



## 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?

Please Note: In response to current Central Government Guidance this meeting will be “virtual” and accessible via skype on Tuesday 8 September 2020, starting at 4.00pm. It will last about two and a half hours.

Board meetings are also available to view on the council’s website.

## What is being discussed?

There are 4 main items on the agenda

- Covid 19 – Update Presentation
- Sussex Health & Care Partnership Winter Plan 2020-21 - Update
- Safeguarding Adults Board (SAB) Annual Report
- Health and Wellbeing Board (HWB) Review



**Health & Wellbeing Board**  
**8 September 2020**  
**4.00pm**  
**Virtual via Skype**

Who is invited:

**B&HCC Members:** Shanks (Chair), Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeeen (Group Spokesperson) and Childs

**CCG Members:** Dr Andrew Hodson (Deputy Chair), Lola BanJoko, Malcolm Dennett, Dr Jim Graham and Ashley Scarff

**Non-Voting Co-optees:** Geoff Raw (CE - BHCC), Deb Austin (Acting Statutory Director of Children's Services), Rob Persey (Statutory Director for Adult Care), Alistair Hill (Director of Public Health), Graham Bartlett (Safeguarding Adults Board), Chris Robson (Local Safeguarding Children Board) and David Liley (Healthwatch)

Contact: **Penny Jennings**  
Secretary to the Board  
Democratic Services Officer 01273 291065  
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Date of Publication -Friday, 28 August 2020

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# AGENDA

Formal matters of procedure

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

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## 19 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.

## 20 MINUTES

7 - 20

To consider and approve the minutes of the held on the 28 July 2020 (copy attached)

## 21 CHAIR'S COMMUNICATIONS

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

## 22 FORMAL PUBLIC INVOLVEMENT

21 - 22

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

(a) Petitions - to consider any petitions received by noon on 2 September 2020;

(b) Written Questions – to consider any written questions received by noon on 2 September 2020;

(c) Deputations – to consider any Deputations received.

## 23 FORMAL MEMBER INVOLVEMENT

To consider any of the following:

(a) Petitions;



(b) Written Questions;

(c) Letters;

(d) Notices of Motion

**24 PRESENTATION - COVID RECOVERY STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN**

This will be a joint inter-department presentation which will provide further updates to the information provided to previous meetings and additional information as appropriate.

**25 SUSSEX HEALTH & CARE PARTNERSHIP WINTER PLAN 2020-21: UPDATE 23 - 40**

Report of Director of Resilience Sussex CCG's (copy attached)

*Ward Affected: All Wards*

**26 SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 41 - 84**

Report of the Brighton and Hove Safeguarding Adults Board Independent Chairperson (copy attached)

*Ward Affected: All Wards*

**27 HEALTH & WELLBEING BOARD (HWB) REVIEW 85 - 94**

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

*Contact: Michelle Jenkins*

*Tel: 01273 296271*

*Ward Affected: All Wards*

**WEBCASTING NOTICE**

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Electronic agendas can also be accessed through our meetings app available through [www.moderngov.co.uk](http://www.moderngov.co.uk)

For further details and general enquiries about this meeting contact Democratic Services, 01273 2910656 or email [penny.jennings@brighton-hove.gov.uk](mailto:penny.jennings@brighton-hove.gov.uk)



## **Public Involvement**

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

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



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An infrared system operates to enhance sound for anyone wearing using a receiver which are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

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- 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.

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 28 JULY 2020**

**VIRTUAL, VIA SKYPE**

**MINUTES**

**Present:** Councillors Shanks (Chair), Nield (Deputy Chair), Moonan (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Childs

**Brighton and Hove CCG:** Dr Sarah Richards and Ashley Scarff

**Also in Attendance:** Geoff Raw, Chief Executive, BHCC; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health; Graham Bartlett, Safeguarding Adults Board and David Liley, Healthwatch

**PART ONE**

**9 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**9(a) Apologies**

9.1 Apologies were received from Dr Andrew Hodson (Chair of the CCG and Co-Deputy Chair), Lola Banjoko and Andrew Taylor

**9(b) Declarations of Substitutes, Interests and Exclusions**

9.2 Dr Sarah Richards was in attendance in substitution for Dr Andrew Hodson.

**9(c) Exclusion of Press and Public**

9.3 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.

- 9.4 **RESOLVED** - That the public not be excluded during consideration of any item of business set out on the agenda.

## 10 MINUTES OF MEETING, 9 JUNE 2020

- 10.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 9 June 2020 as a correct record.

## 11 CHAIR'S COMMUNICATIONS

- 11.1 The newly appointed Chair, Councillor Shanks welcomed those attending the meeting, commended the work of Councillor Moonan during her period in the Chair and outlined the housekeeping arrangements in place for the effective running of this virtual skype meeting.

### **Covid 19 – Current Position**

- 11.2 The Chair thanked everyone who has been playing their part to support a healthier, stronger and safer city. Whilst the number of cases across the city remained low. here compared to other areas of the UK it was important for everyone to continue to help control the virus in every way that they could. Those present would hear more about the current Covid position and the Local Outbreak Control Plan as separate items elsewhere on that afternoon's agenda.
- 11.3 The Chair took the opportunity to remind everyone to practise good hygiene, with regular hand washing and using hand sanitiser whenever people were out. Although there had been some confusion around the exact distance we should be keeping, she wanted to encourage everyone to still maintain 2m distance from others not in their households wherever they could and at least 1m otherwise. Face coverings must now be worn in shops as well as on public transport and in our hospitals, for everyone who is able to. It was important to remember however that some people were not able to wear one and it is not always obvious why, so it was necessary to be understanding of that.

### **NHS Test and Trace**

- 11.4 It was essential that anyone who developed any of the symptoms of Covid-19 took a test immediately and self-isolated at home. The quicker people who may have been at risk of infection could be identified, the more effectively we could reduce the spread of the virus. Whilst some people had concerns around the NHS Test and Trace service contact tracing was not new. It was a well-established method of preventing and controlling outbreaks from measles and TB through to sexually transmitted infections. Information would be handled sensitively and confidentially. If people were contacted by Test and Trace it was important that the advice given was followed as this was the best way to look after yourself and your loved ones, and also to protect the city's most vulnerable communities.



### Shielding Guidelines – Easing

- 11.5 As everyone was heading out more, the restrictions for the clinically extremely vulnerable residents who were asked to shield back in March had also been gradually easing. They could now:

gather in groups of up to six outdoors with distancing;  
create a support bubble with one other household if you live alone or are a single parent;

From 1 August they could also:

visit shops and places of worship, with distancing;  
return to work, if they could not work from home and the workplace was covid-secure;  
Although government support was coming to an end at the end of July, extra help was still available locally for those who needed it from our community advice and support hub.

### Pharmaceutical Needs Assessment – Closure of Boots 119-120 London Road

- 11.6 The Chair stated that she wished to give a detailed update on this matter. A report was submitted to the Health and Wellbeing Board (HWB) 10<sup>th</sup> September 2019 as part of its Pharmaceutical Needs Assessment (PNA) responsibilities. The report updated the HWB following the previous information in July 2019 that the Boots in the London Road was moving premises from its current address to across the London Road. The PNA was a comprehensive statement of the need for pharmaceutical services of the population in its area. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”) set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA as well as the responsibility of NHS England in relation to “market entry”. NHS England holds the contract for community pharmacy. By the NHS Pharmaceutical and Local Pharmaceutical Services Regulations, the provision of NHS Pharmaceutical Services in community pharmacies is a controlled market. If an applicant wants to provide NHS pharmaceutical services, they are required to apply to NHS England (NHSE) to be included on a pharmaceutical list. Since April 2013 pharmaceutical lists are compiled and held by NHSE. NHSE will use the PNA when making decisions on applications.
- 11.7 HWBs have the requirement under the regulations to carry out and publish a PNA for its population at least every three years and publish supplementary statements stating any changes to local pharmaceutical services. Due to the impact of the COVID19 pandemic on local authorities, the national requirement for the next PNA to be published in 2021 had been extended to 2022.
- 11.8 At the July 2019 HWB meeting Public Health advised that this relocation did not represent a gap in provision because the relocation was 100 metres across the same road and would provide the same level of service and opening hours. Since July 2019 the situation changed. The relocation of Boots pharmacy did not occur, due to difficulty finding a suitable alternative site before their landlord terminated their current lease. The Boots at 119-120 London Road closed on September 20<sup>th</sup> 2019. and the contract with Boots has now been terminated. Boots therefore requested a 6 month suspension of

their contract from NHSE. The COVID-19 regulations caused a suspension of all work relating to market entry for NHSE, and the Boots contract suspension expired at the end of March. NHSE confirmed this to Boots as soon as market entry work recommenced. Brighton and Hove City Council Public Health team have remained in contact with NHSE who have confirmed that Boots have not been able to find premises within the six month period since. The implication of this is that any pharmacy, including Boots, could now apply for market entry to supply a pharmacy in this area. NHSE consider the closure of Boots could be considered as leaving a gap in service in relation to the Pharmaceutical Needs Assessment (PNA) and will be seeking to fill the gap as soon as possible. The PNA Steering group has previously conducted an EIA on the impact of the closure of Boots London Road and concluded that there was not a significant gap in pharmaceutical services because there were 7 other pharmacies within 0.5 miles providing the same range of services. The time lapse since the start of the closure meant it was likely patients had already found alternative pharmacies to use. The PNA Steering Group did not think the closure of Boots requires a new PNA to be published immediately. In the interim it has issued a further Supplementary Statement to reflect the recent changes to pharmacy services and will issue a full PNA in 2022.

### **Disability Learning Week**

11.9 In closing, the Chair informed the Board that since its we last meeting we had celebrated Learning Disability Week. During the week we had connected with all the teams across the city who worked with people with Learning Disabilities and Autism and had found new and creative ways to provide information, offer support, run activities and help keep people in touch with friends. An estimated 5861 adults lived with a learning difficulty, disability or Autism in the city. Physical distancing and understanding the ever-changing guidelines could be particularly hard for this community.

11.10 **RESOLVED** – That the content of the Chair’s Communications be received and noted.

### **Callover**

11.11 All items on the agenda were called for discussion.

## **12 FORMAL PUBLIC INVOLVEMENT**

### **12a Petitions**

12.1 There were none.

### **12b Written Questions**

12.2 It was noted that three written questions had been received. The questions submitted and the responses provided by the Chair are set out below:

#### **Question from John Kapp — Medication to Meditation**

12.3 “Concerning **medication to meditation**, does the board agree that all prescribed interventions should be evidence based, that the gold standard is the systemic review, one of which (Cippriani et al 2017) found that all antidepressants are no better than placebos, but have side effects that include suicide, so do more harm than good, yet antidepressants continue to be prescribed to more than 7 million in England, whereas there have been thousands of research reports on mindfulness based approach courses which have been found effective in healing and curing most mental disturbance without side effects, and published in peer reviewed journals, so the HWB should ask the CCG to commission sufficient mindfulness courses so that all patients for whom they are clinically appropriate can access them within the statutory access times (2 weeks for psychosis, 6 weeks for ¾ of rest, 18 weeks maximum) ?”

#### **Chair’s Response:**

12.4 Best practice indicates that all treatments should be evidence based. An informed discussion of the risks and benefits should take place before interventions are offered, with meta-analysis of multiple randomised controlled trials being considered the most robust evidence to inform medicine treatment choice. However pharmacological interventions are often only part of an effective treatment program, and not all patients will derive the same benefit. The decision to treat or not must be informed by the evidence but also individualised to each patient within the context of the NHS constitution and available NICE guidance, finite NHS resources, and a broader comprehensive care plan.

Hopefully this covers the question in a broader sense with respect to evidence based practice. Antidepressants are just an additional form of intervention to support the patients and a competitive form. So intervention should be individualised.

12.5 Mr Kapp was invited to put a supplementary question.

#### **Question from Janet Bray – Continuing Operation of a Dormitory Hostel in Hove**

12.6 NB: Ms Bray indicated that she was unable to attend the meeting and has indicated that she was happy for her question and the response to it to be set out in the subsequent minutes of the meeting.

12.7 “We are now into the \*11<sup>th</sup> week of Lockdown. A well-known dormitory hostel in central Hove continues to operate, continues to advertise weekly dormitory accommodation, and is housing people in violation of planning permission (i.e.: The premises shall be used as student/backpacker hostel only and for no other purpose, including in HMO or as a hostel where people are placed, homeless or have special needs with payment coming from a 3rd party). Government guidance effectively deemed dormitory hostels should close. BHCC has known about the illegal operation of this hostel for 2 months (and the violation of Planning Permission for years) and yet it carries on in plain sight of the neighbourhood that remains incredulous. Why has BHCC allowed this situation to persist? When will the dormitory hostel be closed?” \*(NB: this was received following our June meeting).

#### **Chair’s Response**

- 12.8 I have been advised that you have been in regular contact with the Council on this matter and received a response from our Head of Safer Communities on this matter earlier this month. However, I have forwarded this question on to the relevant department to respond if there has been any updated guidance of relevance.

### **Question from Lara Hockman – Emergency Homeless Accommodation**

- 12.9 NB: Ms Hockman was unable to attend the meeting but indicated that she was happy for her question and the response to it to be set out in the subsequent minutes of the meeting.
- 12.10 “Homeless people currently in emergency accommodation as a result of Covid-19 are facing a cliff-edge beyond which their health & wellbeing are severely at risk. Will the Board sign up to the following statement to protect the health & wellbeing of our city’s most vulnerable residents?”
- 12.11 “We, the HWB commit to ensuring that sustainable accommodation is offered to all those housed in emergency accommodation and hotels as a result of the Government’s ‘Everyone In’ policy and will not let people return to homelessness or rough sleeping. This includes opening up access to council accommodation for people accommodated during the emergency.”

### **Chair’s Response**

This matter is being actively addressed by our colleagues in the Directorate of Housing, Neighbourhoods and Communities and in my response to the question we have attached links to relevant papers recently presented to Housing Committee. I would like to assure all our residents of the Council’s commitment to tackling the need for people to rough sleep in our city and alongside our adopted Homelessness and Rough Sleeping Strategy, recognising this is a complex situation, we are working actively in the current situation to secure accommodation to support this objective.

- 12.12 **RESOLVED** – That the questions submitted and the Chair’s responses to them be noted and received.

### **12c Deputations**

- 12.13 There were none.

## **13 FORMAL MEMBER INVOLVEMENT**

### **13a Petitions**

- 13.1 There were none.

### **13b Written Questions**

- 13.2 There were none.

### **13c Letters**

13.3 There were none.

#### **13d Notices of Motion**

13.4 There were none.

### **14 PRESENTATION - COVID RECOVERY STRATEGY**

#### **Covid Update and Recovery Strategy**

- 14.1 The Director of Public Health, Alistair Hill, gave a detailed presentation detailing the arrangements being put into place going forward both to seek to continue to contain the number of cases across the city and importantly to foster and sustain recovery and to build in resilience in the event of further future spikes. Whilst the mortality rate across the city was low compared to other places all partners were working to ensure that there was sufficient resilience going forward, details of infection levels and mortality rates week by week were shown. The slides accompanying this presentation were displayed at the meeting and would also be attached to the agenda on the Council website.
- 14.2 It was considered very important to have mechanisms in place to support local economic recovery and in order to do so it was important to understand and put into context the data which had been collected, in order to ensure a timely and co-ordinated approach and to have good local governance in place. Since the onset of the pandemic recent weeks it had been possible to capture data in a more sophisticated way and it agreed that would be a valuable tool going forward. The local outbreak since June had been low and it would be critical to seek critical to seek to maintain that flattened curve.
- 14.3 It should be noted that the first meeting of the Local Health Protection Board had taken place earlier that day, these involved all relevant partners would be held regularly and would have a broad agenda in order to respond to the complex issues which had arisen in respect of the current pandemic and any further issues which might arise in future. As information had emerged in respect of high-risk settings that would inform work priorities, In addition to other partners Healthwatch was being kept fully in the loop and that involvement would continue. "Test and Trace" was seen as integral to this, particularly in terms of seeking to help prevent a surge or second wave in the autumn.
- 14.4 Councillor Bagaean referred to the current availability of data and sought more information regarding the co-ordination mechanisms in place particularly in respect of the trigger points for action to be taken and to ensure that dynamic risk assessments were carried out, also the connection between the partners and the role of the Board. It was confirmed that information was now available on a granular level by postcode which would enable any emerging trends to be identified and responded to rapidly. The Outbreak Plan would be shared with all stakeholders who would have input, whilst some in the Plan needed to remain confidential the available information would be shared as widely as possible in order to work effectively with partners across Sussex.
- 14.5 Councillor Nield asked whether/what arrangements were in place to provide mobile/walk in testing across the city, noting that a mobile testing unit had been provided at the Brighton Racecourse. Also, regarding information available in relation to compliance

with the requirements to self-isolate. It was explained that there were limitations on the measures which could be put into place in terms of assisting people to self-isolate and it was considered that could be more difficult once the current furlough arrangements ceased. An integrated response was in place to work with local community workers and hubs across the city and to ensure an integrated response. The Cleaner Air measures which were to put in place would provide improvements to the quality of life for all whilst being of particular benefit to those who had respiratory problems.

### **Communications Strategy – Public information**

- 14.6 The Head of Communications, Clare Saul, gave a presentation detailing the communications strategy which had been put into place which would also operate in co-operation with neighbouring authorities and stakeholders in the event of cross-border outbreaks occurring. Effective communication was recognised as a key element in managing and mitigating the Covid 19 pandemic. The Local Engagement Board would play a key role in public facing communications and engagement to strengthen national and local messages.
- 14.7 The outline communications plan which had been drawn up aimed to set out the communication activity required during the set up and roll out of the local outbreak plan and what would be required during any local outbreak. As this subject matter could cause anxiety for residents, organisations and businesses it was understood that simple communication was required which gave clear information about what people needed to do, when and how. It was also seen as important to promote “Test and Trace”. There had been an interface with local community hubs and organisations and a variety of mediums had been used including social media, the council website, regular by-lined pieces and traditional media including posters etc., across the city. The message was to encourage behaviours which helped to keep everyone safe and to keep the infection rates across the city low.
- 14.8 Councillor Childs referred to the fact that a number of residents had reported to him that they were very concerned that a number of passengers were not wearing masks on public transport (local buses) and in consequence were exposing others to risk. The Head of Communications responded that it was difficult for drivers to enforce as some exemptions were in place, it these not always apparent to whom they applied and drivers often, understandably, were reluctant to be confrontational. It was largely a matter of public education and hopefully constant reinforcement of messages around social distancing and responsible behaviours would have the desired outcome. The Council’s own communications team and the bus company itself were doing a lot of work on this issue and it was hoped that by encouraging compliance the current 85% compliance rate could be improved upon. In order to continue to control any potential second wave it was important to continue to communicate with clear, unequivocal, simple messages which could be easily understood.
- 14.9 Councillor Nield stated that now lockdown had eased somewhat and people had become more used to wearing face coverings that use of re-usable materials should be encouraged and it was agreed that would be taken on board.
- 14.10 Councillor Shanks, the Chair, welcomed the presentations, stating that it was clear that effective communications lay at the heart of dealing with the pandemic, some of that

needed to be Member led and she anticipated that the Board should have an overarching role.

