Who are we?

The Health & Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 28 January 20200, starting at 4.00pm. It will last about two and a half hours.
There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

What is being discussed?

There are 7 main items on the agenda

- Interim Response to petition to halt rollout of 5G;
- Brighton and Hove Wellbeing Strategy Delivery Plan 2019 - 2023;
- Proposed Fees for Adult Social Care Providers 2020 - 21;
- Annual Review of Adult Social Care Charging Policy 2020;
- Commissioning of a Supported Living Service for People with Cognitive Impairment (Acquired Brain Injury Service);
- Future Use of Knoll House Resource Centre;
- What Happens when a GP Surgery Closes or Merges or There is Other Serious Patient Disruption

Health & Wellbeing Board
28 January 2020
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

Voting Members: Councillors Moonan (Chair), Appich (Deputy Chair) Shanks (Opposition Spokesperson, Nield and Bagaeen (Group Spokespersons); Brighton and Hove CCG (BHCCG), Brighton and Hove CCG (BHCCG), Dr Andrew Hodson, (Chair of CCG, Co-Deputy Chair of Board), Lola Banjoko, Malcolm Dennett, Dr Jim Graham, Ashley Scarff

Non-Voting Members:
Geoff Raw, Chief Executive; Deb Austin, Acting Statutory Director of Children's Services; Rob Persey, Statutory Director for Adult Care; Alistair Hill, Director of Public Health, (BHCC);
Graham Bartlett (Brighton & Hove Local Safeguarding Adults Board), Chris Robson (Brighton & Hove Local Safeguarding Children Board), David Liley (Brighton & Hove Healthwatch)

Contact: **Penny Jennings**
Secretary to the Board
Democratic Services Officer01273 291065
penny.jennings@brighton-hove.gov.uk

Date of Publication - Monday, 20 January 2020

This Agenda and all accompanying reports are printed on recycled paper

AGENDA

Formal matters of procedure

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

Page

38 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.

39 MINUTES **11 - 20**

To consider and approve the minutes of:

(a) the Special meeting of the Board held on 5 November 2019 (circulated separately);

(b) the meeting of the Board held on 12 November 2019 (copy attached)

40 CHAIR'S COMMUNICATIONS

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

41 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, Penny Jennings on (01273) 291065 or send an e mail to penny.jennings@brighton-hove.gov.uk

(a) Petitions – to consider any petitions received by noon on 22 January 2020;

(b) Written Questions - to consider any written questions received by 22 January 2020;

(c) Deputations – to consider any Deputations received.

Health & Wellbeing

42 FORMAL MEMBER INVOLVEMENT

43 INTERIM RESPONSE TO PETITION TO HALT THE ROLLOUT OF 5G **21 - 30**

Report of the Director of Public Health (copy attached)

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

44 BRIGHTON AND HOVE HEALTH AND WELLBEING STRATEGY 2019-2030, DELIVERY PLAN **31 - 100**

Joint report of the Director of Public Health, Executive Director, Adult Health and Social Care and Executive Managing Director, Brighton and Hove Clinical Commissioning Group (copy attached)

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

45 PROPOSED FEES FOR ADULT SOCIAL CARE PROVIDERS 2020 -21 **101 - 110**

Report of the Executive Director Health and Adult Social Care (copy attached)

Contact: *Andy Witham* *Tel: 01273 291498*
Ward Affected: *All Wards*

46 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2020 **111 - 136**

Report of the Executive Director of Health and Adult Social Care (copy attached)

Contact: *Angie Emerson* *Tel: 01273 295666*
Ward Affected: *All Wards*

47 COMMISSIONING OF SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENT (ACQUIRED BRAIN INJURY)

Report of the Executive Director of Health and Social Care (copy to follow)

Contact: *Anne Richardson-Locke* *Tel: 01273 290379*
Ward Affected: *All Wards*

48 FUTURE USE OF KNOLL HOUSE RESOURCE CENTRE **137 - 150**

Report of the Executive Director of Health and Adult Social Care (copy attached)

Contact: *Andy Witham* *Tel: 01273 291498*
Ward Affected: *All Wards*

Health & Wellbeing

49 WHAT HAPPENS WHEN A GP SURGERY CLOSES OR MERGES OR THERE IS OTHER SERIOUS PATIENT DISRUPTION **151 - 158**

Report of Director of Partnerships, Clinical Commissioning Group (copy attached)
Ward Affected: *All Wards*

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

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

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Health & Wellbeing

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- 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.

HEALTH AND WELLBEING BOARD	Agenda Item 39 (b) Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 12 NOVEMBER 2019

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Moonan (Chair), Appich (Deputy Chair), Shanks (Opposition Spokesperson) and Nield
Brighton and Hove CCG: Ashley Scarff and Malcolm Dennett

Also in Attendance: Geoff Raw, Chief Executive; Deb Austin Acting Statutory Executive Director, Children's Service; Rob Persey, Statutory Director for Adult Social Care; Graham Bartlett, Independent Chair, Safeguarding Adults Board; Chris Robson, Independent Chair, Safeguarding Children Board and David Liley, Brighton and Hove Healthwatch

PART ONE

28 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

28(a) Apologies

28.1 Councillor Bagaeen sent his apologies. Apologies were also received from Andrew Hodson, Chair of the CCG and Co-Deputy Chair of the Board, Lola Banjoko (CCG), Dr Jim Graham (CCG) and Alistair Hill (Director of Public Health).

28(b) Declarations of Substitutes, Interests and Exclusions

28.2 Deb Austin stated that she was in attendance in her capacity as Acting Executive Director for Families, Children and Learning, in substitution for Pinaki Ghoshal, who currently had responsibility as the Interim Director for Housing Neighbourhoods and Communities.

28(c) Exclusion of press and public

28.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the

meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

28.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

28.5 The Chair explained that this meeting although being webcast would not be available to watch live, although once uploaded would be available for repeated future viewing.

29 MINUTES

29.1 The Chair noted that some typos had been picked up and that the necessary corrections had been made to the version published on line and for her signature as Chair. No matters were raised relating to their factual accuracy and the Chair was therefore authorised to sign the minutes as a correct record.

29.2 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 10 September 2019 as a correct record.

Matters Arising

29.3 The Chair stated that although reference was not usually made to matters arising from the minutes there were three issues on which she wished to update the Board:

Closure of GP Practices

29.4 At the last meeting of the Board there had been a Member question in relation to the closure of a GP practice. This had led to a wider discussion about the process from GP notification of closure to changes in GPs for patients. A report had been due to come to that day's meeting of the Board but had been held over until January 2020.

Better Care Fund

29.5 At the previous meeting of the Board Members had been updated in respect of the Better Care Fund and it had been agreed that a further report would be brought to today's meeting of the Board that had been delayed however in consequence of further conversations which had taken place about NHS finances this had been delayed due to the forthcoming election.

Update on Intensive Care Beds

29.6 At the its last the Board had considered a report in relation to Knoll House. The Board had asked for further details on where Brighton and Hove residents were being placed and the numbers involved, again this report would be brought to the scheduled January 2020 meeting of the Board.

29.7 **RESOLVED –** That the position be noted.

30 THE CHAIR'S COMMUNICATIONS

30.1 The Chair, Councillor Moonan, stated that she had short updates which were linked to the “Four Wells”.

Living Well

30.2 “Carers Rights Day” would take place on 21 November. There would be a series of events across in the city including information, activities, and tea and cakes at the Brighthelm Centre between 2-4pm that day. A large number of agencies would be present and the day was aimed at helping unpaid carers in the city.

Ageing Well

30.3 Part of the Aging Well Strategy was to seek to ensure that choices were available about how and where people wished to live as they aged. Within Brighton & Hove there was a varied and vibrant Care Home sector. Care Home providers were supported in many ways one of which was through the Care Home Forum. The Care Home Forum met three times year, bringing together Care Home Owners and Managers with representatives from Health and Adult Social Care to share best practice. The latest forum held on 15th October had been the most successful to date, with almost 80 people in attendance. Andy Witham (Head of Commissioning) had kicked off proceedings with an update on the Council’s Brexit planning, alongside a summary of recent consultation work with Care Home and Home Care providers about ‘Planning for Winter’. Attendees had then received presentations from both health and social care colleagues covering a wide range of issues, including; NHS & Council collaboration with Care Homes, Medicines Management in Care Homes, the Care Home & Equipment Working Group, the ‘Stop, Look, Care’ booklet, Working With Resident with Complex Needs, representatives from East Sussex Fire and Rescue Service and others. There had been group discussions on Improving Discharge Pathways from Hospital, resulting in important actions about how to improve the experience of individuals leaving hospital. Councillor Appich had played an active role at the forum, and Adult Social Care colleagues would be arranging visits for Councillor Appich and the Chair herself to a number of residential and nursing homes across the city in the coming months. If other members of the Board wished to visit some of our providers they needed to contact, The Health and Wellbeing Board Business Manager, Barbara Deacon in order for her to liaise with the relevant staff.

Dying Well

30.4 The Brighton & Hove Health & Wellbeing Board Strategy included a new priority area; “Dying Well”. The first step in delivering this priority would be a workshop bringing together key stakeholders across the city who could provide support in developing a city wide approach to improve health and wellbeing at the end of life and to help communities develop their own approaches to death, dying loss and caring. The first “Dying Well” workshop would take place in November and would cover:

- Ideas about what a citywide approach to dying well could look like and discussions about how a coalition of support could be built across Brighton and Hove;

- Raising awareness of public health approaches to dying well including the "Compassionate Cities Charter";
- Sharing information on what is already happening in our city and considering examples of good practice;
- To agree the next steps.

30.5 **RESOLVED –** That the content of the Chair's Communications be received and noted.

31 CALLOVER

31.1 All items set out on the agenda were reserved for discussion.

32 FORMAL PUBLIC INVOLVEMENT

32(a) Written Questions

32.1 There were none.

32(b) Petition(s) – To Halt the Rollout of 5G Technology

32.2 The Chair referred to the fact that a petition (set out at pages 21-24 on the agenda and below), had been referred from the meeting of Full Council held on 24 October 2019:

"We the undersigned petition Brighton & Hove Council to halt the rollout of 5G technology in Brighton & Hove and invoke the Precautionary Principal adopted by the EU in 2005 which states: "When human activities may lead to morally unacceptable harm that is scientifically plausible but uncertain, actions shall be taken to avoid or diminish that harm." We, the residents of Brighton & Hove, insist that our City Council invoke the Precautionary Principal regarding 5G technology and all associated infrastructure before deploying it in our city. We (the residents) now call for independent research and for the City Council to prove to its constituents that 5G is SAFE and poses NO risk to human health, animals, wildlife, insects, birds and the ecosystem as a whole. Once 5G is deployed fully, it will expose people 24/7 to mandatory radiation without their informed consent, which constitutes a blatant breach of their Human Rights. WE DO NOT CONSENT UNTIL PROVEN SAFE." (2,240 signatures)

32.3 The Chair, Councillor Moonan, explained that the Board could respond to the petition either by noting it or by calling for an officer report on the matter. In this instance this matter had been referred from Full Council with the request that the contents of the petition be noted and that a report be prepared for consideration at the next scheduled meeting of the Board, in this instance that would be in January 2020. The Chair indicated that in responding to the petition at Full Council she had accepted a Green Group amendment and indicated her willingness for a report to be brought forward to the meeting of the Board to take place in January 2020. It was suggested that a corporate report be prepared which would include details of the limits of the Council's powers and would also detail the most up to date guidance issued by Public Health England. The Board were in agreement with the approach suggested by the Chair.

32.3 **RESOLVED –** That the content of the petition be noted and that a report on this subject be provided to the next scheduled meeting of the Board in January 2020.

33 FORMAL MEMBER INVOLVEMENT

33(a) Petitions

33.1 There were none.

33(b) Written Questions

33.2 There were none.

33(c) Letters

33.3 There were none.

34 BRIGHTON & HOVE LOCAL SAFEFGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2018/19

34.1 The Board considered the Annual Report of the Local Safeguarding Children Board (LSCB) for 2018/19 outlining the progress the LSCB had made over the last year in respect to safeguarding and promoting the welfare of children and young people; the report covered the period 1 April 2018 to 31 March 2019.

34.2 It was noted that this would be the last annual report of the LCSB as it was now in the process of transitioning to new safeguarding partnership arrangements brought about by the enactment of the "Children and Social Work Act (2017)". Going forward the "Safeguarding Partners" – the Local Authority, Brighton and Hove Clinical Commissioning Group and Sussex Police who would have joint responsibility for all safeguarding arrangements. The multi-agency approach in place would continue to be applied going forward to meet the challenges to be addressed, exploitation was an area in particular in which a lot of work had been undertaken already.

34.3 The Independent Chair of the Board, Chris Robson, introduced the report and highlighted the achievements that had been realised during 2018/19 and the continued challenges to be addressed under the transitional and new safeguarding arrangements. There had been a significant increase in the numbers of people attending multi-agency training at all levels and development of their neglect strategy had gathered pace. It had been recognised that a robust multi-agency approach was required to all forms of exploitation and excellent joint working had been achieved with the Safeguarding Adult Board and the Community Safety Partnership. A Violence, Vulnerability and Exploitation week of action was planned for later in the year and the theme of that week would be "Spotting the Signs of Exploitation."

34.4 Councillor Nield asked where figures cited for the city across various groups asking sat within the picture nationwide. Chris Robson, the Independent Chair of the Board explained that the challenges to the Board's work across the city reflected the continuing challenges they faced, also, their commitment to address issues, especially during the transition period to the new arrangements. Although he did not have the national figures available Mr Robson agreed to provide them if required. Nationally, the instances of child safeguarding had risen over recent years. Councillor Nield also requested the

number of children in the city who were being home educated and details of the interface the local education authority and others had with them. The Acting Executive Director, Deb Austin, explained that she would ensure that information was circulated to Board Members separately.

34.5 Councillor Nield also enquired regarding the wait time for children awaiting CAHMS referrals. It was explained that currently this stood at around 8 weeks for tier 3 and far longer for lower tier cases. It was recognised that this waiting time was too long, although support was available in schools via the community mental health team. Transition arrangements were in place to facilitate progression from childhood to adult services. The Director of Commissioning and Deputy Chief Officer, Ashley Scarff, explained that a comprehensive review of child mental health services was currently under way and it was anticipated that details of that could be provided to the Board at its meeting in January 2020.

34.6 Councillor Shanks referred to the serious case reviews which had taken place requesting whether/what information could be provided to Members as this background information was useful for them. Mr Robson explained that there was very little information which was not published. In respect of the “voice of the child”, Councillor Shanks stated that it was unclear to her how each of the partner services worked together to ensure that children did have a voice, often the issues involved could be complex. Mr Robson explained that in addition to the measures which were in place, it was also necessary to target specific groups; one of the challenges was how you reached a particular cohort.

34.7 Councillor Appich referred to children who were “missing” from education and asked how their needs were picked up, also of those children who were the subject of private fostering arrangements. Councillor Appich also referred to the three education providers that had not co-operated directly with the LCSB, enquiring regarding measures to be put into place to encourage their future interaction. The Acting Executive Director of Families, Children and Learning stated that these issues were being addressed in liaison with the LSCB, she would ensure that the most up to date figures held by the department were forwarded to Members.

34.8 The Chair, Councillor Moonan, asked whether those children for whom the council had corporate parental responsibility had specific vulnerabilities. It was explained that there was no evidence to suggest this was the case, the Acting Executive Director of Families, Children and Learning stated that the local authority did have specific safeguarding measures in respect of its looked after children.

34.9 **RESOLVED –** (1) That the Board notes the contents of the report and commends the partner agencies for their contribution to keep children safe from abuse and neglect; and

(2) also notes the Local Safeguarding Children Board’s achievements and the challenges as set out on Page 7 of the circulated Annual Report.

35 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD, ANNUAL REPORT 2018/19

35.1 The Board considered the annual report of the Brighton and Hove Safeguarding Adults Board (B&H SAB) for 2018/19. The Board were asked to note the achievements for and challenges of the Board set out on pages 9 and 10 of report. The report covered the period 1 April 2018 to 31 March 2019.

35.2 It was noted that the SAB comprised senior representatives from statutory and non-statutory agencies and organisations in Brighton and Hove with responsibility for safeguarding adults with care and support needs. The role of the Board was to co-ordinate local safeguarding activity and to seek to ensure the effectiveness of local work; it was a statutory requirement that it publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.

35.3 The Independent Chair to the Board, Graham Bartlett introduced the report and highlighted its achievements and the challenges to its work going forward. The continuing aim of the SAB was to provide strategic leadership to ensure that adults who were at risk of abuse or neglect were effectively safeguarded and to co-ordinate and assure the safeguarding system. His role was to support and challenge SAB partners and agencies in the city to work collaboratively for the care of adults with care and support needs and to bring about continuous improvement.

35.4 Reflecting on the SAB's achievements over the past year progress had been made against a number of priorities set out in the Strategic Plan and he wished to acknowledge the hard work and commitment shown by all partner assurance agencies in seeking to achieve those aims. A notable achievement had been the positive impact which had resulted from the creation of the Quality Assurance and Learning Development Officer role which was shared with East Sussex. In consequence the data collected had improved and auditing arrangements had been strengthened thus ensuring that learning from reviews carried out had been taken forward and embedded into practice.

35.5 The small budget which the SAB had to carry out its work remained an issue. The SAB had struggled with some of its priorities as, compared with similar Boards, it operated with a particularly small budget which had a real impact on its capacity. He was committed to working with the Local Authority, Police, NHS and statutory partners in order to improve that situation as it presented a continued risk to the Board's work.

35.6 The CEO of Healthwatch, Brighton and Hove, David Liley, commended the report explaining that Healthwatch, Brighton and Hove had worked closely with the Brighton and Hove SAB over the last year. Healthwatch's focus was to improve how people experienced health and social care services, particularly in the case of vulnerable people and those who did not have a strong voice. The Brighton and Hove Safeguarding Board provided excellent leadership and co-ordination and a focus for partnership to promote high standards of safety and quality in health and social care for vulnerable adults in the city.

35.7 Councillor Shanks referred to the "Deprivation of Liberty" legislation which had been put into place asking whether/what impact this had had on the SAB's work and whether there had been linked to public health initiatives, age related suicide prevention and measures in relation to vulnerable groups. It was explained that the position remained that those with lack of mental capacity could not have their liberty removed unless there was good reason to do so. In the longer term it was hoped that the number of individuals to whom this applied would reduce although the guiding principles remained the same. Those covered by the SAB were not considered to have specific vulnerabilities towards potential suicide but to abuse and or neglect.

36.8 The Chief Executive, Geoff Raw, stated that there was recognition that there were a lot of vulnerable people in the city both children and adults and thought was being given to the means by which their continuing needs could be best served going forward including the arrangements for those who were vulnerable children who could then become vulnerable adults.

36.9 Mr Bartlett confirmed that going forward discussions were taking place in order to ensure that the Board continued to receive perspectives from those who could bring valuable expertise and experience. Besides a number of voluntary sector partners a broad spectrum of disciples were recognised as needing to give input in order to act robustly on behalf of and to give those who were vulnerable a voice.

36.10 Councillor Appich commended the report and was pleased to note that it appeared that efforts to increase the funds available for the SAB's work appeared as if they would come to fruition. Linkage and collaboration with children's safeguarding was critical.

37.11 The Executive Director of Adult Health and Social Care also commended the report and the work undertaken by the SAB. They acted robustly in scrutinising the work of the local authority and other partners and of holding them to account which was a very important role.

37.12 **RESOLVED -** (1) That the Board notes the content of the report and commends the partner agencies for their contribution to safeguarding adults with care and support;

(2) also notes the Safeguarding Adults Board's achievements and challenges as set out on Pages 9 and 10 of the circulated Annual Report.

36 COMMISSIONING OF A SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENTS

36.1 The Board considered a report of the Executive Director of Health and Social Care setting out the need for further supported living services for adults with cognitive impairments in Brighton and Hove. This service directly supported the Health and Wellbeing Strategy of the council's "Living Well" agenda by helping people to live independently within their community. The Board were being asked to give approval to procure and award a contract to a suitably qualified and experienced provider to provide a supported living service to four adults in self-contained flats in the Poet's Corner area of Hove.

36.2 The report went on to explain that on 1 July, Southdown Housing Association had given notice to the Council terminating their contract to provide the Supported Living Service at the properties in the Poet's Corner area of Hove, in their view the properties were not of a design conducive to meeting the complex needs of three of the service users who had been placed there. One individual for whom alternative accommodation could not be found was continuing to live there and would continue to be supported by Southdown Housing Association until an alternative support provider could be found. The Families, Children and Learning Assessment Service had confirmed that they no longer had a use for the other three flats but would continue to fund the support costs for the current resident.

36.3 The Chair, Councillor Moonan, stated that she welcomed the report which set out a clear explanation for the decisions that had been taken to date and the rationale for the recommendations placed before the Board that day. The Chair was anxious that this matter be expedited and that the Board were fully engaged in that process. In consequence she proposed that the matter be determined by calling either, an Urgency Sub-Committee meeting or a Special meeting of the Board dependent on which route was deemed the most appropriate once the review of the procurement options appraisal had taken place.

36.4 Councillor Shanks stated that the additional information requested and provided detailing the process which had taken place to date and the need for the proposed changes in provision had addressed her initial concerns in respect of this matter. Whilst satisfied regarding the need for the action taken she remained of the view that it was important for Board members to be actively involved in the decision making process and was pleased that this had been taken on board going forward. Councillor Nield concurred in that view.

36.5 Councillor Appich also welcomed the report and the details provided which set out clearly the reasons for the urgent action taken. The action proposed gave the opportunity to provide support which was more appropriate and person centred and she was encouraged by the plans which were in place to engage with the local community.

