Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday (Insert 27 July 2021, starting at 4.00pm. It will last about two and a half hours.
meetings are also available to view on the council's website.

Health & Wellbeing Board
27 July 2021
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

B&HCC Members: , Shanks (Chair), Nield (Deputy Chair), Fowler (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Appich

CCG Members: Dr Andrew Hodson (CCG) Lola Banjoko(CCG),Samantha Allen (Sussex Partnership NHS Foundation), Siobhan Melia (Sussex Partnership NHS Foundation Trust), Marianne Griffiths,(University Hospitals Sussex NHS Foundation)

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

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

Date of Publication - Monday, 19 July 2021

This Agenda and all accompanying reports are printed on recycled paper

AGENDA

Formal matters of procedure

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

Page

1 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.

2 MINUTES **9 - 18**

Minutes of the meeting held on 23 March 2021 (copy attached)

3 MINUTES OF ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE **19 - 26**

Minutes of meeting of Adult Social Care and Public Health Sub Committee, 8 June 2021 (copy attached)

4 CHAIR'S COMMUNICATIONS

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

5 FORMAL PUBLIC INVOLVEMENT **27 - 32**

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

(a) Petitions – to consider any petitions received by noon on 21 July 2021;

(b) Written Questions – to consider any written questions received by noon on 21 July 2021;

(c). Deputations – to consider any Deputations received including any received from full council. It is anticipated that the attached will be considered and referred from council on 15 July 2021 (copy attached)

Health & Wellbeing

6 FORMAL MEMBER INVOLVEMENT

To consider any of the following:

(a) Petitions;

(b) Written Questions;

(c) Letters;

(d) Notices of Motion

7 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

There will be a joint presentation at the actual public Board meeting by the Director of Public Health, the Executive Director of Adult Health and Social Care and the CCG updating on information provided at previous meetings and on the current situation in the city.

8 PRESENTATION - BRIEFING ON NHS WHITE PAPER

Joint presentation by Executive Director, Adult Health and Social Care and NHS Representatives

9 HEALTH & WELLBEING BOARD: NEW TERMS OF REFERENCE 33 - 48

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

Contact: *Giles Rossington* *Tel: 01273 295514*
Ward Affected: *All Wards*

10 ADULT LEARNING DISABILITY STRATEGY 2021-2026 49 - 114

Report of the Assistant Director, Health, SEN and Disability (copy attached)

Contact : Georgina Clarke-Green *Tel:01273 292257*
Ward Affected: *All Wards*

11 LEARNING DISABILITIES MORTALITY REVIEW LEDER) SUSSEX CCGS REPORT 2021 115 - 148

Report of Sussex CCGs Executive Director of Nursing, Quality and Safeguarding (copy attached)

Contact: Allison Cannon (CCG)
Ward Affected: All Wards

Health & Wellbeing

12 JOINT SRATEGIC NEEDS ASSESSMENT PROGRAMME UPDATE **149 - 154**

Report of the Director of Public Health (copy attached)

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

13 JOINT HEALTH AND WELLBEING STRATEGY OUTCOMES MEASURES **155 - 160**

Joint report of the Director of Public Health and the Executive Director, Adult Health and Social Care (copy attached)

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

WEBCASTING NOTICE

This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1998. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

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For further details and general enquiries about this meeting contact Democratic Services, 01273 2910656 or email democratic.services@brighton-hove.gov.uk

Health & Wellbeing

Public Involvement

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

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

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

An 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**.**

Health & Wellbeing

1. Procedural Business

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

(b) Declarations of Interest:

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

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

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

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

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

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

HEALTH AND WELLBEING BOARD	Agenda Item 2 Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 23 MARCH 2021

VIRTUAL VIA MICROSOFT TEAMS

MINUTES

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

Brighton and Hove CCG: Dr Andrew Hodson (Co-Deputy Chair), Mr Andrew Taylor and Ashley Scarff

Also in Attendance: 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

48 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

48(a) Apologies

48.1 Apologies were received from Lola Banjoko of the CCG, and Geoff Raw, Chief Executive of Brighton and Hove City Council.