14.11 **RESOLVED** - That the contents of the presentations be received and noted.

## **15 LOCAL COVID OUTBREAK CONTROL PLAN**

15.1 The Board considered a report of the Director of Public Health detailing the action(s) underway to help residents, businesses and organisations in the city to prevent the spread of Covid 19, to make the best use of available data to detect trends and outbreaks as early as possible and to ensure that there were robust structures and processes in place to respond to outbreaks.

**RESOLVED** – (1) That the Health and Wellbeing Board note the contents of the Local Outbreak Control Plan published on 30 June 2020 and set out in Appendix 1 to the report;

(2) Agree that the Health and Wellbeing Board will act as the Member led Board in accordance with the guidance from the Department for Health and Social Care (DHSC); and

(3) Approve the establishment of a cross-party Member Working Group to oversee the Local Outbreak Control Plan, draft Terms of Reference for group as included in Appendix 2 to the report.

## **16 FOUNDATIONS FOR OUR FUTURE – THE FINAL REPORT FROM THE SUSSEX WIDE CHILDREN & YOUNG PERSON’S EMOTIONAL HEALTH & WELLBEING SERVICE REVIEW**

16.1 The Board considered a joint report of the Clinical Commissioning Group and the acting Executive Director, Families, Children and Learning. It was noted that the “Foundations for our Future” report set out at Appendix 1 was an independently authored report which had been jointly commissioned by Sussex Clinical Commissioning Groups, the three local authorities in Sussex and Sussex Partnership NHS Foundation. The Review had been independently chaired throughout its duration.

16.2 The Review had been structured to provide an in-depth and up to date picture of the services and support available to young people and had been designed as a listening and analytical exercise aimed at gathering a wide scope of information and feedback from quantitative and qualitative insights of the emotional health and wellbeing services and support on offer to young people aged 0-18 and their families in Sussex. Although not a formal public consultation the scope of the Review had been wide and it had been completed in the weeks prior to the emergence of the current pandemic. The implementation timeline for the recommendations set out in the report and those that had been developed before the pandemic had caused work to be paused. The report could now however, act as a lever for change in this new landscape, to drive transformation, including to specialist mental health services and a renewed focus on

the importance of population mental health and wellbeing approaches and the key role of schools.

- 16.3 Steve Appleton the Independent Chair of the Review was in attendance accompanied by Georgina Clarke-Green and gave a detailed presentation detailing the work undertaking its findings and future pathways which had been identified. He stated that notwithstanding that although a historical piece of work in the context of the current pandemic and the additional mental health pressures it put on many it was important particularly as there would now be the opportunity to review, reflect on and reconsider the priority of each recommendation. The slides in their entirety had been attached as an addenda to the circulated agenda.
- 16.4 Councillor Moonan welcomed the report which she agreed represented a very important piece of work. Whilst recognising that this was a Sussex wide piece of work it was pleasing to note that arrangements/ structures would be put into place applicable specifically to Brighton and Hove.
- 16.5 Councillor Bagaeen considered that governance and accountability would be key considering that it was important in redesign of any services provided that there were clearly laid down responsibilities in the event that anything did not improve outcomes as expected. The respective roles of the local authority and the CCG needed to be clearly drawn as did who had oversight and overarching responsibility.
- 16.6 Councillor Nield was in agreement regarding the importance of this piece and enquired as to the measures which would be put into place when children returned to school after the disruption which they had suffered and to identify any who were struggling or particularly vulnerable and needed additional/ targeted support. The Acting Executive Deb Austin detailed the arrangements which would be in place.
- 16.7 In answer to questions by Councillor Bagaeen it was confirmed that the report would also be forwarded to the Children, Young People and Skills Committee for information.
- 16.8 **RESOLVED** – (1) That the Board receive and note the contents of the final independently Chaired report “Foundations for our Future” included at Appendix 1 to the main report;
- (2) Agrees and approves the Concordat which underpins the partnership commitment to act upon the recommendations contained in Appendix 2 to the report; and
- (3) Agrees in principle the recommendations set out in the report at paragraph 2.17. A further update to be provided to the Board in respect of the financial implications for Brighton & Hove City Council prior to final sign off.

## 17 **COMMISSIONING STRATEGY FOR HEALTH AND ADULT SOCIAL CARE POSITION UPDATE**

- 17.1 The Board considered a report of the Executive Director of Adult Health and Social Care providing a position update on the Commissioning Strategy for Health and Adult Social Care. It was noted that the impact of the past few months in dealing with the Covid 19 pandemic had both delayed the intended preparation of the supporting commissioning



action plans and changed the potential commissioning landscape for future health and social care commissioning in the city.

- 17.2 The Executive Director, Rob Persey explained that in the light of system experiences of recent months there it had emerged that there were opportunities in some instances to commission health and social care services differently and that in consequence this draft commissioning strategy required review and re-drafting.
- 17.3 Councillor Childs welcomed the work that had been done and recognition that had emerged of the essential role of care workers, noting that the previous administration had been able to implement a Care Workers Charter which he hoped the new administration would continue to support.
- 17.4 The Chair, Councillor Shanks welcomed the report, which was essentially an interim update. The grant which had been made available to provide support to ensure that the role of those working in care homes was recognised and that they should be subject to statutory sick pay and terms and conditions which supported their important work were welcomed. Ashley Scarff of the CCG confirmed that partners had been working in concert to that end.
- 17.5 **RESOLVED** – (1) That the Board notes the contents of this draft Commissioning Strategy and the principles the Council currently applies in the commissioning, delivery and monitoring of adult social care, public health and supported accommodation services;
- (2) That the Board notes intended direction of travel subject to agreement with key stakeholders, especially the Clinical Commissioning Group who, whilst represented on this Board, will require agreement from their governing body;
- (3) That the Board formally asks for this report to be discussed at the Clinical Commissioning Group, Governing Body and authorised that this matter proceed as outlined in the report if agreed by that body; and
- (4) That the Board requests that the Market Position Statement come to its scheduled meeting in September along with a progress update on the Commissioning Strategy and care group specific commissioning plans.

## 18 **KNOLL HOUSE: INTERIM ARRANGEMENTS 2020-21**

- 18.1 The Board considered a report of the Executive Director for Health and Adult Social Care explaining that following agreement of the Board at its meeting on 28 January 2020 approval had been given for future use of Knoll House as a long-term residential care facility for adults with Acquired Brain injury and/or physical disability. HASC was required to commission minor capital works to the building and to bring a paper to the Board on the management/staffing options with a view to it being operational from late 2020. That process had been delayed as a result of the resources which had been required in response to the Covid 19 pandemic, Knoll House was currently empty and it was not anticipated that it could be made ready for its long term use until the summer/autumn 2021.

- 18.3 The Brighton and Hove CCG had approached the Council and had requested that Knoll House be used this coming winter in order to secure additional discharges from acute community and mental health in patient care for patients requiring ongoing NHS provided rehabilitation to support timely discharge. As Covid 19 pressures remained winter was anticipated to be particularly challenging, particularly in view of the potential risk of a second wave. In taking a precautionary approach there was an urgent need to develop additional capacity with potential demand for up to 40 additional beds. The opportunity to deliver 20 additional beds would therefore make a significant contribution.
- 18.4 Ashley Scarff, CCG explained that the CCG would enter into a suitable financial arrangement with the council for the short-term use of Knoll House which would be handed back to the council at the end of the winter period. The Executive Director confirmed that the building could be returned to the council for use very quickly and that provided there were no additional un-anticipated calls on officer resources he anticipated that it would be possible to put a further report to the Board and for the required works to be undertaken for its longer-term use for summer/autumn 2020/21.
- 18.5 **RESOLVED** – (1) That the Board agrees the short-term interim use of Knoll House to provide rehabilitation beds to support timely discharge from hospital and support unnecessary admissions;
- (2) That the Board agrees the short-term interim use of Knoll House to provide rehabilitation beds to support timely discharge from the hospital and support unnecessary admissions;
- (3) That the Board only agrees this proposal through to the end of March 2021 in support of the wider health and care system taking a precautionary approach to the risk of a second wave of Covid-19 in what projections indicate could be an already challenging winter;
- (4) The Board notes that all the costs of running the rehabilitation service will be met by the NHS;
- (5) That the Board reaffirms its commitment to its previous decision for Knoll House to be remodelled to deliver a long-term residential unit for adults with ABI and/or physical disability and supporting this the implementation of this agreement;
- (6) The Board agrees that the work to commission the ABI and/or physical disability service continue over the next 6 months, concurrent with the rehabilitation service; and
- (7) The Board requires the Clinical Commissioning Group to bring a paper back in January 2021 updating upon the position in light of the circumstances at the time. If there is any risk of the interim use continuing beyond March 2021 this paper will present an options appraisal including financial mitigations recognising the Council cannot be exposed to future additional unplanned financial risk.

The meeting concluded at 6.35pm

Signed

Chair

Dated this

day of



**WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC**

A period of not more than fifteen minutes shall be allowed for questions submitted by a member of the public who either lives or works in the area of the authority at each ordinary meeting of the Board.

Every question shall be put and answered without discussion by the Chair. The person who asked the question may ask one relevant supplementary question, which shall be put and answered without discussion.

The following written questions have been received from members of the public.

**1. Question from John Kapp —Pharmacological Interventions**

“In the public answer to my question to the HWB on 28.7.20, you said: ‘pharmacological interventions are often only part of an effective treatment program’, but the evidence of Dr A.Cipriani’s systemic review and meta analysis of 21 antidepressants published on 21.2.18 showed that they are no more effective than placebos, and have serious side effects, including suicide and addiction. Furthermore, NICE guidance was issued on pain killers issued on 3.8.20, which was reported in the Daily Express: ‘Pain killers do more harm than good’, and Statins do not curb heart disease’, so do you agree that the HWB should hold the CCG to account to decommission these harmful drug interventions, and mass-commission mindfulness based talking therapies instead, so that GPs can socially prescribe them so that all patients for whom they are clinically appropriate can be treated with them within the 18 week access standards? “





*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: Sussex Health and Care Partnership Winter Plan 2020-21 Update

Date of Meeting: 08 September 2020

Report of: Katy Jackson, Director of Resilience, Sussex CCGs

Contact: Leila Morley

Email: leila.morley@nhs.net

Wards Affected: All

### **FOR GENERAL RELEASE**

#### **Executive Summary**

The purpose of this paper is to provide Brighton and Hove Health and Wellbeing Board with an update on progress to date in relation to winter planning, outline next steps and timelines.

The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covers the period September 2020 to 31st March 2021. The plan should ensure that the local systems remain resilient and are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. Core to the development of plans for 2020/21 are the following:

- Building upon learning from winter 2019/20
- Developing capacity and demand modelling which takes into account expected A&E activity, impact of the covid-19 pandemic (numbers of



- incidents as well as impact of national requirements)
- Reviewing system surge plans and escalation triggers

This year's winter plan has been developed through place based engagement with commissioners and providers through the Local A&E Delivery Board and working groups.

## 1. Decisions, recommendations and any options

- 1.1 The Brighton and Hove Health and Wellbeing Board are asked to note the Sussex Health and Care Partnership Winter Plan 2020-21 Update.

## 2. Relevant information

- 2.1 Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (September 2020 to 31<sup>st</sup> March 2021).
- 2.2 The plan is being developed by the place based Local A&E Delivery Boards (LAEDBs) and working groups, which have representation from all local system health and social care providers and commissioners.
- 2.3 This year's plan is a Sussex wide plan covering all three local places with local placed based planning and nuances incorporated.
- 2.4 Winter plans will be reviewed through the system and ICS governance framework and an ICS Winter Oversight and Assurance Group has been established to enable this. A RAG rating assurance framework will be used to demonstrate delivery against overarching requirements and key deliverables. Winter plans will assured against the national Key Lines of Enquiry (KLoEs), in addition to assessment of placed based plans and the Sussex wide plans in relation to Communications, Flu, NHS 111 and NHS 999
- 2.5 The Sussex Health and Care Partnership Winter Plan 2020-21 has the following governance and assurance process in progress ahead of submission of the final plan to NHS England:

Committee / Board	Date	Status
Sussex Local A&E Delivery Boards	w/c 20 July 2020	Comments received and plans updated
CCG Brighton and Hove and East Sussex Local Management Team	04 August 2020	Comments received and plans updated
CCG West Sussex Local Management Team	05 August 2020	Comments received and plans updated



Sussex Local A&E Delivery Boards	w/c 17 August 2020	Comments received and plans updated
Integrated Care System Oversight and Assurance Group	01 September 2020	Pending
Brighton and Hove Health and Wellbeing Board	08 September 2020	An Update on the Winter Plan will be provided for noting. Pending
CCG Joint Quality Committee	08 September 2020	Not yet due
East Sussex Health Overview and Scrutiny Committee	10 September 2020	Not yet due
West Sussex Health and Adult Social Care Scrutiny Committee Task and Finish Group	11 September 2020	Not yet due
CCG Executive Management Team	14 September 2020	Not yet due
Sussex Local A&E Delivery Boards	w/c 14 September 2020	Not yet due
East Sussex Health and Wellbeing Board	17 September 2020	Not yet due
CCG Brighton and Hove and East Sussex Local Management Team	22 September 2020	Not yet due
CCG West Sussex Local Management Team	23 September 2020	Not yet due
CCG Joint Finance and Performance Committee	30 September 2020	Not yet due
NHS England	01 October 2020	Not yet due
Brighton and Hove CCG Governing Body	06 October 2020	Not yet due
West Sussex CCG Governing Body	06 October 2020	Not yet due
East Sussex CCG Governing Body	07 October 2020	Not yet due
Integrated Care System Covid-19 Incident Management Team and Restoration Group	08 October 2020	Not yet due
West Sussex Health and Wellbeing Board	08 October 2020	Not yet due
Brighton and Hove Health Overview and Scrutiny Committee	14 October 2020	Not yet due

### 3. Important considerations and implications

#### Legal:

Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (September 2020 to 31<sup>st</sup> March 2021).

The Council's input into the production and delivery of the winter plan across the Brighton and Hove area is part of the Council's joint working arrangements

with its partners for the improved delivery of care to Brighton and Hove residents.

Lawyer consulted: Nicole Mouton

Date: 26/8/20

#### Finance:

Once the impact of demand and capacity modelling has been confirmed, mitigating actions and/or schemes requiring implementation will be developed and associated financial implications identified. This will be in the context of resilience funding being included within NHS Trusts baseline contract for 2020/21 based upon 2019/20 spend and in line with the Covid-19 Commissioning Stocktake.

Finance Officer consulted: Debra Crisp

Date: 26/08/2020

#### Equalities:

The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the totality of services that have been developed to meet the needs of the local population which would be in line with agreed local and national strategies and priorities. An Equality Impact Assessment is not appropriate for this paper. Where services are further developed to support delivery during the winter period EIAs will be undertaken.

## Supporting documents and information

**Appendix1:** Sussex Health and Care Partnership Winter Plan 2020-21 Update



# Update on Winter Planning 2020-21

**Brighton and Hove Health and  
Wellbeing Board**

**Working  
Together**

West Sussex CCG ◆ Brighton and Hove CCG ◆ East Sussex CCG

# Introduction (1)

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- The purpose of this document is to outline the progress for the development of winter plans for 2020/21
- Plans are being developed by Local A&E Delivery Boards (LAEDB) with input from partners – local authority, providers and commissioners – across each system.
- Work undertaken locally will form the basis of a single Sussex wide plan, which provides an opportunity to:
  - Minimise duplication in local plans for key areas e.g. communications plans
  - Include LAEDB specific requirements to meet the needs of the local population i.e. plans from Brighton and Sussex University Hospitals Trusts and Brighton and Hove Local Authority.
- The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period (to 31<sup>st</sup> March 2021). Including local systems are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

# Introduction (2)

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- For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. As such, the capacity and demand modelling, surge escalation triggers and overall response will require review and ongoing refinement as further learning emerges over coming weeks and months.
- The final version of plan will be approved by the LAEDB at the end of September. The plan will be considered for assurance by the B&H CCG Governing Body in October and individual providers will assure their own plans through their respective boards.
- We are bringing this update to Health & Wellbeing Board for information

# Objectives for 2020/21

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The objectives of the Winter plan are:

- To maintain patient safety at all time;
- To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed

# Objectives for 2020/21

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- To avoid ambulance delays of over 30 minutes;
- To support delivery of the agreed local system performance trajectory in respect for the 4 hour A&E standard, the 18 week referral to treatment standard (in line with COVID-19 restoration and recovery plans) and Cancer waiting times standards
- To continue deliver a reduction in long length of stay patients by March 2021
- To proactively prevent and manage infection control outbreaks issues such as norovirus and influenza – including the influenza vaccination programme

# Key elements of the plan:

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The winter plan outlines plans for:

- ✓ System capacity and demand modelling – including the combined impact of COVID-19 and winter activity
- ✓ Primary Care
- ✓ Social Care
- ✓ Community Services
- ✓ Acute hospital plans
- ✓ Mental Health
- ✓ 999 and NHS111 – including 111 First
- ✓ Business Continuity
- ✓ Impact of EU Exit
- ✓ Severe weather planning
- ✓ Winter Communications and Engagement
- ✓ Enhanced capacity requirements to meet the Christmas and New Year period 24th December -7th January 2020
- ✓ System Pressure monitoring and escalation response
- ✓ Risks to delivery and mitigating actions



# Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners.

## Things that went well

Good communication between all system partners and prompt resolutions to system issues

Improved ambulance handover performance

Reduction in cancelled electives

Streaming at the front door and Same Day Emergency Care (SDEC)

Improved Access in place

Long Length of Stay reduction programmes in place

Improved Discharge to Assess (D2A) pathways and criteria flex when needed

Good reporting; BI producing Resilience dashboards

NHS 111 & 999 and Patient Transport Service (PTS) staffing were profiled in line with robust forecasting.

The Haven at Mill View and single place to support Coastal patients had positive impact on Brighton and Sussex University Hospital Trust (BSUH), Sussex Police & South East Coast Ambulance (SECAmb)

System Director of Nursing managing infection control outbreaks during escalation, reporting outbreaks to wider system, aligned guidance and local arrangements.

Communications toolkit used data to inform media. Effective flu communications.

# Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners. Please be aware that actions may not reflect subsequent learning from Covid-19. Ongoing review of Covid-19 learning in progress to inform plan development

Areas for improvement	Actions taken / to be taken
Paediatric demand in November/December	<ul style="list-style-type: none"> <li>• Paediatric capacity and demand modelling to be reviewed, including impact of Respiratory Syncytial Virus (RSV)</li> <li>• Review of pathways for the Royal Alexandra Childrens Hospital (RACH) undertaken, and consideration of actions for alternative models of care to support ongoing management of likely demands in progress</li> </ul>
Workforce challenges both underlying and seasonal	<ul style="list-style-type: none"> <li>• BSUH to continue recruitment plans.</li> <li>• East Sussex Hospitals Trust (ESHT) to complete deep dive into conveyances to confirm time trends and to inform required changes in rotas/workforce distribution.</li> <li>• West Sussex community provider to hold recruitment events.</li> <li>• Brighton and Hove Adult Social Care (ASC) to look at recruitment for weekend community staff rota.</li> <li>• SECAMB will consider how incentives are communicated to staff and provide clarification of additional/overtime shifts available and remuneration.</li> </ul>
Impact of Covid-19	To be confirmed

# Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Mental Health (MH) Delayed Transfer of Care (DToC) and ECRs	<ul style="list-style-type: none"> <li>• System wide MH DToC escalation</li> <li>• LOSAG calls now review ECR's</li> <li>• Internal Out of Area reduction plan in place with improvement trajectory</li> <li>• MH breach guidance re-iterated to all system partners</li> <li>• Capacity gaps review across Sussex Health and Care Partnership</li> </ul>
OPEL escalations still inconsistent	Review system escalation plan for 20/21.
Long Length of Stay (LLoS) challenges in BSUH and Western Sussex Hospitals Trust (WSHT) systems	<ul style="list-style-type: none"> <li>• Standardise process for Estimated Discharge Date (EDD) setting &amp; ward rounds</li> <li>• Ensure consistent use of Board Rounds</li> <li>• To Take Out (TTO) medication processes too complex</li> <li>• Ensure adequate Discharge Co-Ordinator cover on medical wards</li> </ul>
HomeFirst pathway capacity	<ul style="list-style-type: none"> <li>• Demand/ capacity for HomeFirst to be aligned</li> <li>• Continued support of Discharge to Assess (D2A) improvement work</li> <li>• Review of D2A beds, process and capacity, including how the beds can be used</li> <li>• Introduce process to review D2A LoS and escalate any delays</li> <li>• Regular check in calls between West Sussex County Council (WSCC) and Sussex Community Foundation Trust (SCFT) re. HomeFirst</li> </ul>

# Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Capacity & demand mismatches despite modelling and planning	<ul style="list-style-type: none"> <li>• Nervecentre live bed state in place to support operational delivery at ESHT</li> <li>• B&amp;H IA capacity to be included on SHREWD</li> <li>• Manual inputs on SHREWD to ensure robust tracking of data feeds</li> </ul>
Organisational plans not delivered, under-delivered, or later than planned which adversely affected capacity	<ul style="list-style-type: none"> <li>• System wide performance and accountability via Integrated Care Partnerships (ICPs) to be progressed.</li> <li>• Escalation and monitoring of late/no scheme delivery</li> </ul>
Poor weekend discharges	Review seven day working and weekend discharge planning
Acute repatriations Out Of Area (OOA)	Review Repatriation Policy with other acute providers and relaunch
Special communications activity to be in line with the rest of NHS	Special communication activity planned with schools through council ahead of launch of wider winter comms campaign, so we are in line with the rest of NHS

# Local & National Covid-19 Surge Planning

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The COVID-19 Phase 3 letter released on 31st July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally. Including:

- Continue to follow good Covid-related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave
- Prepare for winter including by:
  - Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
  - Deliver a very significantly expanded seasonal flu vaccination programme
  - Expanding the 111 First offer
  - Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
  - Continue to make full use of the NHS Volunteer Responders scheme
  - Continuing to work with local authorities - ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so

In addition to these requirements, work is in progress across Sussex to ensure alignment of escalation frameworks across LAEDB resilience and surge arrangements with escalation based on early warning indicators related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people

# Key Risks and Mitigations

REF	DESCRIPTION	IMPACT 1-5	LIKELIHOOD 1-5	RAG	MITIGATIONS
1	<u>Covid Surge</u> There is a risk that there will be a second wave Covid surge resulting in system fragility and potentially impacting on patient safety alongside the risk to delivering restoration and recovery as planned.	4	3	12	<ul style="list-style-type: none"> <li>· Development of Early Warning Mechanisms and local outbreak management plans at a system-response level</li> <li>· OPEL escalation framework to be revised to include Covid triggers and manage response 'COPEL'</li> <li>· Robust provider Red / Green capacity plans inclusive of social distancing requirements</li> </ul>
2	<u>Demand and Capacity</u> There is a demand and capacity risk given the unknown impact of a Covid second wave coinciding with flu and other infection control surges. This will place extreme pressure on system; risking quality and safety, patient experience and operational performance.	4	3	12	<ul style="list-style-type: none"> <li>· Demand and capacity modelling completed with in-built assumptions and worse-case scenario modelling</li> <li>· Covid phase one schemes recommended to continue in order to sustain community capacity to support flow</li> <li>· Model identifies the residual gap and mitigations are identified to close the acute and community bed gaps</li> </ul>
3	<u>Workforce</u> There is a risk to the resilience of the fragile health and care workforce during the winter months. Existing workforce pressures are likely to be exacerbated by requirements for self-isolation, burnout and sickness/shielding.	3	3	9	<ul style="list-style-type: none"> <li>· Risk assessments for at risk staff completed across the system and workplace environments adapted to be Covid-secure where possible</li> <li>· Redeployment and PPE protocols established and in place to deal with surge periods</li> </ul>
4	<u>Residential and Care Home Fragility</u> There is a risk of outbreaks and closures in residential and care home settings.	3	3	9	<ul style="list-style-type: none"> <li>· There is established enhanced Care Home support in place, delivered by community partners</li> <li>· Care Home fragility and issues are monitored, managed and coordinated by a dedicated joint care Care Home cell including provision of PPE</li> </ul>
5	<u>Mental Health</u> There is a risk of increased Mental Health demands as a result of Covid. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&Es and negatively impacting on flow.	3	3	9	<ul style="list-style-type: none"> <li>· Increasing Mental Health workforce and reconfiguration of services to support the front-door</li> <li>· Development of Mental Health escalation framework and triggers</li> <li>· Established weekly senior oversight on Mental Health flow and actions</li> <li>· Potential use of independent sector for bedded capacity</li> </ul>

# Next Steps

Action required	By When	Status
Winter plan stocktake paper to LAEDBs, LMTs, and F&Ps	May – June 2020	Completed
System development of Winter plan	May – August 2020	In progress
Place based stress testing of initial draft plan	August 2020	Completed
Sussex wide stress testing of revised plan	September 2020	Not yet due
Review and sign-off final plan	September 2020	Not yet due
NHSE submission	1 <sup>st</sup> October 2020	Not yet due
Monitoring of plans and actuals against planning assumptions	October 2020 – February 2021	Not yet due
Monthly Winter plan progress report and review at LAEDBs	October 2020 – February 2021	Not yet due
Detailed operational plan for Christmas and New Year confirmed	November 2020	Not yet due
Winter lessons learnt stocktake	March 2021	Not yet due

# Conclusion

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- Winter 2020/21 will be a challenging period with the combined impact of 'normal' winter activity, potential influenza and norovirus activity exacerbated by the ongoing threat of further Covid-19 peaks.
- Plans are therefore focussed on mitigating these challenges, building upon existing arrangements in place, and maintain a focus on patient safety
- There are a number of lessons that have been identified that informed the development of the plan for this winter.
- The ongoing development of a whole system approach to capacity and demand planning for winter will significantly strengthen our response
- It is also important that as a system we effectively support our staff during the challenging winter period
- An update on full winter plans will be provided at the Health and Wellbeing Board in November 2020





*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 Safeguarding Adults Board, Annual Report, 2019/20	
Date of Meeting:	08 September 2020	
Report of:	Graham Bartlett, B&H Safeguarding Adults Board, Independent Chairperson	
Contact:	Guy Jackson, SAB Business Manager	Tel: 01273 296810
Email:	Guy.jackson@brighton-hove.gov.uk	
Wards Affected:	All	
<b>FOR GENERAL RELEASE</b>		
<b>Executive Summary</b>		
<p>The Brighton &amp; Hove Safeguarding Adults Board (B&amp;H SAB) comprises senior representatives from statutory and non-statutory agencies and organisations in Brighton &amp; Hove with a responsibility for safeguarding adults with care and support needs. The Board co-ordinates local safeguarding activity. It ensures the effectiveness of local work by:</p> <ul style="list-style-type: none"> <li>• Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of adults with care and support needs</li> </ul>		

- Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency learning reviews, audits and qualitative reviews as well as sharing learning opportunities
- Collecting and analysing safeguarding data
- Drawing evidence from the testimony of adults with care and support needs and frontline professionals
- Publishing an annual report

This annual report outlines progress the B&H SAB has made over the last year in respect to safeguarding adults with care and support needs. It covers the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020.

### **Glossary of Terms**

CE –Criminal Exploitation

HASC – Health and Adult Social Care

SA –Sexual Abuse

SAB –Safeguarding Adults Board

SAR – Safeguarding Adult Review

SARC –Sexual Abuse Referral Centre

SE- Sexual Exploitation

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

It is recommended that the Board:

- 1.1 Note the report and commends partner agencies for their contribution to safeguarding adults with care and support needs.
- 1.2 Note SAB achievements and challenges (in **Appendix 1**).

## **2. Relevant information**

- 2.1 It is a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.
- 2.2 The B&H SAB has continued to work in partnership with member agencies to safeguard adults with care and support needs, and to minimise any adverse consequences of abuse.
- 2.3 Details of the Safeguarding Board’s work this year can be found in the Annual Report (**Appendix 1**)

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

**Legal:**



Schedule 2 to The Care Act 2014 requires the SAB to publish an annual report and provide a copy of the same to the Health and Wellbeing Board.

Lawyer consulted: Nicole Mouton

Date: 27/08/2020

**Finance:**

The Brighton and Hove SAB has an agreed budget with multi-agency funding and received the following contributions in financial year 2019/20; the Local Authority £0.037m, the East Sussex Fire and Rescue £0.005m, the Police and Crime Commissioner for Sussex £0.010m and Brighton and Hove Clinical Commissioning Group £0.012m.

These contributions cover the running costs of the board and the expenditure is detailed in the annual report.

Finance Officer consulted: Sophie Warburton Date: 27/08/2020

**Equalities:**

The SAB through the City Council and other partner agencies will continue to work to ensure people with care and support needs and their carers have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Where reviews recommend ways to better meet needs of people sharing a protected characteristic these are provided to the relevant organisations, implemented and monitored.

**Sustainability:**

The SAB is a statutory requirement. It needs to be appropriately resourced to fulfil its statutory obligations.

All SAB multi agency meetings are currently being conducted virtually. This is being considered as an ongoing arrangement due to infection control requirements but also due to reducing travel across the county.

**Supporting documents and information**

**Appendix1:** B&H SAB Annual Report 2019-20.





Brighton & Hove  
**SAB**  
Safeguarding  
Adults Board

# Brighton & Hove Safeguarding Adults Board Annual Report 2019-20



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Brighton and Hove Safeguarding Adult Board gratefully acknowledge both the Hampshire and West Sussex Safeguarding Adults Board for providing the report format.

## 1. Foreword from our Independent Chair

I am pleased to introduce the Brighton and Hove Safeguarding Adults Board Annual Report 2019–20. The Safeguarding Adults Board (SAB) provides strategic leadership to ensure that adults who are at risk of abuse or neglect are effectively safeguarded. My role as Independent Chair is to support and challenge SAB partners and agencies in Brighton and Hove to work collaboratively for the benefit of adults with care and support needs and bring about continuous improvement.

The last few months of the year provided challenges beyond anyone's expectations. Covid 19 threw the whole world into turmoil and, whilst we had ten months of relative normality before the pandemic struck, it's difficult to reflect on 2019-20 without its impact being reported upon. How it will transform the safeguarding system and partners and how the SAB will assure that those at risk are adequately safeguarded will only start to emerge over the next year or so. What we know already though is that it affected the most vulnerable disproportionately and that our workforce showed itself to be as phenomenally flexible, innovative and selfless as we knew they were.

We have continued to make significant progress against the priorities set out in our Strategic Plan 2019-22 and I would like to acknowledge the hard work and commitment shown by all our partner agencies to achieve these aims. The highlight of the year was in securing funding for a full-time business manager and appointing Guy Jackson to the role. This more than doubles our previous management capacity and, were it not for Covid 19, would have enabled us to accelerate an ambitious programme of community and user engagement and care sector assurance.

Other notable achievements include the agency self-assessment process, culminating in a pan-Sussex challenge event where significant introspection and learning took place and a robust action plan was developed.

Our hugely successful safeguarding conference in November 2019 focused on exploitation with a range of themes that included homelessness, trauma, personality disorder, county lines, cuckooing, coercive control and hoarding.

During the coming year we have an equally busy workplan. As well as developing new strands related to COVID 19, we will resume our work to engage and inform the public, especially those who access safeguarding services and those who care for them, assess how the SAB can help agencies reduce the suicide rate and look for opportunities to share arrangements and good practice with neighbouring SABs and at a national level.

I hope you find this report interesting and are assured of the commitment of the Brighton and Hove SAB to continual improvement and decisive action when things go wrong.



Graham Bartlett, Independent Chair, Brighton & Hove Safeguarding Adults Board

## 2. Comment from Healthwatch

Healthwatch Brighton and Hove have worked closely with the B&H SAB over the last year. Our focus is to improve how people experience health and social care services, particularly vulnerable people and communities who do not have a strong voice.

The SAB has helped Healthwatch make a real impact in highlighting difficulties faced by vulnerable people particularly those receiving home care services and some people in temporary accommodation. Healthwatch volunteers visit 20-30 people each month to check if their Home Care services are safe, dignified and suited to their personal needs. Concerns are escalated to Adult Social Care and Safeguarding systems in a spirit of cooperation.

The issues around Personal Independence Payments (PIP) and Employment Support Allowance (ESA) raised last year have not been forgotten. The work of the SAB and Healthwatch has made a real impact and helped local voluntary and statutory organisations work more closely with some of the private sector organisations who provide these assessment services. This work is not complete and continues it is a joint challenge to improve quality and safety into a system that seems to be publicly funded but lacking in public accountability.

Safeguarding adult issues are routinely raised by Healthwatch Brighton and Hove as part of our service reviews, including feedback about hospital, community and mental health services.

The Brighton and Hove Safeguarding Adults Board provide excellent leadership, coordination, and a focus for partnership to promote high standards of safety and quality in health and social care in our City



David Liley, CEO, Healthwatch Brighton & Hove





### 3. About us

Brighton and Hove is the largest city in the South East of England with an approximate population in 2018 of 290,395 people. It is a rapidly growing city and it is estimated that the population of the city will increase to 303,800 by 2025, with a percentage rise in the population of just over 11% between 2008 and 2018. This is higher than the national average of 8.5%.

Brighton and Hove became a unitary authority in 1997, with the creation of a City Council, and was granted city status in 2001. Brighton and Hove City Council is one of the three statutory partners of the Brighton and Hove Safeguarding Adults Board (BHSAB), with the other two partners being Sussex Police and the Sussex Clinical Commissioning Groups (CCGs). The BHSAB is led by our Independent Chair, Graham Bartlett, and we now have a full-time Business Manager in addition to our Administrator and part-time Quality and Assurance Officer. In addition to the three statutory partners the BHSAB also comprises a much broader overall membership across both the statutory, community and voluntary sectors; this includes NHS providers, Independent Care Providers as well as Housing and Advocacy Providers.

The primary objective of the BHSAB is to gain assurance that safeguarding arrangements locally, and its partner organisations, work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect. The BHSAB also has an interest in a range of matters that contribute to the prevention of abuse and neglect including the safety of patients in its local health services, the quality of local care and support services and awareness and responsiveness of further education services.

Under the Care Act 2014 Safeguarding Adult Boards have three statutory duties; these are to publish both a Strategic Plan and an Annual Report as well as to arrange for Safeguarding Adult Reviews to be undertaken when the necessary criteria is considered to have been met. This is the fifth Annual Report that has been published by the BHSAB since the Care Act was introduced and it is for the period from 1st April 2019 to the 31st March 2020.

### 4. Our Vision and Aims

The Board's vision is that we will all work together to enable people in Brighton & Hove to live a life free from fear, harm and abuse. The Board has identified six priorities that will support the vision to become a reality, which are outlined in more detail in the board's Strategic Plan.

These key priorities will set the strategic direction of the Board of the next three years (2019-2022).



**Priority Area 1: Accountability, Assurance & Leadership**  
 Ensure the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect.

Desired outcome: Confidence in Multi-agency safeguarding responses, people are safeguarded from abuse and neglect.

**Priority Area 2: Policies, Strategies & Procedures**  
 To be assured that multi-agency safeguarding strategies, policies and procedures are regularly reviewed to ensure currency, reflecting emerging legislation, policy and/or learning, and that these are easily accessible to frontline staff and used effectively

Desired outcome: Our partners work within a framework of policies and procedures that keep people safe.



**Priority Area 3: Performance, Quality and Audit / Organisational Learning**  
 Assure learning from SAB activity is effectively embedded into practice to facilitate organisation change across agencies, refocus quality assurance mechanisms, and better use safeguarding data to define SAB priority areas of business.

Desired outcome: Confidence that services are learning and improving in their safeguarding practice and adult safeguarding risk is better understood by the SAB and appropriately assessed by partners.

**Priority Area 4: Prevention & Early Intervention**  
 Ensure the SAB has a focus on prevention that clearly identifies how it will aim to reduce incidence of abuse and neglect (including self-neglect) in Brighton & Hove.

Desired outcome: Adults at risk are identified early and have their needs met promptly and effectively.





### Priority Area 5: Engagement & Making Safeguarding Personal

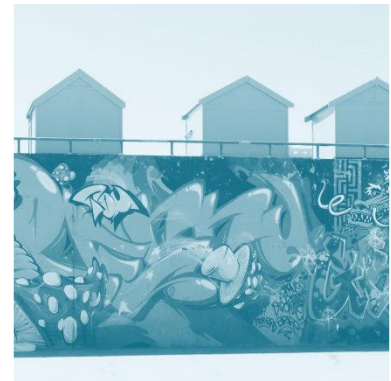
Adults, carers, the local community and professionals assisting to shape the work of the SAB and safeguarding responses and safeguarding practice is client centred.

Desired outcome: Public safeguarding awareness is improved. Clients and professionals feel empowered for their voices to be heard in safeguarding practice and policy development.

### Priority Area 6: Integration / Training and Workforce Development

Assure the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This to include emerging local safeguarding challenges.

Desired outcome: Clients are supported by a skilled and competent workforce.



## Board Aims

In overseeing safeguarding arrangements across Brighton and Hove and seeking assurance in relation to these being person-centred, as well as promoting awareness of abuse and neglect, the BHSAB identifies aims it wishes to achieve. These overarching aims are the vision for the SAB, as it seeks to improve outcomes for the people of Brighton and Hove.

## Strategic Plan

From this vision the Board develop strategic targets over a three-year period and publish a strategic plan in order to identify how it will meet these aims. The current strategic plan for the BHSAB is from 2019-22 and this is updated on an annual basis in order to reflect emerging themes and changing priorities for the BHSAB.

## Annual Work Plans

The key targets that are identified in the strategic plan are primarily taken forward through the subgroups of the BHSAB. Work plans are developed and regularly updated with specific actions, timescales and who is responsible for completing each of the actions.

## Annual Report

Following the end of each financial year the BHSAB publishes an Annual Report. This reflects on the previous year's Board activity and achievements in relation to the strategic aims, as well as safeguarding activity undertaken by partner agencies. The Annual Report also outlines the objectives for the year ahead.

## 5. Our Subgroups

The BHSAB has four subgroups with each of the groups being separately chaired and having specific terms of reference, as well as an agreed work plan. The subgroups all support the BHSAB in working towards the priorities and developments identified in the Strategic Plan. The subgroups all provide regular updates to the SAB, which also receives information from a range of other forums, and with the Business Manager linking across the groups to avoid duplication and to share learning.

In addition to the four subgroups short-term task and finish groups may be set up to focus on the implementation of specific objectives.

### **Policy and Procedures (Pan-Sussex) Subgroup**

#### **Chair: Rotating Chair**

This subgroup has members from all three SABs within Sussex (West Sussex SAB, East Sussex SAB as well as the BHSAB) as well as all the statutory partners. It is responsible for producing and updating safeguarding adults policy and procedures in Sussex and is actively working towards as many of these being joint policies and procedures as is possible. Meetings are held and chaired in turn across the three locations.

### **Learning and Development (L&D) Subgroup**

#### **Chair: Fiona Crimmins (Sussex CCG's)**

This subgroup is responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding adults training provision. The subgroup's aim is to ensure that safeguarding knowledge is developed and is embedded in practice across all statutory, community and voluntary agencies.

### **Safeguarding Adult Review (SAR) Subgroup**

**Chair: Lester Coleman (Healthwatch)**

This subgroup is tasked with reviewing SAR referrals that have been received before making recommendations as to whether a SAR, or any other form of Review, should be undertaken to the Independent Chair. The SAR subgroup will also develop and progress action plans from Reviews. In addition the group will seek to identify any other actions or forums where they feel there is the opportunity for further learning to take place that improve outcomes for vulnerable adults and develop partnership working.

### **Quality and Assurance (QA) Subgroup**

**Chair: Michelle Jenkins (BHCC Health and Adult Social Care)**

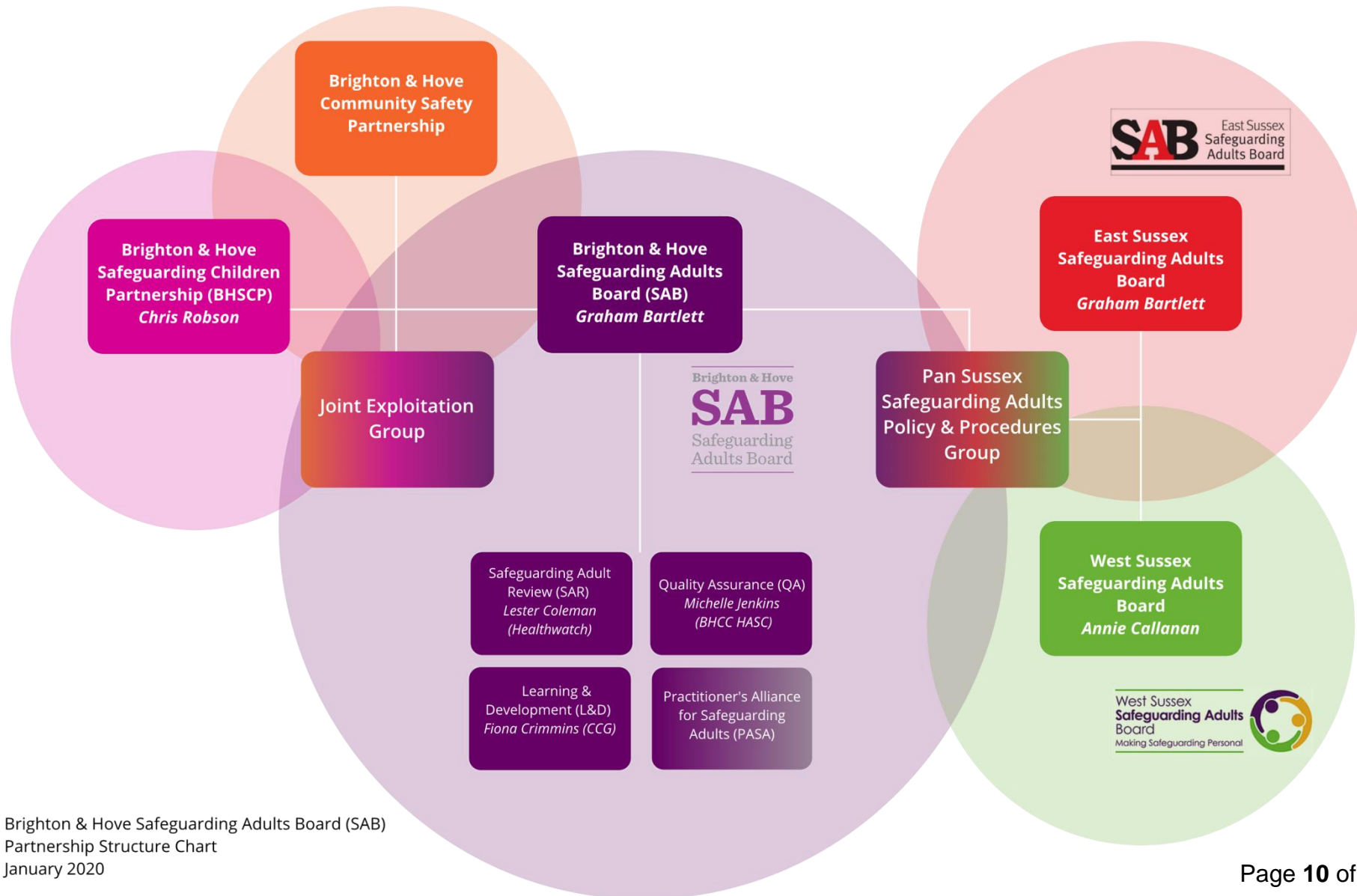
The role of this subgroup is to effectively monitor, report and evaluate safeguarding performance across organisations. The subgroup identifies areas of focus for the year ahead, with multi-agency audits undertaken on a twice annual basis that are led by the Quality and Assurance Officer. The outcomes of these audits are reported back to the SAB as well as feeding into the Learning and Development subgroup.

### **Practitioners Alliance for Safeguarding Adults (PASA) Group**

**Chair: Simon Hughes (Brighton Housing Trust) & Andrea Finch (Money Advice and Community Support Service)**

This group is comprised of representatives from the independent, voluntary and statutory sector. They meet to increase skill, knowledge and awareness of safeguarding adults, and to raise concerns about guidelines, local practice and training. Concerns identified are raised with managers responsible for practice via Brighton and Hove City Council representatives who attend the meetings.

## 6. Board Structure



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## 7. Board Membership

The Brighton and Hove Safeguarding Adults Board reports to the three statutory partners;

### **Brighton and Hove City Council**

### **Sussex Police**

### **Sussex Clinical Commissioning Groups**

The further partners of the Board are;

- **Brighton and Hove Safeguarding Children Partnership**
- **Brighton and Sussex University Hospitals (BSUH) Trust**
- **East Sussex Fire and Rescue Service (ESFRS)**
- **Brighton and Hove Healthwatch**
- **Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)**
- **National Probation Service (NPS)**
- **South East Coast Ambulance Service NHS Foundation Trust (SECamb)**
- **Sussex Community NHS Foundation Trust (SCFT)**
- **Sussex Partnership NHS Foundation Trust (SPFT)**
- **Voluntary and Community Sector representation (represented by PASA)**

In addition, the Board maintains links with the following:

- **East Sussex Safeguarding Adults Board**
- **West Sussex Safeguarding Adults Board**
- **The National Network of Chairs of Safeguarding Adult Boards**
- **The Safeguarding Adults Board Manager Network**
- **Safeguarding Adults National Network**
- **Brighton and Hove Community Safety Partnership**
- **South East Regional Safeguarding Adult Board Network**

### 7.1. Budget

The SAB budget is pooled, and our partner agencies contribute to the running of the board, not only financially, but by offering to chair or vice-chair meetings, providing use of their buildings and facilities, or hosting learning events.

#### **Income for 2019/20**

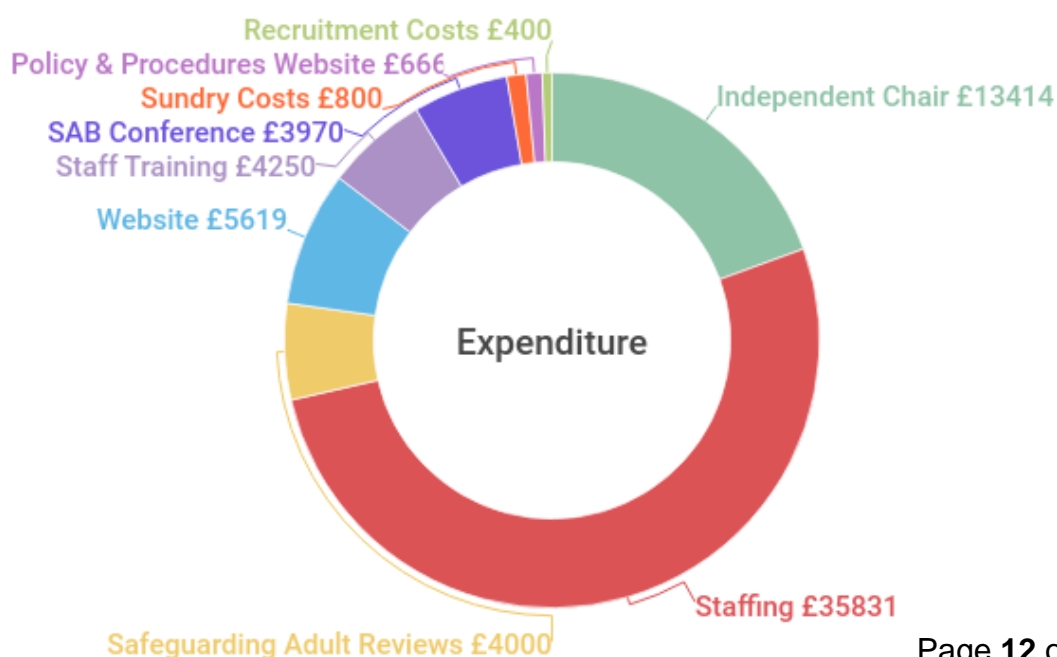
Brighton & Hove City Council	£37,040
Sussex Police	£10,000

Brighton & Hove Clinical Commissioning Group	£12,000
East Sussex Fire & Rescue	£5,000
Total	£64,040

The board carried forward some of the Brighton & Hove City Council and third-party income from the 2018/19 budget into 2019/20, and some has again been carried forward into 2020/21. Contributions from the statutory partners will increase from 2020-21 in line with the agreement to fund a full-time Business Manager position for the SAB.

## Expenditure

Independent Chair	£13,414
Safeguarding Adult Reviews	£4,000
Staffing Total:	£35,831
Business Manager	£1,932
Administrator	£20,114
Quality Assurance	£13,785
B&H SAB Website	£5,619
Staff Training	£4,250
SAB Conference	£3,970
Sundry costs	£800
Sussex Safeguarding Adults Policy & Procedures Website, Annual Licence	£666
Recruitment Costs	£400
Total	£68,950





## 8. Our Achievements

Strategic Aim	Strategic Objectives	Outcome
<p><b>Accountability, Assurance &amp; Leadership</b> Ensure the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect.</p>	<p>Ensuring robust mechanisms are in place for partners to be held to account for their safeguarding practice, with enhanced standards to test compliance with MCA standards.</p>	<p>Peer Challenge Self-Assessment Events are held bi-annually, with the most recent held in July 2019. This identified that senior managers across agencies would benefit from training around some areas of safeguarding. A survey was subsequently undertaken to explore this in detail, which identified specific topics that included inter-agency working, information sharing, as well as managing allegations against staff. These will be taken forward on a pan-Sussex basis.</p>
	<p>Ensuring clear and transparent annual budget plans are in place for all SAB activities.</p>	<p>A budget review was undertaken between the SAB statutory partners. In confirming the long-term commitment to the BHSAB the increased contributions agreed by all of the partners has enabled a full-time Board Manager to be recruited. The clear and transparent annual budget plans are detailed further in the budget report.</p>
	<p>Developing arrangements with other Boards to be responsive and adapt, based on available data, to emerging safeguarding themes. These include; neglect and acts of omission, self-neglect, financial and material abuse, domestic violence and abuse, psychological trauma and safeguarding rough sleepers.</p>	<p>The BHSAB is a member of a pan-Sussex Policy and Procedures subgroup that, across all three SABs and in conjunction with partner agencies and Safeguarding Leads in the Local Authorities, identifies and responds to emerging safeguarding themes. With the recruitment of a full-time Board Manager the BHSAB is in a position to continue to develop the arrangements with other Boards in being responsive to emerging safeguarding themes.</p>

Strategic Aim	Strategic Objectives	Outcome
	Developing the SAB and broader governance arrangements.	In addition to now having a full-time Board Manager over recent months the BHSAB website has been updated and this will continue to be progressed. During the COVID-19 pandemic BHSAB have been liaising with the SABs and the Safeguarding Children Partnerships across Sussex, sharing information and guidance through the website as well as through our Twitter account. There are identified aims to work closely across the SABs and the Safeguarding Children Partnerships in Sussex to develop broader governance arrangements and a pan-Sussex approach towards safeguarding wherever possible.
	Undertaking horizon scanning and responding to any changes that may impact on the efficacy of Safeguarding in Brighton & Hove, including: Key transformation programmes, Key commissioning plans, Impact of local resource changes and funding, Statutory requirements and changes in best practice. This includes engaging with the children safeguarding partners on their plans for the implementation of Working Together to Safeguard Children 2018 and associated arrangements that may impact on the delivery of joint / SAB activity.	The BHSAB has continued to ensure that it remains up-to-date with local and national developments. It has continued to work closely with the Brighton and Hove Safeguarding Children Partnership, following the implementation of Partnerships nationally to replace Safeguarding Children Boards, in order to; share information, resources and develop consistency in communications for partners. The SAB has ensured it remains updated on new and forthcoming developments; with briefings delivered by partners to the Board on the new Deprivation of Liberty Safeguard arrangements (that will be known as the Liberty Protection Safeguards) as well as the newly implemented Modern Slavery pathway.
<b>Policies, Strategies &amp; Procedures</b> To be assured that multi-agency safeguarding strategies, policies and procedures are regularly reviewed to	Establishing robust feedback mechanisms on safeguarding policies and procedures, including self-neglect, to ensure safeguarding practice is in	In addition to the Peer Challenge Event that took place in July 2019, the SAR Protocol is in the process of being updated. A review and update of the Sussex Safeguarding Adults Policy and

Strategic Aim	Strategic Objectives	Outcome
ensure currency, reflecting emerging legislation, policy and/or learning, and that these are easily accessible to frontline staff and used effectively.	line with current best practice and the Care Act 2014.	Procedures is scheduled to take place in 2020/21. The revised content will include more detailed information of issues of consent where there are issues of coercion and control, and a section covering the transition of children / young people to adults' services.
	Undertaking assurance activity to test compliance and effectiveness of implementation of local safeguarding and adult protection policy and procedure.	Two audits are undertaken every year through the Quality Assurance subgroup. During 2019/20 the audits undertaken were on Making Safeguarding Personal as well as Multi-agency working, which was completed in conjunction with the East Sussex SAB and in further developing pan-Sussex arrangements. A report, action plan and learning briefing has been disseminated following the Making Safeguarding Personal Audit and the report, action plan and the briefing following on from the Multi-agency Working Audit is in progress.
	To raise awareness of safeguarding policy and procedure related to specific local safeguarding challenges.	Learning briefings have been developed and disseminated following recent Audits in order to share learning. In addition to the Peer Challenge Event and conference, the BHSAB has worked with other SAB's and local agencies, such as the Community Safety Partnership in relation to Violence, Vulnerability and Exploitation as well as Prevent, towards local safeguarding challenges.
	To raise awareness of the Safeguarding Adults Review (SAR) process and ensure threshold decision making is consistent across Sussex.	The BHSAB has been working together with the SABs in both East and West Sussex to update the pan-Sussex SAR Protocol. This will support consistent decision-making across Sussex.

Strategic Aim	Strategic Objectives	Outcome
		The BHSAB liaised with other local SABs to fund colleagues to undertake the Social Care in Excellence 'Learning Together' programme in order to continue to develop understanding and awareness of the SAR process.
<p><b>Performance, Quality and Audit / Organisational Learning</b> Assure learning from SAB activity is effectively embedded into practice to facilitate organisational change across agencies, refocus quality assurance mechanisms, and better use safeguarding data to define SAB priority areas of business.</p>	To be assured that learning from reviews and multi-agency audits is effectively embedded into practice and facilitating organisational change across agencies, leading to better outcomes for adults.	Action plans and learning briefings are disseminated following every audit that is undertaken, as well as following any SAR or other form of review. The BHSAB published recommendations following a Learning Review undertaken during 2017/18 with a forthcoming audit due to evaluate the effectiveness and impact of these for practitioners. The BHSAB recognises that there are recurring safeguarding themes in the reviews undertaken at a local and national level and will be exploring other means of embedding learning into practice.
	Assuring the SAB has robust multi-agency safeguarding data to shape any multi-agency training offers, awareness and practice, and affect change when required.	Multi-agency data has continued to be obtained on a regular and ongoing basis from partner organisations over the course of 2019/20. This data is used, alongside other sources of information, to plan future audits and the data and findings from the audits are used to shape training and practice. The briefings contain recommendations for agencies, such as the implementation of a Making Safeguarding Personal Outcomes Framework Tool into the local authority's safeguarding audits to promote feedback and the principles of Making Safeguarding Personal.
	Assuring a culture of openness and transparency is adopted for learning and recognising success	In addition to the Peer Challenge Event and Safeguarding Conference the BHSAB has received and has commissioned one SAR during 2019/20.

Strategic Aim	Strategic Objectives	Outcome
		A new Chair was recruited for the SAR subgroup, who continues to be from an external agency, to promote a culture of openness and transparency. The Terms of Reference (TOR) for the SAR subgroup have been updated and will continue to be reviewed on a regular basis.
<b>Prevention &amp; Early Intervention</b> Ensure the SAB has a focus on prevention that clearly identifies how it will aim to reduce incidence of abuse and neglect (including self-neglect) in Brighton & Hove.	To undertake public safeguarding awareness raising campaigns, to include raising awareness of local safeguarding challenges.	It was challenging to develop this area of the SAB and undertake awareness raising without a full-time Board Manager. Whilst a full-time Board Manager has now been appointed the impact of COVID-19 and the subsequent lockdown has meant that plans to immediately start development in this area have been frustrated. This is identified as an area the BHSAB will take forward in the future.
	Assurance of safe recruitment processes	The Peer Challenge Event explored safe recruitment processes and identified some training requirements for senior managers, which are being taken forward. This is a biennial event and the BHSAB continues to receive assurance from the statutory partners in relation to recruitment processes and from the local authority in relation to the People in Positions of Trust arrangements across the local health and social care system.
	Assurance of Quality of Care provision in the city	The BHSAB was scheduled to receive an update from the Quality Monitoring Team within the local authority towards the end of 2019/20 but this had to be rescheduled because of the Coronavirus pandemic. The BHSAB will continue to ensure that it receives regular reassurance regarding the quality of care provision, from both the local authority and the Clinical Commissioning Group.

Strategic Aim	Strategic Objectives	Outcome
	Assurance around arrangements to manage allegations against people in a position of trust.	The BHSAB has continued to liaise regularly with the Safeguarding Lead in the local authority in receiving assurance around the Persons in Positions of Trust arrangements, as well as the relationships and information sharing between SAB partner agencies.
<b>Engagement &amp; Making Safeguarding Personal</b> Adults, carers, the local community and professionals assisting to shape the work of the SAB and safeguarding responses and safeguarding practice is client centred.	Assuring adults are involved and consulted in the process of helping them to stay safe and agreeing goals to achieve that	Undertaking a Making Safeguarding Personal multi-agency audit was identified as a priority during 2019/20. This evidenced that the principles of Making Safeguarding Personal are generally being considered and applied across SAB partner agencies. It did also identify several recommendations for individual agencies, that included the benefits of an Outcomes Framework tool being embedded in the safeguarding audit process to promote a regular feedback mechanism.
	Developing processes to enable meaningful feedback to the SAB from service users and carers who have experienced safeguarding interventions.	A Making Safeguarding Personal Outcomes Framework Tool that had been developed through Assistant Directors of Adult Social Services organisation and the Local Government Association was used in the Making Safeguarding Personal Audit that was undertaken. A recommendation was made that this be incorporated into the local authority's safeguarding Audit programme, as well as a recommendation made that planning is a key stage in any safeguarding intervention in incorporating people's outcomes and monitoring and updating these.
	Quality assure activity to gauge whether safeguarding practice is person-centred and outcome-focused.	The Making Safeguarding Personal Audit identified that people (or their representatives) are being asked about their preferred outcomes in most cases (81%). A learning briefing was also

Strategic Aim	Strategic Objectives	Outcome
		<p>circulated following a Mental Capacity Act Audit that was undertaken at the end of the previous year (2018/19) and the next audit planned is on Non-Engagement. The aim of these audits is to ensure quality assurance and a continuing focus on outcome-focused and person-centred practice.</p>
	<p>To produce information and reports for the local community that are easily accessible and raise awareness of adult safeguarding and how concerns can be raised.</p>	<p>Learning briefings have been shared on the Mental Capacity Act and Making Safeguarding Personal audits during 2019/20 and a further briefing will be shared on the multi-agency audit completed during 2019/20.</p> <p>In improving accessibility and awareness we have upgraded our website during 2019/20 and have used both this and our Twitter account to share information and reports.</p> <p>In addition to producing briefings we are keen to explore alternative methods of disseminating learning as well as raising awareness of the BHSAB. Unfortunately, this is an area of development that has been impacted by COVID-19 following the appointment of the full-time Board Manager. However, it will be an area of continuing focus during 2020/21 as we seek to create links with more partner agencies of the BHSAB.</p>
<p><b>Integration / Training and Workforce Development</b> Assure the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This to include emerging local safeguarding challenges.</p>	<p>To assure the workforce is equipped to support adults appropriately where abuse and neglect are suspected.</p>	<p>Learning from audits, reviews and other sources are tabled through the Learning and Development subgroup; where they are shared with Training Leads from SAB Partner Agencies.</p>
	<p>To assure the training strategy includes mechanisms to review the impact and effectiveness of training.</p>	<p>Colleagues from the local authority sit on the Learning and Development subgroup and provide regular updates and assurance in relation to this. Feedback is sought from attendees both</p>

Strategic Aim	Strategic Objectives	Outcome
		immediately and 4-6 weekly after training events have taken place, with Learning and Development also undertaking their own quality assurance on a regular basis and producing an Annual Report.
	Explore opportunities for multi-agency training delivery on key identified issues e.g. annual conference, staff briefings.	A BHSAB Safeguarding Conference was held in November 2019, which explored more recent safeguarding developments such as hoarding, hoarding and County lines. This was well attended by agencies across the system and there is an aim for this to become an annual event. With the recruitment of a full-time Board Manager multi-agency training being delivered or accessed through the BHSAB is seen as an aim.



## 9. Learning, Development and Future Challenges

### Peer Challenge Event

A Peer Challenge Self-Assessment Event was hosted by the Brighton and Hove SAB in July 2019, which was chaired by Graham Bartlett, the Independent Chair of the BHSAB and the East Sussex SAB, together with the Chair of the West Sussex SAB. This is a biennial event with the next Event scheduled for 2021. The Self-Assessment identified several themes to be taken forward, in particular the need for further safeguarding training for senior management around safeguarding. A survey was undertaken subsequently with partners and identified that inter-agency working, information sharing and managing allegations against staff all need to be considered in future training offers.

The Event itself was well-received, with the opportunity to network and participate in multi-agency discussions particularly welcomed, and below are some examples of the feedback received.



### Safeguarding Annual Conference

A safeguarding conference was held in November 2019 that was sponsored and funded by the BHSAB. The conference focused on exploitation with two keynote speakers and seven workshops took place over the course of the day on a range of themes that included homelessness, trauma, personality Disorder, county lines, cuckooing, coercive control and hoarding.

The conference was attended by 155 people in total and from the feedback that was provided the responses were largely positive, with 95% of the respondents saying that the event had been useful and that they had taken learning that would impact on their work.

Below are some examples of the feedback provided:



There is a desire for the BHSAB to hold an annual safeguarding conference and planning is underway for a conference in 2020/21, although whether this is possible and what form it may take is not clear at this stage.

### **Full-time Business Manager Recruitment**

It had been noted in previous Annual Reports that with a part-time Business Manager in post to support the BHSAB, combining this role with also supporting the Brighton and Hove Safeguarding Children Board, it had not been possible to progress some of the stated objectives of the BHSAB. This was particularly felt to be the case in relation to developing greater understanding and awareness of the BHSAB across the health and social care system as well as increasing the level of engagement with the wider community.

The introduction of Safeguarding Children Partnerships to replace Safeguarding Children Boards, following the implementation of the Children and Social Work Act 2017, led to the

Brighton and Hove Safeguarding Children Partnership (BHSCP) being created. The BHSCP appointed a full-time Business Manager as part of this process.

This led to the opportunity for a full-time Business Manager position to be considered for the BHSAB, in order to continue to develop the growth of the SAB and progress towards meeting all the strategic objectives identified. The three statutory partners of the BHSAB all agreed that this was necessary and to increase their contributions from 2020/21 to facilitate the recruitment of a full-time Business Manager. The position was advertised in November 2019, with interviews held the following month and a candidate appointed at that point. The successful candidate, Guy Jackson, commenced in the role in February 2020.

## **Challenges**

Whilst we have identified some significant achievements over the course of 2019/20, as advised previously the BHSAB recognise that without a full-time Business Manager it has not been possible to progress some of the aims that were identified in the 2018/19 Annual Report. Whilst a full-time Business Manager has now been successfully appointed this was very quickly followed by the coronavirus pandemic and the subsequent lockdown. The pandemic has had a significant impact on all agencies, and the SAB supported the system by rapidly suspending many scheduled activities and providing operational support to frontline services.

This has had a further impact on progressing the aims identified in 2018/19 as outlined below.

- There was an aim to work in partnership with our SAB partners in East Sussex and West Sussex to publish an updated pan-Sussex SAR Protocol during 2019/20. This had to be delayed but is being progressed and will be published during 2020/21.
- There was also an aim to work in partnership with our SAB colleagues in East Sussex and West Sussex to develop a pan-Sussex Hoarding framework. This was not able to be progressed during 2019/20 but will be taken forward in 2020/21 and is on the work plan of the pan-Sussex Policies and Procedures subgroup.
- There was an aim to progress the development of a complex Abuse protocol to make sure that all our partners work seamlessly together in instances where there is abuse involving one or more abusers and a number of adults with care and support needs (whether related or non-related). This work had previously been delayed enabling learning to be drawn from a SAR undertaken in West Sussex but needs to be taken forward.
- In the 2018/19 Annual Report it was also identified that there were concerns in relation to the proportionally high rate of suicides in the city and that collaborative work was taking place with Public Health to explore how the BHSAB can have sight of this serious issue.
- A further aim that was identified was to undertake a scoping exercise with Brighton Crime Reduction Partnership to examine how we can engage local businesses with safeguarding. This will be progressed during 2020/21 through working in partnership with the Violence, Vulnerability and Exploitation Co-ordinator.

## 10. Our Data

### 1. BHCC Health and Adult Social Care Safeguarding data for 2019-2020

1.01 675 safeguarding enquiries were completed by BHCC Health and Adult Social Care in 2019-2020, which represents a 20% decrease on the corresponding data for 2018-2019.

1.02 In providing context around this data HASC advise that *'In considering this we can reflect that in BHCC during this period the Safeguarding Decision-Making Tool was developed by Safeguarding Team and Performance colleagues, consulting Social Work practitioners on design function and recording in early 2019. This was piloted in several teams over a period of months and went live across all adult assessment teams in December 2019. What this tool provides is specific focus on the 3 key statutory tests which once met require a S.42 Care Act Safeguarding response from the Local Authority, enabling Social Work practitioners to use this specific focus and consider the person's wishes in terms of further action. This will continue to be monitored in terms of performance and assurance'*

1.03 These figures include safeguarding enquiries undertaken by staff seconded into Sussex Partnership Foundation NHS Trust, (SPFT), under a Section 75 (NHS act 2000) agreement with the local authority.

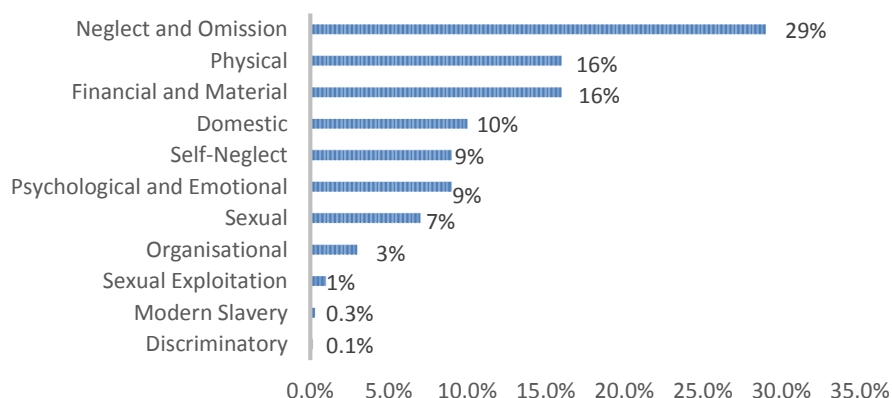
1.04 The objectives of an enquiry are to:

- establish the facts
- ascertain the adult's views and wishes
- assess the adult's needs for protection, support and redress
- make decisions as to what further action should be taken with regard to the source of the concern, abuse or neglect
- enable the adult to achieve resolution and recovery

#### 1.1 Enquiries by type of abuse

1.1.1 The chart shows the proportion of enquiries completed by abuse type in 2019-2020. In line with the previous year, neglect and omission continue to represent the largest volume of enquiries followed by financial abuse and physical abuse.

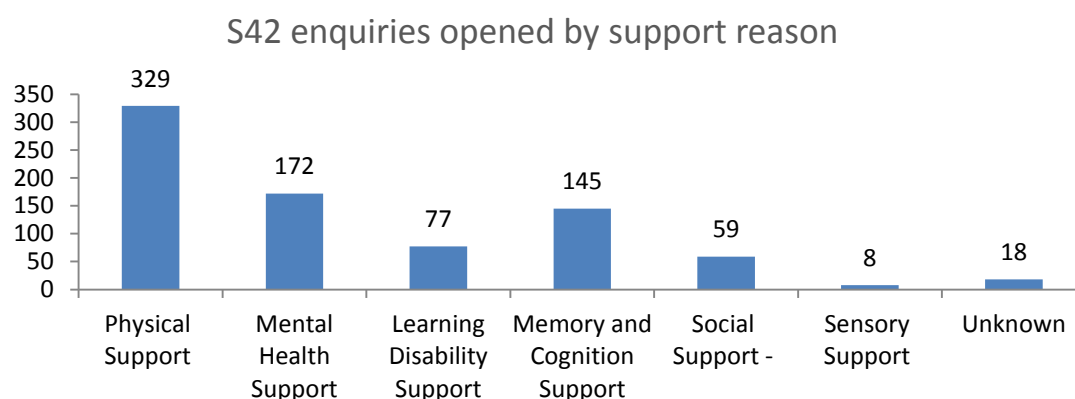
Safeguarding enquiries by type of abuse (%)



1.1.2 The proportion of safeguarding enquiries relating to organisational abuse and sexual abuse have both increased slightly this year upon last year's figures.

## 1.2 Primary support reason

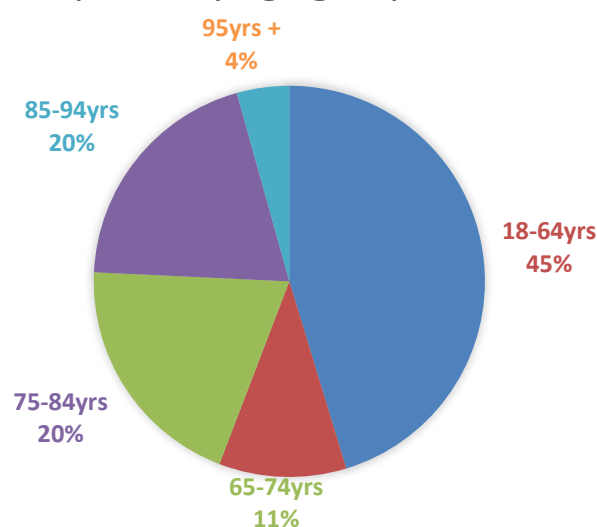
1.2.1 The breakdown of enquiries by primary support reason is broadly in line with the data for 2018-2019, with physical support representing the largest category and is consistent with national data.



## 1.3 Enquiries by age group

1.3.1 The percentage of enquiries by age group is largely unchanged from 2018-2019 data. 55% of the opened enquiries are for people over the age of 65 years old, with 40% of enquiries opened for the age group 75-95 years.

### Enquiries by age group

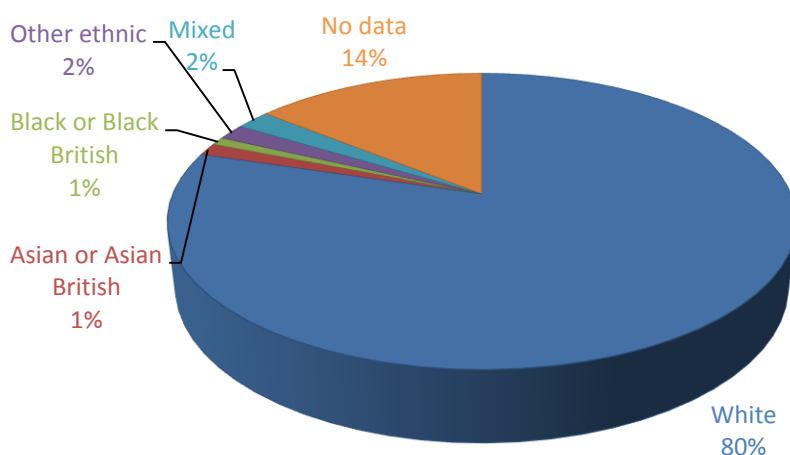


## 1.4 Enquiries by ethnic group

1.4.1 The chart below shows the ethnicity of those involved in safeguarding enquiries. Enquiries involving adults of white ethnic origin remain the highest proportion of enquiries in 2019-20 at 80%. This is lower than 83% for the previous year and may be explained by the fact that this year a higher percentage of enquiries have no ethnic data recorded. The proportion of safeguarding enquiries opened in relation to Asian/Asian British adults is lower than in the previous year and remain low in comparison to the 4.1% of the local population who identify as Asian/ Asian British.<sup>1</sup> This is a trend repeated in other parts of the country and could be influenced by the different age profiles in ethnic groups. Increased engagement is one of the priorities for the SAB and is an area we will seek to progress and develop.

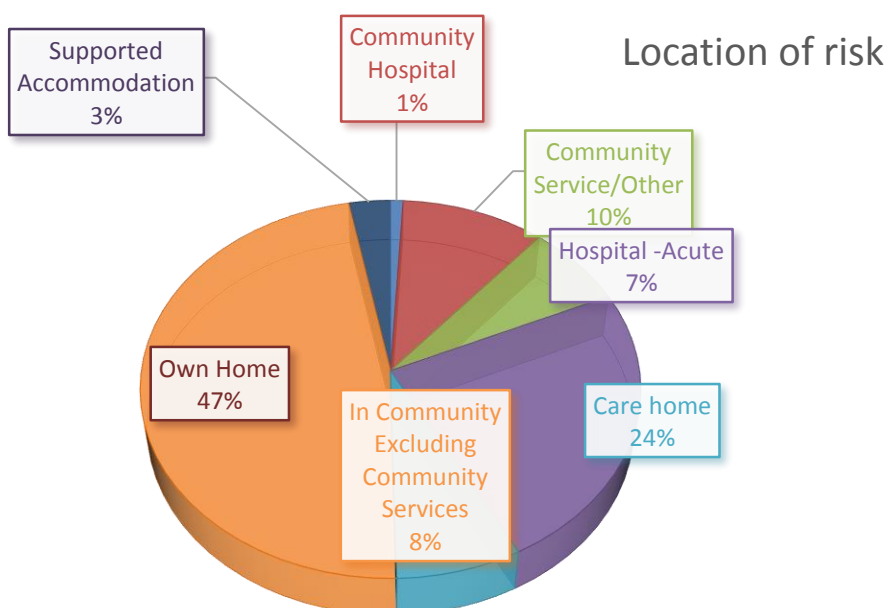
<sup>1</sup> <http://www.bhconnected.org.uk/sites/bhconnected/files/4.2.2%20Ethnicity%20JSNA%202016.pdf>

## Enquiries by ethnicity



### 1.5 Settings where abuse or neglect occurred

1.5.1 The chart below shows where abuse or neglect was recorded as having occurred in safeguarding enquiries undertaken during 2019-20. The most common setting where abuse or neglect occur is in people's own homes with Care Homes the next most common setting.

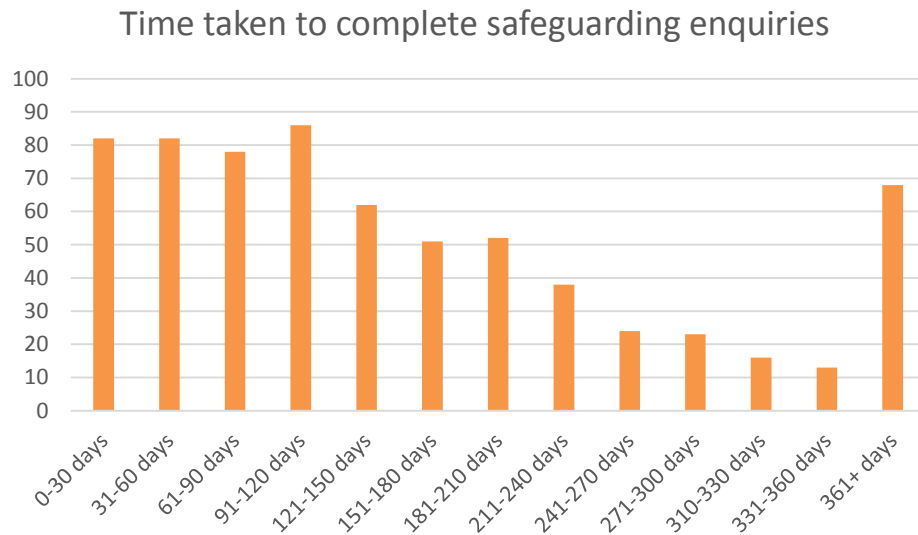


### 1.6 Making safeguarding personal

1.6.1 In accordance with the Care Act 2014, safeguarding enquiries must be person centred. An enquiry can range from a conversation with an adult to a series of more formal multi agency discussions, plans and actions that clearly set out to reduce identified risks and prevent abuse or neglect occurring in the future. There are no set timescales for completion of an enquiry but there is a clear 'principle of no delay'. Adults who are the subject in any safeguarding enquiry are asked what

outcomes they want to achieve, and asked at the conclusion of the enquiry whether they feel that these have been met.

1.6.2 The chart below shows a breakdown of the number of completed enquiries and the time taken to complete. 65% of enquiries were completed in 180 days or less. In 2019-20 there were 12% fewer cases than the previous year, which took longer than 361 days.

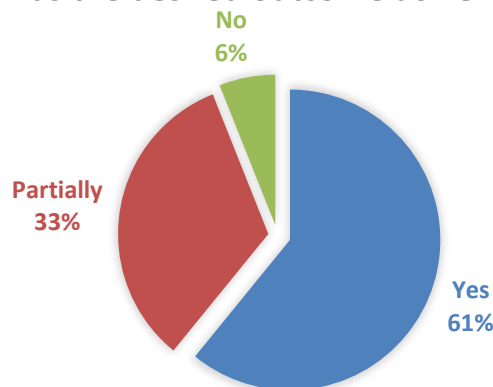


**1.7 Was the desired outcome achieved?**

1.7.1 Of adults who had identified desired outcomes from safeguarding enquiries 61% felt that these had been achieved and 33% felt their identified outcomes had been partly achieved. This is an improvement of 10% for both sets of data for the previous year and it is hoped reflects the focus on Making Safeguarding Personal following the quality assurance audit that took place.

It should be separately noted that in nearly a quarter of the safeguarding enquiries

**Was the desired outcome achieved**



undertaken (24%) there were no desired outcomes identified or recorded from those people involved.

## 11. Safeguarding Data from Partner Agencies

The SAB, through the Quality Assurance subgroup, works with partner agencies to take a holistic view of the quality of services across agencies, ensuring that any gaps, overlaps or misalignment can be identified.

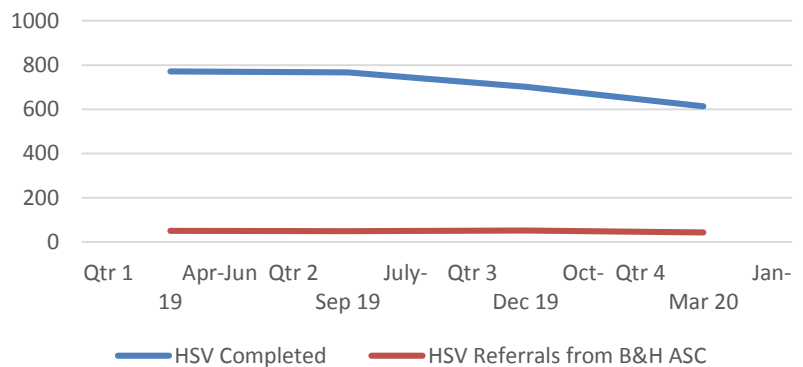
The QA Subgroup receive a multi-agency data set report twice a year. A summary of the data collected by some of the SAB partner agencies for the financial year 2019-2020 is included below.

### 11.1. East Sussex Fire and Rescue Service (ESFRS)

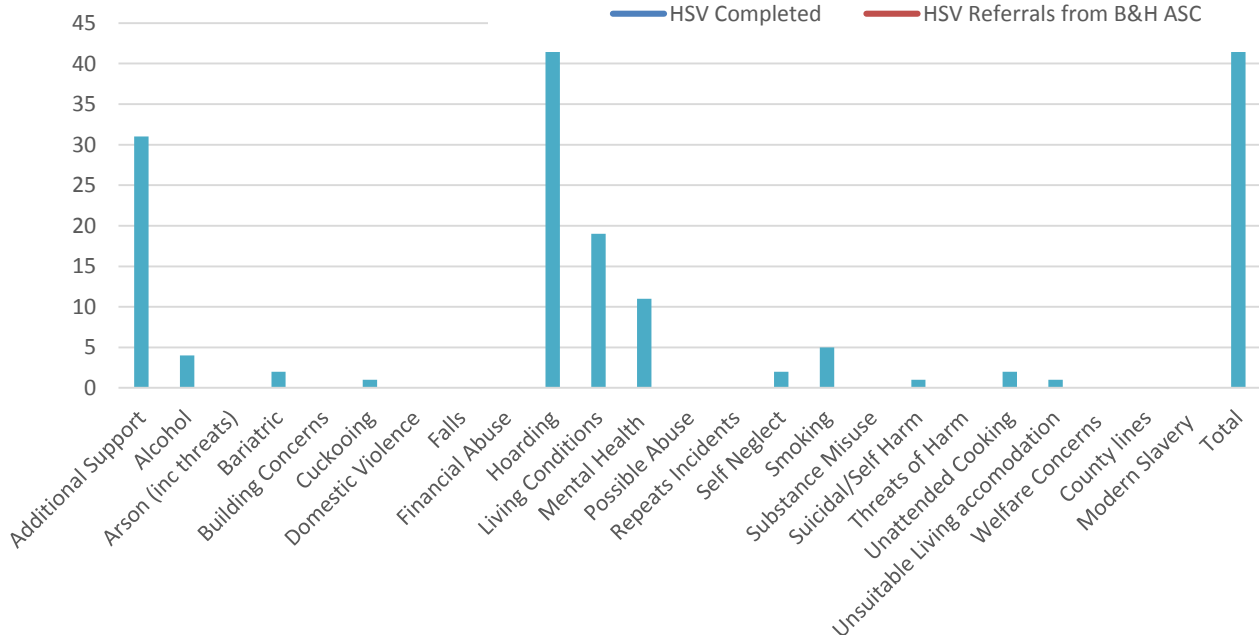
The chart below shows the number of home safety visits, (HSVs) conducted by ESFRS in 2019-2020, including the number of visits conducted as a result of referrals from Brighton and Hove City Council HASC. These visits are one element of the ESFRS targeted prevention work providing support to the most vulnerable members of the community who may be more at risk of having a fire in their home. Home Safety Visits are a key element of preventative work to help ensure that risks of neglect and self-neglect are addressed.

The number of HSVs completed in quarter four of 2019-2020 was 37% down on the same period in 2018-2019, but the overall number completed in the year 2019-2020 was 14.5% down on 2018-2019. ESFRS advise they always see a drop off in the last quarter because of the effect of the Christmas break and the impact on referrals along with a

ESFRS Home Safety Visits



Safeguarding CTI



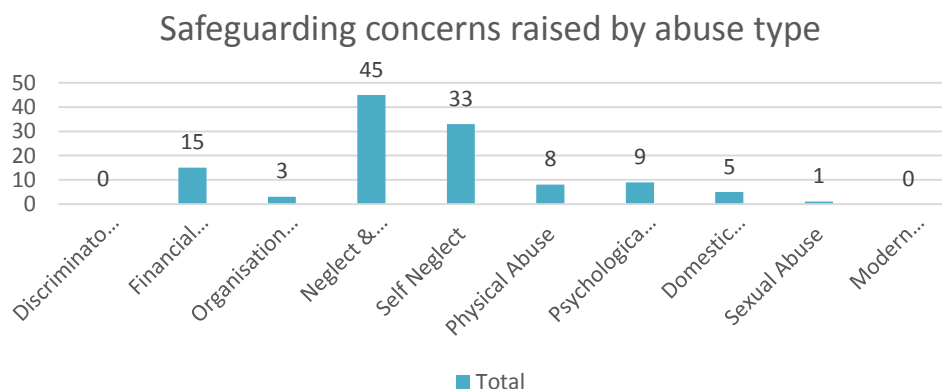


reluctance in having visits during the festive holiday. During this time they saw the beginnings of the coronavirus impact.

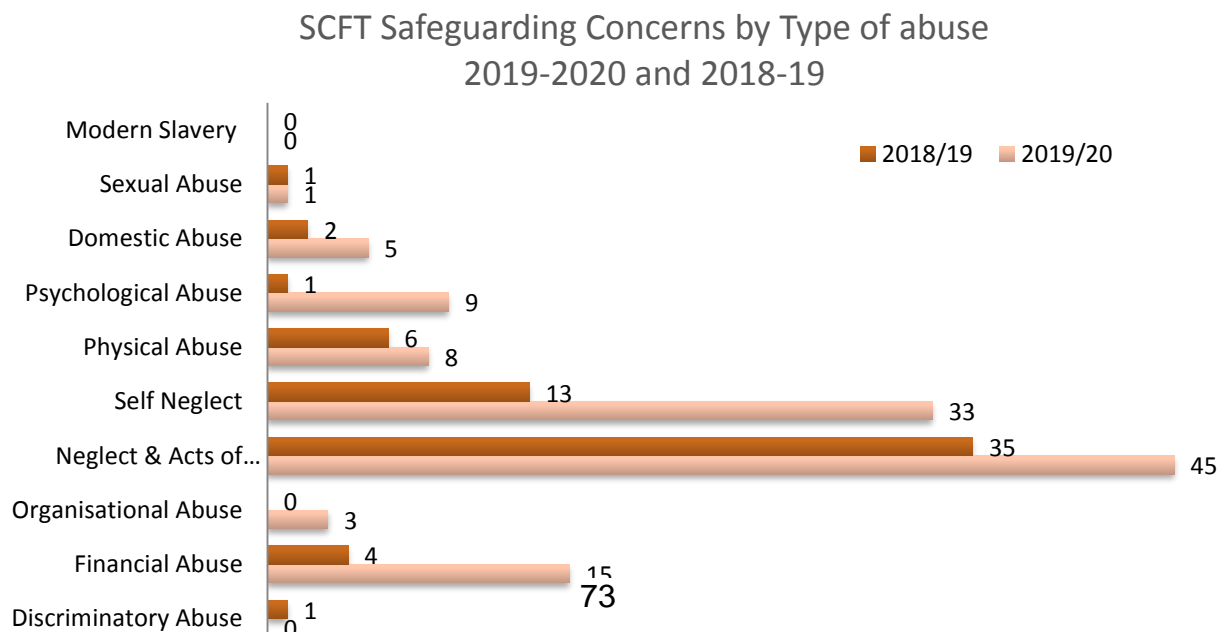
Whilst undertaking home safety visits if ESFRS identify any safeguarding concerns these are reported to the local authority via a Coming to Notice (CTN) referral. This graph shows that the highest proportion of CTN referrals are in relation to hoarding. ESFRS aim for 10,000 HSVs a year and, as they approach this figure they support operational staff in some of their other requirements, such as around Business Safety visits and training. ESFRS report that it is not unusual for there to be peaks and troughs, particularly because the referrals to them are not uniform and drop off over holiday periods.

## 11.2. Sussex Community Foundation Trust (SCFT)

Sussex Community NHS Foundation Trust, (SCFT), deliver adult community services to Brighton and Hove City. Professionals work in multi-disciplinary teams linking closely with health and social care partners. SCFT professionals might visit patients in a care home, a variety of healthcare settings or within the patient’s own home. Their work includes supporting people with complex long-term health needs, rehabilitation after a period in hospital, assessing urgent care needs and helping people to adapt to changes in their health. While supporting a patient with their health needs, professionals may identify a safeguarding concern and report this to the Local Authority. In 2019-2020 the type of abuse most commonly reported was neglect, followed by self-neglect.



The chart below shows the number of safeguarding concerns raised by SCFT, by abuse type, for 2019-20 and 2018-19



The total number of safeguarding concerns raised by SCFT has increased by 89% upon the same data for the previous year. This is a very significant increase and SCFT advise they see it as a positive change, evidencing compliance with their Care Act duties in relation to raising adult safeguarding concerns and supporting the mitigation of risks where possible within the scope of community health support. The increase in safeguarding concerns raised during 2019-20 compared to 2018-19 goes across almost all types of abuse but is most noticeable for:

- self-neglect which has increased from 13 to 33
- financial abuse which has increased from 4 to 15
- psychological abuse which has increased from 1 to 9

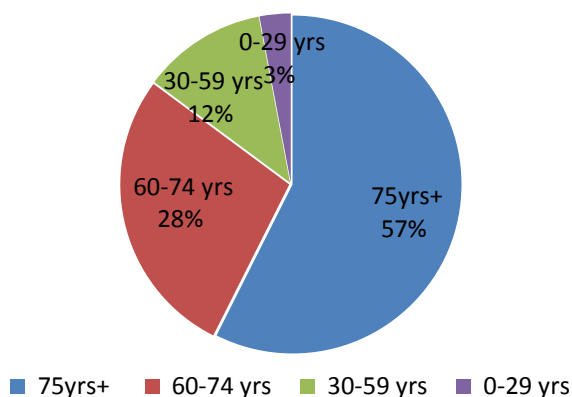
Neglect and acts of omission remain the most common type of abuse in safeguarding concerns raised by Sussex Community Foundation Trust.

### 11.3. Sussex Police

#### Operation Signature

Operation Signature identifies and supports vulnerable, and often elderly, victims of fraud of all types within Sussex. Two specialist Operation Signature case workers in Sussex have supported 850 victims of fraud in 2019-2020. The types of fraud include people that have been contacted by telephone, email, letter, and on the doorstep.

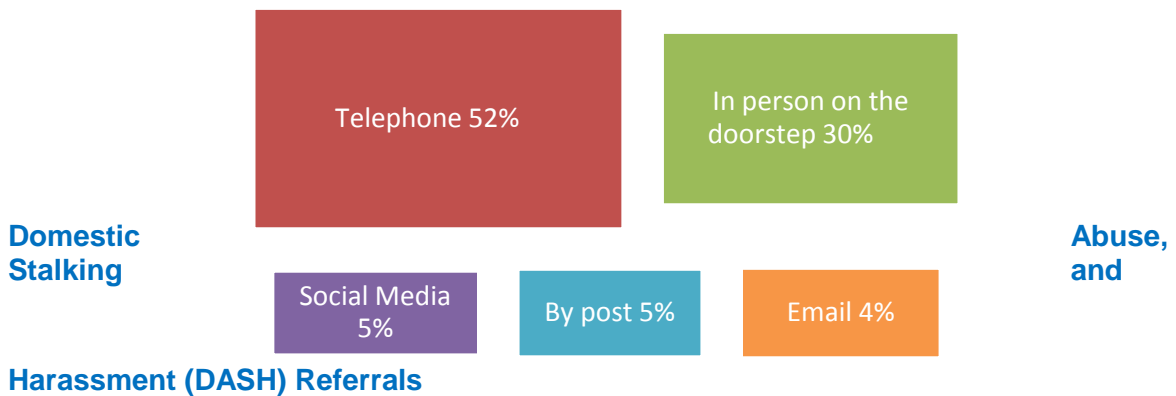
Identified victims of fraud by Operation Signature - age group



363 people were identified in Brighton and Hove in 2019-2020 as vulnerable victims of fraud, this in an increase of 54% from last year.

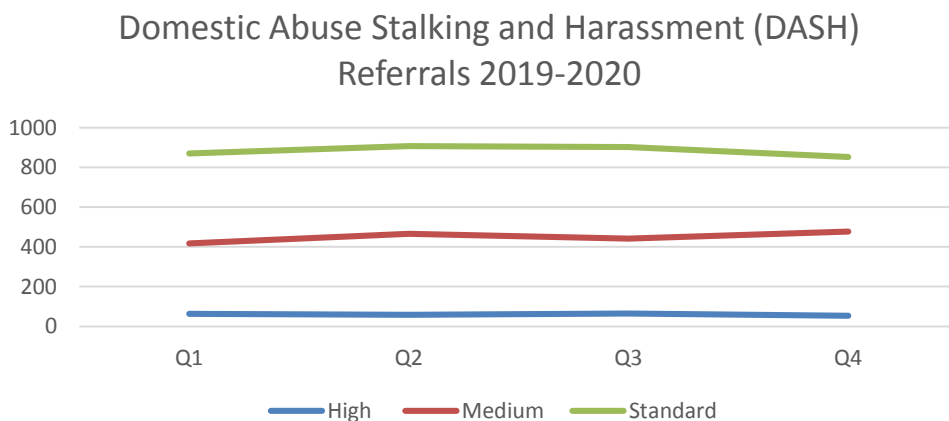
Of those vulnerable people identified by Operation Signature affected by fraud in Brighton and Hove, 65% live alone. The average loss, where a loss was recorded, was £7,427.

The chart below shows the main methods used by criminals to target vulnerable adults in recorded by Operation Signature in 2019-2020. This data will be extremely helpful in planning public awareness campaigns undertaken in the future by the SAB.



Incidents of Domestic Abuse are subject to a risk assessment using a Domestic Abuse, Stalking and Harassment, (DASH), checklist. An officer, with the victim, assesses the level of risk using this checklist and will take initial steps to manage this risk. Sussex Police Safeguarding Investigations Unit, (SIU) refer all cases of domestic abuse involving an adult with care and support needs, to Adult Social Care. This checklist provides information on whether the risk to an individual is high, medium or standard.

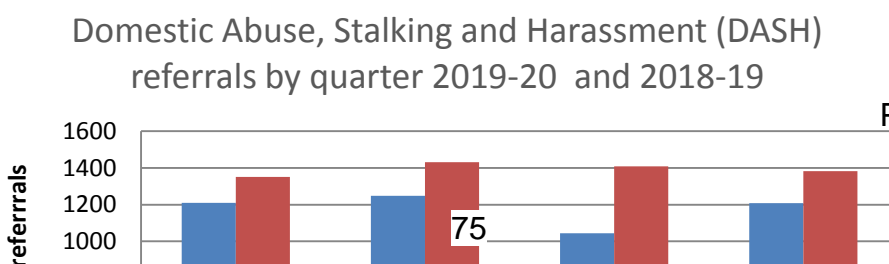
The chart below shows the number of DASH referrals made by Sussex Police in Brighton and Hove in 2019-2020, by risk level.



Figures for 2019-2020 in Brighton and Hove show that the number of medium risk cases rose in quarter 4 and the number of cases assessed as a standard risk fell in quarter 4.

The numbers for high risk cases have remained roughly stable the year.

The chart below shows the number of DASH referrals made by Sussex Police within Brighton and Hove in 2019-2020 by quarter, with accompanying comparison data for 2018-19. This shows that for each quarter the number of DASH referrals is higher in 2019-2020 compared to the same data for the previous year and there is an overall 18% increase in DASH referrals.



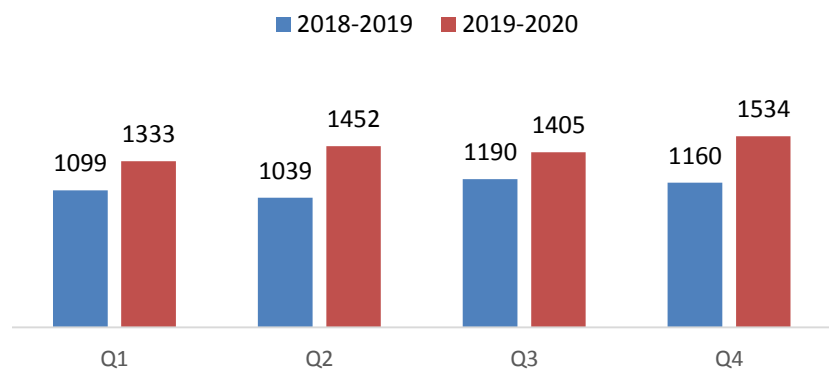


## Vulnerable Adults at Risk (VAAR) referrals

Vulnerable Adult At Risk, (VAAR) referrals are made by Sussex Police to the Local Authority when safeguarding issues or concerns are identified.

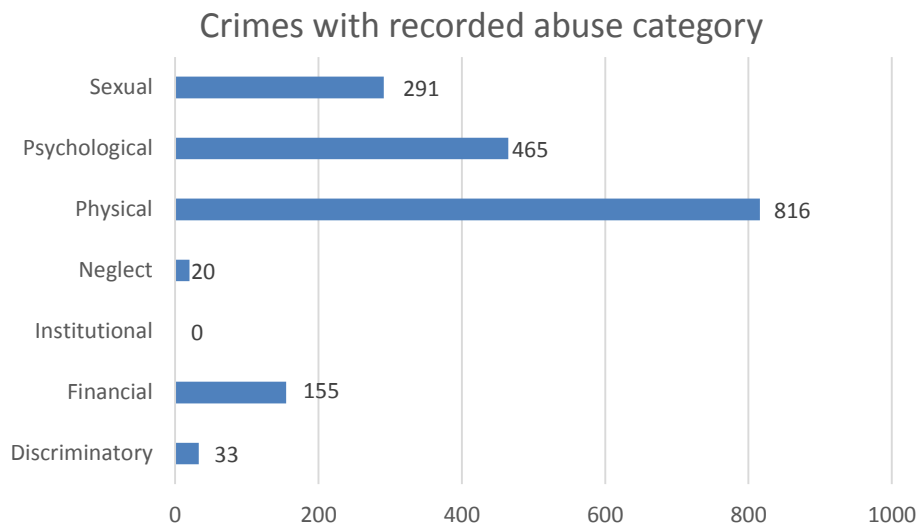
The chart below shows the number of VAAR referrals made to Brighton and Hove in 2019-2020. Referrals are assessed and allocated as considered appropriate within Brighton and Hove Health and Adult Social Care, (HASC). Not all VAAR referrals will involve a recorded crime. The number of VAAR referrals is therefore higher than the reported number of crimes involving abuse of an adult with care and support needs.

VAAR referrals by quarter  
2019-2020 and 2018-2019



In 2019-2020 the total number of VAAR referrals recorded per quarter is higher than the same data for the previous year and for the whole year there were 28% more VAAR referrals in 2019-2020 than in 2018-2019.

The chart below shows the number of crimes recorded by Sussex Police for Brighton and Hove in 2019-2020 per category of abuse risk.



The three main types of abuse risk recorded are: physical abuse, (46%), psychological abuse (26%) and sexual abuse (16%). A point of interest is that the number of VAAR referrals significantly increased whilst the number of safeguarding enquiries undertaken by HASC reduced. A further point of interest is that the category of neglect is so low, when neglect and omission is the category with the highest number of safeguarding enquiries undertaken within both Health and Adult Social Care and Sussex Community Foundation Trust.

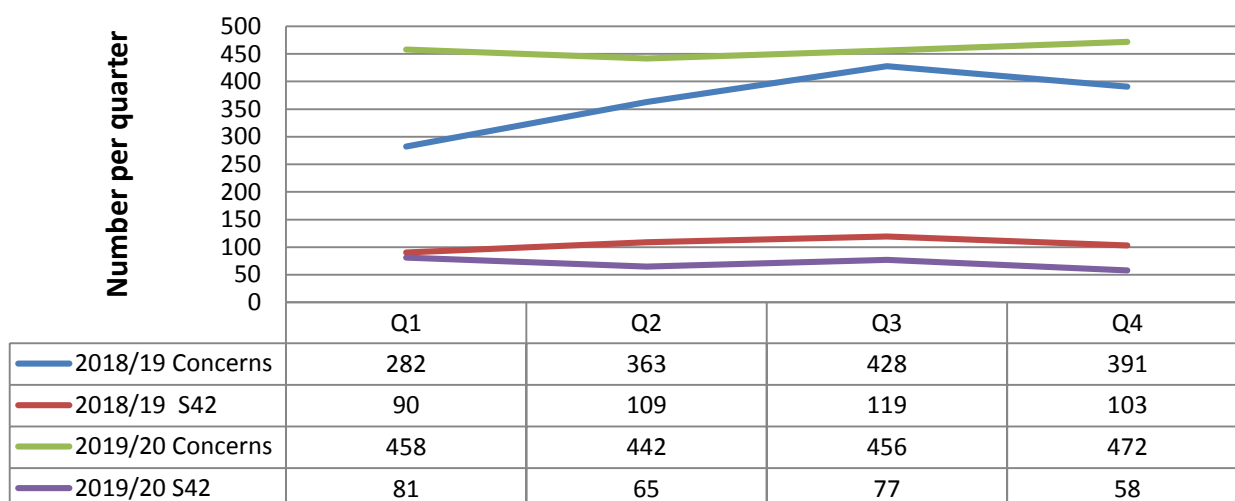
## 11.4. Sussex Partnership Foundation Trust (SPFT)

Brighton and Hove adult mental health services are provided jointly by the Local Authority and SPFT under a Section 75 (NHS Act 2000) agreement which allows for the integration of Health and Social Care services. Safeguarding enquiries are undertaken by the social care staff who are seconded within SPFT mental health services.

The following chart shows the number of safeguarding enquiries for 2019-2020 by quarter with the number of these that became S42 Enquiries, compared to the same date for the previous year, 2018-2019. The number of safeguarding concerns raised each quarter this year has remained between 442 and 472.

In 2019-2020 there were 1,828 safeguarding concerns raised by SPFT, which is a 25% increase upon the same data for the previous year 2018/19, in which 1,464 safeguarding concerns were raised. In 2019-2020 an average of 16% of safeguarding concerns were converted into S42 enquiries which is a decrease from the previous year when an average of 29% of safeguarding concerns were converted into S42 enquiries.

Safeguarding concerns and s42 Enquiries 2019/20 and 2018/19



## 11.5. South East Coast Ambulance Service (SECAMB)

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) is part of the National Health Service (NHS). They respond to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across the region.

The chart below shows that there was an increase during 2019-20 in the safeguarding referrals made to Brighton and Hove HASC. SECAMB advise that the reason for this is that they have improved their staff safeguarding training compliance rates, improved their communication of training opportunities, increased the accuracy of recording safeguarding concerns and improved staff awareness of the signs and symptoms of domestic abuse. There has been a significant and concerning increase in referrals for domestic abuse (60%) but for other types of abuse the pattern roughly follows that of previous years.

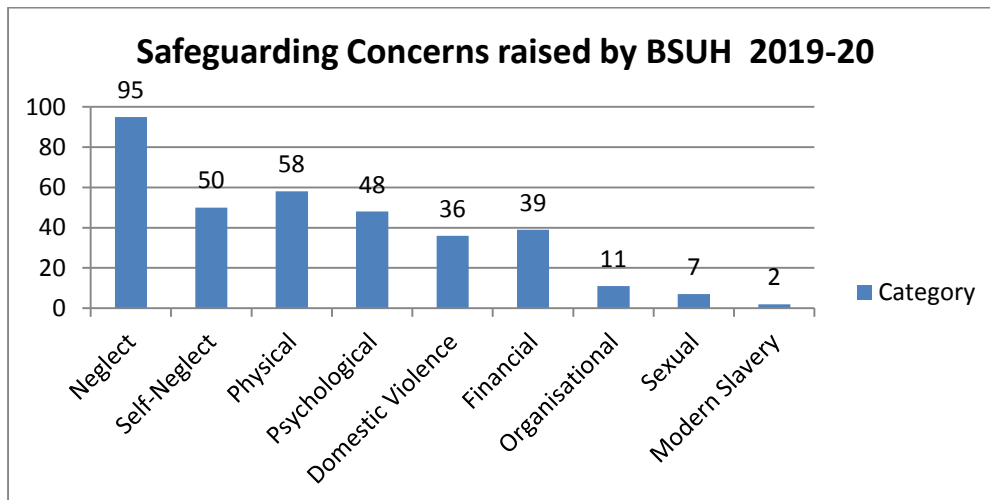
safeguarding referrals to Brighton and Hove HASC  
per 6 months period 2019/20 and 2018/19



**11.6. Brighton and Sussex University Hospitals Trust (BSUH)**

Brighton and Sussex University Hospitals (BSUH) is an acute teaching hospital working across two main sites; the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton site includes the Royal Alexandra Children’s Hospital and Sussex Eye Hospital and it is also the Major Trauma Centre for the region. They provide district general hospital services to our local populations in and around the Brighton and Hove, Mid Sussex and the western part of East Sussex and more specialised and tertiary services for patients across Sussex and the south east of England.

Below is a chart showing safeguarding concerns raised by BSUH by category for 2019-20. Neglect was the category with the highest number of referrals, reflecting the data from Health and Adult Social Care and Sussex Community Foundation Trust.



Brighton and Sussex University Hospitals also advise that during 2019-20:

- Training for safeguarding adults is mandatory for all staff and compliance has consistently remained above the trust target of 90%. A particular focus for 2019-20 was on self-neglect and the increased awareness is reflected in the number of concerns raised by staff.
- Face to face training has been suspended during COVID but e-learning is available, and the safeguarding team are also reviewing other alternative methods of delivery e.g. via Microsoft Teams.
- Improvements in patient discharge remains a priority. A new booklet for patients and families has been developed to improve communication and a multidisciplinary Integrated Discharge Team is now in place.

## 12. Our Priorities

### Our Priorities for 2020/21

Over the course of 2020/21 the BHSAB has identified a number of targets and goals to work towards over the longer-term.

- Working in partnership with our neighbouring SABs in both East and West Sussex to continue to develop a pan-Sussex approach toward safeguarding arrangements and assurance wherever possible. During 2020/21 this will include publishing an updated pan-Sussex SAR protocol as well as a pan-Sussex Information-sharing Protocol.
- To continue to develop and broaden our engagement with the local health and social care economy in increasing awareness and understanding of the BHSAB and safeguarding arrangements. Several aims have been identified in this regard that include; increasing the overall diversity of the membership of the SAB, exploring the SAB becoming a stakeholder in safeguarding training as well as using our communication platforms to share resources and guidance for an increasing range of partners.
- Within the BHSAB we will establish enhanced links between the SAB subgroups in order to further develop the cycle of learning generated through SARs, other forms of Reviews, and the Quality Assurance auditing process being fed back through Learning and Development.
- Over the course of 2020/21 the BHSAB will continue to use Quality Assurance audits with multi-agency partners in relation to safeguarding arrangements locally. The first audit to be undertaken in the next year will be around non-engagement.

### Impact of Coronavirus

Since the coronavirus pandemic began in March 2020 it has been widely recognised as an unprecedented situation, both nationally and internationally. From a safeguarding perspective there have been several issues identified that include:



- An increase in Covid-19 related scams.
- A reduction in the number of safeguarding concerns being raised with the local authority during the lockdown period.
- An increase in instances of domestic abuse, along with a reduction in formal reports to police.
- The impact on people's mental health and an anticipated increase in suicides.
- The impact upon the workforce.
- An increase in deaths of adults with learning disabilities and more widely within the residential and nursing home sector.

The BHSAB has already been liaising closely with our statutory partners, our colleagues in the East Sussex and West Sussex SABs, SABs across the country more widely as well as with the Safeguarding Children Partnership (BHSCP). There has been a focus on working in partnership, communications, sharing information and resources as well as any emerging patterns and themes.

During 2020/21 the BHSAB will need to consider our response to the coronavirus pandemic on an immediate and long-term basis. We will need to understand the nature of the impact of Covid-19 and the lockdown on safeguarding activity and further guidance that is released by the government. It is anticipated that SABs may experience a rise in SAR referrals relating to Covid-19, and consideration is being given as to how SABs can manage this activity in a proportionate way, joining up with other Boards where possible around shared themes and areas of learning.

### **Safeguarding Adult Reviews**

Under section 44 of the Care Act 2014 Safeguarding Adults Boards (SABs) have a statutory duty to commission a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies; and the Board knows, or suspects the death was as a result of abuse or neglect and there is concern about how the SAB, its members or organisations worked together to safeguard and protect the adult.

A SAR is not undertaken in order to hold any organisation to account; is not a punitive process and is not to apportion blame. The purpose of a SAR is to promote effective learning and to prevent future deaths or serious harm occurring again. The aim is that it tackles barriers to good practice and lessons can be learned from the case, which can be applied in the future to prevent similar harm re-occurring.

Whilst approaches to undertaking a SAR may vary, bringing together the individual agencies and professionals involved in supporting the person, to understand and analyse their actions, is key in order to make recommendations for improving future practice where this is necessary.

The BHSAB uses the following decision-making criteria when assessing any SAR referral that is received.

- The concerns relate to a person with care and support needs – whether the person was in receipt of services at the time of death or injury, or not.
- The cause of death has been established.

- Any safeguarding enquiry or investigative process has either concluded or is largely complete.
- There is evidence of a link between the death or serious harm that has occurred and abuse, neglect or acts of omission.
- The harm caused, or death is considered at this stage to have potentially been preventable.
- There are concerns about the way partners may have worked together to try and safeguard the adult.
- The concerns appear to relate to more than one single agency.
- There appears to be the potential for learning to be identified that would improve local safeguarding arrangements, multi-agency practice and partnership working.

### **Safeguarding Adult Review (SAR) Referrals**

Over the course of 2019/20 the Brighton and Hove SAB received four formal referrals for SAR's, with one referral from the end of the 2018/19 carried forward for further consideration. One other case was brought by a partner agency for an informal discussion in the first instance.

The issues raised in these referrals were in relation to;

- Homelessness
- Self-neglect
- Domestic abuse (with a focus on coercion and control),
- Substance and alcohol misuse
- Working with complex and multi-factorial care needs
- Cuckooing

From the four referrals received, and the one that was carried forward from 2018/19, one SAR has been commissioned and one Thematic Learning Review is in the process of being commissioned.

Further information is in the process of being requested from the most recent referral received in order to determine whether the eligibility criteria for a SAR has been met.

Whilst the two other referrals were not felt to meet the criteria for a Review in their own right the SAB identified a number of learning points to be taken forward. These will be variously taken forward through the 2020/21 Safeguarding Conference, the Learning and Development subgroup and contribute to the thematic learning review currently being commissioned.

## Reporting concerns about harm, abuse or neglect

A dedicated safeguarding hub has been set-up within Health and Adult Social Care at Brighton and Hove City Council, initially on a short-term basis during the coronavirus pandemic pending further review. If you have a safeguarding concern about a vulnerable adult in Brighton then please contact the safeguarding hub at Health and Adult Social Care at [hascsafeguardinghub@brighton-hove.gov.uk](mailto:hascsafeguardinghub@brighton-hove.gov.uk). Safeguarding concerns can also be reported online at <https://new.brighton-hove.gov.uk/adultsafeguarding>.

If you have concerns that someone may have care and support needs then please contact Access Point at [www.brighton-hove.gov.uk/adult-social-care](http://www.brighton-hove.gov.uk/adult-social-care) or by calling 01273 295555, or emailing [AccessPoint@brighton-hove.gov.uk](mailto:AccessPoint@brighton-hove.gov.uk).

If you have concerns about a child or family in Brighton, then please contact Front Door for Families at [www.brighton-hove.gov.uk/front-door-families](http://www.brighton-hove.gov.uk/front-door-families), or by calling 01273 290400.

If you have a safeguarding concern about a vulnerable adult who is in East Sussex, then please call 0345 60 80 191 or if it is in relation to a child or family then please call 01323 464222. If you have a safeguarding concern about a vulnerable adult in West Sussex then please contact [Adult Social Care](#) or if it is in relation to a child or family then please contact [Children and Families](#).

If a criminal offence is in progress or has just been committed then please call 999 but if you have a non-emergency enquiry you can contact Sussex Police by calling 101 or at [www.sussex.police.uk/contact/af/contact-us/](http://www.sussex.police.uk/contact/af/contact-us/).

## 14. Attributions

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Photo by Gustavo Márquez





*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: Review of  
the Health &  
Wellbeing Board

Date of Meeting: 08 September 2020

Report of: The  
Executive Director,  
Health & Social  
Care

Contact: Michelle  
Jenkins/Giles  
Rossington

Tel: 01273

Email:

Wards Affected: All

**FOR GENERAL RELEASE**

### **Executive Summary**

This report outlines proposals to improve the effectiveness of the Health & Wellbeing Board (HWB). These proposals have been developed by BHCC officers, building on the 2019 Local Government Association (LGA) facilitated review of the HWB.

The intention is to further develop these proposals through consultation with city partners, stakeholders and local residents. This will include public consultation via the Council's online Consultation Portal. Feedback from the consultation process will inform a revised proposal which will be presented to a future HWB meeting for agreement.



If approved by the Board, the proposed changes to the HWB membership and Terms of Reference will require amendment of the Council's Constitution, so will need to be considered by Policy & Resources Committee and by Full Council.

Insofar as the proposed changes impact on partner organisations, they may also need to go through those organisations' governance processes.

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

- 1.1 That the Board notes the proposals to enhance the effectiveness of the HWB (detailed in section 2 of this report); and
- 1.2 Approves plans to further refine these proposals through engagement with partners, stakeholders and local residents, including online public consultation.
- 1.3 Requests officers to bring a report back to the March 2021 Board meeting (or earlier if possible) with the outcome of the consultation and engagement and with proposed recommendations for the Board to make to Policy & Resources Committee and full Council.

## **2. Relevant information**

- 2.1 The Health & Social Care Act (2012) required all local authorities with social care responsibilities to establish Health & Wellbeing Boards (HWB). The 2012 Act (and subsequent Regulations) set out a statutory framework for HWBs, including a minimum membership and statutory duties. However, local authorities were given considerable freedom to develop locally appropriate HWB models with additional membership and duties. In consequence, a number of different HWB models evolved.
- 2.2 The context in which HWBs operate has also changed over time, particularly in terms of the NHS moving from an internal market model with a clear commissioner/provider split to the current model of increasingly strong partnership working between NHS commissioners, NHS providers, local authorities and the Community & Voluntary sector (CVS). This significant shift in focus provides another reason to review the Brighton & Hove HWB.
- 2.3 Furthermore, concerns have been voiced by BHCC members about there being a lack of member oversight for the BHCC social care and public health

decisions that were transferred to the Board when it was first established. Some Members consider that these decisions would be better made by BHCC members alone.

2.4 In 2019, the Local Government Association (LGA) agreed to facilitate a review of the Brighton & Hove HWB. Initial work on this, involving all HWB partners and a wide range of stakeholders, took place in autumn 2019. However, the impact of the Covid crisis meant that it was not possible to complete this review as intended. Instead, a set of proposals has been developed, building on the early findings of the review.

## 2.6 Role and Responsibilities of the HWB

The role of the HWB is currently defined in the BHCC Constitution:

*The purpose of the Board is to provide system leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove. It promotes the health and wellbeing of the people in its area through the development of improved and integrated health and social care services. The Health and Wellbeing Board is responsible for the co-ordinated delivery of services across adult social care, children's services and public health. This includes decision making in relation to Adult Services, Children's Services, and decisions relating to the joint commissioning of children's and adult social care and health services.*

HWBs have a set of statutory responsibilities. These are detailed in the BHCC Constitution, but in brief they include:

- Agreeing and overseeing the implementation of a local Joint Health & Wellbeing Strategy (JHWS) – and ensuring that CCG commissioning plans support the JHWS goals.
- Agreeing the local Joint Strategic Needs Assessment (JSNA) – and ensuring that organisational commissioning decisions reflect the JSNA evidence base.
- Agreeing the local Pharmaceutical Needs Assessment.
- Receiving annual Safeguarding Adult and Children Board reports.
- Agreeing the local Better Care Fund (BCF) plan.

The current HWB Terms of Reference need to be updated to reflect recent major recent developments in health and care. It is proposed that Board's scope is expanded to include:

- **Leadership of health & care recovery/system responses to the Covid emergency.**
- **Oversight of local Covid Outbreak Control Planning, including acting as the Local Engagement Group for local outbreak communications.**
- **Working in partnership with the Sussex Integrated Care System and the Brighton & Hove Integrated Care Partnership to deliver the NHS Long Term Plan via the Sussex and Brighton & Hove Health & Care Plans.**

To make the Board more effective, and to better align it with best practice across England, two other major changes to the Terms of Reference have been identified:

- (i) to broaden the currently rather narrow (and commissioner-heavy) membership; and
- (ii) to address the issue of much of the Board's time being taken up with relatively operational commissioning decisions. Most high-functioning HWBs have a broad membership, including health providers and the community and voluntary sector; and few HWBs undertake routine commissioning decisions.

The issues of membership and commissioning are addressed in more detail below.

## 2.7 Membership

2.7.1 The current membership of the HWB is:

- BHCC elected members (including HWB Chair): 5 (voting, with the Chair having a casting vote in the event of a tied vote)
- CCG representatives: 5 (voting)
- BHCC Executive Director of Children's Services (non-voting)
- BHCC Executive Director of Health & Adult Social Care (non-voting)
- Brighton & Hove Director of Public Health (non-voting)
- NHS England representative (non-voting)
- Healthwatch Brighton & Hove representative (non-voting)

(The above are all required by statute, although the minimum legal requirement is for at least one elected member and at least one member of any CCG operating within the local authority area.)

- Chair of the local Safeguarding Adults Board (SAB) (non-voting)
- Representative of the Brighton & Hove Safeguarding Children's Partnership (non-voting)

(These are not required in statute.)

2.7.2 The proposed new HWB membership is (changes in bold):

- BHCC elected members (including HWB Chair): 5 (voting, with the Chair having a casting vote in the event of a tied vote)
- CCG representatives: **2** (voting)
- **Chief Executive of Brighton & Sussex University Hospitals Trust (BSUH) (voting)**
- **Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT) (voting)**
- **Chief Executive of Sussex Community NHS Foundation Trust (SCFT) (voting)**



- **Community Voluntary Sector (CVS) representative (non-voting)**
- BHCC Executive Director of Children's Services (non-voting)
- BHCC Executive Director of Health & Adult Social Care (non-voting)
- Brighton & Hove Director of Public Health (non-voting)
- NHS England representative (non-voting)
- Healthwatch Brighton & Hove representative (non-voting)
- Chair of the local Safeguarding Adults Board (SAB) (non-voting)
- Representative of the Brighton & Hove Safeguarding Children's Partnership (non-voting)

2.7.3 The proposal to offer seats to NHS Trusts operating in the city will ensure that the HWB represents the entirety of the local health & care system rather than solely commissioners. This will better reflect the increasing trend for partnership working between health and care commissioners and providers across the local system. The CCG has offered to give up three of its voting seats on the Board, with the votes passed to NHS Trusts. This means that the membership and voting balance between BHCC and the NHS on the Board is maintained despite the addition of NHS Trusts.

2.7.4 The proposal to offer a seat to CVS reflects the importance of the sector locally, both as providers of health and care services and as champions for particular groups, including disadvantaged communities. Community Works will be asked to nominate the CVS representative, but the representative will be expected to represent the views of the sector as a whole. This will be a non-voting seat as having it as voting would upset the voting balance on the Board. However, it is anticipated that the Board will make all or the great majority of decisions by consensus, with the full participation of all members, rather than by voting.

2.7.5 The above proposals will considerably widen the membership of the Board, but with only a minimal increase in members (one). Consideration was given to further widening Board membership (e.g. to include invites to Fire & Rescue and/or the Police/Police & Crime Commissioner). However, the benefits of having different perspectives reflected on the Board need to be balanced against the risks of having too large a membership for effective meetings. The Board will seek to engage with a wider range of stakeholders on specific work-streams.

## 2.8 Sub-Committees

2.8.1 The HWB currently discharges its statutory functions, but also takes decisions on jointly commissioned (BHCC/CCG) services and on BHCC social care and public health matters. This inevitably means that much of the HWB's activity is focused on relatively operational commissioning matters rather than strategic issues. There is also an argument that this arrangement means that BHCC elected member oversight of council social care services is weaker than oversight of other council services undertaken by BHCC Policy Committees.

2.8.2 It is consequently proposed to establish a BHCC-only social care sub-committee that will take all BHCC decisions relating to social care and public health that were previously taken by the HWB (some decisions are reserved for Policy & Resources committee due to corporate policy or budgetary considerations). Although the HWB is legally constituted as a Council committee, it, and any sub-committees it has, are not subject to proportionality rules. It is nonetheless proposed that seats on the sub-committee do reflect the composition of the Council.

2.8.3 In addition to making BHCC decisions, the Board also makes joint BHCC/CCG commissioning decisions. This also risks compromising the Board's ability to focus on strategic matters. It is therefore proposed to establish an additional joint commissioning sub-committee comprising BHCC and CCG members. The joint commissioning sub-committee will take decisions relating to jointly-commissioned services.

2.8.4 It is proposed that the two sub-committee meetings be scheduled consecutively (i.e. one following the other on the same date). This will minimise the demand on member time and on administrative resources.

## **2.9 Children's Services and Corporate Parenting Board**

The HWB currently has responsibility for BHCC children's care decisions, held concurrently with the Children, Young People & Skills Committee (CYPS). The HWB also currently has the function of discharging the Council's responsibilities as Corporate Parent. It is proposed to clarify that these decisions will be taken by CYPS Committee by amending the HWB Terms of Reference accordingly. However, the HWB and its sub-committees will retain all public health decision-making, including for children & young people public health services.

## **2.10 Frequency of Meetings**

There are currently six HWB meetings per annum. It is proposed that we move to three HWB meetings plus three consecutive meetings of the social care and joint commissioning sub-committees. Thus, there will be no increase in terms of the burden of meetings, but also no reduction in the number of opportunities for public or member involvement. In addition, we will schedule informal 'workshop' HWB sessions as required – e.g. to develop strategies etc.

## **2.11 Health Overview & Scrutiny Committee (HOSC) and Performance & Information Group (PIG)**

Every upper-tier local authority is required to have a **Health Overview & Scrutiny Committee (HOSC)** to scrutinise local NHS-funded services. HOSCs have statutory powers to examine the general running of local NHS services (e.g. to look at performance and quality data) and specific powers and duties to act as a formal consultee when NHS bodies are planning substantial service changes. (Council public health services also fall within this statutory remit.) Brighton & Hove HOSC

has additional powers under the Council's Constitution to scrutinise BHCC adult and children's care services (but this is not a statutory role).

HOSC and HWB roles are distinct: HWBs are the local health & care system leaders, developing high-level plans (e.g. the local Joint Health & Wellbeing Strategy) which inform the commissioning and delivery of health and care services. HWBs may also directly commission some services. HOSCs scrutinise services, with a specific role to ensure that NHS service change plans are not detrimental to the health needs of local residents.

Government guidance encourages HWBs and HOSCs to work together, although they must not share members.

The **Performance Information Group (PIG)** is a BHCC Member Working Group that brings together HWB and HOSC members in informal meetings to examine system performance data and to agree approaches to specific issues.

The HWB review proposals do not include plans to change the functions of the HOSC, although there is a general commitment to use the Performance Information Group to better coordinate the work of the two bodies.

## 2.12 Partnerships

Brighton & Hove Connected (BHC) is the local strategic partnership, bringing together a range of public, private and community sector bodies to share information and to jointly develop strategic thinking. BHC has a number of thematic partnerships undertaking this work, and the designated partnership for health and care is the HWB. However, the HWB does not actively fulfil this role at the current time. In part this is because the HWBs current membership does not reflect the local health and care system as a whole. With NHS providers and CVS on the Board, the HWB will be much better positioned to act as a thematic partnership. This would include taking responsibility for oversight of key citywide risks relating to health and care (these risks are currently overseen by City Management Board).

## 2.13 Review Timeline

We plan to consult on these proposals with current HWB partners, BHCC political groups and key city partner organisations, including the local Community & Voluntary sector. We will also consult with local residents via the BHCC Consultation Portal: the proposals and a questionnaire will be posted on the portal.

We will use feedback from partner and public consultation to revise the proposals and will present an amended review plan to a future meeting of the HWB.

Assuming it is approved by the Board, the planned changes to the HWB membership and Terms of Reference will need to be considered by the following BHCC bodies: Constitutional Working Group (CWG), Policy & Resources Committee (P&R) and Full Council.



These proposals will also need to go through CCG governance. They may also need to go through other organisations' governance processes: e.g. NHS Trusts.

The draft proposals will also be shared with the LGA for comment.

To allow for as much public input as possible the online consultation will run for 60 days – from September to November 2020. This means that revised review proposals, incorporating consultation feedback, will be presented to the January 2021 HWB and subsequently to BHCC Policy & Resources Committee/Full Council and to CCG (and potentially other NHS bodies') governance. Assuming that all the above bodies are happy with the changes proposed, the new arrangements should apply from the June 2021 HWB meeting.

## **2.14 Consultation**

The HWB review proposals draw on LGA-facilitated engagement with a wide range of partners and stakeholders, including BHCC directorates, the CCG, Healthwatch, NHS providers, the police, Fire & Rescue, CVS organisations and local business bodies. The specific proposals contained in this report have been shared with the CCG, local NHS Trusts, Healthwatch, Community Works and the LGA. There will be further consultation on these proposals with key city partners and BHCC political groups. There will also be online public consultation.

## **2.15 Review**

These arrangements will be reviewed after 12 months in operation and will be further amended if necessary.

# **3. Important considerations and implications**

Legal:

- 3.1 The proposals for the broadening of the Board's membership to other bodies and the establishment of sub-committees to make operational decisions enhances the democratic decision-making process. This is because the democratically elected members of the Council will have greater influence in the process. The wider base of participants within the Board's membership should provide a better opportunity to reflect the interests of the Brighton and Hove population.

Lawyer consulted: Nicole Mouton

Date: 26/8/20



Finance:

- 3.2 There are no direct financial implications arising from the recommendations in this report.

Finance Officer consulted: Sophie Warburton Date: 27/08/2020

Equalities:

- 3.3 Current HWB membership provides a route for the concerns of protected groups to be raised via Healthwatch Brighton & Hove. The proposed additional CVS seat will increase the opportunity for these voices to be heard as the CVS representative will be expected to express concerns from across the sector, including from those CVS organisations that represent and lobby for the interests of people from BAME communities, older people, people with disabilities etc.

Sustainability:

- 3.4 There are no direct sustainability implications arising from the recommendations in this report. However, achieving ambitious local and national carbon reduction goals will require a radical re-thinking of how services, including health & care services, are commissioned and delivered in the future. As the local health & care system leader, the HWB will have an important role to play in influencing service planning in this context.

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

- 3.5 These are dealt with in the body of the report.

## Supporting documents and information

None