36.6 **RESOLVED -** (1) That the Board approves the two optioned approach for procuring Support Services as outlined at paragraphs 2.9 – 2.13 of the report;

(2) That the Board confirm the agreed procurement route following a review of the procurement options appraisal by convening a Special/Urgency meeting as appropriate if this does not fit with current Board timelines;

(3) Following agreement of the procurement route it is recommended that the Board grant delegated authority to the Executive Director of Health and Adult Social Care (HASC) to:

(i) Undertake the procurement of a suitably qualified provider to deliver a Supported Living Service to the value of £250,000 per annum, and to award a contract for three years to the successful provider; and

(ii) Extend the contract at the end of the three year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

37 ITEMS TO BE SUBMITTED TO COUNCIL FOR INFORMATION

37.1 There were none.

The meeting concluded at 5.30pm

Signed Chair

Dated this day of

Item 43

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

Title:	Response to petition to halt the rollout of 5G
Date of Meeting:	28 January 2020
Report of:	Director of Public Health, Health and Adult Social Care, BHCC
	Executive Director - Economy Environment & Culture
Contact:	Alistair Hill, Director of Public Health Tel: 01273 296580
Email:	alistair.hill@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

At October 2019 full Council, a petition with 2,240 signatures was presented, requesting halting the roll out of 5G technology. A Green Group amendment recommending that the petition was noted and a report on the issue provided for consideration at the next available meeting of Health & Wellbeing Board (HWB) was passed.

This report outlines the national guidance relating to the health effects of 5G. It also explains the council position and the ability the council has to influence the roll-out of mobile technology.

Glossary of Terms

5G – fifth generation of mobile networks
EMF – Electro Magnetic Fields
EU – European Union
GPDO – General Permitted Development Order
HWB – Health & Wellbeing Board

ICNIRP – International Commission for Non Ionizing Radiation Protection LPA – Local Planning Authority MRI – Magnetic Resonance Imaging NPPF – National Planning Policy Network PHE – Public Health England

1. Decisions, recommendations and any options

1.1 That the Health and Wellbeing Board note the report.

2. Relevant information

2.1 5G radio technology is expected to offer faster mobile broadband connections and enable good quality connections of more devices to mobile networks. In the long term it is argued that it will support innovations across the economy.

2.2 5G technology utilises high frequency electromagnetic fields (EMF), around ten times higher than those used for current network technologies. This form of energy is unable to break chemical bonds in the way that X-rays can, and is known as non-ionising radiation. The higher the frequency of electromagnetic waves, the lower the ability of the wave to penetrate body tissues. High frequency EMFs are already used widely in a variety of technologies, including communications (mobile phones, base stations, Wi-fi, radio, TV and security devices), in medicine (in MRI scanners) and for heating purposes (microwave ovens).

2.3 Telecommunications policy (which includes broadband, mobile communications and other technologies) is reserved to the UK Government. Regulation of telecoms is the responsibility of Ofcom, the UK telecoms regulator. The deployment of 5G mobile networks are being commercially led and funded.

2.4 The UK Government set out its strategy for future digital infrastructure in the Future Telecoms Infrastructure Review[1] published in 2018. This included a target that the majority of the population should be covered by a 5G signal by 2027.

2.5 5G has already been introduced in some parts of the UK. It is expected that the operators Three and O2 will introduce 5G in Brighton & Hove in 2020. A local 5G testbed was introduced at the Digital Catapult in 2018, and extended to the Brighton Dome in 2019.

2.6 At October 2019 full Council, a petition with 2,240 signatures was presented, requesting halting the roll out of 5G technology. This read:

[1] https://www.gov.uk/government/publications/future-telecoms-infrastructure-review

"We the undersigned petition Brighton & Hove Council to halt the rollout of 5G technology in Brighton & Hove and invoke the Precautionary Principal adopted by the EU in 2005 which states: "When human activities may lead to morally unacceptable harm that is scientifically plausible but uncertain, actions shall be taken to avoid or diminish that harm." We, the residents of Brighton & Hove, insist that our City Council invoke the Precautionary Principal regarding 5G technology and all associated infrastructure before deploying it in our city. We (the residents) now call for independent research and for the City Council to prove to its constituents that 5G is SAFE and poses NO risk to human health, animals, wildlife, insects, birds and the ecosystem as a whole. Once 5G is deployed fully, it will expose people 24/7 to mandatory radiation without their informed consent, which constitutes a blatant breach of their Human Rights. WE DO NOT CONSENT UNTIL PROVEN SAFE"

2.7 Following a Green Group amendment, Council passed an amended recommendation that the petition be noted and a report on the issue provided for consideration at the next available meeting of Health & Wellbeing Board.

3. National guidance

3.1. The impact of EMF on health has been extensively researched across the world. Hundreds of scientific papers have been published using a wide variety of methods to investigate if there is any link to adverse health effects. Studies have taken place in a number of different settings, including laboratories (using frequencies far higher than those to be used in 5G technologies) and in the real world. The consensus from the World Health Organisation (WHO) and the International Commission on Non-Ionizing Radiation Protection (ICNIRP) are that there is no conclusive evidence of adverse health effects related to short term or long term exposure to high frequency EMF. It is possible that if someone is exposed to high levels of EMF, they may experience heating of body tissues, and that is why the ICNIRP set strict safety thresholds that limit the amount of EMF that people can be exposed to. The safety threshold they have set is well below the level at which body heating may occur.

3.2. Public Health England (PHE) takes the lead nationally and provides expert advice on public health matters associated with high frequency EMF. Their recently updated guidance can be found in Appendix 1.

3.3. PHE's advice on high frequency EMF is based on the comprehensive evidence reviews that have been prepared by expert scientists in the United Kingdom (UK) and around the world, including those by the WHO and the ICNIRP which are mentioned above. These experts have reviewed the evidence that has been published on the health effects of EMF, which has been studied extensively in a number of ways and looked at a number of health outcomes, including but not limited to: headaches; concentration difficulty; sleep quality; cardiovascular effects and others. These expert bodies agree that there is no conclusive evidence that exposure to EMF below certain safety thresholds is harmful to health.

3.4. PHE have told us that the current exposure of the general public to radio waves is well within the international health-related guideline levels that are used in the UK and that when 5G is added to an existing network or in a new area the overall exposure to radio waves will remain well below the safety thresholds in these guidelines. PHE have concluded that there should be no consequences for public health from new 5G technology. PHE is committed to monitoring the evidence applicable to this and other radio technologies, and to revising its advice, should that be necessary.

3.5. UK network operators implementing 5G are committed to complying with the current safety threshold guidelines for EMF and the planning system does require that any new installations are consistent with the international guidelines PHE adheres to.

3.6. As highlighted above, PHE are the lead agency for 5G and our local BHCC Public Health team have liaised with PHE regularly on this topic. Where additional evidence has been received we have liaised with PHE about this. They have concluded that all evidence shared does not contain new studies of which PHE is unaware and which would cause PHE to consider revising its current position.

4. Brighton & Hove City Council position

Planning Requirements

4.1 The ability of councils to influence the roll-out of mobile technology through planning is limited by central government regulations on permitted development rights (through the prior approval process) that allow specified development to go ahead without planning permission. As a consequence planning policy cannot be used to halt the roll out of 5G. The planning system does, however, require that any new installations are consistent with the international guidelines PHE adheres to.

4.2 Certain permitted development rights apply to development on behalf of electronic communication code operators in relation to the installation, alteration or replacement of any electronic communications apparatus (including upgrades to existing masts). There are various limitations on these rights, for example where the site is within a national park or conservation area, but generally masts are permitted (without needing planning permission) up to heights of between of 20 - 25 metres from ground level, and between 10 and 15 metres where situated on a building. In most instances 5G technology allows for shorter/smaller masts than previously and can be incorporated into existing street furniture (such as lampposts). As a consequence it is more likely to fall within permitted development rights/the prior approval regime.

4.3 Prior approval by the Local Planning Authority (LPA) is required for masts and certain other types of apparatus falling within the permitted development rights,

however, considerations are strictly limited to siting and appearance. Such applications have to be publicised and any representations taken into account by the LPA in determining whether prior approval should be refused and planning permission required.

4.4 In the unusual circumstances that permitted development rights do not apply (see paragraph 4.2) - applications for an express grant of planning permission would need to be made. In determining such applications the Local Planning Authority is not limited to considering siting and appearance but can take any material planning considerations into account. These may include national planning policy relating to matters wider than siting and appearance, cumulative impact, landscape concerns and mitigation, residential amenity and perceived health concerns. However, the position under the National Planning Policy Framework (NPPF) is that the Council should not 'set health safeguards different from the International Commission guidelines for public exposure' (paragraph 116, NPPF). Any future applications for planning permission will be carefully considered against all material considerations.

Economic Development Implications

4.5 All levels of economic strategy making recognise the value of modern high-speed communications: from the national government's Industrial Strategy, through the Local Enterprise Partnership's Strategic Economic Plan[2] and emerging Local Industrial Strategy[3], the Greater Brighton Economic Board's Five Year Strategic Priorities[4] to Brighton & Hove's own Economic Strategy[5]. All of these plans include reference to the need to improve digital connectivity, including seeing 5G as being a key part of this. The Greater Brighton Economic Board is currently in the process of developing a Digital Strategy and Action Plan that will further develop the strategy for how the city region could position itself to benefit from the inevitable roll-out of 5G technology.

4.6 The economic benefit to 5G technology is that it offers a step-change in data speeds, offering 10 to 20 gigabits per second connectivity[6]. It will also address the latency issues of existing mobile technology. Latency is how quickly a connection can be made and the data can start being shared, fundamental in applications like driverless cars where a latency of a few fractions of a second between vehicles talking to each other could cause problems. 5G masts also rely on a dense network of full fibre connections to operate. The roll out of 5G will therefore also bring with it the roll out of much more fibre optic cabling in the city, benefiting businesses and homes that the fibre passes.

4.7 As well as the infrastructure benefits of faster data connections, 5G also offers an opportunity for a city like Brighton & Hove, which has a strong and growing digital sector, to take the lead in the new technologies that arise. The city hosts

[2] https://www.coast2capital.org.uk/storage/downloads/gatwick_360_priority_7_-_improve_digital_network_capability_information_pdf-1549545953.pdf
[3] https://www.coast2capital.org.uk/lis-evidence-base
[4] Greater Brighton Economic Board's Five Year Strategic Priorities
[5] https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/economic-strategy.pdf
[6] OFCOM 'Enabling 5G in the UK,' March 2018

the first 5G test bed outside of an academic or large business setting, which allows SMEs the opportunity to test applications on 5G equipment, giving them a competitive advantage to be ahead of the game in developing commercial applications on what will be a ubiquitous technology in a few years.

Potential Use Cases for 5G technology

5G and Smart Cities are inextricably linked. 5G brings about an improved platform to deliver scalable and reliable connectivity to the world.

The new uses for 5G are based around the fact the technology allows the transfer of more data, can connect more devices, and gives and instant response. The possible uses of this include:

- 'Tactile Internet,' using haptic technology could allow medical students to practise surgery in a connected, virtual reality environment. Students wearing haptic gloves would be able to 'feel' the procedure as they develop their skills in a safe setting. The technology works by transmitting different types of motions to the user. The combination of these capabilities with low latency communications and very high reliability may play a role across a wide range of sectors, including education, healthcare, online shopping and games.
- 5G will enable the 'Internet of Things.' This will have health and social care benefits by enabling remote health monitoring, creating timely alerts for patients, nurses or carers.
- The Internet of Things will also enable smart cities, which operate more efficiently based on the exchange of real time data. Possible applications for this include optimisation of street lighting, monitoring of parking, rubbish collection timing, and environmental monitoring.

BHCC Estate Implications

4.8 Although the majority of mast sites in the city would be allowed under permitted development rights, there are currently eight mast sites on Council land which are leased to operators who might look to use those sites for 5G technology, outside of those rights.

4.9 There are two masts on top of Council buildings which are used for telecommunications equipment. There are six Council owned sites around the city on top of hills in more remote locations, which are used for transmitting and receiving television and telecommunication signals. Due to their locations these sites might not be suitable for 5G technology given the short wavelength of the signals. Even if these sites are used as part of the 5G roll out, they would form a very small part of the equipment that needs to be installed across the city, most of which is permitted under existing development rights.

5. Important considerations and implications

Legal:

Permitted development rights are given by Schedule 2 Part 16 Class A of the Town and Country Planning (General Permitted Development) (England) Order 2015 ("GPDO"). As referred to in the body of the report, this means that the Local Planning Authority (LPA) cannot lawfully refuse an application for prior approval on health grounds because the potential health issues relating to 5G are not relevant to 'siting and appearance'.

Permitted development rights can be withdrawn by LPAs by means of a direction under Article 4 of the GPDO if the LPA considers that it is expedient that the development proposed should not be carried out other than pursuant to a planning application. However, the Secretary of State must be notified of any such direction and has the power to cancel or modify it, whether before or after confirmation. The National Planning Policy Framework advises (paragraph 53): "The use of Article 4 directions to remove national permitted development rights should be limited to situations where this is necessary to protect local amenity or the well-being of the area…", and at paragraph 114 specifically states that LPAs "should not impose blanket Article 4 directions over a wide area or a wide range of electronic communications development", The Planning Practice Guidance advises in relation to Article 4 directions that "The potential harm that the direction is intended to address will need to be clearly identified" and goes on to say "there will need to be a particularly strong justification for the withdrawal of permitted development rights relating to [inter alia] cases where prior approval powers are available to control permitted development" (paragraph: 038 Reference ID: 13-038-20190722). It is considered that perceived health risks which are at variance with Public Health England's advice will not be regarded as strong justification.

For development which does not benefit from permitted development rights, the only option for an operator is to make an application to the local planning authority for planning permission (s. 70(1) TCPA 1990). Such applications must be determined in accordance with the development plan, unless material considerations indicate otherwise (s. 38(6) Planning and Compulsory Purchase Act 2004). The LPA should give the views of those bodies setting guidelines such as the International Commission on Non-Ionizing Radiation Protection 'significant weight' and should depart from these views only if 'cogent reasons can be given for departing from them' (Wealden v Secretary of State for Communities and Local Government [2017] EWHC 351 (Admin), [44]).

The Petition raised at full Council refers to the 'precautionary principle'. There is no legal obligation or statutory duty for the LPA to apply the precautionary principle. The Council as a Local Planning Authority is in a different position to Town Councils that have expressed opposition to the roll out of 5G technology. All applications for planning permission to a LPA need to be determined on their own merits and the Council would be open to allegations of predetermination if it was to adopt a policy position that the precautionary

principle should apply. This would amount to a fetter on the discretionary power of the LPA to grant planning permission. It is highly likely that any such approach would be challenged in the courts.

Lawyer consulted: Elizabeth Culbert Date: 5/1/20

Finance:
While there are no direct financial implications within this report, the council would need to be mindful of the potential costs of any legal challenge in planning permission is not granted.

Finance Officer consulted: Sophie Warburton/ Rob Allen Date: 15/01/20

Equalities:
There are no direct equalities implications of this paper.

Equalities Officer consulted: Anna Spragg Date: 14/01/20

Supporting documents and information

Appendix 1: PHE guidance: 5G technologies, radio waves and health PHE 5G Guidance[7]

Public Health England

Guidance

5G technologies: radio waves and health

Published 3 October 2019

Contents

Mobile telecommunications technology has developed through several generations and there are now many 2G, 3G and 4G base stations installed throughout the environment providing services to users of mobile phones and other devices.

Public exposure

Over the decades, since the networks were first introduced, there has been a general trend towards increasing numbers of smaller transmitters that individually provide services to smaller geographical areas and have reducing radiated powers.

Against this background, many measurements have been made and these continue to show that exposures of the general public to radio waves are well within the international health-related guideline levels that are used in the UK. These guidelines are from the International Commission on Non-Ionizing Radiation Protection (ICNIRP) and underpin health protection policies at UK and European levels.

In relation to the implementation of 5G devices and networks, this technology is at an early stage and reflects the latest evolution in mobile communications technology. Current technical standards that draw on the ICNIRP guidelines will apply to the products that are developed. UK network operators are already committed to complying with the ICNIRP guidelines.

[7] https://www.gov.uk/government/publications/5g-technologies-radio-waves-and-health/5g-technologies-radio-waves-and-health

5G frequencies

With the increase in the volume of information being transferred, more spectrum is being made available and the highest frequencies being discussed for future use by 5G are around 10 times higher than those used by current network technologies, up to a few tens of gigahertz (GHz).

Their use is not new, and they have been used for point-to-point microwave links and some other types of transmitters that have been present in the environment for many years. ICNIRP guidelines apply up to 300 GHz, well beyond the maximum (few tens of GHz) frequencies proposed for 5G.

Research studies

Exposure to radio waves is not new and health-related research has been conducted on this topic over several decades. In particular, a large amount of new scientific evidence has emerged since the year 2000 through dedicated national and international research programmes that have addressed concerns about rapidly proliferating wireless technologies.

The main focus of recent research studies has been on exposure to the types of radio signals used by current communications technologies and at the frequencies they use, up to a few GHz.

Fewer studies have been carried out at higher frequencies but the biophysical mechanisms that govern the interaction between radio waves and body tissues are well understood at higher frequencies and are the basis of the present ICNIRP restrictions. The main change in using higher frequencies is that there is less penetration of radio waves into body tissues and absorption of the radio energy, and any consequent heating, becomes more confined to the body surface.

Summary

It is possible that there may be a small increase in overall exposure to radio waves when 5G is added to an existing network or in a new area. However, the overall exposure is expected to remain low relative to guidelines and, as such, there should be no consequences for public health.

PHE is committed to monitoring the evidence applicable to this and other radio technologies, and to revising its advice, should that be necessary.

Item 44

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

Title:	Brighton & Hove Health and Wellbeing Strategy 2019-2030 Delivery Plan
Date of Meeting:	28 January 2020
Report of:	Alistair Hill, Director of Public Health, Health and Adult Social Care Lola Banjoko, Executive Managing Director, Brighton and Hove Clinical Commissioning Group
Contact:	Alistair Hill, Director of Public Health Tel: 01273 296560
Email:	alistair.hill@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA).

The Brighton & Hove Health and Wellbeing Strategy 2019-30 was approved by the Board in March 2019. It sets out the vision that everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life.

This paper presents an initial delivery plan to deliver the aspirations of the strategy. Board members will provide system leadership to enable the delivery and further development of the Plan.

Glossary of Terms

JNSA – Joint Strategic Needs Assessment

CCG – Clinical Commissioning Group

GPs – General Practitioners

NHS Long Term Plan – the new plan for the NHS to improve the quality of patient care and health outcomes.

1. Decisions, recommendations and any options

1.1 That the Board approves the initial Health and Wellbeing Strategy delivery plan and makes recommendations for areas it would like to consider in its 2020/21 programme.

2. Relevant information

Background

2.1 Health and Wellbeing Boards have a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA).

2.2 The Brighton & Hove Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2019. It is a high-level strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove. The vision for the Board and its partners is that:

Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life.

2.3 The strategy states our ambition that by 2030:

- People will live more years in good health (reversing the current falling trend in healthy life expectancy) and
- The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.

2.4 Four key outcomes for local people are identified: starting well, living well, ageing well and dying well.

2.5 At the city level, the strategy aims for Brighton & Hove to be a place which helps people to be healthy. Key areas of action identified within the strategy include inclusive economic growth; planning healthy places; prioritising active travel; improving air quality; supporting safe and warm housing; tackling homelessness; adopting a whole city approach to food and wellbeing; supporting carers and making the best use of city assets such as libraries, green and open spaces, and arts and culture to improve health and wellbeing.

2.6 In July 2019 the Board agreed that an overarching Health and Wellbeing Delivery Plan would be produced to set out how these aspirations will be delivered.

2.7 It was agreed that:

- Workstreams would be delivered as 'business as usual' rather than additional initiatives.
- Local delivery of the NHS Long Term Plan would be integrated into the Health and Wellbeing Strategy delivery plan where possible
- The Board will receive an annual update on progress, which will enable Board members to maintain oversight of the strategy and identify where they need to take further action as systems leaders
- A virtual workstream for Citywide actions will focus on addressing the wider determinants and making health and wellbeing everyone's business. It will link with the City Council corporate plan and Brighton & Hove Connected partnerships so that health and wellbeing is integrated within the delivery of all the City's strategic plans.

Delivery plan

2.8 The structure of the plan is based upon the key areas for action identified within the strategy. As agreed this is a high-level plan at City level and it does not present detailed actions or a neighbourhood perspective. The primary focus is on the forthcoming year 2020/21. The plan highlights where further engagement will be conducted with public and partners.

2.9 The plan presents an ambitious and wide-reaching programme of work. Notably, the section on Dying Well has been produced following the local Dying Well Workshop in November 2019. Overall, the plan focuses on new actions rather than ongoing service delivery and therefore does not represent a comprehensive description of all activity underway to improve health and wellbeing. A diverse range of City partners are represented within the actions however inevitably there will be activity that is not yet reflected in the plan.

2.10 Significant changes to the local health and care system underway are currently underway, including changes to the Board's terms of reference and membership and the development of an Integrated Care Partnership for Brighton & Hove. These changes will strengthen partnership working and develop a new approach to delivering population health and are therefore highly relevant to the further development of the delivery plan.

2.11 Indicators to measure progress towards improving health and wellbeing outcomes and reducing health inequalities will be brought to the March 2020 Board for approval.

3. Important considerations and implications

Legal:

3.1 The Health and Wellbeing Board is required to publish a joint Health and Wellbeing Strategy pursuant to the Health and Social Care Act 2012 Section 193. In preparing the Strategy the Local Authority and the CCG must have regard to Guidance and involve local people and the local Healthwatch organisation.

Lawyer consulted: Elizabeth Culbert Date: 11th December 2019

Finance:

3.2 The Health and Wellbeing Strategy informs priorities, budget development and the Medium Term Financial strategy of the Council, Health and other partners. This will require a joined up process for future budget setting in relation to all local public services where applicable. This will ensure that the Council and CCG have an open, transparent and integrated approach to planning and provision of services. Where applicable organisations will align their budget procedures whilst adhering to individual financial governance and regulations.

Finance Officer consulted: Sophie Warburton Date: 15 January 2020

Equalities:

3.3 The strategy includes a strong focus on reducing heath inequalities. The strategy and its delivery is underpinned by the data within our Joint Strategic Needs Assessment which takes the life course approach identifying specific actions for children and young people; adults of working age and older people; and key areas for action that reflect specific equalities issues including inclusive growth and supporting disabled people and people with long term conditions into work. An Equalities Impact Assessment is not required for the strategy itself but should be completed for specific projects, programmes and commissioning and investment decisions taking forward the strategy, as indicated within this delivery plan.

Sustainability:

3.4 Sustainability is at the heart of the health and wellbeing and this is reflected in the inclusion of active travel, improved air quality and use of green and open spaces in the key areas of action.

Supporting documents and information

Appendix 1: Brighton & Hove Health and Wellbeing Strategy Delivery Plan

Appendix 2: Brighton & Hove Health and Wellbeing Strategy https://new.brighton-hove.gov.uk/sites/default/files/health/brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf

Brighton & Hove Health and Wellbeing Strategy Delivery Plan 15/01/20

Contents

Notes

This action plan, including lead and participating organisations, is up to date as at Jan 2020 but will be a live document and updated as appropriate.

A BHCC Health and Social Care commissioning strategy is being presented to the Health and Wellbeing Board in 2020 which will set out commissioning priorities for the next four years. Underpinning this strategy will be detailed commissioning plans for each individual areas including but not limited to, Learning Disability, Physical Disability, Residential and Nursing Homes and Home Care. These plans are currently being developed and as the specific commissioning activity is identified this will be incorporated into the strategy delivery plan.

1. Glossary

A&E	Accident & Emergency
BHCC	Brighton & Hove City Council
BHFP	Brighton & Hove Food Partnership
BHISS	Brighton & Hove Improvement & Support Service
BSUHT	Brighton & Sussex University Hospitals NHS Trust
CCG	Clinical Commissioning Group
CVS	Community and Voluntary Sector
CYP	Children & Young People
ESFRS	East Sussex Fire & Rescue Service
FCL	Families Children & Learning Directorate, BHCC
GP	General Practitioner
HASC	Health and Adult Social Care Directorate, BHCC
KPI	Key Performance Indicator
LCS	Locally Commissioned Service
LGA	Local Government Association
LTP	(NHS) Long Term Plan
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NHSE	National Health Service England
PCN	Primary Care Network
PHE	Public Health England
PSHE	Personal, Social & Health Education
SCFT	Sussex Community NHS Foundation Trust
SEN/SEND	Special Educational Needs / Disabilities
SHCP	Sussex Health & Care Partnership
SPFT	Sussex Partnership NHS Foundation Trust

2. City wide actions on the wider determinants of health

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
The benefits of economic growth will be reinvested to support greater levels of inclusion. The gap between and within our communities will be narrowed.	Economic Strategy	Improve access to work for those most at risk including people with long-term conditions (including mental health), people with disabilities (including learning disabilities) and people with substance misuse problems. Identify funding sources and any other City Development & Regeneration related activity that will yield resources that will be directed towards inclusion.	Key partners: BHCC, Civil Society Partners, NHS, local schools BHCC City Regeneration	To be agreed	Improved health and wellbeing outcomes Reduction in gap in the employment rate between specific groups and the overall employment rate
• Planning of major developments and transport schemes will promote health and wellbeing.	City Plan Part 1 and 2	Continue to promote healthy developments through the implementation of City Plan Part 1 strategic objectives eg A Sustainable; Attractive; Healthy & Balanced City (including policies SA6 Sustainable Communities, CP8 Sustainable	Planning Transport Planning	Ongoing	The health and wellbeing impacts of the built environment are central the local planning process

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		Buildings, CP9 Sustainable Transport, CP13 Public Streets and Spaces, CP16 Open Space, CP17 Sports Provision and CP18 A Healthy City)			
		Develop and implement guidance and a review process for Health Impact Assessments of strategic and larger planning applications	Planning Public Health	May 2020	Strategic and larger planning applications will be reviewed prospectively to assess health and wellbeing impact, which will support developers and planning to create healthier environments
• Planning of major developments and transport schemes will promote health and wellbeing.	City Plan Part 1 and 2	Continue to promote active travel through implementation of City Plan Part 1 strategic objectives eg. A Sustainable; Attractive City (including policies SA1 The Seafront, SA3 Valley Gardens, SA6	Planning, Transport Planning	Ongoing	The health and wellbeing impacts of the built environment are central the local planning process

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		Sustainable Communities, CP9 Sustainable Transport and CP13 Public Streets and Spaces)			
	Local Transport Plan	A new plan will be developed via public consultation and engagement, and will take into account the relevant aims and objectives of other city and council strategies and align with the development of the 2030 Carbon Neutral Programme.	City Transport	March 2021	The plan will set out set out the council's long-term transport strategy and a short-term delivery plan, which will assist in delivering the city's wider objectives for the economy, environment and public health.
More people will travel actively, and walking and cycling will be prioritised, benefitting physical and mental health		The £1.5m Access Fund for Sustainable Travel is now in its third year, with the possibility of an extension for a fourth year, subject to Government confirmation of funding. The third year is focused on the East Brighton area. The programme has a significant focus on active travel.	City Transport. Other partners include Coast to Capital Enterprise Partnership; Brighton & Hove Economic Partnership; Community Works; BHCC Public Health	March 2020 or March 2021 (subject to additional funding)	The programme will deliver projects that promote sustainable transport as the preferred way for people to access the seafront area for employment and leisure. Employment focused

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
			Team; Brighton Area Bus Watch; Brighton & Hove Bus and Coach Company; and Sustrans		Personalised Travel Planning Access to Work Access to Education Encouraging Cycling Road Safety The projects are aimed at residents, visitors, employees and students
	Local Walking & Cycling Infrastructure Plan [LCWIP]	The council's first LCWIP will be prepared via public engagement and a new Member Task & Finish Group. The process will include data collection, network planning and prioritisation to produce a 10-year plan of improvements. It will identify cycling and walking infrastructure improvements for future investment in the short, medium and long term; ensure that consideration is given to cycling and walking	City Transport	December 2020	The plan will include a schedule of prioritised improvements to walking and cycling networks and associated infrastructure which will contribute towards increasing the number of trips made on foot or by cycle, and make them the first choice for local journeys in

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		within both local planning and transport policies and strategies; and make the case for future funding for walking and cycling infrastructure in the city. The plan will be reviewed and updated periodically.			the city.
Air quality will be improved	Local Transport Plan 5 Local Cycling & Walking Infrastructure Plan BHCC carbon reduction plan Air Quality Action Plan Electric Vehicle programme NHS Long Term Plan	Consider options for revised Air Quality Management Area and Air Quality Action Plan	Transport	2021	Make progress in meeting local air quality targets
		City Assembly on Climate Emergency to consider transport emissions	City Assembly	Tbc 2020	Engage local stakeholders and residents
		Engage on and prioritise improving air quality as an outcome in • Local Cycling and Walking Infrastructure Plan • Local Transport Plan 5	BHCC Transport	March 2021	Air quality integrated into policy decisions
		Develop Air Quality communications plan	BHCC Comms / Public Health / Transport / NHS	Summer 2020	Raise awareness and promote behaviour change
		Electric vehicle infrastructure programme – 1st tranche	Transport	April 2020	Enable shift to low emission vehicles

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
Residents will be supported to be safe, warm and well in their homes.	Fuel Poverty & Affordable Warmth Strategy Housing Strategy	Through the Fuel Poverty & Affordable Warmth Steering Group (jointly chaired by Public Health & Housing), continue to oversee delivery of the Fuel Poverty & Affordable Warmth Strategy. The group also facilitates coordination and collaboration of key partners across the city working to alleviate fuel poverty.	Public Health, Housing, Adult Social Care, CCG, East Sussex, Fire and Rescue Service, BHESCo, Citizens Advice Bureau, National Energy Action.	Ongoing	Households, particularly those considered to be most vulnerable, are enabled to live in warm homes that support good health and wellbeing.
		Annual delivery of Public Health funded Warmth for Wellbeing programme during winter months, targeted to highest risk groups. Previous programmes have included warm home checks with small energy saving measures, in-depth debt & benefit casework and small hardship grants.	Public Health Key CVS partners	Ongoing	Approximately 100 vulnerable residents supported to live in homes that are more energy efficient, warm and affordable to heat (estimate, based on previous programmes)
		Work collaboratively with nationally funded Local Energy Advice Programme (LEAP), to	Public Health Housing Local Energy Advice	Ongoing to at least March 2021	Residents supported to live in homes that are energy efficient,

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		enable access for residents in Brighton & Hove to in-home energy and money-saving advice visits, with small energy saving measures, and onwards referrals for national grants.	Partnership		warm and affordable to heat (numbers for 2020/21 TBC, likely in excess of 200).
		Delivery of SHINE project to council tenants, including home energy advice visits, small energy saving devices and improvements to boilers to increase efficiency and control.	Housing Brighton & Hove Energy Services Cooperative (BHESCo)	Aug 2020	250 home advice visits
As above		Delivery of Home Safety Visits (Safe & Well) to residents in Brighton & Hove. Offering home fire safety advice, prevention and early detection measures (e.g. free smoke alarms) and onward referrals as appropriate. Measures fitted dependant on need. Two way referrals between services to offer support.	East Sussex Fire & Rescue Service	Ongoing	Residents considered to be more vulnerable who are referred through Safe, Warm & Well partners will benefit from fire safety advice, prevention and detection measures to keep them safer from fire

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
					at home.
As above	Housing Strategy	Consult with residents and stakeholders on the Housing Strategy 2020 -2025	Housing	September 2020	The new Housing Strategy will cover a range of themes including quality of homes and specific actions can be identified in support of the statement.
• The underlying causes of homelessness will be tackled.	Homelessness & Rough Sleeping Strategy Housing Strategy	Ensure all data sets on reasons for underlying causes of homelessness are collected and analysed to inform the response to prevention and early intervention. More actions will be developed, including collaboration across partners, following the publication of the updated homelessness and rough sleeping strategy in 2020.	Housing	Ongoing	Reduction in high underlying causes by use of early intervention and prevention.

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
• A whole city approach to food and wellbeing will be adopted, prioritising those with the poorest diets or least access to healthy food.	Brighton and Hove Food Strategy Healthy Weight Programme Board Action Plan	Deliver Food Strategy action plan including a citywide approach to understanding and addressing food poverty in the city and focus resources on those who are most vulnerable.	Brighton & Hove Food Partnership (BHFP) and all food strategy partners including HWB member organisations	Action plan covers 2018-2023	See outcomes of food strategy p15 of food strategy Ongoing monitoring of food poverty tbc
		Achieve Sustainable Food City Gold Bid	BHFP and all food strategy partners	Gold Bid application submitted 2020	Gold Award
		Introduce a new pathway to support older people at risk of malnutrition in the community	Ageing Well Partnership, CCG, BSUH, Public Health and Adult Social Care	Pathway introduced end of 2020	New pathway adopted by statutory and voluntary sector partners
		Explore use of the LGA / PHE whole systems healthy weight approach	Healthy Weight Programme Board	By end 2021	Healthy weight programme board to coordinate with a wide group of city stakeholders
		Continue to take a coordinated	BHFP, BHCC Public	2020	Increased

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		citywide approach to encourage people to eat more veg.	health		consumption of veg. e.g. Safe and Well at School survey data
		Updated planning guidance adopted around food growing and access to health food	BHFP, BHCC Planning and Healthy Weight Programme Board partners	By end of 2020	Increased access to food growing space
		BHCC minimum buying standards updated to include actions around sugar reduction / increased veg consumption / sustainability	BHCC Procurement, BHCC Sustainability & BHFP	By end of 2020	Improved nutritional and sustainability standards of food served & increased number of settings using the standards
		Campaign to increase uptake of Healthy Start vouchers	Childrens Centres, Healthy Lifestyles Team, BHFP	2020	Increased number of eligible families receiving healthy start vouchers
		Citywide work to increase the amount of surplus food redistributed to projects addressing isolation and	Surplus food network	2023	Increase in the amount of surplus food redistributed (baseline 1090

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		poverty			tonnes 2018/19)
		Explore ways to reduce junk food advertising & promotion around schools locally	Healthy Weight Programme Board	2022	Healthier children
• Green & open spaces and sports & leisure facilities will be used effectively to improve wellbeing.	Open Spaces Strategy Biosphere Sport and physical activity strategy	Deliver improvements to increase access and use to green and open spaces (to include Multi Use Games Area, Wild Park; Playground improvements; Stanmer play trail; East Brighton Park cycle stands; Queens Park Dipping Platform; Stanmer Park completion of capital works; Wooden carved benches trial with schools).	Parks Projects Team/ /Stanmer Estate Manager	Throughout 2020	Improvements to green and open spaces Improve health and wellbeing Increased physical activity levels
	Seafront strategy Sport and Physical Activity Strategy Open spaces strategy	Deliver improvements to Brighton and Hove seafront. Kingsway Improvement Plan – public realm redesign, review of existing sports facilities, identify opportunities for commercial leisure operators	Seafront Team in conjunction with City Parks & Sports Facilities	2020/2021	Modern and relevant recreation facilities will lead to increased participation from local residents.

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		Redevelopment of Hove Lagoon Skatepark	Seafront Team	2020/2021	The facility will accommodate beginners as well as more advanced skaters and enable skill development and increased participation.
		Sea Lanes, Madeira Drive: to provide open water swimming centre with 50m outdoor pool, changing facilities, improved beach access retail, leisure and catering units.	Commercial operator	2020/2021	Creation of a purpose built centre of excellence for open water swimming. Increased participation in swimming related sports/events i.e. triathlon, open water swimming, surf lifesaving.
		Black Rock – improvements to Black Rock site and surrounding area. Creation of beach	City Development & Regeneration Team	2020/2021	Improved pedestrian and cycle route along the seafront

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		boardwalk, improved pedestrian and cycling links along the seafront, new pump track and informal recreation and play facilities.			alongside improved connectivity between Kemptown and the beach will encourage higher use of the area. The introduction of a pump track and play facilities will also drive footfall and dwell time.
	Physical activity strategy Facilities Strategy Open spaces strategy Seafront Strategy	Develop and produce a physical activity and sports strategy, which encourages use of open and green spaces and leisure facilities.	BHCC, Public Health, Sports Facilities, Parks, transport and key partners	September 2020	Physical activity and sports strategy produced.
		Develop and deliver a programme of physical activity opportunities to support communities to access a wide range of opportunities in leisure facilities and green and	Public Health, key partners	2020/2021	Increase in physical activity levels and raised awareness of physical activity opportunities.

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		open spaces.			
		To continue to work with in collaboration with Freedom Leisure and support the delivery of the Active Communities plan.	Sports Facilities Team, Freedom Leisure, Public Health	2020/2021	Increase in physical activity levels
		Implementation of Sports Facility modernisation programme including delivery of a Sports Facilities Investment Plan and Options Appraisal.	Sports Facilities, BHCC	2020/2021	To help improve the future sustainability of the Sports Facilities Portfolio.
	Biosphere	Changing Chalk project	Parks / Biosphere	Development of bid by 2021	Green infrastructure in the heart of the city (increased physical and mental wellbeing)
		'Greening the city' through biocultural heritage tourism at Stanmer	BHCC and external partners (small and medium enterprises)	September 2021	An increase in and improvement to access to Stanmer leading to more access to green space

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
					and improved physical and mental wellbeing
• Libraries and community spaces will be used to improve wellbeing.	Brighton & Hove Libraries Plan	Continue current programme of health and wellbeing activity: • provision of health related stock and resources, • signposting customers to other organisations which can help support their health and wellbeing • our Library Home Delivery Service introduces clients to Age UK's health consultation work with people aged over 75 • promote Public Health messages via digital screens and our Jubilee Library foyer libraries; as well as displays,	Libraries, Public Health and partners	2020	The majority of our libraries offer space for community groups to meet to reduce social isolation and support community cohesion. Portslade Library will be refurbished to increase the area available for groups to meet. Groups currently include: local history, needlecraft, reading and Healthwalks

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		exhibitions, living libraries and workshops • working towards dementia friendly library environments Review health and wellbeing activities as part of developing new Libraries Plan 2020-24			
• Arts and culture will benefit our health and wellbeing, including within local health and care services.	Cultural Framework	Develop and deliver a work programme to meet the aims of the health and wellbeing objectives of the cultural framework: • Promote the contribution that engagement in the arts makes to health & wellbeing. • Develop opportunities for collaboration between the arts and health & wellbeing sectors and a shared approach to evaluation	Arts, health & wellbeing steering group (including CVS; Public Health; BHCC Cultural Services; NHS partners)	Throughout 2020/21	Recognition of the contribution that engagement in the arts makes to health and wellbeing

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		• Support the work of the arts sector to address health and wellbeing priorities across the city. • Co-develop arts and health initiatives that reduce inequality, improve access and allow people to have choices and a say in what they are engaging with. • Explore investment opportunities. Deliver a local conference to progress joint working to deliver these priorities.		April 2020	
People with caring responsibilities will be supported.	Think Carer – building a Carer Friendly City, 2017-20 The strategy is currently being refreshed, and will focus on 4 key priority	Promotion of the NHS England Carers Quality Markers in Primary Care, across the local Primary Care Networks To support paid and unpaid carers, new sections have been written for the Stop, Look, Care	Carers Hub/Commissioning Manager for Carers	March 2021	To engage with all Primary Care Networks to complete the Carers Quality Markers assessment process and the development of relevant action

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
	areas to be more 'carer friendly': • Health (Primary and secondary) • Education (Primary, Secondary, Further and Higher Education • Employment (Carer Friendly policies) • Social Care (Carer Friendly statutory and non-statutory services)	handbook.			plans.
		Develop a partnership between BSUHT, SCFT, SPFT, hospices etc and the Carers Hub, to encourage the identification, recognition, assessment and support of unpaid carers. To encourage improved co-production with carers, and improved hospital admission/discharge process.	Carers Hub/Commissioning Manager for Carers	August 2020	Development of KPI's to identify carers, guidance for supporting carers within the hospital and hospital discharge, and development of effective pathways between the Carers Hub and BSUH
		Build on the engagement with educational institutions to raise awareness of Young Carers, and Young Adult Carers, to ensure their needs are being addressed	Carers Hub/Commissioning Manager for Carers	April 2020	Development of a Think Young Carer programme across educational institutions, to identify Young Carers, and develop effective pathways with the Carers Hub
		Promotion of Employers for	Carers	Mar 2021	Development of a

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		Carers membership and resources, to encourage local employers to develop Carer Friendly policies and potential use of Carer Employee Passports.	Hub/Commissioning Manager for Carers		local Guide to being a carer friendly employer, and promote this with local employers
		Ensure social care services (statutory and non-statutory) Think Carer – raise awareness of carers (Young, Young Adult, and Adult Carers), increase the identification of carers, and promote a co-production approach to supporting carers. To both respond to statutory duties and to ensure carers are viewed as key partners with care services. A Nursing Times award winning handbook, Stop, Look, Care, will continue to be shared with paid and unpaid carers and form the basis of education	Carers Hub/Commissioning Manager for Carers	April 2020	Develop Carers KPI's for services to increase the identification of carers, and provide an effective response to their needs, ensuring that statutory duties are addressed

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		sessions.			
Partners across the city will work with local residents to challenge the normalisation of substance misuse and excessive alcohol consumption and raise awareness of the detrimental impact they have on individuals and communities, so to reduce the associated harm, including physical and mental health problems and the exploitation of young or vulnerable people.	Community Safety and Crime Reduction Strategy	Continue to develop and deliver a programme of enforcement and trading standards actions • Sensible on Strength • Test purchasing • Training for premises on age restricted sales Consult on and refresh the B&H Community Safety Strategy refresh to include a focus on achieving this strategy objective within the plans to reduce violence against the person and prevent exploitation Consult on review of Statement of Licencing Policy 2020 NHS to use events as an opportunity to promote health	Licensing Team Community Safety Team Licensing Team CCG / NHS partners	Ongoing April 2020 May 2020 Ongoing	Reduction of availability of cheap super strength beers and ciders. Reduction in sales to underage. New Community Safety Strategy Revised Statement of Licensing Policy Promotion of health and wellbeing

Health and Wellbeing Strategy Statement	Related City Strategy	What will be done	Who will do it	By when	What will be the output or outcome
		and wellbeing campaigns			messages
		Implement the alcohol communication strategy • Identify priority groups for campaigns including Alcohol Awareness Week & Dry January.	Public Health	Annual and ongoing	Reduction in the percentage of people drinking at harmful levels.
		Continue to raise awareness of the harms from drugs. • Particular focus on cocaine and cannabis	Public Health, Police, Drug service health promotion team	July 2020	Campaigns delivered

3. Starting well

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
A focus on early years will maintain our good breastfeeding rates and improve the uptake of childhood immunisation.	• **88%** breastfeeding by 48 hours (2016/17) • 71% breastfeeding prevalence at 6-8 weeks after birth (2018/19) • Most childhood vaccination rates, including MMR, are below the 95% required for population protection e.g. 83.6% coverage for two doses of MMR by age 5 years (2018/19)	• High breastfeeding rates maintained • Immunisation rates are increased (MMR two doses by five years)

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
BSUH to commence the UNICEF Baby Friendly Initiative accreditation/re-accreditation, with an aim for full level three accreditation by 2024.	BSUHT – Midwives	Ongoing	Yes	High breastfeeding initiation rates High breastfeeding rates at 6-8 weeks
Multiagency workshop organised to identify ways to further improve the support for mothers to breastfeed	Maternity Voices Partnership	By April 2020		
Continue to support and promote breastfeeding at birth and up to six months through Healthy Child Programme.	SCFT- Health Visitors and peer support workers	Ongoing		

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
• Breastfeeding information, advice and support provided by midwives, health visitors and peer-support workers. • Additional support provided in localities with lower breast feeding prevalence. • Annual infant feeding training for the 0-5 years team introduced				
A cross system action plan approved by the Health and Wellbeing Board to improve childhood immunisation coverage Joined up communications plan for childhood vaccinations in the city, including annual schedule for communications and campaigns Health Equity Audit for MMR vaccination. The HEA will enable better targeting of messages and support to communities.	BHCC, SHCP, NHSE, PHE, CCG, SCFT BHCC, SHCP, PHE, SCFT, CCG BHCC, PHE, NHSE, CCG, SHCP	2020/21 2020/21 March 2021	Yes Yes	Increased immunisation coverage at all ages.

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
Healthy lifestyles and resilience will be promoted, including in school and other education settings, to reduce the risk of experiencing health problems in later life.	• **73%** 10-11 year olds healthy weight (2017/18), but 14,000 children are overweight/obese • **6%** smoking at delivery (2017/18) • Conceptions to under 18s fell from 48 per 1,000 15-17 yr old females (1998) to **19 per 1,000** (2017) • The highest % of 15 year olds who smoke, have tried cannabis and the 3rd highest % drinking weekly in England (2015) • Young people aged 15-24 experience high rates of STIs, and are more likely to be re-infected within 12months (2017)	• Maintain the high percentage of children in reception and year 6 who have a healthy weight. • Maintain the percentage of pregnant women smoking at the time of delivery maintained at low levels • Under 18 conceptions maintained at a low level • Reduce the high rates of smoking alcohol and drugs use in 15 year olds • Reduce the rate of sexually transmitted infections in young people.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Pregnant women who smoke are supported to quit • Increase the number of midwives trained to offer smoking cessation support so that all women are offered Carbon Monoxide readings at point of booking assessment and again at 36	BSUHT	March 2020		Lower rates of low birthweight babies, stillbirths and infant mortality.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
weeks • Improve the collection and recording of data for maternal smoking at time of delivery • Increased information for women and their families who are wanting to give up smoking in the lead up to pregnancy / fertility programme by providing Smoking Cessation Pre-conception training for LCS staff (through Healthy Living Pharmacy model)	BSUHT (midwives) Public Heath Tobacco control lead / BSUHT (midwives / hospital stop smoking lead)	April 2021 October 2020	 Yes	Achieve a minimum of 75% CO validated 4-week quits Number of women reporting a successful quit at pre-conception stage will reduce the number of pregnant women smoking at booking.
A continued focus on promoting the healthy weight of schoolchildren. • Work with the healthy child team to promote referrals from staff to HENRY (preschool) programme and increase referrals to the children and families programme • Promote referrals to the Healthy Lifestyles Team Point of Contact to families and non-health organisations, such as schools, from across the city • Healthy Lifestyles Team assemblies delivered in all primary schools	Beezee Bodies, Schools, School Nurses and Healthy Child 0-5 team	March 2021	No	Increased number of referrals to Beezee Bodies. Assemblies delivered in all targeted schools

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Improve the quality of teaching and learning in Personal, Social and Health Education (PSHE) in schools and health promotion programmes to provide young people with information and skills about alcohol, drugs, tobacco and sex and where to go for help and treatment. • Support for schools to review and develop relationships, sex and health education part of the curriculum in advance of it becoming statutory in September 2020 • Teacher training and consultancy offer • Resources to support delivery and engagement with parents, carers, pupils and students.	Schools PSHE, Public Health & Health Promotion services	March 2021	No	Safe and Well at School data shows levels of knowledge have increased
The Public Health Schools Programme will continue to support schools to deliver their priorities around physical activity, healthy eating, emotional health and wellbeing and substance misuse. • Support schools to achieve both the healthy school awards for emotional health and wellbeing, physical activity and healthy eating and the national Healthy Schools Rating Scheme. • Increase the number of schools taking part in the #IAMWHOLE project	Schools, Public Health, Healthy Lifestyles Team	July 2020	No	An increasing number of schools achieving all three local awards An increased number of schools have #IAMWHOLE mental health champions

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
• Promote the use of SMILE (Smile, move, imagine, learn and enjoy) in primary schools	Active Travel			An increased number of schools using SMILE
Review approach to reducing alcohol, drugs and tobacco use amongst young people including health promotion. • New stop smoking and cannabis campaign resources provided for all secondary schools. • Drugs, Alcohol and Sexual Health Education Team continue to offer targeted support to young people. • Continue to support local and national campaigns targeting young people e.g Alcohol Awareness Week • Continued development of local resources for parents and carers	Public Health, PSHE leads in schools, School Nurses Public Health Public Health, FCL Adolescent Service Public Health, ru-ok? Public Health, YMCA	July 2020 2020 Ongoing Ongoing Ongoing	No	Review recommendations implemented Campaign resources provided
Improve performance of local chlamydia screening programme • Implement findings from the national review of the programme • Maintain a focus on high-risk groups	Sexual Health and Contraception Service, Public Health & CCG	March 2021	Yes	Chlamydia detection rate /100,000 15-24 year olds increases

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
Risks to good emotional health and wellbeing will be addressed, including parental substance misuse and domestic abuse, and mental health services will be easier to access.	• **544 per 100,000** 10-24 year olds admitted to hospital for self-harm (2016/17)	• The percentage of pupils who often / sometimes feel happy increases.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Implement the Back on Track project to increase both the number of alcohol dependent parents (ADPs) accessing treatment and the number of children and young people affected by their parents drinking who are receiving support.	Public Health, Oasis, Pavilions	March 2021	No	Increased number of parents accessing treatment. Increased number of children of receiving support. Decrease in the proportion of Children in Need assessments which have parental alcohol consumption identified as a risk factor.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Continue to develop the Schools Wellbeing Service to improve pupils access to emotional wellbeing and mental health support through a Whole School Approach and direct interventions	Schools Wellbeing Service, CCG, FCL Directorate, Public Health	March 2020	Yes	Improve National Children's Mental Health Access Target in Brighton and Hove (by 1,000 contacts per year from Jan 2020)
Implement the Mental Health Support Team programme to enhance the established Schools Wellbeing Service to improve access to emotional health and wellbeing support.	Schools Wellbeing Service, Child and Adolescent Mental Health Services, CCG, FCL directorate, Public Health	April 2020	Yes	Improve National Children's Mental Health Access Target in Brighton and Hove (by 200 contacts in 20/21 and 500 contacts in 21/22)
To support and challenge mainstream schools to maintain the placement of children and young people with Social, Emotional, Mental, Health (SEMH) specific Special Educational Needs (SEN) in mainstream through prevention and early intervention.	BHCC BHISS (Brighton & Hove Inclusion and Support Service)	Ongoing		Service in place reducing fixed term exclusions.
To work with partners through the CYP Autism working group to develop provision and services to support children with Autistic Spectrum Conditions and their families.	BHISS	September 2020		High quality provision is available to children, young people and families which is co-produced with local

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
				organisations.
To promote the use and self-evaluation of the Local Authority's comprehensive guide for mainstream schools and Early Years settings on the effective identification of SEND.	BHISS	2020/21		Greater consistency of identification of SEND and Early Years settings and reduction in the number of inappropriate referral to SEN panel.
Implement new service level agreements for SEND services with all specialist education provision within the city.	BHCC Health SEN & Disability Services	2020/21		Outcomes including the delivery of therapeutic support where appropriate.
Implement actions from the Sussex Health and Care Partnership work-stream on self-harm with a focus on support, guidance and training on self-harm across the system especially within education establishments and including the A&E pathway to schools.	Schools Wellbeing Service, Child and Adolescent Mental Health Services, CCG, FCL directorate, Public Health	June 2020	Yes	Reduction in rates of self-harm relative to comparator CCGs & local authorities
Enhance the Sussex-wide children and young people crisis response service to provide an urgent locality	CCG and SPFT	2020/21	Yes	Improved access to CYP mental health services

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
based Mental Health response within Specialist Child and Adolescent Mental Health Services				Reduction in rates of self-harm relative to our comparators
Develop a CYP mental health workforce strategy across Sussex that underpins the service transformation within the system including recommendations within the Sussex wide review of emotional wellbeing and support for children and young people	SHCP partners	2020/21	Yes	Contribute to improving access for CYP to mental health services by ensuring appropriately skilled workforce capacity available
Improve Sussex Family Eating Disorder Service model to ensure the service can meet demand and achieve national access targets consistently	Sussex CCGs and SPFT	2020/21	Yes	Consistent achievement of access and waiting times targets for CYP eating disorders
Improving access to assessment, treatment and support for CYP with neuro-developmental issues	B&H CCG, SPFT and Sussex Community FT	From 2020/21	Yes	Improve access and waiting times for assessment and diagnosis of neuro-developmental issues as well as on-going support for identified mental health or emotional wellbeing needs

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
High quality and joined-up services will consider the whole family and, where appropriate, services will intervene early to provide support to prevent problems escalating.	• **77 per 10,000** children and young people under 18 years in care (Sept 2018) • **72%** achieving a good level of development at end of the Early Years Foundation Stage (2018/19) • The educational progress pupils make between primary and secondary school is in line with the England average (2017/18) • **16%** of children live in poverty (2016)	• The gap in having a good level of development for disadvantaged groups at the end of the Early Years Foundation Stage is reduced. • Educational attainment at 16 is improved for all pupils and those from disadvantaged groups.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Complete a multi-agency review of preventative services and revise the Whole Family Working Strategy taking into account the findings of the review and the future of the Troubled Families Initiative	Whole Family Partnership Board	May 2020	No	Preventative services deliver effective support and interventions with a whole family approach
The Public Health Community Nursing service will deliver the Healthy Child Programme; • a 4 tier offer; community (C), universal (U), universal plus (UP) and universal partnership plus (UPP).	SCFT	Ongoing	Yes	Mandated checks coverage meets local targets.

• 5 universal reviews; antenatal, new-birth, 6-8 weeks, 1 year and 2-2 ½ years • 6 high impact areas for both pre-school and school age children. • The Healthy Futures Team provides additional support to a wide range of vulnerable families. • Following on from recent additional training a continued focus on speech, language and communication.				
Review and update the Early Years Strategy with an emphasis on improving speech, language and communication	Early Years and Childcare in FCL, Public Health and CCG, SCFT, Early Years Settings	June 2020	Yes	Narrow the gap for disadvantaged groups in the Early Years Foundation Stage Profile
Implement the new structure for specialist provision with an integrated offer across education, health and care for children with SEND in order to improve outcomes for children and young people and their families	BHCC FCL; CCG	2020/21		- Extended day in place at the complex needs hubs.
Develop a SEND sufficiency plan to identify future need in the city for specialist education, care and health provision	BHCC Health SEN & Disability Services	2020/21		Planning of future service capacity is informed by needs
Ensure all children and young people with an identified	BHCC Health	September 2020		- EHC Plans issued within 20

need have EHC plans in place within statutory timeframes	SEN & Disability Services			weeks excluding exceptions (DMT KPI) - EHC Plans issued within 20 weeks including exceptions (DMT KPI)
Continue to deliver family coaching, primary family coaching, specific and parenting interventions to support families in line with the Troubled Families Earned Autonomy plan	Integrated Team for Families and Parenting Service	Ongoing	No	To deliver the Troubled families Earned Autonomy Plan.
Continuing to ensure Children's Centres improve outcomes for families with young children focussing on disadvantage	Early Years and Childcare in FCL, Children's Centres	Ongoing	No	80% of families receiving 1-1 interventions report improvement (updated quarterly)
Embedding the National Children's Bureau Making it REAL (Raising Early Achievement in Literacy) programme with children's centres and nurseries attended by disadvantaged children	Early Years and Childcare in FCL, Children's Centres and Nurseries	Ongoing	No	Narrow the gap for disadvantaged groups in the Early Years Foundation Stage Profile
Rolling out the Early Years Professional Development Programme (part of government's social mobility strategy) with 15 early years settings attended by the city's most disadvantaged children	Early Years and Childcare in FCL, Nurseries.	Ongoing	No	Narrow the gap for disadvantaged groups in the Early Years Foundation Stage Profile

4. Living Well

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
Information, advice and support will be provided to help people to eat well, move more, drink less and stop smoking to reduce their risk of developing long term health conditions. Local people and communities will make the most of these opportunities to improve their health and wellbeing.	• **78%** of adults are physically active (2016/17) • **14%** of adults cycle to work atleast once a week (2017) • **697 per 10,000** had alcohol specific hospital admission (2017/18 • **18%** of adults are current smokers (2017) • Life expectancy (2015-17) Male **79.1** years, Female **83.0** years Healthy life expectancy (2015-17) Male **62.2** years, Female **65.3** years.	• The adults smoking prevalence, and the gap between routine and manual workers and other groups, are reduced • Alcohol specific admissions to hospital are reduced • Drug related deaths are reduced

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Reprocurement of the adult community alcohol and drug service.	Public Health	April 2020	Yes	Reprocured service in place.
Maintain the current trend of increasing numbers of people entering alcohol treatment services; • Review the alcohol locally commissioned service	Public Health, CCG, SPFT and other NHS	2020/21 tbc	Yes	Increased number of alcohol dependent people in treatment.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
• To enhance the effectiveness of the hospital alcohol liaison team by working more closely with the mental health liaison team. • Extend the community alcohol liaison role across all PCNs.	providers	2020/21 tbc tbc		Reduced number of people drinking alcohol at levels increasing risk of harm.
Launch a citywide physical activity conversation / debate Develop a city wide physical activity strategy	Physical activity strategy group, BHCC: Public health, comms, communities sports and leisure, parks, transport, Active Sussex and other stakeholders	March 2020 September 2020		Strategy produced, physical activity levels increased with a long term reduction in inequalities
Explore a city wide whole systems approach to healthy weight	Healthy weight programme board working with city stakeholders	March 2021		Longer term reduction in levels of obesity at reception, year 6 and in adulthood, increased healthy weight, with a reduction in inequalities
Production of standard clear evidence based healthy lifestyle resources and direct access to healthy lifestyle	BHCC communications	tbc		Website used to increase physical activity levels,

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
support is available via website	team, healthy lifestyles team, support from CCG			increase access to alcohol services, improve diet and reduce smoking
Develop a Brighton and Hove Tobacco Control strategy	BHCC including schools, PH, trading standards, CCG, and NHS partners, ESFRS Tobacco Control Alliance partners	Dec 2020	yes	Strategy with a whole systems approach to reducing smoking prevalence, smoking prevalence in routine and manual workers and amongst young people.

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
Mental health and wellbeing will be improved and easier access to responsive mental health services will be provided.	• **22%** of adults aged 20+ have 2+ long-term physical or mental health conditions, **8%** have mental **and** physical conditions, with a strong link with deprivation (2017) • **10%** of adults are on GP depression registers (2017/18)	• The gap between the overall employment rate and the rates for those with mental health services are reduced. • The percentage of adults with high levels of happiness is increased and with high levels of anxiety is reduced. • Death from suicide and undetermined

		injury are reduced.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Deliver 2020 World Mental Health Day activities Continue to promote and support the campaign across the city with our partners in primary care and mental health support (Community Roots, Health and Wellbeing Service and Sussex Partnership NHS Trust [SPFT])	Public Health BHCC & CCG Communications Team Communications at Community Roots, Wellbeing Service and SPFT	2020/21	Yes	Universal preventative mental health and proactive self-management resources for common mental health conditions
We will deliver the Suicide Prevention Strategy and Action Plan across the 7 key themes of: 1: Reduce the risk of suicide in key high-risk groups 2. Tailor approaches to improve mental health in specific groups 3. Reduce access to the means of suicide 4. Provide better information and support to those bereaved or affected by suicide	Led by Multi-Agency Suicide Prevention Steering Group, made up of Statutory, NHS, Local Authority, Police	Review strategy by 2021.	Yes	Achieve the expected fall in the rate of suicide by 10% by 2020/21.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour 6. Support research, data collection and monitoring 7. Reducing rates of self-harm as a key indicator of suicide risk.	membership alongside the community and voluntary sector.			
Continue to develop mental health community services through the newly commissioned Community Roots service. The new service encompasses a wide range of services.	Community Roots Partnership.	2020/21	Yes	Outcomes including increased number of people in paid employment and a target of 350 referrals being accepted per annum.
Deliver on the specialist health component of the Transforming Care service model through efficient maintenance of the risk register.	BHCC Disability Services (FCL)	March 2020		- Maintain the reduction in the number of admissions of adults with learning disability to hospital to less than 3 per year. - Maintain the reduction in the number of people with learning disabilities remaining in hospital at any one time to less than 10.
Work in partnership with the CCG to implement and adopt a dynamic risk register to reduce long term hospital admissions and residential care	BHCC FCL Disability Services	March 2020		- Full time residential placements to reduce by one by Mar 20 - Dynamic risk register live

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
Sexual health will be improved, including reducing new HIV infections.	• The highest rates of new STI diagnosis and HIV prevalence outside of London (2017)	• HIV 95|95|95 (95% of all people living with HIV know their HIV status; 95% of people with diagnosed HIV infection receive sustained antiretroviral therapy; 95% of people receiving antiretroviral therapy with have viral suppression)

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Deliver the Fast Track City targets • Promote the benefits of early diagnosis • Increase HIV testing • Targeted campaigns to address HIV related stigma and discrimination	Towards Zero Partnership	December 2020	Yes	Reduced number of new HIV infections and stigma
Develop an integrated commissioning plan for sexual health services for the city	Public Health, CCG, voluntary sector and other NHS partners.	December 2020	Yes	Integrated plan developed
Improve access to testing and treatment services • develop on-line testing	Public Health, BSUHT, CCG and	March 2021	Yes	Increased number of tests for Sexually Transmitted

• implement national standards on reducing the time taken between testing and results. • implement service improvements to the chlamydia screening programme • implement the national syphilis action plan	other healthcare providers, Terence Higgins Trust			Infections

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
People will receive support to improve their wellbeing at work.	• **22%** of adults aged 20+ have 2+ long-term physical or mental health conditions, **8%** have mental **and** physical conditions, with a strong link with deprivation (2017	

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Publish Public Health Annual Report on 'Work and Health' making recommendations for city partners to make improvements across the life course in relation to work and health.	Public Health, Health and Wellbeing Board member organisations and other city partners	The report will be launched in March 2020	Health and care staff wellbeing is a priority in the LTP	A workplace health plan will be developed, informed by the report recommendations involving partners including local employers.
Assess the feasibility of a Brighton & Hove City Council Workplace Wellbeing Award/Accreditation based on	Public Health	March 2021	No	Agreed local response to the Public Health England

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
the Public Health England Local Healthy Workplace Accreditation Guidance published in 2019.				Local Healthy Workplace Accreditation Guidance.
Develop the Public Health Single Point of Contact referral system for local workplaces getting in touch with the Healthy Lifestyles Team to improve the health of their workforce.	Public Health	December 2020	No	The routes of referrals for workplaces getting in touch with the Healthy Lifestyle Team will be improved, making the process quicker

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
People with disabilities and long term conditions, and the long term unemployed, will be supported into work.	Improved health and wellbeing and independent living.	• The gap between the overall employment rate and the rates for those with long-term health conditions, learning disabilities and in contact with mental health services are reduced

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Create a clear Education, Health and Care offer for post 16 and post 19 year olds with the Further Education sector and local employers.	BHCC SEND Services	April 2020		- Purposeful employment and positive feedback received from service users
Transition POD in place for young people with learning disabilities aged between 14 to 25.	BHCC Disability Services	April 2020		- Transition POD fully operational with social workers within the POD working across the full age range.
A revised Special Educational Needs and Disability (SEND) Strategy 2020- 2025 will be co-produced.	BHCC SEND	2020/21		Revised SEND Strategy 2020-2025 with targets to be presented to Health and Wellbeing Board and CYPS Committee

Specialist employment support will be provided for people living with mental health challenges.	Community Roots Partnership with South Downs Housing providing lead support 'Work and Wellbeing'.	Ongoing	Yes	Increased number of people in paid employment. Including a target of 350 referrals being accepted per annum.

Strategy key area for action: Transforming care

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Brighton & Hove will continue to participate in the Transforming Care programme and focus its efforts on further commissioning a range of services and support for patients with learning disabilities and autism	CCG/BHCC /NHS providers and other key partners	Ongoing	Yes	Improving waiting times for autism diagnosis and providing the right care for children with a learning disability

5. Ageing well

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
The contribution that people of all ages make to Brighton & Hove will be nurtured and celebrated and we will be both an age friendly city and a dementia friendly city.	• **4.6%** of 65+ year olds have a record of dementia (2017)	

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Continue to develop and build the cities Dementia Action Alliance, bringing together organisations across the city to connect, share best practice and take action on dementia.	Age UK, CCG commissioner and alliance members	Ongoing		Increased number of member organisations
Ensure community services working with older people are dementia friendly by offering activities which are inclusive and accessible to people with dementia and their carers, as well as offering dementia specific psychosocial groups and activities	BHCC, CCG commissioner, The Ageing Well Service, voluntary sector and private sector	2021	Yes	Increased community activities for people living with dementia

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
	providers			
Engage with older people to ensure they have a voice in issues which affect them. The six priority areas (co-created with older people) are 1. community support and activity 2. health and social care (including housing) 3. the built environment and outdoor spaces 4. transport 5. communication 6. Positive ageing.	BHCC, CCG, Impact Initiatives, the Ageing Well Service delivery partners, and libraries.	Ongoing	Yes	Twice yearly engagement activities
Workplaces in the city will be supported to join the dementia action alliance and train staff as dementia friends. Workplaces will be supported to adopt actions from the Age Friendly Employers Toolkit, in order to create flexibility in roles if needed, recruit, develop, promote and retain staff of every age, ensure everyone has the health support they need, support unpaid carers, encourage career development at all ages, and promote an age positive culture	BHCC workplace health lead, NHS partners, Age UK, BHCC workplace health lead, CCG, NHS providers, Chamber of Commerce	2021 2021		In the longer term fewer people will retire prematurely due to health reasons
Ageist and negative language, culture and practices	BHCC, CCG,	2021		Health related quality of

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
wherever they occur, in both policy and practice, will be challenged, and the city will celebrate and recognise the successes and benefits of an ageing population.	and all employers in the city			life for older people will improve Older people will feel more connected to their neighbourhoods

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
The needs of ageing people will be considered in the design of the physical environment and in planning new housing developments.	• **104** in every 1,000 65+ year olds have age-related macular degeneration (preventable sight loss) (2017/18) • **749 per 100,000** people aged 65+ admitted to permanent residential / nursing care homes (2017/18)	

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
The quality of existing mainstream housing stock will be improved and new homes future-proofed, ensuring they	BHCC and housing	ongoing		Prevent or delay early admissions to residential

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
are built to be accessible and adaptable. Housing options in the city should meet the diverse needs of older adults across all tenures – home ownership, social housing and the private rented sector	partners			care
Recommendations for the Older People's housing needs assessment will be implemented	BHCC and housing partners	2021		Prevent or delay early admissions to residential care
Recommendations from the needs assessment for those with physical disabilities and neurological conditions will be implemented	BHCC HASC and Housing	2021		Prevent or delay early admissions to residential care Increase suitable home care, supported accommodation and extra care alternatives

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
People will be supported to reduce loneliness and social isolation and to reduce their risk of falls and fractures.	• The risk of loneliness for those 65+ in the city is in the top 20% in England (2011) • **41%** of people aged 65+ live alone (2011) • **2,465 per 100,000** people aged 65+ were admitted as an emergency to hospital due to a fall (2017/18)	• Hospital admissions due to falls are reduced

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
The Ageing Well service will deliver health promotion and wellbeing activities across the city for people aged 50+, targeting older people who are identified as being lonely and most at risk of a decline in their independence and wellbeing	Impact Initiatives and voluntary sector partners. BHCC and CCG commissioners	Ongoing	Yes	Increased throughput and referrals to the Ageing Well Service Reduction in rate of loneliness
Befriending services will match volunteers with lonely isolated adults of any age; offering short and long term interventions which build confidence and link people up to community assets	Ageing Well Service, Together Co., Time to Talk Befriending, and BHCC and CCG	Ongoing		Increased referral to befriending services Reduction in rate of loneliness

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
	commissioners			
Social prescribing services will offer 1:1 support and signposting advice to lonely isolated adults to improve health and wellbeing and build confidence and self esteem	BHCC public health, CCG commissioners, Together Co., PCNs, library services, and voluntary sector providers	ongoing	Yes	Increased referrals to social prescribing services Reduction in rate of loneliness
A public falls prevention campaign focussing on strength and balance exercise	BHCC public health and BHCC and CCG Comms	2020		Increased physical activity levels Reduction in hospital admissions due to falls
A strength and balance campaign toolkit will be rolled out to delivery partners across the city. This will enable partners promote and advise on strength & balance exercises to reduce the risk of falls	BHCC public health, health & social care providers, and voluntary sector organisations	2021		Increased capacity and awareness of delivery partners Reduction in hospital admissions due to falls
The Brighton & Hove falls prevention steering group will continue to coordinate and develop actions in the city to reduce the risk of falls and fractures with a focus on	BHCC, CCG, SCFT, and voluntary	Ongoing		Reduction in hospital admissions due to falls

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
primary prevention, training, and awareness raising	sector organisations			
Participation in the Sussex Health and Care Partnership (SHCP) Unwarranted Clinical Variation – Falls and Fragility working groups to address unwarranted clinical variation in this area.	SHCP and system partners	2020	Yes	Reduction in hospital admissions due to falls
Sussex Health and Care Partnership (SHCP) and partner organisation delivery of the 3 Long Term Plan Ageing Well requirements: 1. Urgent Community Response – responding to crisis within 2 hours, and starting reablement within 2 days of referral • Through Sussex-wide and B&H placed based Community Reablement and Rapid Response programme which includes the significant review of current discharge to assess processes, which predominantly affects older people in the city. 2. Enhanced Health in Care Homes	SHCP and partner organisations (see left). Predominantly PCN led with involvement from system	Further implementation may be determined by requirements of national specification for EHCH (to be published in 2020)	Described in Ageing Well section of LTP and the Out of Hospital Model	1. More joined up care for all patients 2. Increased support to nursing and residential homes and increased quality of proactive care

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
3. Anticipatory Care - Community Multidisciplinary Working	partners. Predominantly PCN led with system partners			in these settings. 3. Proactive identification and response for older adults or those with increasing frailty

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
More people will be helped to live independently in the community by services that connect them with their communities.	• **58%** of those surveyed receiving adult socialcare had good quality of life (2017/18) • Cares have a similar quality of life to the rest of England (2016/17) • **20.5%** of older people are income deprived (2015) • Flu immunisation uptake at **67.5%** in 65+ year olds (2017/18) is below the goal of	• Health related quality of life for older people is increased • Good quality of life for carers is increased • Flu immunisation rates for 65+ year olds (and at risk groups) are increased. • Permanent admissions to residential and nursing homes are reduced. • Repeated admission to hospital is reduced

	75%	

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
The Ageing Well Service will provide information and advice and activities in community settings to promote and maintain independence, and will support people to access 'early' and 'appropriate' support.	Impact Initiatives and voluntary sector partners. BHCC and CCG commissioners	Ongoing	Yes	Prevent or delay early admissions to residential care Health related quality of life is improved
Continue to deliver the Warmth for Wellbeing programme in the city to increase awareness of the health risks of fuel poverty and cold homes and increase referrals for Warm Home Checks and financial support	BHCC commissioner, CCG, and delivery partners	Ongoing		Prevent or delay early admissions to residential care Reduction in excess winter deaths Health related quality of life is improved
Older people will have access to trusted independent financial and careers advice to, manage the financial transition from work to retirement, or to manage ongoing later life careers	BHCC, Financial sector, voluntary and private sector	2021		Reduced % of older people being income deprived
A cross system action plan approved by the Health and Wellbeing Board to improve adult immunisation	BHCC, SHCP, NHSE, PHE,	2020/21 tbc	Yes	Increased immunisation coverage at all ages

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
coverage including flu, Shingles, pneumococcal and target groups as necessary e.g. BCG. Joined up communications plan promoting adult vaccinations in the city, including an annual schedule for communications campaigns.	CCG, SCFT BHCC, PHE, NHSE, CCG, SHCP	2020/21 tbc		
The *Better Lives, Stronger Communities* programme will provide a focus on supporting the wellbeing and independence of adults with care and support needs and their carers. We want people to have choice about how they want to live, have the right support at the right time whilst making sure we can sustain our services for the future. The programme will: • ensure that solutions are developed collaboratively with those with care and support needs, our staff, and partners • Develop our strength based practice model for social care • Help to sustain a financially viable service • Recognise the key role of commissioning • Make best use of technology	BHCC HASC and NHS, CVS partners We will take a multi-disciplinary and collaborative approach with our City partners to peoples' individual circumstances.	4 year delivery programme	Yes – PCNs, social prescribing etc	• Better outcomes for people with care and support needs. • Help people access the help they need • Support people to be as independent as possible • Work effectively with people who have more specialist needs

6. Dying Well

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
A city wide approach will be developed to improve health and wellbeing at the end of life and to help communities to develop their own approaches to death, dying, loss and caring. This will include recognising the specific needs of children and young people and their families and carers.	People and carers accessing support earlier for dying well Improved understanding of children's and young people's services and needs leading to improved choice and personalisation.	Dying at home or place of choice Referrals to the carers hub Other indicators will be explored as part of the development of the workstream

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Establish and develop a steering / network group to agree how we work together, align programmes and engage with others across the system as well as build on findings from the Dying Well workshop Nov 19	Martlets, BHCC, SCHP, CCG, CVS, Community Works	May 2020	Yes	Group / network is established and well led, with clear alignment with the existing B&H End of Life Steering Group to be clear on respective roles and responsibilities
Look at transforming the clinical end of life work including in GP practices to focus more on dying well	SHCP / CCG	March 2021		Plan to broaden scope of end of life work
Social workers supported and trained to understand dying	HASC	March 2021		Social workers trained

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
well better including raising the topic earlier with clients and families, cultural awareness, PoA finance health and welfare				
Martlets pilot compassionate neighbours volunteer programme	Martlets	December 2020		Pilots implemented, reports produced
Targeted support for communities – LGBTQ switchboard grief encounters bereavement peer support pilot	LGBT switchboard	December 2020		
Increased signposting across Council, NHS and voluntary sector including social prescribing and befriending	HASC, PCNs, Voluntary sector, Together Co.	March 2021		Increase referrals to carers hub and their bespoke bereavement support.
Celebrate dying matters week	BHCC, NHS providers, SHCP, Voluntary Sector, Businesses	May 2020 and May 2021		Increase public awareness, measured through survey
In-depth needs assessment for dying well specifically to look at gaps in services and including public engagement	BHCC public health and CCG	March 2021		JSNA produced, needs and opportunities identified
For Children and young people, we will start by mapping current pathways and services locally and across Sussex, benchmarking against best practice standards. Key partners and stakeholders will be brought together to develop our strategic approach. Plans for improvement will need to	CCG, NHS, CVS and hospice providers	September 2020	The NHS LTP included a commitment under paragraph	Identifies gaps in services and standards. And provides a platform for future strategic direction and improvements

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
ensure synergy with improvement work in adults and in particular for transition between services.			3.41 to provide match funding to CCGs who commit to increase their investment in local children's palliative and end of life care services.	

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
More people will die at home or in the place that they choose.	• Most people would like to die at home. In almost **half of all deaths (49%)**, people die in their usual residence (2017). This is a higher proportion than England and has increased from 40% in 2006. • 38% of deaths are in hospital • 25% of deaths are in care homes • 8% of deaths are in a hospice • 25% of deaths are at home.	• People dying in their usual place of residence

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
ReSPECT process is implemented citywide to support earlier and more holistic planning for future care	CCG, GP practices / PCN, BSUH, SCFT, SPFT, hospices	From 2021	Yes	To create personalised recommendations for clinical care in emergency situations in which patients are not able to decide for themselves or communicate their wishes. More people die in their usual place of residence.
Improved use of patient information and data, including use of Enhanced Summary Care Records	SHCP	Ongoing		
Promotion of earlier referrals to end of life and hospice care for non-cancer patients	Social care and NHS	Ongoing		

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
				Reduced unwanted / unwarranted conveyance from care homes to hospital if adequate community based care had been available. Increased shared decision making and personalised care.
Strengthen proactive support for people likely to be in the last 12 months of life	SCHP, PCNs			Supporting increased registration of patients to be on the Gold Standards Framework and / or Palliative registers of general practices in the city. Associated increase in use of the Universal Contingency Template and ReSPECT forms completed and shared across care partners with consent – for this patient group.
Develop dying well improvements for the Continuing Healthcare (CHC) process	CCG – CHC, BSUH, SCFT	March 2021		Work with LA on managing provider market. To explore

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
				pilot for an identified provider to deliver all Fast Track domiciliary packages of care, this is being look at as a model Sussex wide. Aim of this model is to reduce time individuals waiting for care packages in the community and to ensure consistency and quality of care delivered.
Applying the 6 Ambitions for Palliative and End of Life Care throughout all health and care services	SCHP, CCG, NHS	March 2020	Yes	Each person is seen as an individual. Each person gets fair access to care. Maximising comfort and wellbeing. Care is coordinated. All staff are prepared to care. Each community is prepared to help.

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes

Strategy key areas for action	Our needs / Desired Outcomes	Population outcome measures (trajectories to 2030)
Support for families, carers and the bereaved will beenhanced	GP practices / PCNs are more aware of support for carers Increased self-referrals to the carers hub, as more people are aware of support available for carers	Increased referrals to the carers hub

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Carers hub to run training / awareness sessions for GP practices / PCNs	Carers hub, CCG, HASC	March 2021	Yes	Increased referrals to the carers hub
Communications plan for carers hub	BHCC and CCG comms, carers hub	May 2020		

What will be done?	Who will do it?	By when?	Cross reference NHS LTP	Output / Outcomes
Faith groups lead a dying well summit	Faith leaders group, hospital	May 2021		
New section on caring for a dying person and advance care planning and support for carers including bereavement support	CCG	March 2021		
The increased specialist paediatric nurses as part of the Child Death Nurse Support team and paediatric leads will be rolled out across Sussex.	CCG	2020		Increased shared learning enabling continuous improvements in services and responses across the system. Increased support for families and other clinical staff involved.

Item 45

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

Title: **Proposed Fees for Adult Social Care Providers 2020/21**

Date of Meeting: **28th January 2020**

Report of: **Rob Persey, Executive Director Health and Adult Social Care**

Contact: **Andy Witham, Head of Adult Social Care Commissioning**
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Wards Affected: **All**

FOR GENERAL RELEASE

Executive Summary

This paper sets out the recommended fee levels and uplifts to be paid to Adult Social Care providers from April 2020. The services that are considered in this report are integral to the proper functioning of the wider health and care system, which includes managing patient flow in and out of hospital. It is recognised that public finances are under increasing pressure but this needs to be balanced with the need to manage and sustain the provider market to support the increasing complexity and demand and to comply with the duties placed on the Council by the Care Act 2014 to meet the needs of those requiring care and support and to ensure provider sustainability and viability. As there was no uplift for the 2019/20 financial year supporting and sustaining the provider market is of particular significance for the 2020/21 financial year.

Glossary of Terms

CQC – Care Quality Commission
FNC – Funded Nursing Care
National Living Wage - The National Living Wage is the minimum rate employers are allowed to pay employees aged 25 or over for each hour worked. There is a separate rate for those under 25.
Real Living Wage – a voluntary scheme where employers pay more than the National Living Wage
Providers – organisations based in the private, independent or voluntary sector that provide care and nursing

1. Decisions, recommendations and any options

1.1 That the Board agrees to the following recommended fee increases as set out in the table below at 1.1.1. The underpinning background to the fee changes are contained in the main body of the report:

1.1.1 Tables of Fees

Service	Current fee 2019-20	New fee 2020-21	% uplift
Care Homes and Care Homes with Nursing			
In city care homes – set fees per week	£571	£582	2%
In city care homes with nursing – set fees per week	£736.56 Includes FNC at £165.56	£747.56 Includes FNC at £165.56 *NB this may change as 2020-21 rate not yet set by NHS*	2%
In city Learning Disability care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes with nursing not on set rates (individually negotiated)	Variable	Variable	Variable
Block Contract Arrangements	Variable	Variable	Variable
Out of City Care Home and Care Home with Nursing Placements			
Out of city care homes on set rates	Host Authority Rates	Host Authority Rates	• Match set rates for new placements. • 2% to existing placements
Out of city care homes with nursing on set rates	Host Authority Rates	Host Authority Rates	• Match set rates for new placements. • 2% to existing placements
Out of city care homes individually negotiated	Variable	Variable	Variable

Service	Current fee 2019-20	New fee 2020-21	% uplift
Out of city care homes with nursing individually negotiated	Variable	Variable	Variable
Supported Living & Community Support: Learning & Physical Disabilities, functional mental health			
Supported Living for people with learning disabilities	Variable	Variable	2%
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	Variable
Community support for people with learning disabilities	Variable	Variable	2%
Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	2%
Community support for adults with functional mental health issues	Variable	Variable	variable
Home Care			
Home care main area/back up provider – core fee	£17.83	£18.19	2%
Home care main area/back up provider – enhanced fee	£19.83	£20.23	2%
Dynamic Purchasing System Approved Provider Packages	Variable	Variable	variable

Direct Payments			
Direct Payments Monday to Friday hourly rate for those employing Personal Assistants	£10.80	£11.00	2%
Direct Payments Weekend hourly rate for those employing Personal Assistants	£11.80	£12.00	2%
Other Direct Payment agreements	Variable	Variable	2%
Shared Lives			
Shared Lives Management Fee	Variable	Variable	2%
Shared Lives fee to carers	Variable	Variable	2% to care element
Day Support			
Day support for people with Learning Disabilities	Variable	Variable	2%
Day support for people with Acquired Brain Injury	Variable	Variable	2%

2 Relevant information

2.1 Care homes and care homes with nursing in the city on set fees

2.1.1 The current weekly set fee for a care home placement is £571. The Health supplied Funded Nursing Care (FNC) cost of £165.56 is added to the weekly care home fee to make a total of £736.56; this is the weekly set fee for a care home with nursing bed.

2.1.2 The council's financial modelling (which includes funding for staffing costs, pensions, food, utilities etc) leads to the recommendation that an uplift of 2%

is applied to the set rates. This ensures that the pay element of the set rate financial model will be increased in line with the National Living Wage. The employer minimum pension contributions that were introduced in three stages are now complete – the 2019 required 3% minimum employer contribution on pensionable pay was the final stage which means that there is no addition for 2020-21.

2.1.3 For information only a comparison of Brighton & Hove City Council's set rates for 2019-20 with those of East Sussex County Council and West Sussex County Council are found in Appendix 1.

2.2 Care homes and care homes with nursing in the city on individual negotiated rates

2.2.1 Some placements made in care homes and care homes with nursing are individually negotiated. Placements for people with learning disabilities, physical and or sensory disabilities, acquired brain injury or functional mental health needs tend to be individually negotiated but an increasing number of older people's placements are also subject to negotiation. There is no automatic increase to these rates as they are already above the proposed new fee rate and fees can vary significantly according to provider and individual user's needs. Any increases to the rates of high cost placements will be based upon reviews of individual placements and an examination of costings. A system has been set in place to ensure a streamlined approach to this.

2.1 Block Contract arrangements

2.3.1 It is recommended that individual negotiations take place with care homes and care homes with nursing that have block contract arrangements, as provided for in the individual contract arrangements with each home.

2.4 Out of city care homes and Care Homes with Nursing

2.4.1 It has long been recognised that each Local Authority area best understands their local market. It is recommended that Brighton & Hove City Council match the applicable host authority set fees for new care home placements out of the city and give 2% to existing placements where their set rate fees apply. It is also recommended that unless there are exceptional circumstances any waiver or third party agreement (over and above their set rates) will not be increased.

2.5 Learning Disability Providers

2.5.1 Historically Learning Disability services in Brighton & Hove have received limited increases in fees as many fees are individually negotiated, making it difficult to apply a standard uplift. In the last 18 months many of these rates

have been evaluated and renegotiated on an individual basis and are generally considered to be value for money.

2.5.2 Supported living for people with learning disabilities

The Council has engaged with local providers of supported living services, to develop a better understanding of the fees paid. There are now clear hourly set rates for supported living services that apply to both core costs and additional hourly rates. The recommendation for supported living services for adults with a learning disability is to increase fees by 2%.

2.5.3 Community support for people with learning disabilities

Community support services for adults with learning disabilities provide a range of support services including CQC registered care services that can support individuals with personal care needs. They also provide support for service users to access the community and develop independent living skills. Community support in some respects is similar to home care and providers may be competing for staff with home care agencies. The recommendation for community support services for adults with a learning disability is an increase in line with the core home care set rates of 2%.

2.6 Services for people with Physical and/or Sensory Disabilities and Acquired Brain Injury

2.6.1 Similar to learning disability services, fees for services for people with physical, sensory and brain injuries are individually negotiated, making it difficult to apply a standard uplift. This is also an area where rates have been evaluated and renegotiated on an individual basis over the last 18 months – work that it is still ongoing.

2.6.2 Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury

Supported living is a developing area for these client groups and fees are currently individually negotiated. Work is ongoing to develop a consistency of rates and the support model for costing them but at this time the recommendation for supported living service fees for adults with a Physical and/or Sensory Disability and Acquired Brain Injury is dependent on these ongoing negotiations and is therefore variable.

2.6.3 Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury

Community support rates have been individually negotiated with each provider. The work needed to support people with sensory needs and acquired brain injuries is specialist in nature and the fees reflect this. Workers provide support for service users to access the community and develop independent living skills. Where services are registered with CQC personal care may also be provided. The recommendation for community support services for adults with physical sensory disabilities and brain injuries is to increase in line with the core home care rate of 2%.

2.7 Services for people with functional Mental Health issues

2.7.1 Community support for adults with functional mental health issues

There are a limited number of providers offering community support for people with functional mental health issues resulting in community support rates that have been individually negotiated with each provider. Workers provide support for service users to access the community and develop independent living skills. There is no recommendation to change the rates for community support services for adults with functional mental health issues as several of the services only commenced in 2019-20 and thus have recently negotiated rates.

2.8 Home care

2.8.1 Home Care main area and back up providers

There was a full review of home care fees prior to the recommissioning of home care services and implementation in September 2016 of the new home care contract. The contract includes two rates. The current core rate of £17.83 per hour is for adult social care and the enhanced rate at £19.83 per hour is for packages of care that have a health element e.g. Continuing Health Care which is funded by the NHS. The rates were established based on the UKHCA's annual report 'A Fair Cost for Home Care', with some local variations to take into account the particularities of Brighton and Hove. Since September 2016 the rates have been uplifted twice.

2.8.2 The 2016 contract incorporated a clause that required home care providers to observe the council's commitment to the Unison Ethical Care Charter. The requirements included that care workers would be paid the Real Living Wage, travel time between visits to service users would be paid for, together with any costs associated with their work (i.e. mobile phone use) and care workers to be offered choice of either fixed term contracts or nil hours (if they want flexibility of work). The current fee incorporates this. The current Living Wage Foundation rate is £9 per hour and the 2020-2021 Living Wage Foundation rate has been announced at £9.30 per hour. By giving an uplift of 2% this will allow the contracted home care providers to continue to fulfil their obligation to pass on the uplift to care workers and ensure that the pay element of the set rate is increased in line with the Real Living Wage. This has been cost modelled and will still provide a small profit margin for home care providers. This will be applied from the date of the 2020/21 fee uplift.

2.8.3 The Lots commissioning hourly support in Extra Care premises and the Homeless Lot that were also commissioned as part of the home care re-commissioning (starting September 2016) are also included within the 2% uplift.

2.9 Self-Directed Support and Direct Payments

2.9.1 Self-directed support also called 'personalisation' gives people control of the support they need to live the life they choose. A key part of the service is the provision of direct payments - funding from the council made to people with assessed needs to buy services or employ people to support them. There are currently over 560 adults in receipt of direct payments.

2.9.2 Where someone chooses to have direct payments to employ personal care assistants the initial care plan is assessed at specific direct payment rates (which do not include profit margins and other agency costs). All people employing personal care assistants are required to pay their employees the National Living Wage rate. It is recommended that all direct payment rates and existing personal budgets are uplifted by 2%. The funding in the personal budget can be used flexibly with agency care and/or personal care assistants wages.

2.10 Shared Lives

2.10.1 Shared lives services support adults who are unable to live independently and they are therefore supported in the community within a family home setting. Shared lives carers provide accommodation, care and support in their own home. Currently the services are being developed to support parents with learning disabilities, young people in transition to adult services and adults with physical disabilities and acquired brain injuries.

2.10.2 In order to facilitate the expansion of shared lives to further client groups and attract more carers work is being undertaken to align the fee levels for the council run Shared Lives scheme (not part of this report) and the voluntary sector scheme. At this time there is a recommendation of a 2% uplift for the voluntary sector scheme management fees. Work is also underway to develop respite care rates so at this time a recommendation for respite fees is not included in this report.

2.11 Day Support

2.11.1 Day Support services support adults who live in the community so that people have the opportunity to socialise with other people, and in many instances also provide family carers a break from their caring responsibilities. Research shows that day services deliver valued outcomes, such as promoting wellbeing and supporting people to retain independence. The council has contracts with a variety of providers across a range of client groups – learning disabilities, Acquired Brian Injury and older people, as well as encouraging take-up of Direct Payments to fund day support. An uplift of 2% is recommended for learning disabilities and Acquired Brain Injury providers of day services. Older people's day services with set rates were re-negotiated in 2019-20 so are not included in this report.

2.12 Further considerations

2.12.1 Additional benefits

Following representation from providers, it is recommended that the current systems of additional benefits offered to providers remain in place. This includes Brighton & Hove City Council continuing to fund and provide a range of training and targeted advice sessions e.g. courses on a wide range of care topics and fire evaluations that are free to access. The council also provides advice and support relating to health and safety. Forums for care home, home care and learning disability providers are held regularly and are well-attended and recruitment and retention of staff has featured as a main topic. There is also funding for flu vaccines for front line care workers.

2.12.2 Both the current Care Home & Care Home with Nursing contract and the Home Care services contract are joint contracts with NHS Brighton & Hove CCG. They were re-procured in 2016; the initial period for the Care Home contract runs to September 2020 while the Home Care contract runs to September 2021. Both have opportunities for extension. During the 2020-21 financial year the Commissioning & Contracts Team will lead a review of the associated fees/rates to ensure that they are sustainable and reflect the actual cost of care.

3. Important considerations and implications

3.1 Legal:

3.1.1 It is a function of the Health and Wellbeing Board to oversee and make decisions concerning Adult Social Care in the City. The Local Authority has statutory duties under the Care Act 2014 to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs and to ensure that there is a varied, viable and sustainable market of social care providers able to deliver the required services both now and in to the future.

Lawyer consulted: Judith Fisher Date: 4 December 2019

3.2 Finance:

3.2.1 The Council provides in the region of 3,500 packages of care with external providers for different types of care at a gross cost of £88m across all primary support groups i.e. Physical Support, Sensory Support, Memory & Cognition Support, Mental Health Support and Learning Disabilities.

3.2.2 The proposed increase in rates is set out in the main body of the report and summarised in paragraph 1.1.1. These changes will result in an increased Community Care spend by £1.4m. The current 2020/21 budget inflation assumes a fee uplift of 2% which will fund these proposed fee increases.

3.2.4 Out of area placements, not on set rates, will continue to be individually commissioned and the financial impact of any changes will be monitored.

Finance Officer consulted: Sophie Warburton Date: 5/12/2019

3.3 Equalities

3.3.1 This funding will have an impact in ensuring that some of the most vulnerable members of our community in Brighton & Hove receive good quality, effective care and support services and will contribute to reducing health inequalities. An uplift in fees will also provide support for an increasingly fragile market (both locally and nationally) and demonstrates a commitment to provide support for both service users and some of the lowest paid members of the local workforce.

3.4 Sustainability:

3.4.1 There are no specific sustainability implications for this report; it does not include changes to services or recommissioning.

Supporting documents and information

Appendix 1:

Weekly fee rates for 2019/20 from 8th April 2019

Care Homes

	Brighton & Hove	West Sussex		East Sussex	
	All Adult rate including Mental Health	Standard	Enhanced (geographical)	Older people's rate	
Physical	**£571**	£528.27	£655.39	LT	£500.78
				ST	£525.70
Memory		£591.75	£686.65	LT	£540.26
				ST	£567.07

LT = Long Term
ST = Short Term

Nursing Homes

	Brighton & Hove	West Sussex		East Sussex	
	All Adult rate including Mental Health	*Local CCG pays FNC directly*			
		Standard	Enhanced (geographical)	Older people's rate	
Physical	£571 + FNC = **£736.56**	£563.63 + FNC = £729.19	£631.95 + FNC = £797.51	LT	£568.61 + FNC = £734.17
				ST	£597.03 + FNC = £762.59
Memory				LT	£590.59 + FNC = £756.15
				ST	£620.06 + FNC = £785.62

Single Funded Nursing Band (FNC) £165.56

Item 46

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

Title:	Annual Review of Adult Social Care Charging Policy 2020	
Date of Meeting:	28th January 2020	
Report of:	Rob Persey, Executive Director of Health & Adult Social Care	
Contact:	Angie Emerson	Tel: 01273 295666
Email:	angie.emerson@brighton-hove.gcsx.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

People eligible for social care services are means tested to establish whether they must contribute towards the cost. There are around 2250 service users with non- residential care and around 1150 in residential care homes. This includes older people, working age adults with physical disabilities, learning disabilities and mental health difficulties.

The Care Act 2014 provides a power to charge for eligible care and support services and is subject to government regulations and limitations. This report seeks approval for the Council's charging policy which is compliant with the Care Act.

Most care services, funded by the council, are provided by private organisations and the maximum charge depends upon the fees charged by them. However, where the council provides in-house services there are maximum charges which are reviewed in April of each year.

Most charges are subject to a financial assessment to determine affordability but the charging policy also includes several, low cost, fixed rate charges. This report recommends uprating these charges by 2% (rounded up to the nearest pound or 10p if below £5) with effect from **6th April 2020.**

Glossary of Terms

Decisions, recommendations and any options (with effect from 6th April 2020)

1.1 To agree that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is attached at Appendix 1.

1.2 To agree an increase of charges as shown in tables of charges with effect from **6th April 2020**

Maximum Charges		2019-20	**2020 - 2021**
Means Tested Charges			
In-house home care/support		£25 per hour	**£26 per hour**
In–house day care		£39 per day	**£40 per day**
In-House Residential Care		£123 per night	**£126 per night**
Fixed Rate Charges			
Fixed Rate Transport		£4.00 per return	**£4.10 per return**
Fixed Meal Charge /Day Care		£4.80 per meal	**£4.90 per meal**

1.3 To agree an increase to Carelink charges as follows:

Standard Carelink Plus service		£18.90 per month	**£19.30 per month**
Enhanced Carelink Service		£22.70 per month	**£23.15 per month**
Exclusive Mobile Phone Service		£24.50 per month	**£25 per month**

1.4 To agree an increase to miscellaneous fees as follows:

Deferred Payment set up fee (see 2.13)		£523 one-off	**£533 one-off**
Initial fee for contracting non-residential care for self- funders		£276 one-off	**£281 one-off**
Ongoing fee for contracting for non-residential care for self- funders		£85 per year	**£87 per year**

1.5 To continue with the existing policy not to charge carers for any direct provision of support to carers.

2. Relevant information

2.1 Where a person is assessed as eligible for care and support under sections 18 to 20 of the Care Act, the Council may charge the service user subject to the financial assessment set out in Section 17 of that Act. (see exceptions in para 2.2)

2.2 The council must provide intermediate care and reablement services (either at home or in residential care) free of charge for up to 6 weeks and the provision of eligible services to people who are under the auspices of Section 117 of the Mental Health Act

1983 must be free of charge.

2.3 Financial assessments determine a fair contribution towards care costs and are subject to appeal in exceptional circumstances. People with savings over £23,250 are liable to pay the full cost of services.

2.4 Most people have care provided by an external provider where fee rates are usually set and agreed under the council's contracted terms and conditions. The contract fee for standard home care with an approved agency is recommended to be £18.19 per hour from April 2020 but rates can vary depending upon individual needs and availability of carers. People who have savings less than £23,250 will usually pay less than the full cost of care, in line with their financial assessment.

2.5 Charging for care services for people living at home

2.5.1 Services include personal care, community support, day activities, direct payments, adaptations, money management and other support and there are around 2250 service users in their own homes. Around 36% of them, who have minimal savings and limited income from state benefits, will continue to receive free means tested care services. They will only be affected by the increases in this report if their service includes transport and meals at a day centre.

2.5.2 Around 56% of service users are assessed to contribute an average of around £50-£70 per week, usually based upon their entitlement to disability benefits.

2.5.3 Around 8% of service users are assessed to pay the full cost or maximum charge for care where they have savings over the threshold of £23,250 or very high incomes, or low cost care packages.

2.8.2 The maximum charge for in-house Day Care is recommended to increase to £40 per day. This increase will affect only a small number of service users who use this service and who are assessed as able to pay this amount, either because they have savings over £23,250 or because they have sufficient income in their financial assessment to afford this amount.

2.9 Fixed Rate Charges – (not means tested)

Where the council provides or funds transport to and from day services it is recommended to increase the fixed contribution to £4.10 per return journey from April 2019. There is only one in-house day centre that provides a nutritious two course meal and it is

recommended that the fixed charge for this service should be increased to £4.90. This charge includes beverages and small snacks during the day.

2.10 CareLink Plus Services:

2.10.1 The Council's Carelink service is well-used and welcomed by vulnerable people in the city. Most people pay the fixed charges listed in the table above which will increase by around 2% in April.

2.10.2 If anyone feels the need to cancel the service for financial reasons, the Carelink team will assist people with claiming any eligible benefits. They will also consider whether a free service may be available through a needs assessment and financial assessment.

2.11 Charging for Carers' services

2.11.1 The Care Act empowers councils to charge for the direct provision of care and support to carers. The recommendation is to continue with the current policy not to charge carers in recognition of the significant value they provide to vulnerable people.

2.12 Residential Care

2.12.1 There are specific government regulations for the residential care means test. People with over £23,250 in savings pay the full cost and all others contribute towards the care home fees from their income. The majority of residential care is provided by the independent sector and fees for self funders can vary significantly. The council has limited provision of inhouse residential care and it is mainly used as a respite service or an emergency service and for people with mental health issues. The cost for this specialist service is much higher than for standard long term residential care. It is proposed to increase the maximum charge to £126 per night (£882 per week).

2.13 Deferred Payment Agreements: (DPA)

2.13.1 The Care Act requires council's, in specified circumstances, to "loan fund" care home fees where the resident is assessed to pay the full fees because they own a property but they are not immediately able or willing to sell it. Council's may charge for this service and it is proposed to increase the setup fee for DPAs from £523 to £533. This is based on the estimated average administrative cost for a DPA during the lifetime of the agreement including a legal charge on property, ongoing invoicing costs and

termination costs.

2.14 Fee for contracting care services on behalf of self-funding service users

Where people have savings over £23,250 and ask the council to contract with a non-residential service provider on their behalf, the council charges a fee for this service. This covers the additional work to procure care and set up the contract with the care provider, to set up financial arrangements and provide contract monitoring and amendments on an ongoing basis.

3. Important considerations and implications

3.1 Legal:

It is a function of the Health and Wellbeing Board to oversee and make decisions concerning Adult Social Care. The proposals in the report are consistent with the Council's responsibilities under the Care Act 2014 and the associated Regulations in relation to charging for care services, in particular The Care and Support (Charging and Assessment of Resources) Regulations 2014.

Lawyer consulted: Nicole Mouton Date: 2/12/2019

3.2 Finance:

Charges for Adult Social Care services within this report have been reviewed in line with the Corporate Fees & Charges Policy and budget assumptions approved by Policy, Resources & Growth Committee which specified the assumed corporate rate of inflation to be applied to fees and charges income targets of 2.0%. This is to ensure that fees and charges are appropriately benchmarked to comparative services and recover the full cost of service wherever possible.

It is anticipated that the proposed charges will deliver the level of income assumed in the 2020/21 budget strategy including an inflationary increase. However, the level of income is variable as all service users are subject to a means test.

The Adult Social Care in-house council services are significantly subsidised through Council funding.

Finance Officer consulted: Sophie Warburton Date: 06/12/2019

3.3 Equalities:

All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. People will not be

treated in any way less favourably on the grounds of personal differences.

Supporting documents and information

Appendix 1: 2018-2019 Brighton and Hove City Council Charges Policy

BRIGHTON AND HOVE CITY COUNCIL

CHARGING POLICY For Care Services – 8th APRIL 2019-20

CONTENTS

1. Introduction and Legal basis for charging for Care and Support

1.1 This policy is approved by Brighton and Hove City Council and is compliant with The Care Act 2014, Care Act Regulations and Guidance. The aim is to provide a consistent and fair framework for assessing and charging all service users following an assessment of individual needs, and individual financial circumstances. The policy applies to all service users equitably.
Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework. Section 17 of The Care Act requires local authorities to undertake an assessment of financial resources. This will determine the amount a person should pay towards the cost of providing for their needs for care and support whether provided to people living in their own home or in a care home.
Some of the assessment rules for residential care differ from non-residential but many are the same.
The policy for non-residential services was originally formulated in December 2002 under consultation with service users and their carers. This has been revised to take account of the requirements of the Care Act 2014 and subsequent amendments.
For the purposes of this policy, an adult is a person aged 18 or over and whose eligible needs are being met through Adult Social Care funding.

1.2 The services included for this financial assessment policy are:

Home Care
Day Care, Day Activities
Community Support / outreach services
Money Advice and money management services
Direct Payments / Personal Budgets for any services
Carelink alarm systems
Adaptations over £1,000
Supported Accommodation*
Shared Lives Schemes*
Extra Care Housing care services
Residential Care including Nursing Homes

*People in Shared Lives and Supported Accommodation schemes, including Extra Care Housing, in addition to any assessed care and support charge, will also be responsible for rent, food and utilities from their own income, often with Housing Benefit or universal credit.

1.3 Services excluded from charges are:

All Daily Living Equipment
Adaptations under £1000
Services provided under Section 117 of the Mental Health Act, "after care" services.
Intermediate Care and Reablement Services for up to 6 weeks
Any Care funded under Continuing Health Care by the Health Authority
Care and support provided to people with Creutzfeldt-Jacob Disease;
Assessment of needs and care planning

1.4 **Care and Support for Carers**
There is no charge to carers for any services provided directly to them during 2019/20. This policy will be kept under review. Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.

2. **From April 2019 the maximum charges for non-residential services are as follows:**

2.1 Home Care provided by the council, including all forms of support at home £25 per hour
(Please note that the charge is double where two carers are provided)
The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £25 per hour.

2.2 Day Care / Day Activity provided by the council (for any time period)
£39 per day
The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between independent day care providers.

2.3 Additional Fixed Rate charges
Any meals provided at a Day Centre and any transport costs will not form part of the assessed charge as they substitute for ordinary daily living costs.
These charges are payable in addition to assessed contributions.
Meals at a day centre **£4.80 per meal**
Transport to day centres **£4.00 per return journey**

3 The Financial Assessment Process

3.1 The financial assessment follows on from the care needs assessment. When care needs have been assessed, details are passed to the Financial Assessment team who may make arrangements for a personal visit to the service user or their representative. In some cases it may be possible to complete an assessment over the telephone or by post or email but information received will be subject to full verification. Where a person lacks mental capacity to complete a financial assessment form we will contact someone with Power of Attorney for Property and Affairs or a Deputy under the Court of Protection. If there is no person with a formal authority we can discuss the financial assessment with someone who has been given Appointeeship by the Department of Work and Pensions (DWP) or any other person who is helping to deal with that person's affairs. We will:

(a) Gather financial information from the service user or their representative and have sight of relevant documentation for verification purposes e.g. Bank statements, property valuations, completion statements etc.
(b) Assist with the completion of the Financial Assessment Form which is signed as a correct statement by the service user or their representative
(c) Arrange for "Forms of Authority" to be signed if any information needs further written verification from the asset holders, building societies etc.

(d) Complete postal assessments and any further financial enquiries and verification
(e) Undertake a Welfare benefits check, either directly with the person or remotely from council and DWP records and we will help with benefit claims if applicable.
(f) Provide written notifications to service users of the chargeable amount and how it will be collected.
(g) Notify the care provider of the charge for their collection (in some cases).
(h) Arrange for invoices to be sent to the service user by the council's Central Collections Team (in some cases)

4. The Financial Assessment Calculation for all services

First we take account of Capital and Savings (including property where applicable)
Then we take account of income
Then we make allowances for various types of expenditure
The difference between the income calculation and the expenditure allowances is the amount charged for care services.
The amount charged will depend upon whether the service user needs a Residential Care Home service or other services while remaining in their own home (known as "non-residential services" or "community services")

4.1 Treatment of Capital and Savings

People with over £23,250 in chargeable capital and savings are assessed to pay the full cost of any service from the start date of the service.

People who do not want to disclose full financial information may opt to pay the full cost without going through a financial assessment. This is sometimes known as a light touch assessment.

People who are unable to show that they do not have savings above £23,250 will pay the full cost from the start of the service.

Where care needs are met in a person's own home, the main residence occupied by the service user will not be taken into account but the value of all other forms of capital and savings will be taken into account, including any other property, eg second homes, holiday homes, whether or not they are rented out and whether they are located in this country or abroad. Where a property is not occupied as a main home, for example where the person has moved out to live with other family members or to live in rented accommodation, the property value will usually be taken into account for charging purposes. This does not apply to a temporary absence from home, for up to 26 weeks where there is a viable plan to return home.

We take into account any form of savings irrespective of where and how they are invested (with the exception of special complex rules regarding capital held in a trust and capital held in investment bonds with Life Assurance). (Note that, where funds are held in trust, or in a disregarded savings bond, the financial assessment will seek to determine whether any income received should be included or disregarded. Copies of trust documents (e.g. Trust Deeds, Will Settlements etc.) must be provided

for verification. The council's policy follows the Care Act 2014 Charging Regulations and Statutory Guidance.

The capital limits are currently £23,250 upper limit and £14,250 lower limit with effect from April 2019. Any capital above £14,250 is calculated as "tariff income" which is calculated as £1.00 per week for every complete £250 or part).

People with more than £23,250 held in their own name, or held in their share of joint accounts, or in accounts held by another person on their behalf, will pay the full cost of the care service. **This charge applies from the start date of the service.**

Where a person is liable for the full cost of care provided at home and chooses to use the Council's contract for care services there will be a charge of £276 for the initial contract set-up fee and then £85 per year administration charge thereafter. (Note: the level of these fees are reviewed, usually in April each year and are subject to change).

4.2 Notional assets, savings or income included in the financial assessment:

If a person has gifted any savings, investments, income or property to another person, prior to, or whilst receiving any care services, any such amounts may be included in the financial assessment as though they remain in their own possession. This is called "notional capital" or "notional income". Each case will depend upon detailed information and will apply where the person ceases to possess assets in order to reduce the level of the contribution towards the cost of their care. This may also apply where a person has spent down their capital more significantly than would usually be the case, with the purpose of paying less for care services. Consideration will be given to relevant circumstances. This is sometimes referred to as deprivation of assets and can include transfer of ownership or conversion from one kind of asset to one that would otherwise be disregarded. In all cases, it is up to the person to prove to the council that they no longer possess the income or asset and the council will determine whether deprivation has occurred as part of the financial assessment. Notional capital or income will also be taken into account if a person is not claiming monies to which they are entitled.

Where notional assets are included in the assessment and the resident is unable to pay for their care and support, the council may instead charge the person(s) who received the gifted monies.

4.3 Income to be taken fully into account

Income includes **most state benefits** means tested and non-means tested, including State Retirement Pension, Pension Credit, Employment and Support Allowance, Income Support (including all premiums for age, family and disability), Job Seekers Allowance, Attendance Allowance, DLA and Personal Independence Payments (PIP) care component, Universal credit etc.
And all other Income: ***(subject to exceptions below in 4.3)***
Occupational Pensions
Private Pensions
Income from annuities

Trust Income (where applicable)
Income from charitable or voluntary sources (subject to £20 per week disregard)
Rental Income / lodging payments (including other persons in the household)

Where another person, who is not a spouse or partner or civil partner or a dependent child, lives in the household of the service user (e.g. relatives, friends, lodgers etc.) the payments they make towards the household expenses will be taken into account as income.
Where no actual payments are made by the person living in the household there will be an assumed income of one third of the basic Income Support allowance as a contribution towards general household living costs.

4.4 Income to be disregarded

- Earnings are disregarded (Earnings consist of any remuneration or profit derived from employment or self-employment, including bonus or commission and holiday pay but excluding re-imbursement of expenses and any occupational pension)
- Personal Independence Payments (PIP) — Mobility Element only
- Disability Living Allowance (DLA) — Mobility Element only
- War Pensions payable to those in service
- War Pensioners Mobility Supplement
- War Widow(er) Special Payments
- Tax credit income (related to earnings)
- Child Tax Credits
- Child Benefit
- Child Support Maintenance payments
- Savings Credit element of Pension Credit payments are disregarded for non-residential services but there are other special rules for residential care with a partial disregard
- And any other disregards required in the Care Act 2014 Charging Regulations and Statutory Guidance.

5. Assessment for non-residential services

5.1 General Living Allowance – known as MIG (Minimum Income Guarantee)

Local authorities must ensure that a person's income is not reduced below a specified level, after charges have been deducted. The allowance rates are set out in the Care and Support (Charging and Assessment of Resources) Regulations and are reviewed by the Department of Health every April. **This allowance is for people who live in their own home** and is intended to cover general living expenses including food, utilities, fuel, transport, leisure, insurances, pets and other miscellaneous living costs and includes any debts relating to these expenses.
In this policy single people or people in a couple with no dependent children will be given the following weekly allowance irrespective of the age of the service user.
£189 per week for single people
£145 per week for one person in a couple

Where there are dependent children living in a household, the weekly allowance rates for adults differ according to age and other circumstances and the general allowance is calculated in accordance with Government Guidance as follows:

Where the service user is a **single person:**
a) aged 18 or older but less than 25, the amount of £72.40;
b) Aged 25 or older but less than pension credit age the amount of £91.40.
c) Pension credit age, the amount of £189.00.

Where the service user is **a member of a couple** the basic weekly allowances are:
a) one or both are aged 18 or over, the amount of £71.80;
b) one or both have attained pension credit age, the amount of £144.30.

Additional weekly allowances apply as follows:
For each dependent child living in the household an additional allowance of £83.65
For a single person with:
a) Disability premium, the amount of the additional allowance is £40.35;
b) Enhanced disability premium, the amount of the additional allowance is £19.70.

For one member of a couple in receipt of:
a) Disability premium, the amount of the additional allowance is £28.75;
b) Enhanced disability premium, the amount of the additional allowance is £14.15.
c) When in receipt of carers' premium, the amount of the additional allowance is £43.25.

(The Personal Allowance for a resident in a **care home** is £24.90 per week)

5.2 **The Disability Related Expenditure assessment (DRE) for non-residential care**

Service Users who live in their own homes will be asked to list any additional expenses, extra to the standard allowances explained in 5.1 that arise specifically as a consequence of disability. Examples of such expenditure and verification methods are set out in **Appendix A.**

5.3 Housing Costs for people in their own homes

Allowances are given for the following housing costs:

- Rent (net of Housing Benefit - or Universal Credit)
- Council Tax (net of Council Tax Reduction and discounts)
- Minimum mortgage repayments (as a substitute for rent) excluding enhanced mortgage payments.
  Ground Rent and Maintenance (except costs already allowed in the standard living allowance eg.Lighting, heating, Hot water, etc.
- Water Rates / Metered Water Costs

No Allowance for rent will be made where the service user lives in another person's household and there is no legal liability for rent payments. This is because any charge made for living in the other person's household will be deemed to be covered by the general living allowance of at least £189 per week. Where the person is not liable for these costs, but contributes towards them through a private board

agreement or similar, then the service user will be expected to meet this expenditure from their general living allowance.

5.4 Method of Calculation for non-residential services

a) Income less expenditure and allowances equals “assessable income”
b) Assessable income is rounded down to the nearest whole pound.
c) There is no charge if this is below £3.00 per week
d) Note that where the actual service costs are less than the assessed charge, the lower amount will be charged.
e) Note that for adaptations over £1000, the weekly charge will be calculated in the same way but the charge will be payable for a maximum of 7 years.

5.5 Financial Assessment for couples

When assessing one member of a couple, that person will be assessed on their own resources: Where the total savings and assets of the service user are over £23,250, including any beneficial interest in savings held by their partner or any other person, the full cost of care services will be charged

• 100% of solely owned and 50% of all jointly owned capital will usually be taken into account unless there is evidence of an unequal share, in which case a different percentage will be used.
• All assessable income appropriate to the service user will be taken into account.

Where benefits are paid at the couple rate, the benefit income will be apportioned**.** In these cases we will usually presume the service user has an equal share of the income unless it is clear that this is not the case and consideration will be given to both partners’ financial circumstances.

*Note: Savings and capital are normally defined as belonging to the person in whose name they are held. However in some cases there may be a beneficial ownership for a partner, e.g., where they have the benefits of ownership, even though the title of the asset is held by someone else or where they are able to make or influence transactions. The origin of the income and capital will be considered and the intentions for future use and such assets may be considered as notional income or capital. For this reason, financial assessments will usually be completed by reference to all income, savings and expenditure of the household.

• 50% of a couple’s eligible household expenditure will usually be allowed

• Eligible Disability Related Expenditure for the service user will be allowed (see appendix A)

The general living allowance will be applied in line with statutory regulations as set out above at 5.1.

6. Care Homes: Charging for residents with long term care needs.

6.1 Where a person’s long term needs are assessed to be met in a care home the financial assessment will determine whether the person must pay the full cost of the care home fees or whether the council will help to pay towards the cost.

6.2. Charges for residential care are payable from the date care commences.

6.3 If the resident owns any property the net value is usually taken into account when calculating the level of savings and capital. Where that value exceeds £23,250 the resident will be assessed to pay the full cost of the care home fees. However where the residents' former home is occupied by a spouse or partner or another relative aged over 60 or disabled, the value will not be taken into account as it will be disregarded in the financial assessment.

Further details are available in the Care Act 2014 Guidance at paragraphs 34/35 and can be found at the following website https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

6.4 The Financial Assessment will take into account income, capital and the value of any assets. The charging calculation will take into consideration any mandatory disregards of income, capital and property as defined in the Care and Support Statutory Guidance.

6.5 The Assessment will allow the prescribed minimum personal allowance known as the 'Personal Expenditure Allowance' (PEA). This is £24.90 per week. Some people may also qualify for an additional Savings Credit Disregard depending upon the level of their income and state benefits.

6.6 Where someone chooses to live in a care home with fees above the council's set fee rates they must identify a person, known as a third party, to meet the additional cost. This additional cost is often called a 'top-up'. The local authority has the right to refuse this option if the extra costs cannot be met over a sustained length of time.

6.7 The third party must confirm they are able to meet the costs of the top-up for as long as the resident remains in the care home and they will be asked to enter into a formal agreement.

6.8 People who own a property may be eligible to defer the cost of part of their care home fees costs. They will be required to agree to a legal charge against the value of their property and this is known as a Deferred Payment Agreement. Details of this scheme can be found in the council's separate Deferred Payment Agreement information sheet.

7. Charging for Care Homes where support needs are assessed as temporary

7.1 The council will financially assess and charge people having a temporary stay in a care home from the start date of the service.

7.2 A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time **and where there is a plan to return home**. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

7.3 Where a person's stay is intended to be permanent, but circumstances change and the stay is temporary, the council will usually review the assessment on the basis of

a temporary stay but this may depend upon the length of time the person has been resident in the care home.

7.4 The financial assessment for a temporary stay in a care home accounts for income and capital in the same way as for permanent residential care with the following exceptions:

7.5 The value of the person's main or only home will be disregarded where the resident intends to return and there is a plan to return home.

7.6 The value of the following will be disregarded:

- All Disability Living Allowance or Attendance Allowance or Personal Independence Payments will be disregarded
- Where Severe Disability Premium or Enhanced Disability Premium are in payment, these will be included in the assessment.
- Liabilities for rent, mortgage interest and water rates are taken into account subject to verification

8. Financial re-assessment reviews for all Services

Reviews will be conducted in the following circumstances:

a) Where someone receives a new or backdated state benefit, such as Attendance Allowance, Severe Disability Premium etc. Note that charges will be backdated to the date of the DWP award for the additional benefit. (Actual payments from DWP may be later).
b) At any time where the council discover an amendment to the financial information previously provided: e.g. financial or property Inheritance, previously undisclosed property, savings or income, including benefits (this can lead to additional charges being backdated).
c) Where a person notifies the council that their circumstances have changed
d) Where there is a significant change to Government regulations, state benefit entitlements or charging policy revisions
e) Where state benefits are uprated (usually in in April of each year)
f) Otherwise, financial reviews will take place over a period of time

9. Backdating charges

Charges will usually date from the start of the service.
Backdated charges apply where additional benefits have been successfully claimed. People will be advised of this policy in writing and will be required to pay the additional charge from the date they are found to be eligible for the benefit. This may include a period of backdated payment from the DWP.

Where people have not provided correct financial information, backdated assessments and charges will usually apply from the start of the service or from the date any additional assets were acquired. This may include gifted assets.

Sometimes, for residential care, we are unable to establish the extent of a person's income in a timely manner but as the resident is receiving full care and board, the charge will be backdated once the information is available to calculate the charge.

Where it is found, at any time, that a person still has or had, over £23,250 the full cost will be backdated to the start date of the service.

10. **Notification of Charges**

The outcome of the financial assessment and charge information will be confirmed in writing. This might provide a provisional charge pending the verification of income, savings, capital, expenditure, additional costs related to personal disabilities, or awaiting the outcome of state benefit claims. If all financial information is complete the notification will provide details of the final assessment.

11. Paying the contributions

11.1 Care Agencies:

Where the person has capital over £23,250 and is therefore assessed to pay the full cost for care services, **they will pay the agency direct**, upon receipt of an invoice from the care agency or by standing order or other method agreed with the agency. If the service user fails to pay the provider, further action will be taken.

Where the home care service is provided by an independent agency and the person does not have to pay the full cost but has been assessed to pay a contribution, **the council** will usually invoice the service user, monthly in arrears.

11.2 Care Homes:

Where a person is resident in a care home, they will be asked to agree to make payment of their contribution directly to the care home

11.3 Council Services:

Where the service is provided directly by the Council the service user will receive an invoice, monthly in arrears, from the Council's Central Collections Team.

11.4 Direct Payments for care services

Where the service user receives Direct Payments in order to purchase their own care services, they will be required to pay their contribution into their Direct Payments account. The preferred method is for the service user to set up a standing order from their personal bank account into the Direct Payments account. Where a contribution has been assessed, the service user must pay this into the account first, to cover the first part of the care costs, and the council will pay the remainder of the agreed eligible care costs into the account on a 4 weekly basis.

12. Recovery of Debt

12.1 Where a person fails to pay the amount they have been assessed to pay for their care and support, the Care Act 2014 provides the council with powers to recover money owed

12.2 Action for recovery of debt extends to the service user and their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment

12.2 The council will only proceed with Court action where alternatives have been exhausted. Any proceedings will usually go through the County Court. The council will deal with each case of debt on an individual basis and all circumstances will be carefully considered.

13. Appeals and Complaints

Service users have the right to ask the Council for a review of the assessed charge if they consider it to be unreasonable.

The appeal will involve the following checks:-

That income included in the assessment is correct
That the standard disregards/allowances are correct
That all eligible additional disability costs have been included
That any further exceptional circumstance has been considered which may warrant special discretion.

The Appeal Decision is initially made by the Head of Financial Assessments to ensure consistency and equity with other service users and provides an information base of exceptional decisions. The appeal should be completed within 4 weeks of referral including written notification of the outcome. If the service user is still dissatisfied they can use the complaints procedure.

Diversity and equality

The council is committed to the broad principles of social justice and is opposed to any form of discrimination. It embraces best practice in order to secure equality of both treatment and outcome. The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or personal beliefs.

Summary of Publications

The following publications have been referred to in the compilation of this policy

- The Care Act 2014
- The Care Act 2014 Regulations Part 1
- The Care Act 2014 Care and Support Statutory Guidance
- Mental Health Act 1983

APPENDIX A - **Disability-related expenditure**

The Care Act Guidance states: "Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority"

Disability-related benefits for the above purpose are:

- Attendance Allowance
- Disability Living Allowance Care Component
- Personal Independence Payment Care Component
- Constant Attendance Allowance
- Exceptionally Severe Disablement Allowance

Care Act Guidance: Disability-related expenditure

40) In assessing disability-related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability should be included:

(a) payment for any community alarm system

(b) costs of any privately arranged care services required, including respite care

(c) costs of any specialist items needed to meet the person's disability needs, for example:

(i) Day or night care which is not being arranged by the local authority

(ii) specialist washing powders or laundry

(iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)

(iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability

(v) additional costs of bedding, for example, because of incontinence

(vi) any heating costs, or metered costs of water, above the average levels for the area and housing type

(vii) occasioned by age, medical condition or disability

(viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services

(ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council

(x) personal assistance costs, including any household or other necessary costs arising for the person

(xi) internet access for example for blind and partially sighted people

(xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used

(xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS

Brighton and Hove City Council Policy

Evidence of actual expenditure, such as receipts and bank statements, will usually be requested at the Council's discretion. It is legitimate for Councils to verify that items claimed have actually been purchased, particularly for unusual items or heavy expenditure. Generally eligible allowances should be based on actual past expenditure. Spending not yet incurred is not allowed as it is not practicable for assessments to take account of expenditure users might incur if they had more income. Where receipts have not been kept, a council may request that this be done for future expenditure

The following allowances may be agreed but is not an exhaustive list of disability-related costs. It is reasonable to expect that most people would not qualify for the full range of allowances. The council would not expect to allow costs that could be obtained free of charge or should otherwise be met by other agencies, such as the NHS. This includes therapies, such as physiotherapy, and to chiropody and continence pads

Rationale:

Everyone is provided with an allowance for everyday living costs. This is known as the Minimum Income Guarantee or MIG and is explained at 5.1 of this policy. This allowance is higher than the amount a person would actually receive from a DWP means tested benefit such as Employment Support Allowance, Universal Credit or Guarantee credit. Where a person receives only a means tested benefit and no other income, the living costs allowance will exceed their income and there will be no charge for care services. However, where there is additional income, for example, from DLA, PIP or Attendance Allowance, these are not means tested and are provided by the DWP where a person is eligible due to the effects of their disabilities. Where this additional income, or any other additional income is applicable, it is likely that the person will be assessed to contribute towards the cost of care services, subject to any further disability related expenditure allowance.

To qualify for the additional allowance the expenditure claimed must be directly related to the person's disability or medical condition and must be over and above the amount a non-disabled person might incur in everyday general living costs.

For example, some people may have a disability which means they are not able to manage the essential cleaning tasks in their home. Where they live alone or nobody else in the household is able to do this, they may pay someone else to do this for them. We have a guideline maximum allowance of £12 per week which is based on an hour per week but this may be subject to proof of payment and essential cleaning needs and can be higher in exceptional circumstances.

Where a person is paying someone for their personal care service we will check the expenditure and the care plan to see whether this is considered eligible and necessary and is funded privately instead of needing council funding. An allowance will be given where eligible.

It may be possible to provide a small allowance for any additional costs of a specific diet as prescribed by a GP due to illness or disability. We have a maximum allowance of £6 per week. This is because different diets are not likely to cost more than the "average cost" of a diet which has already been allowed for in the MIG allowance. Extra costs must "reasonable" and as a result of disability / medical issues rather than choice.

An allowance may be given for essential garden maintenance, for example, grass cutting in the growing months once per month – we have a guideline maximum weekly allowance of £12 which is based upon an average of £52 per month. This is subject to proof of expenditure and applies where people have a disability such that they are not able to manage essential garden maintenance themselves and where they live alone or nobody else in the household is able to do this.

An additional allowance may be given for transport costs necessitated by illness or disability, including costs of transport to day centres, over and above any benefits received for mobility component of DLA or PIP. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example is available, but has not been used. We have a guideline maximum allowance of £12 per week which is considered to be an amount extra to average general transport costs which are already included in the General Living Costs allowance (MIG). No allowance will apply where a person is able to use public transport and have a free bus pass. Free taxi vouchers may be a suitable alternative.

All of these guideline maximum allowances can be reviewed in individual circumstances.

DISABILITY RELATED EXPENDITURE ALLOWANCES 2019-2020

An additional fuel allowance will be given where costs exceed average usage as set out in the table below. If you pay a set amount each month based on estimated usage we will need a copy of the statement you receive detailing your actual usage during the year. Amounts paid will be compared to the national average for a similar household size and type. Any allowance applied will be the difference between the average cost and the amount you pay. The average cost is already included in the MIG allowance.

The figures are obtained from www.statistics.gov.uk from the download "consumer price inflation detailed reference tables. The figures are found in Table 41 detailed reference tables - % change over 12 months. 2019/20	Standard Inc. South
Single person - Flat/Terrace	£1311.00
Couple – Flat/Terrace	£1729.65
Single person – Semi Detached	£1392.44
Couples – Semi Detached	£1835.18
Single – Detached	£1694.10
Couples – Detached	£2233.18

Notes - consideration will be made where additional household members incur additional fuel costs.
Winter Fuel payments are disregarded

ITEM	**AMOUNT**	**EVIDENCE**
Community Alarm System	Actual cost to service user	Bills from provider
Domestic support services	Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for hygiene purposes	Evidence of employment and correct payments to an employee under UK law. Or paid invoices from care agency. Guideline Max £12 per week.
Private care services	Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for care and support	Evidence of employment and correct payments to an employee under UK law. Or paid invoices from care agency.
Laundry/ Specialist Powder	£3.85 per week is considered to be reasonable as additional expenditure due to disability and more than 4 loads per week	Care Plan or other source identifies continence problems.
Dietary	Discretionary as special dietary needs may not be more expensive than normal	Medical evidence and details of special purchases An allowance of up to £6 per week is considered reasonable

Gardening	Discretionary based on individual costs of garden maintenance	Signed receipts for at least 4 weeks using a proper receipt book. An allowance of up to £12 per week is considered reasonable
Wheelchair	£3.91 per week manual £9.49 per week powered	Evidence of purchase. No allowance if equipment provided free of charge
Powered bed	Actual cost divided by 500 (10 yr life) up to a maximum of £4.32 per week	Evidence of purchase
Turning bed	Actual cost divided by 500 up to a maximum of £7.57 per week	Evidence of purchase
Powered reclining chair	Actual cost divided by 500 up to a maximum of £3.43 per week	Evidence of purchase
Stair-lift	Actual cost divided by 500 up to a maximum of £6.12 per week	Evidence of purchase without DFG input
Hoist	Actual cost divided by 500 up to a maximum of £2.99 per week	Evidence of purchase without DFG input
Prescription Charges	Cost of an annual season ticket divided by 52 or actual cost of prescriptions whichever is less	Where ineligible for free prescriptions
Transport	Discretionary based on costs that are greater than those incurred by the general public.	Evidence in Care Plan for transport needs where person cannot use public transport– max £12 per week

Note: - Mobility Allowance cannot be included in the normal financial assessment as an income but the statutory guidance states that transport costs should be allowed where necessitated by illness or disability, over and above the mobility component of DLA if in payment. Therefore no further transport costs are allowed if Mobility Allowance covers them.

AE 26.3.19

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

Title:	Future Use of Knoll House Resource Centre
Date of Meeting:	28 January 2020
Report of:	Rob Persey, Executive Director of Adult Social Care and Health, Health and Adult Social Care, BHCC
Contact:	Andy Witham, Head of Commissioning Tel: 01273 291498
Email:	Andrew.Witham@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

The need to reduce the reliance on residential and nursing placements while providing alternative and more appropriate accommodation and support options are a key principle that underpins our commissioning approach. The options explored below regarding the future use of Knoll House would play a positive role in supporting this direction of travel.

Glossary of Terms

1. Decisions, recommendations and any options

It is recommended that the Board agree:

1.1. Option C: Supported Living Service for people with Physical Disabilities and Acquired Brain Injury is taken forward as the preferred option;

1.2. That a final decision about the model and whether to provide a Council run or outsourced service is made at the June Health & Wellbeing Board once further detailed work has taken place to identify the viability and model for each option;

1.3. To consider Options A & B: Services for people with Mental Health needs within the Commissioning Strategy;

1.4. To put in place a Guardian Scheme at the property.

2. Relevant information

2.1 It was agreed at the Health & Wellbeing Board on 10th September 2019 that a business case and options appraisal would be produced for the use of Knoll House as; a) High level supported step-down accommodation for adults with mental health needs; or, b) Lower level supported accommodation for adults with a mental health condition to enable independent living c) Both of the above options would be considered within the business case and options appraisal.

2.2 It is recognised that in Brighton & Hove too many people are placed in residential and nursing placements when compared with our comparator authorities. It has been noted that in many cases this is due to the lack of suitable alternative accommodation / provision.

2.3 The merger of the service at Knoll House onto the Craven Vale site has provided an opportunity to look at how this reliance on nursing and residential placements can be addressed by providing alternative accommodation for specific client groups.

2.4 There is currently a lack of supported accommodation in the city to support those with Mental Health needs discharged from Mill View, who are ready to move on from Wayfield Avenue or who are currently being placed in out of city placements.

2.5 The need for this supported accommodation falls into two main areas High level supported step-down accommodation and lower/medium level supported accommodation to enable independent living.

2.6 Additional specialist mental health step down accommodation could enhance the discharge pathway and help to stop those who are discharged being placed either unnecessarily into residential units where their outcomes are not optimised or directly into the community without the available support they would ideally benefit from. Inadequate support and inappropriate placements increase the likelihood of readmission into hospital.

2.7 Alongside a lack of Mental Health Supported Accommodation it is also recognised that there is a gap within provision for people with Physical Disabilities and Acquired Brain Injuries (ABI) with a significant shortage of supported living options and an over reliance on residential care and out of area placements. This was not included as part of the original Health and Wellbeing paper but this option is explored in further detail below.

2.8 This outline business case looks at the two groups as requested by the Health and Wellbeing Board but also includes a third group in relation to Physical Disabilities and ABI.

Option A	Mental Health High level step down supported accommodation
Option B	Mental Health Low Level supported accommodation
Option C	Physical Disabilities and ABI

3. Options Appraisal

3.1. Option A - Mental Health High Level Supported Accommodation

Description of the service

3.1.1. This service would provide intensive 24/7 support in the community for people aged 18-64. The need for this service is currently high based on our analysis of placement activity. This service would provide more scope for individuals to move into more suitable accommodation rather than being placed in a residential setting while helping them to maintain independence and reduce the potential for readmission to hospital. Given the level of vulnerability and based on our experience of similar services it may be more appropriate to focus this service as an abstinence based facility for those free from, or at risk from, substance misuse. The exact service model and referral criteria would need to be established in the detailed business case/service specification.

Referral Routes

3.1.2. While initially we would be identifying people from residential settings where people have been placed out of area or in a residential setting due to a lack of appropriate alternative, it is likely that the majority of ongoing placements would come direct from Mill View Hospital and/other adult social care assessment pathways.

Demand

3.1.3. As of November 2019, there are currently 27 individuals that have been identified who would potentially benefit from this type of accommodation. The financial modelling show in section has used an average unit cost of these placements to highlight the potential financial benefit.

3.1.4. Seven individuals are currently in residential accommodation and a further eleven are in-patients who are likely to require residential accommodation if nothing else is available. A further three individuals are in temporary accommodation, three are in short-term accommodation, one has no fixed abode and one is due to be evicted.

Accommodation

3.1.5. Knoll House in its current configuration is unlikely to need any significant capital works but this would be explored in greater detail if this became the preferred option. The site could continue to accommodate 20 people and consideration would need to be given to the shared facilities as this may require some minor capital work e.g. kitchen/cooking facilities.

Staffing

3.1.6. Staffing levels would be relatively high with the need to provide 24/7 staffing. Staffing would typically include team leaders, project workers, support workers and night security staff. Training in independent living skills and work and employment opportunities would be provided where appropriate. The exact details of the service model including specific staffing levels would be developed as part of the detailed service specification.

Capital Investment

3.1.7. There would be limited capital works required in order to deliver this model. The site would need some investment in equipment has been transferred to other operational sites, either to equip new rooms at Ireland Lodge or to replace old and worn out equipment at other council run sites residential sites.

Running Costs

3.1.8. Staffing costs are likely to be in the region of £650k p.a. This figure is based on the cost running a similar facility with a commissioned service.

3.1.9. Running costs are estimated £200k pa and income from Housing Benefit at £240k.

Potential cashable benefits

3.1.10. In addition to be able to provide more appropriate accommodation this option is also likely to deliver operational savings. Maintaining individuals in high cost accommodation, often out of the city is expensive and the provision of a facility specialising in high level supported accommodations could save £0.557m p.a assuming clients move from high level support in external placements. This is included within the table in 4.1 below.

Risks and Opportunities

3.1.11 While Knoll House would provide a valuable high Level Step down facility the likelihood of residents moving on will be limited by their suitability for move-on and the availability of suitable low level supported accommodation.

3.1.12 However support of this nature is needed in the city and it should reduce the numbers being admitted to less appropriate residential care.

3.1.13 There are risks with moving individuals with functional mental health issues from their existing and familiar accommodation and any move would need to ensure that Best Interest assessment were undertaken and that where appropriate advocacy services were made available.

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3.2. Option B - Mental Health low Level supported accommodation

Description of the service

3.2.1 This service would accommodate those with low to medium support needs (defined by the number of support hours) who are engaged with secondary mental support services. This level of supported accommodation would also provide a step down from those who had been in a higher level services.

Demand

3.2.2 There are currently 21 individuals who would benefit from this type of accommodation who are currently within existing supported accommodation services, are in patients or are in alternative accommodation i.e. Wayfield Avenue Resource Centre or Temporary Accommodation.

Accommodation

3.2.3 This type of service typically offers self-contained flats with some shared cooking, laundry and social facilities. The existing building would need to be remodelled in order to provide this type of accommodation and initial estimates put the cost of this work at around £1.3m. The work would reduce the capacity from 20 units to 18.

Staffing

3.2.4 While the staffing levels would be at a lower level than the high support model Staffing there would still need to be a 24hr staffing presence on site.

Capital Costs

3.2.5 As stated in 3.1.7 above there would need to be a reconfiguration of the building to support this model. The cost of carrying out the building work to convert the site into self-contained flats is estimated to between £1m and 1.3m.

3.2.6 The site would need some re-equipping as equipment has been transferred to other operational sites, either to equip new rooms at Ireland Lodge or to replace old and worn out equipment at other council run sites residential sites. The equipment needs in this scenario are likely to be in excess of that for option A.

Running Costs

3.2.7 These are estimated to £330K p.a. and this model is expected to attract housing benefit in the region not £183k p.a.

Potential Cashable benefits

3.2.8 Once the initial cost of the building work has been recovered the estimated annual benefit of this option, assuming clients move from medium level support in external placements, is £0.637m.

Risks and Opportunities

3.2.9 There is a danger that individuals in this type of accommodation become resistant to any further move-on.

3.2.10 The provision of additional supported accommodation should help to reduce the number of individuals needing residential care.

3.2.11 There are risks with moving individuals with functional mental health issues from their existing and familiar accommodation and any move would need to ensure that Best Interest assessment were undertaken and that where appropriate advocacy services were made available.

3.3. Option C – Physical Disability and ABI Supported Accommodation

Description of the service

3.3.1. The proposal is for 18 supported living flats providing medium to high support, rehabilitation and an assessment function and respite for people who have conditions such as Multiple Sclerosis, Huntington's, Cerebral Palsy, have

experienced a stroke, a spinal injury or have an Acquired Brain Injury (ABI). It would provide step down from residential care and rehabilitation services or prevent a move into residential care or nursing homes populated by older people or out of city. 4 flats would be clustered together for people aged 18-25, 4 flats for people with ABI and the remaining 10 for people with physical disabilities aged 35-65.

Demand

3.3.2. There are currently in excess of 18 people who are in residential care, placed out of area or living in inappropriate accommodation who would benefit from accommodation that is level access and adapted and able to facilitate equipment such as ceiling track hoists, profiling beds and wheelchairs.

Accommodation

3.3.3. The accommodation would be self-contained flats with some shared laundry and social facilities. The existing building would need to be remodelled in order to provide this type of accommodation and initial estimates put the cost of this work at around £1.3m.

3.3.4. There would need to be a 24hr staffing presence on site with additional 1:1 support for people.

Capital Costs

3.3.5. As stated above there would need to be a reconfiguration of the building to support this model. The cost of carrying out the building work to convert the site into self-contained flats is between £1m and 1.3m.

3.3.6. The site would need some re-equipping as equipment has been transferred to other operational sites, either to equip new rooms at Ireland Lodge or to replace old and worn out equipment at other council run sites residential sites. As these will be individual tenancies the Community Equipment budget can be used to provide some of the additional equipment.

Running Costs

3.3.7. Staffing costs for this model would be approximately £710k p.a (based on £750 per week). Housing Benefit income est £183k.

Potential Cashable benefits

3.3.8. Assuming clients move from high level support (residential care average of £1,326 per week) in external placements the ongoing benefit is estimated to be £0.568m.

Risks and Opportunities

3.3.9. There is a risk that individuals in this type of accommodation who need more or less support become stuck due to a lack of suitable, accessible alternatives for this age group so it is essential that this is part of a range of services with step down and more intensive nursing care as required.

3.3.10 The building has been designed specifically to accommodate people with physical disabilities so is already fully accessible with wide corridors and doorways and lifts.

3.3.11 The provision of additional supported accommodation and general needs wheelchair accessible units will significantly help to reduce the number of individuals needing residential care.

4. Financial Implications

4.1 The table below shows the costs for each model with details of the potential savings associated with each model.

	Option A	Option B	Option C
	Mental Health High level step down supported accommodation	**Mental Health Low Level supported accommodation**	**Physical Disability supported accommodation**
	(Capacity 20)	(Capacity 18)	(Capacity 18)
	£'000	£'000	£'000
One-off capital costs *:	0	1,300	1,300
Ongoing Revenue costs:			
Staffing Costs	650	180	710
Operating Costs	200	150	150
Total ongoing revenue cost	**850**	**330**	**860**
Total cost (incl. one-off capital cost)	**850**	**1,630**	**2,160**
Housing Benefit	230	183	183
Total ongoing income	**230**	**183**	**183**
Ongoing annual net cost	**620**	**147**	**677**
Year 1 net cost (incl. one-off capital cost)	**620**	**1,447**	**1,977**

Typical average weekly cost of current placement	£1,129 per week	£835 per week	£1,326 per week
Projected annual cost (£'000)	**1,177**	**784**	**1,245**

Year 1 benefit / loss (incl. one-off capital cost)	**557**	**-663**	**-732**
Ongoing annual benefit	**557**	**637**	**568**

4.2 The table in paragraph 4.1 details the projected annual costs and savings for each option proposed.

4.3 There is significant one-off capital work proposed for options B and C to convert the building for Supported Accommodation use, which has been projected to cost up to £1.3m. This impacts on the initial savings expected as options B and C both make a loss in year 1 of £0.663m and £0.732m respectively. However, from year 2 all 3 options are expected to bring annual savings between £0.557 and £0.637m.

4.4 Option A has no associated capital costs and therefore makes a saving from year 1 of £0.557m. These projected savings are as a result of moving clients from expensive out of city placements and stepping down from high level support.

5. Timescales & site security

5.1 Potential timescales are as follows:

Timeline	Option A	Option B	Option C
Detailed report to HWB with Operational Specification	June 2020	June 2020	June 2020
Procurement Process	June to August 2020	June to August 2020	June to August 2020
Planning approval		July 2020	July 2020
Building development		July to December 2020	July to December 2020
Mobilisation	August to October 2020	September to December 2020	September to December 2020
Service starts	**November 2020**	**January 2021**	**January 2021**

5.2 This would result in the site remaining empty for a number of months and consideration should be given to Guardian Scheme to help to secure and protect the site.

5.3 If a property is likely to be empty for longer than 3 months, it is economically beneficial to the council to enter a Guardian contract thus avoiding security costs (minimum £600 per week) and obtaining revenue for the council.

5.4 We have a standard BHCC Guardian contract that we use and we procure as a concessionary contract.

5.5 The Guardian tenants are generally “low income” workers and thoroughly vetted before occupation is permitted, the Guardian company take on full HMO

compliance, maintenance, welfare, utilities and security responsibility for the property, we have a 16 day notice termination period for vacating the premises and returning it to its original condition on occupation.

5.6 The council has used this method with great success at 3 properties since 2014.

6. Preferred Option

6.1 Having taken all of the above considerations into account the preferred option is Option C Supported Living for people with Physical Disabilities and Acquired Brain Injury. This is due to the following reasons:

6.1.1 There is very little purpose built, fully accessible accommodation in the city. The Council are regularly approached by care home owners who wish to leave the market but these properties tend to be period properties that do not have wide corridors, level access or lifts. Should this option not be chosen the Council will need to build or acquire alternative, preferably purpose built, accommodation for this cohort as identified in the draft Health and Adult Social Care Commissioning Strategy.

6.1.2 Whilst it is recognised that there is also an urgent need for accommodation for people with mental health needs, this number of wheelchair accessible accommodation is not essential for this cohort.

6.1.3 There are 28 people with physical disabilities or ABI living outside of the city in supported living, care or nursing homes, aged between 18 and 64. Around half of these people were placed to be near family or were placed elsewhere due to local risks to them but around half have expressed a preference to live in Brighton and Hove.

6.1.4 12 people have been placed in care homes in the city that are largely populated by older people and it is essential for people's quality of life that alternatives are developed. There are currently 5 Court of Protection cases for this cohort where the Court have specifically asked the Council what alternatives are being commissioned locally to enable moves.

7. Important considerations and implications

7.1 Legal:

Local authorities are required to promote diversity and quality in the provision of services through the Care Act 2014, section 5. They should seek to ensure that any person in its area wishing to access services in the market has a variety of providers to choose from who (taken together) provide a variety of services and has a variety of high quality services to choose from. Local authorities need to ensure that they are aware of current and likely future demand for such services and to consider how providers might meet that

demand and have regard to the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area.

As gaps in the level and availability of local service provision to local residents with eligible care needs have been identified, the Local Authority is expected to demonstrate how it is addressing this. The proposals considered in this report evidence the Local Authority's efforts to improve local service provision.

The Local Authority will need to factor in any work required to apply to change the Knoll House services registration with CQC in its future planning.

Lawyer consulted: Nicole Mouton Date: 8/1/20

The process for procurement of the services necessary to implement an Option identified by the Committee must comply with the Council's Contract Standing Orders and the applicable Public Contracts Regulations. The period taken to undertake a procurement will need to be factored into the timetable for implementation of the chosen option.

Lawyer consulted: Judith Fisher Date: 8/1/20

7.2 Finance:

Section 4 of the report details the financial implications including projected annual costs and savings for each option proposed.

Finance Officer consulted: Sophie Warburton Date: 6th January 2020

7.3 Equalities:

7.3.1 An EIA is underway to support the commissioning intentions for people under 65 requiring physical and social support. This has identified the equalities issues and the numbers stated above that include younger people being placed in older people's care homes, people being placed out of city away from their families and networks and a need for supported living for people with physical disabilities and ABI locally.

7.3.2 This service will have a significant impact on the above equalities issues by offering supported living locally to people who may otherwise have been placed in residential care with older people or placed out of city.

7.4 Sustainability:

7.4.1 Sustainability will be incorporated into the Planning process for any building development work.

Item 49

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

Title: What happens when a GP surgery closes or merges or there is other serious patient disruption Date of Meeting: 12 November 2019 Report of: Ashley Scarff, Director of Partnerships Contact: Ashley Scarff Email: ashley.scarff@nhs.net Wards Affected: ALL **FOR GENERAL RELEASE**
Executive Summary This report was requested at the Health & Wellbeing Board in September, following the announcement that the Matlock Road surgery will be merging with Beaconsfield Road. The CCG was asked to provide background information of the processes what the CCG have to undertake at a time of GP change. This short paper details these steps; and puts them in the context of the wider CCG programme aimed at increasing practice resilience. A more detailed paper, which includes this information but also described the development of PCNs, has been received by the Health Overview and Scrutiny Committee (HOSC).
Glossary of Terms CCG – Clinical Commissioning Group GP – General Practitioner PCNs – Primary Care Networks

1. Decisions, recommendations and any options

1.1 That the Board notes this report.

2. Background

2.1 There are currently 35 practices in the city. The number of surgeries where patients can access services is higher than that, as a number of these operate out of main and branch surgeries. It is true that the number of practices has reduced significantly in recent years

(from 45 practices in 2015), though the most recent changes have been due to mergers of practices rather than closures and therefore have not resulted in reductions in capacity. GPs are independent contractors, commissioned by the CCG and NHSE to provide a range of primary care services to their patients. As such, the CCG does not directly employ GPs or their staff and cannot determine GP practice actions; we can and do support them in the best interests of the population.

2.1.2 Brighton General Practice is not immune from pressures felt across the country, in particular as follows.

- The closure of practices since 2015 due to a number of reasons including partner retirements, termination of old contracts, three mergers from single handed practices, and patient safety concerns.

- An ongoing cross-workforce shortage, with a number of practices unable to recruit to vacancies over a long period of time and reluctance amongst a proportion of GPs to take on salaried or partnership roles. This includes Practice Nurses and Advanced Nurse Practitioners.

- Increasing numbers retiring within the next 5-10 years. Currently, 18% of local practice GP partners, 9% of salaried GPs, 14% of locums and 26% of practice nurses are aged 55 years and older.

2.1.3 The CCG works with practices when they are experiencing exceptional pressures; and also has an ongoing programme of work to increase their resilience and prevent them from reaching such a position.

2.2. Support for Practices at risk of closure; or considering merger with another practice.

2.2.1 The attached flowchart illustrates the process the CCG and practice involved undertake to minimise any disruption felt by patients when a merger is being considered and/or actively pursued. The preferred aim is to maintain the current level (and location) of the service provided, however if this is not achievable then there are a number of actions taken to relocate and/or re-procure the service. Examples of these in recent years have been to include the merger with another practice on the same or a different site; to disperse the patient list to neighbouring practices; or to commission another separate provider to take over the practice list in total. In this way most importantly the overall capacity of GP practices can be largely maintained, even if it not always been possible to do so from the same locations.

2.2.2 Should the either a procurement process or managed transfer of patients take place, then the CCG, in partnership with the practice(s), undertake a full engagement process to make patients aware of any potential changes; seek their views on any unforeseen impacts; and help shape proposed mitigating actions.

2.3 Patient engagement

2.3.1 Once the proposed course of action has been agreed, the final decision is made by the CCG Primary Care Commissioning Committee (PCCC), which is chaired by, and includes representation from, independent lay members. As well as the financial and practice issues considered when making the decision, the committee hears details of any patient consultations and how these have informed impact assessments undertaken by the CCG. These include Quality Impact Assessment accompanies this options paper to inform the final decision alongside an Equality and Health Inequalities Impact Assessment (EHIA); ensuring patients have been given full and appropriate consideration.

2.3.2 Key issues raised, and proposed mitigations, are then presented to the PCCC to help the committee members reach their decision. The most recent examples of this related to the merger of Matlock Road and Beaconsfield Practices, where the feedback from two patient consultation meetings; and written submissions, informed the impact assessment and mitigating actions presented to the PCCC.

2.4 Increasing resilience in Primary care

2.4.1 The CCG will be working with the other Sussex CCGs to deliver a programme of work in 2019/2020, based on four key themes, to support practices as follows

2.4.2 Practice Resilience –The adoption of a Sussex wide approach to use regional funds to target the most challenged areas to improve resilience; continue to provide dedicated CCG support to individual practices; and sharing good practice across the county to ensure practices learn from and support each other wherever possible.

2.4.3 GP Retention Programme – the development of more wide ranging career opportunities outside traditional practice partner role; aimed at locum GPs and GPs expressing a desire to leave the profession; Development of GP with Special Interest (GPwSI) posts in mental health; Supporting the development of First Contact Practitioner roles for Multi-skeletal and Mental Health services; and the promotion of GP Fellowships which include more flexible arrangements tailored to the needs of the individual GP.

2.4.4 Reception and clerical staff training – funding has been made available to provide training opportunities for all general practices in Care Navigation (helping patients find the right service for them); Workflow and Medical Terminology training; and enhanced reception and clerical staff training

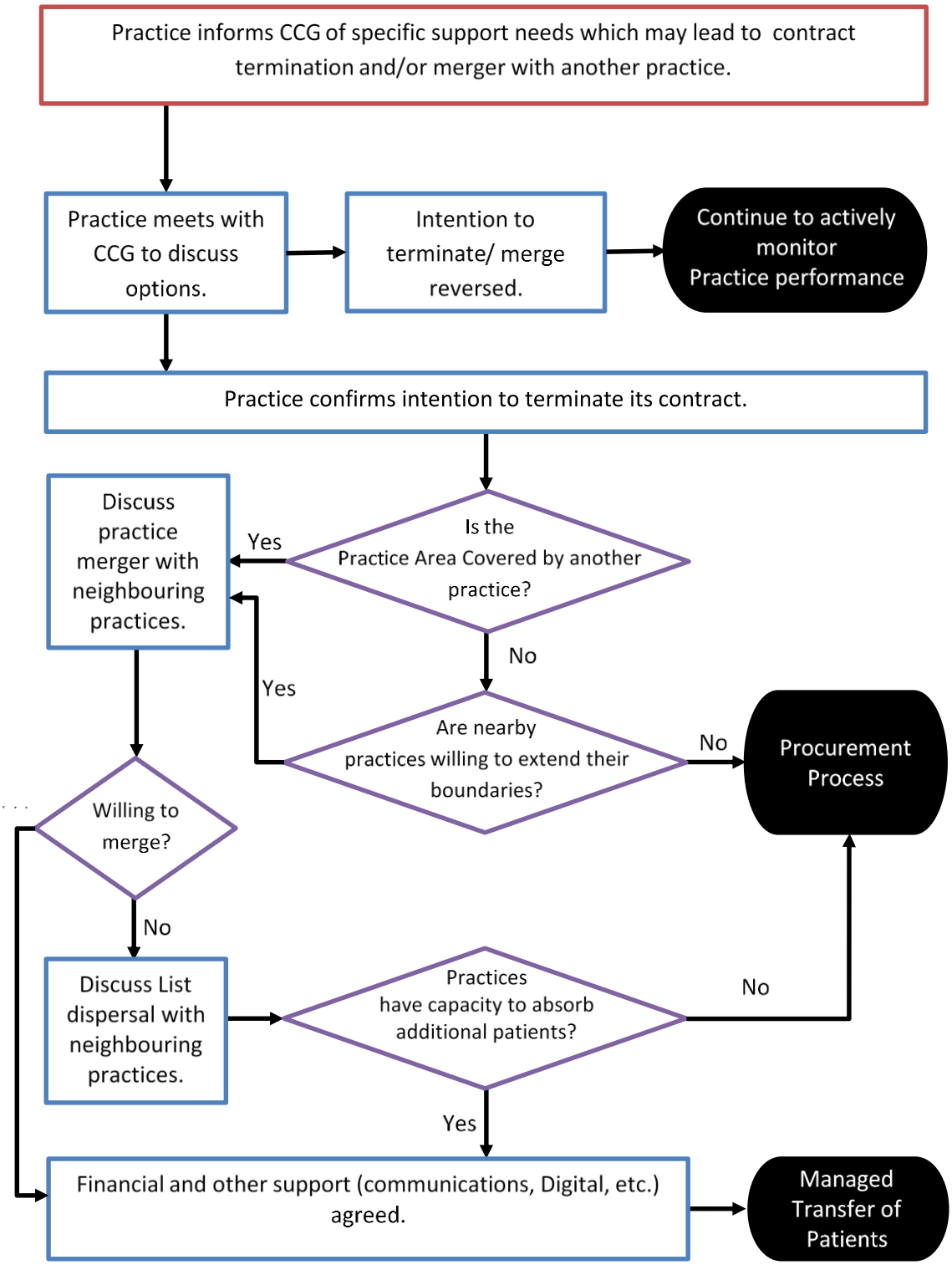
2.4.5 Online Consultation – the CCG will procure the right technology to allow practices the opportunity to offer patients online consultation appointments. This is addition to, and not replacing current face to face provision.

2.5 Conclusion

2.5.1 This paper summarises the joint work between General Practice and the CCG in the event of the former considering significant changes to the service they offer; the decision process and how patients are engaged to inform this decision. The programme of work being undertaken by the CCG to support practices and prevent such events is also described.

Diagram one

Decision Flow Diagram for Support to Practices considering merger/closure



Improvements made from lessons learnt

Based on lessons learned from previous mergers, the CCG has encouraged a dialogue with practices, starting with regular contract visits, to encourage as early warning as possible of likely events, such as retirements of key staff, problems with recruitment and so on, to enable mitigating actions to be in place as early as possible and thus minimise the impact, if any, on patients and practice staff.

Under current legislation the CCG is not able to purchase practices; directly employ clinical staff; or hold leases for any premises other than CCG administrative offices. However the CCG can and does work with other NHS and voluntary sector organisations to encourage their working in partnership with General Practices to address any potential problems to which they could provide assistance.

3. Important considerations and implications

3.1 Legal:

One of the Board's functions as described under the Council's Procedure Rules is to hold the CCG to account for the impact of their commissioning decisions ensuring that Health outcomes are improving in the way they should and Health inequalities are proactively addressed in commissioning plans.

The Board should also provide collective leadership to a whole range of City wide collaborative working and whole system issues – including emergency planning, resilience and preparedness, urgent care etc.

Lawyer consulted: Nicole Mouton Date: 16/10/19

3.2 Finance:
There are no direct financial implications arising from this report for the local authority.

Finance Officer consulted: Sophie Warburton Date: 16/10/2019

3.3 Equalities
When undertaking List dispersal the surgery and CCG will always consider the most vulnerable patients first. Past experience has included putting in extra support to help support patients make the links to the new surgery. Where required, Equality Impact Assessments will be undertaken in relation