48(b) Declarations of Substitutes, Interests and Exclusions

48.2 There were none.

48(c) Exclusion of Press and Public

48.3 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.

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

49 MINUTES

49.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 26 January 2021 as a correct record.

50 CHAIR'S COMMUNICATIONS

A Year of Lockdowns

50.1 The Chair, Councillor Shanks, explained that23 March marked a year since the first lockdown and to commemorate that there was to be a national day of reflection to think about those who have lost their lives to Covid and organised by the Marie Curie Foundation. In our City 449 people had died from Covid-19 and 126,000 nationally. It was appropriate to reflect on the sadness of the last year but also to champion the incredible efforts of key workers in our city. Whether it was in relation to food, transport, or health, many had worked to keep the city going. Thanks were due to everyone for everything they needed to continue to do to follow the guidance and keep Covid-19 cases low – and as we reflect its was vital that everyone kept up these efforts, to help prevent more deaths.

6-12 March Social Worker Week

50.2 The 6 – 12 March was Social Worker Week and provided the opportunity to acknowledge the important work Social Workers do. The social care workforce had made enormous sacrifices during the pandemic, primarily in terms of those who have lost their lives caring for others, but also in terms of the impact on the wellbeing of the workforce and their friends and families.

50.3 It has been a long year for everyone and all were looking forward to being able to meet our friends and family again, she was missing her own grandchildren especially. The Chair stated however that she had been lucky in that she had been able to work from home. The inequalities of the impact of Covid have exposed existing ineqaualties of heath wealth, race, status and made them worse. Basic needs of tackling deprivation and income inequality needed national action but locally everyone in the health and social care sector could do their best as our health and wellbeing strategy outlined but also by looking at how staff were paid to ensure they were adequately rewarded and were able to take time off if they needed to isolate.

Vaccinations

50.4 The Chair urged anyone who had already been offered their vaccination and had not yet taken it up to make an appointment as soon as possible. Anyone who was aged 50 or

over this may be lower by Tuesday, was at higher risk from coronavirus, or looked after those at higher risk, as well as frontline health & care workers could book on the national site.

Regular Sympton FreeTesting

50.5 Those who needed to leave home for work or to look after someone, or you who had children at school or nursery were encouraged to make regular symptom-free testing part of their weekly routine. Anyone who did not have access to a home test through their work or because they had school age children could book free appointment at pharmacies or test sites in the city.

Update on Knoll House Development

50.6 In January 2020 this Board had agreed that the preferred option for the Knoll House building was to look in detail at the cost and feasibility of developing supported housing for people with physical disabilities and brain injuries. Engagement with the local community had indicated that this was their preferred option too. This detailed work had been paused from March to October as the Covid-19 pandemic had put significant strain on Health & Adult Social Care resources and had resulted in the Council and CCG considering other emergency uses for the building. Brighton & Hove CCG had explored using the building as a dementia care unit and a step down from the hospital but concluded that the extensive work required to meet infection control and safety standards would be expensive and time consuming. The building therefore remained closed with a Guardian Scheme providing security and bringing a small income to the Council as the Guardians paid a fee to live in the property. In November 2020 the feasibility work had resumed and it had been planned to present a report to Health & Wellbeing Board at this meeting with the outcome and recommendations. This work had yet to be completed and would include looking at costs of both refurbishment and rebuild options. It was proposed that the presentation of the business case and recommendation will now go to the 8th June Health & Wellbeing Board and then onto the 8th July P&R Committee

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

51 FORMAL PUBLIC INVOLVEMENT

52 FORMAL MEMBER INVOLVEMENT

53 PRESENTATION - COVID RECOVERY PLAN STRATEGY AND UPDATE ON OUTBREAK CONTROL PLAN

53.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website) 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. Symptom free testing had expanded across the City with the following taking place:

4,000 tests per day - 70% are in schools, as they have fully reopened

This was picking up more asymptomatic cases - enabling them to self-isolate and break the chain of transmission.;

Following the week with the lowest case rate for 5 months, in the most recent week there had been a small increase in cases, accounted for by positive results following the expansion of LFD testing;

It was vital to note that every stage of the Government's roadmap would introduce social mixing and potentially increased risk highlighting the importance of social distancing and following the remaining restrictions;

The number of cases in residents aged 60+ remained low and the number of hospital inpatients was continuing to fall a positive impact of vaccination;

Following the peak in January, the number of deaths (Covid and all cause) had fallen and had built in resilience in the event of any future spikes in infection rates.

41.2 An update was also given regarding measures in place within the NHS and it was confirmed that robust measures were in place, that services were operating well within capacity and that there was confidence that any increases could be accommodated.

41.3 A summary was provided in respect of health and care settings and in relation to the ratio of service users to staff testing positive. The challenge was in finding the balance between enabling visits and protecting residents and staff. Whilst in recent weeks there had been fewer cases across the city it was too early to conclude that this represented a sustained downward trend as that decline was almost entirely attributable to fewer cases in young adults, explainable in part to fewer cases in students. Currently, the case rate was stable in working age and older adults, with cases associated with a wide range f settings and places with older people having being at higher risk of complications and hospital admissions. Therefore, the impact on the health and care system was significant. Lockdown presented an opportunity to drive down the R rate and to reduce and prevent pressure on health services and to maintain manageable infection levels.

41.4 It was also explained that local authorities were required to have Local Plans in place in order to respond to Covid as part of their existing duty for protecting the health of their population. The original plan had been published on 30 June 2020 and updated refreshed guidance had been published on 1 March 2021. All relevant partners had had input into and had agreed the plan. Key themes highlighted were:

Infection Prevention and Control;
Test Trace and Isolate;
Non-Pharmaceutical Intervention; and
Vaccination

41.5 **RESOLVED –** That the contents of the presentation be noted and received.

54 PRESENTATION - CHILDREN AND LEARNING- UPDATE ON IMPLEMENTATION OF THE CITY'S HEALTH AND WELLBEING STRATEGY

54.1 The Executive Director, Families, Children and Learning, Deb Austin, gave a presentation providing an update on implementation of the City's Health and Wellbeing Strategy.

54.2 It was explained that this dovetailed with the over-riding corporate strategy the stated aim of which was to provide everyone in Brighton and Hove with the opportunity to live a healthy, happy and fulfilling life. The Families, Children and Learning vision dovetailed with this by seeking to address disadvantage and deliver safe and whole family services which were inclusive, accessible and sought to improve outcomes. Covid had provided heightened awareness of health and wellbeing concerns/inequalities. There had also been an impact on progressing work, changes had needed to be made in order to focus on a reactive/emergency response.

54.3 After initial moves to providing most services on-line, essential services were now available on a face to face basis within government guidelines with a shift of some social work services providing more support to families around issues such as food or digital poverty.

54.4 Details were also given of the strategy outcomes being sought to meet the starting well and living well strategies. The early years provision including the delivery of family coaching and parent interventions in order to provide holistic whole family support for which there had been high demand during the pandemic. There was also a specialist adolescent service which included support around substance use and sexual health.

54.5 In meeting the living well strategy, structures were in place to support adults with learning difficulties into work, in the city this stood at 7.9% compared with the national average of 5.5%, this also supported the City Employment and Skills Plan. There was also a Care Leavers Pledge and provision of supported living to those to live outside of care homes. In Brighton this stood at 78.9% of adults being in settled accommodation when set against the national average of 77%.

54.6 Members welcomed the presentation and update which had been provided.

54.7 **RESOLVED –** That the contents of the presentation be noted and received.

Note: Councillor Clare, Children of the Young People, Learning and Skills Committee was in attendance to hear the presentation. Councillor Clare stated that she had welcomed the opportunity for a presentation to be given to the Board updating on work which had been undertaken and structures which were in place going forward.

55 HEALTH & WELLBEING BOARD REVIEW: PROPOSALS FOR AGREEMENT

55.1 The Committee considered a report of the Interim Executive Director of Health and Adult Social Care which presented proposals to improve the effectiveness of the Health & Wellbeing Board (HWB)

55.2 Under the Health & Social Care Act (2012) all local authorities with social care responsibilities had been required to establish Health & Wellbeing Boards (HWB). The 2012 Act (and subsequent Regulations) set out a legal 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 had evolved and over time it had become apparent that some models were more effective than others. Since 2019 the Brighton & Hove HWB had been working with the Local Government Association (LGA) to better understand good practice with regard to HWBs and it had become clear as a result of that work that there were aspects of the Brighton & Hove HWB model which needed to be changed and updated to reflect recent major developments in health and care in order to make it more effective and to better align it with best practice across England.

55.3. It was noted that the proposals being put forward for approval had been developed by BHCC officers in partnership with HWB member organisations and stakeholders across the city and that the review process had been supported by the Local Government Association (LGA). The review proposals had also been influenced by an online public consultation which had run during November/December 2020. It was explained that if approved by the Board, the proposed changes to the HWB membership and Terms of Reference would require amendment of the Council's Constitution and so would also need to be considered and agreed by Full Council. Insofar as the proposed changes could impact on partner organisations, they might also need to go through those organisations' governance processes.

55.4 The Assistant Director, Resources, Safeguarding and Performance explained that it was anticipated that further changes to the Membership of the Board and or the Adult Social Care and Public Health Sub-Committee would be required in response to the pending Government White Paper. Notwithstanding that, the proposals being put forward were considered to set the direction of future travel and to be suitably resilient and robust.

55.5 The Chair, Councillor Shanks welcomed the report commending the work of the previous Chair, Councillor Moonan who had supported the process in bringing these proposals to fruition.

55.6 Councillor Moonan welcomed the report and referred to specific points which she considered required to be made explicit or amplified upon going forward. In respect of paragraph 2.15 (bullet point 2), discussions had taken place at the Board Member meeting relating to shared focus work with identified communities, it was also important in her view to make explicit reference to addressing mental health issues. It was recognised that this would constitute a big area of work which would need to be focused on post Covid and would be integral to future wellbeing. In respect of references to those with learning disabilities if responsibilities and overarch for children and adults sat with different directorates it was important that was made clear. One thing which had also been evident was that it was unclear to those outside of the organisations which fed into the Board what its role was where it sat in relation the various Programme Board and how people accessed it. She considered an organogram which indicated the interconnection of these constituent parts and roles would be beneficial. Overall, Councillor Moonan considered that the proposals would affect the improvements identified and was very happy to support the report recommendations.

55.7 The Executive Director, Health and Adult Social Care, Rob Persey, explained which elements of Learning and Disability sat within the Directorate of Children, Families and

Learning and which sat within Adult Health and Social Care agreeing that these distinctions would be made explicit he also agreed that the focus on mental health would also be referred to explicitly. Thought could also be given to how the various roles, functions and the overlay between them could be expressed diagrammatically. These matters could certainly be form business for discussion at the first Engagement Board meeting.

55.8 The Senior Partnership and Scrutiny Officer, Giles Rossington, explained that it was recognised that work needed to be done in order raise awareness of the Board its role and the new Sub Committee, if the recommendations were agreed and means by which individuals and organisations could interface with it. This was a work in progress and it was recognised that further work was needed. It was agreed that the HWB and sub-committee Terms of Reference would be amended to reflect Cllr Moonan's points around mental health and around Learning Disability services; and that the point around being able to explain the local health & care system model in straightforward terms would be taken up by the HWB officer task & finish group as part of its work on improving engagement."

55.9 David Liley Healthwatch also welcomed the report and sought clarification of the route via which Healthwatch would bring forward reports in future and whether meetings would take place in public. The Chair, Councillor Shanks, stated that meetings of both the Board and the new Sub Committee would take place in public and issues could be brought forward in either forum. Additionally, workshop sessions would take place for Members. The Executive Director, Health and Adult Social Care, Rob Persey confirmed that meetings would follow the council's governance arrangements and would take place in public and would provide the opportunity for public engagement.

55.10 As there was no further discussion the Board moved to the vote and voted unanimously in support of the report recommendations.

55.11 **RESOLVED – That the Board agrees to recommend to full Council:**

(1) The revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**);

(2) The creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**); and

That the Board agrees

(3) To establish an officer task & finish group (to include NHS and CVS representatives) to report back to the Board with proposals to address the matters that were identified in the public consultation as set out at paragraph 2.18 of the report, in particular to improve public engagement with the Board.

That Full Council:

(4) Agrees the revised Terms of Reference for the Health & Wellbeing Board (**Appendix 1**);

(5) Agrees the creation of an Adult Social Care and Public Health Sub-Committee of the Health & Wellbeing Board (**Appendix 2**);

(6) Authorises the Chief Executive and Monitoring Officer to take all steps necessary or incidental to the implementation of the changes agreed, and that the Monitoring Officer be authorised to amend and re-publish the Council's constitutional documents to incorporate the changes; and

(7) That the proposed changes come into force immediately following their approval by Full Council.

56 RESPONDING TO THE CHILD SAFEGUARDING REVIEW PANEL "OUT OF ROUTINE" REPORT ON SUDDEN UNEXPECTED DEATHS IN INFANCY

56.1 The Board considered a report of the Director of Public Health which detailed the national report and local response to sudden unexpected death in infants.

56.2 It was explained that there was a strong body of evidence around the importance of addressing the factors which could contribute to sudden unexpected death in infants. This paper outlined a Sussex-wide response which encompassed a universal offer and targeted work with vulnerable families. The paper also outlined the work undertaken to date across Sussex on the ICON programme which focused on infant crying and coping strategies for parents and carers. Dr Jamie Carter Designated Doctor for Safeguarding Children for Brighton and Hove was in attendance and delivered a presentation to the Board detailing aspects of this paper.

56.3 Dr Carter explained that some babies were more at risk than others, male babies, babies under six months old and babies born pre-term or at a low birth weight and babies who had more contact with health services. The message of ICON was that infant crying was normal, a normal part of development, that babies were not doing this on purpose, that all parents could become stressed and to support parents in coping with their own emotions and stress. Parents were sent a strong message that you should never shake a baby and supported in developing strategies such as a crying plan which would include soothing and safe sleep techniques. Parents were encouraged to share ICON with anyone who cared for their baby.

56.4 Board Members thanked Dr Carter for his informative presentation.

56.5 **RESOLVED –** (1) That the Board notes the content of the report; and

(2) That the Board agrees this is a key message for all frontline practitioners working with parents, carers and families and should be 'Everybody's Business'.

57 A GOOD SEND-OFF'? PATIENTS' AND FAMILIES' EXPERIENCES OF END OF LIFE CARE REPORT RESPONSE, MARCH 2021

57.1 The Board considered a joint report of the Head of Integration, Clinical Lead and Manager, Community Services at the CCG prepared in response to the Healthwatch report entitled "A Good Send Off" which had been published in September 2020 which had reported on the experiences of people receiving end of life care at the Royal Sussex County Hospital.

57.2 Healthwatch had talked to 15 patients on the Oncology Ward at the Royal Sussex County Hospital about their discharge from hospital between November 2019 and January 2020 and followed up with them once discharged. Though a relatively small sample of patients, many issues emerged. The report had suggested that End of Life care was not found to be a dignified and well-arranged experience for many, and the sensitivity and dignity of individual care planning that was expected was not always provided. Healthwatch's recommendations were accepted in full by the NHS with a pledge to improve the care pathway and correct elements of personal insensitivity and absence of coordinated planning that were found. Central to this ongoing development. These actions also helped inform the 'dying well' element of Brighton & Hove Joint Health and Well-being strategy, with further engagement supporting the need to develop End of Life care. An update on the response to these recommendations is now being presented to the Brighton and Hove Health and Well-being Board at their request.

57.3 Following the initial report Brighton and Hove CCG had reviewed the recommendations in conjunction with Brighton and Sussex Hospital Trust (BSUH), Brighton and Hove City Council (BHCC), and Healthwatch and developed a response plan. Since the publication of the 'A Good Send-off?' report, the Brighton and Hove healthcare system has actively developed support around end of life patients, with a focus on improving personalised care planning and keeping people out of hospital. The impact of the Covid 19 pandemic both in terms of the immediate impact and potential longer-term implications and learning have been There has been input into both this paper and the review of actions in response to the Healthwatch report from Brighton and Hove City Council and Brighton and Sussex Hospital Trust as well as Brighton and Hove CCG.

57.4 A presentation was given detailing the work which had been undertaken and outlining the given and David Liley of Healthwatch stated that Healthwatch had welcomed the approach which had been taken by the CCG in addressing the issues which had been raised.

57.5 **RESOLVED –** That the Board notes the update from Brighton and Hove CCG on responding to the Healthwatch report "A Good Send-off?"

The meeting concluded at 7.02pm

Signed Chair

Dated this day of

HEALTH AND WELLBEING BOARD	Agenda Item 3 Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & PUBLIC HEALTH SUB-COMMITTEE

4.00pm 8 JUNE 2021

HOVE TOWN HALL - COUNCIL CHAMBER

MINUTES

Present: Councillor Shanks, Fowler (Opposition Spokesperson) and Mears (Group Spokesperson)

Other Members present: Councillors

PART ONE

1 PROCEDURAL BUSINESS

Arrangements for This Meeting

Before proceeding to the formal business of the meeting, the Chair Councillor Shanks, explained that in line with current Government guidance this would be a hybrid meeting. The debate and decision making would rest with the 3 Members who were in attendance in the Chamber.

1(a) Declaration of Substitutes

1.1 It was noted that Councillor Shanks, the Deputy Chair, would be Chairing the meeting in place of Councillor Nield

1(b) Declarations of Interests

1.2 There were none.

1(c) Exclusion of Press and Public

1.3 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.

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

2 CHAIR'S COMMUNICATIONS

Chair's Welcome

2.1 The Chair welcomed everyone to this the first meeting of the new Adult Social Care & Public Health Sub Committee.

Carer's Week

2.2 The Chair went on to explain that this week was Carers Week, and that she wanted to take the opportunity to say a massive thank you to all of who looked after someone. Unpaid carers were not only a lifeline to the people they looked after but also vital to our health and care services. Many had taken on more responsibilities due to Covid, and others were looking after family or friends now that weren't before. It was a rewarding experience, but it was also tough. In Brighton & Hove we were lucky to have great support from the Carers Hub and she invited any who felt they needed information and support to get in touch.

2.3 **RESOLVED –** That the Chair's Communications be noted and received.

3 CALL-OVER

3.1 All items appearing on the agenda were called for discussion.

4 PUBLIC INVOLVEMENT

4a Petition(s)

Call for Government to Publicly Fund Research into Complimentary and Alternative Medicine

4.1 It was noted that 1 petition had been received from Mr John Kapp set out on page 7 of the agenda and below:

"We the undersigned petition Brighton & