produce a strategic plan that sets out its main objectives, and how these are to be met. Progress of this plan must be noted in the LSAB's annual report, which is to be published.
Brighton & Hove Safeguarding Adults Board has an Independent Chair, Graham Bartlett.

5. Important considerations and implications

Legal:

5.1 As described in the body of this report The Adult Safeguarding Board performs a statutory function under the Care Act 2014. This Report and the associated Business Plan is for noting only by

Health and Wellbeing Board as the Committee with responsibility for overseeing and monitoring Adult Social Care in the City.

Lawyer consulted: Sandra O'Brien Date: 29/02/2016

Finance:

5.2 The actions within the Business Plan will be delivered within the partnership budget for the Safeguarding Adults Board.

Finance Officer consulted: Anne Silley Date: 25/02/2016

Equalities:

5.3 There are no specific equalities issues for the HWB in relation to this report. An Equality Impact assessment has been carried out for safeguarding work. Positive joint working in this area will ensure that the most vulnerable citizens are supported to access the justice system, and will improve prevention of harm and abuse.

Sustainability:

5.4 The LSAB is a statutory requirement and is required to be resourced.

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

5.5 The vision of the LSAB is to enable citizens of Brighton & Hove to live a life free from fear, harm and abuse. The five priority areas address this, and aim to improve outcomes and wellbeing for vulnerable adults.

6. Supporting documents and information

6.1 LSAB Business Plan 2016/19

Brighton & Hove
SAB
Safeguarding Adults Board

The Board's vision is that we will all work together to enable people in Brighton & Hove to live a life free from fear, harm and abuse. The Board has identified five priorities that will support the vision to become a reality. These key priorities will set the strategic direction of the Board of the next three years.

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Priority Area 1: Embed practice change and improvement aligned with statutory arrangements implemented from Care Act 2014 and the Mental Capacity Act 2005. **We are focusing on developing our structure and practice change because the Care Act 2014 and the Mental Capacity Act 2005 mark a shift in how adults are safeguarded and require a change of approach to ensure service users choice is at the centre of all services delivered.** **Outcome for Adults: Better, differentiated care which reflects choice and expectations whilst safeguarding them and their rights.**			
Objectives	**Accountability**	**Success Criteria**	**Progress**
1a. Ensure SAB members are aware of their and others' responsibilities and implications of the Care Act and Mental Capacity Act so that people are properly supported by agencies when they are experiencing harm, abuse or neglect, and are unable to protect themselves.	**Quality and Audit Sub Group**	• All SAB agencies have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. • The SAB embeds a multi agency audit programme which centres on the six principles and assesses the outcome of safeguarding enquiries within and between agencies. • Each agency is judged to have structures and accountabilities which meet the requirements of the Care Act 2014 as demonstrated by SAB organisational 'health check'	

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Brighton & Hove
SAB
Safeguarding
Adults Board

		• Agencies that may be required to implement the MCA/ DOLs arrangements achieve or are working towards the MCA/ DoLs Gold Standards.	
1b. Ensure a competent and well-informed workforce across all agencies who demonstrate a commitment to provide outcomes which reflect expectations and wishes of clients.	**Training Sub-Group**	• All agencies have up to date, well-attended and high quality learning and development programmes that reflect the Care Act requirements. • All agencies engage in relevant multi agency training that supplements that provided on a single agency basis. • All agencies have briefing and awareness mechanisms that provide staff with emerging local and national developments regarding the protection and support of vulnerable adults. • Single and multi-agency audit demonstrates that practitioners are delivering safeguarding outcomes that reflect choice and expectations of clients.	
1c. Ensure that Pan Sussex Safeguarding Adults Procedures are reviewed by SAB annually to reflect national and local requirements	**Pan Sussex Procedures Group**	• Pan Sussex Procedures, through a group consisting of heads of safeguarding, other agencies and service user representatives, are audited and refreshed on an annual basis taking into account national and local developments as well as client and professionals' feedback	
1d. Develop mechanisms to promote multi agency responses and information sharing with a particular focus on complex cases and delivering personalised	**SAB**	• The SAB has in place an agreed information sharing protocol which promotes safe practice and protects confidentiality where required. • The SAB has in place a complex abuse protocol which ensures that in all safeguarding enquires agencies work seamlessly together ensuring that, notwithstanding the level or gravity of the abuse, outcomes are delivered which reflect choice and expectations of service users	

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outcomes.		• Multi agency audit demonstrates that personalisation and effective joint working are embedded in all safeguarding enquiries across all agencies.	

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Brighton & Hove
SAB
Safeguarding
Adults Board

Priority Area 2: Develop and strengthen quality assurance **We are focusing on our ability to assure the quality and focus of practice because not only is this our statutory responsibility but also as we are in a unique position to take a holistic view of the quality of services across agencies thereby enabling us to highlight any gaps, overlaps or misalignment of services** **Outcome for Adults: Adults will be confident that through an on-going cycle of quality assurance, we are able to take an independent and critical assessment of how their needs are being met thereby enabling us to drive up standards.**			
Objectives	**Accountability**	**Success Criteria**	**Progress**
2a. Develop Multi-Agency Audit to collectively examine whether agencies are providing good outcomes for adults and carers and that people are treated with dignity and respect	**Quality and Audit Sub Group**	• A systemised multi-agency audit programme is in place which prioritises themes that are highlighted as being of high risk through client or professionals' feedback, Safeguarding Adult Reviews, Learning Reviews, previous audit or data. • Multi agency audits are focused on joint working to achieve the six safeguarding principles. • The SAB has an overview of the outcomes of single agency audits carried out within member agencies. • Audit findings and/ or recommendations are regularly and effectively communicated to staff including, but not exclusively, through single and multi agency training. • There is in place a programme of follow up and re-audit on audit findings and/ or recommendations.	
2b. Embed mechanisms to gain feedback on	**Participation and Engagement Sub Group**	• Each SAB agency has in place methods by which they gather feedback from clients on the outcomes of the service they have provided which then informs policy, procedure	

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safeguarding outcomes from clients, carers and professionals.		and practice. • The SAB has in place effective mechanisms by which it independently assures itself that feedback of clients, carers and professionals informs policy, procedure and practice at a single agency and multi agency level.	
2c. Develop assurance mechanisms to test agency compliance with safeguarding duties, responsibilities and ethos.	**Quality and Audit Sub Group**	• The SAB has in place mechanisms to promote Safeguarding Competencies and DOLs Gold Standards within and across all agencies • The SAB has systems to assure itself that the competencies and standards are being met in all agencies • The SAB has a 'Safeguarding Organisational Health Check' in place which allows it to establish whether agency structure, policies and procedures are effective to deliver good outcomes for adults.	
2d. Promote and embed the Mental Capacity Act Gold Standards and quality assure compliance.	**Quality and Audit Sub Group**	• The SAB supports all relevant agencies to achieve and maintain the MCA/DoLs Gold Standards • The SAB has in place an effective mechanism to assure itself that the Deprivation of Liberty safeguards are embedded and effective within and across relevant agencies. • The SAB is assured that communication regarding adults under a deprivation of liberty is effective as they move from setting to setting.	
2e. Embed quality intelligence from a range of sources including commissioners,	**Quality and Audit Sub Group**	• The SAB has mechanisms in place which gather, analyse and disseminate intelligence around quality issues from a range of sources. • The SAB responds to thematic concerns around policy	

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regulators, Healthwatch and community sources.		either itself or though other quality assurance bodies e.g Quality Surveillance Group.	
2f. Develop a multi agency suite of management information that includes outcome measures, which effectively capture the adult's views and wishes, and clearly demonstrate the impact of safeguarding interventions.	**Quality and Audit Sub Group**	• The SAB has in place a truly multi agency data and information set which aggregates outcome measures held within partner agencies and provides an overview of the effectiveness of multi agency working which reflects adult's views and wishes, and clearly demonstrates the impact of safeguarding interventions. • The SAB priorities and activities (especially around audit, communications and training) is informed by the multi agency data set.	

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Priority Area 3: Focus on Prevention and Early Intervention **We are focusing on ensuring that agencies and the whole community focus on preventing abuse happening in the first place and providing the right support at an early stage because stopping abuse or nipping problems in the bud result in better outcomes for adults and prevent more disruptive, intrusive and expensive interventions further down the line.** **Outcome for Adults: Their risk of being abused or neglected is minimised or, where prevention has not been possible, everything they wish to be done is done to stop it getting any worse.**			
Objectives	**Accountability**	**Success Criteria**	**Progress**
3a. Develop mechanisms and relationships which enable people to live independently by being supported to manage risk to themselves		• The SAB engages effectively with all agencies, commissioners and bodies to ensure that resourcing and priorities are focused towards enabling independent living where possible. • The SAB observes that all agencies embed in their service the enablement of adults to identify and manage risk of abuse and neglect for themselves thereby enhancing their ability to live both safely and independently.	
3b. Promote a system whereby people are able to protect themselves from abuse and Neglect including self neglect.	**Participation and Engagement Sub Group/ Participation and Engagement Sub Group/ Training Sub Group**	• The SAB's communications, training and audit ensure that agencies and the partnership are pro-active in developing and supporting people's resilience to abuse. • The SAB promotes pathways of support and referrals for clients and carers so that they are enabled to access support suitable to their wishes and needs at the earliest opportunity. • The SAB, through a range of communications and engagement activities develops clients and carers	

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		awareness of the risk and causes of self-neglect enabling them to access support suitable to their wishes and needs at the earliest opportunity.	
3c. Develop community resilience and awareness to promote effective early support and intervention and reporting/ referral where necessary	**Participation and Engagement Sub Group**	• The SAB undertakes awareness campaigns which raise the profile of the nature of abuse and neglect within the financial sector, businesses, third sector organisations and statutory bodies. • The SAB sees an increase in the reporting of abuse and neglect arising from greater awareness, understanding and engagement from communities and all sectors.	

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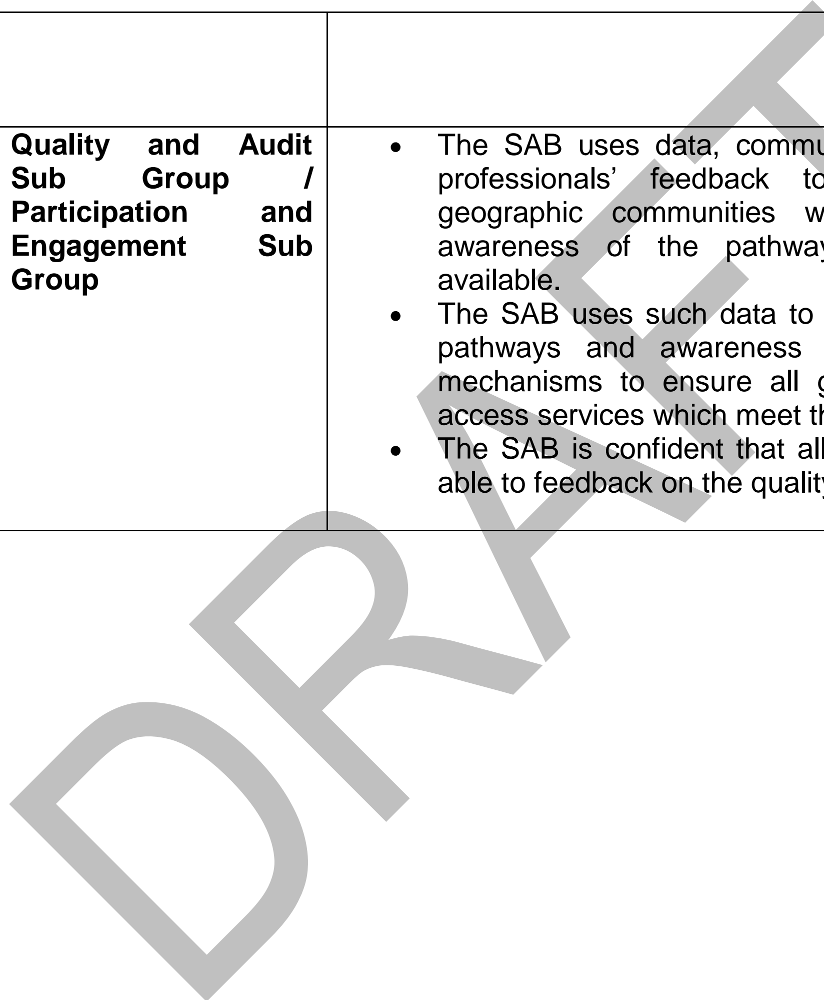
Priority Area 4: Community Awareness and Capacity Building **We are focusing on raising the profile and resilience against safeguarding because the more people, especially clients and carers, know about the nature of neglect and abuse and what they can do about it the better vulnerable people can be protected.** **Outcome for Adults: More people can act as their eyes and ears and provide support, interventions and seek help and interventions should they witness or suspect abuse or neglect is happening.**			
Objectives	**Accountability**	**Success Criteria**	**Progress**
4a. Develop engagement mechanisms to enable service users, carers, communities and voluntary sector to inform the priorities and focus of the Safeguarding Adults Board ensuring that it improves outcomes for people.	**PASA Sub Group**	• The SAB has in place effective strategies and mechanisms that enable it to hear, understand and embrace the views and concerns of service users, carers, communities and voluntary sector in its priority and activity setting. • The SAB has effective service user representation at its Board and relevant sub groups to ensure appropriate challenge and that the concerns and wishes of vulnerable adults are central to its work.	
4b. Work with existing engagement and consultation arrangements to identify high risk geographic and demographic communities to enable greater agency awareness of the nature of safeguarding and support and remedies available.	**Participation and Engagement Sub Group**	• The SAB uses a range of existing networks and mechanisms to identify communities where the awareness around abuse and neglect may be under developed. • The SAB uses the existing networks to heighten communities' awareness of the nature and prevalence of safeguarding issues enabling them to become more alert and vigilant, equipping them with the knowledge of where, to who and how concerns can be raised.	

4c. Develop external and internal communication strategies which embed channels for sharing key messages with communities and professionals and through which feedback on the quality of systems and services can be heard	**Quality and Audit Sub Group / Participation and Engagement Sub Group**	• The SAB uses data, community, carer, service user and professionals' feedback to target demographic and geographic communities with campaigns to heighten awareness of the pathways of referral and support available. • The SAB uses such data to highlight gaps in the reach of pathways and awareness to then develop alternative mechanisms to ensure all groups and communities can access services which meet their need and expectations. • The SAB is confident that all groups and communities are able to feedback on the quality of systems and services.	



Priority Area 5: Locate the work of the SAB in wider structures.

We are focusing on raising the profile of the SAB and safeguarding more generally because it is important that decision makers and commissioners understand the role of the Board, the nature of abuse and neglect, enabling them to reflect their role in combatting it in their business or commissioning plans.

Outcome for Adults: The response of agencies and decision makers is consistent and connected to ensure that all meet their responsibilities to protect vulnerable adults from abuse and neglect.

Objectives	Accountability	Success Criteria	Progress
5a. Review and, if necessary enhance, the protocol between the Health and Wellbeing Board (HWB) and the Safeguarding Adults Board ensuring scrutiny of the business of the SAB, that safeguarding is reflected through the business of the HWB and providing a forum for escalation of SAB matters when required.	**SAB**	• The SAB has a clear and influential role on the Health and Wellbeing Board evidenced by constructive challenge, an independent voice, the reflection of safeguarding throughout the Board's business and escalation of SAB matters where required. • The protocol between the Health and Wellbeing Board and SAB remains relevant and effective. • The SAB annual report actively is considered at the HWB on an annual basis and it's findings inform the HWB strategy..	
5b. Develop arrangements with neighbouring SABs and LSCBs to enhance cross border and cross phase collaboration engendering a	**SAB**	• The SAB maintains netwoks with neighbouring SABs and LSCBs to scope collaboration of functions and harmonisation of business. • Pan-Sussex or bi-lateral arrangements are in place around areas that promote effective common approaches to ensure	

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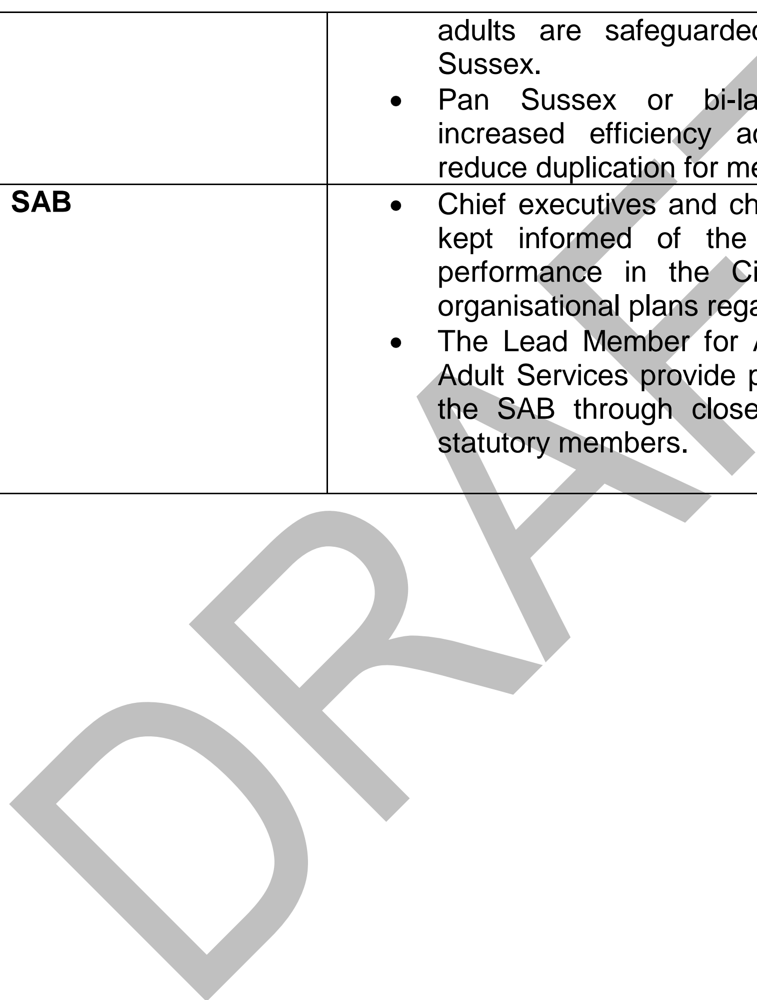
culture that reduces the risk of the negative impacts of any variable approaches to safeguarding.		adults are safeguarded to the same standard across Sussex. • Pan Sussex or bi-lateral arrangements demonstrate increased efficiency across and between Boards and reduce duplication for membership agencies.	
5c. Develop communication and accountability mechanisms between the SAB and its chair and chief officers and governance bodies of the SAB's constituent agencies.	**SAB**	• Chief executives and chairs of all constituent agencies are kept informed of the safeguarding arrangements and performance in the City and this is reflected in their organisational plans regarding protecting vulnerable adults. • The Lead Member for Adult Services and the Director of Adult Services provide political and operational direction to the SAB through close relationships with the chair and statutory members.	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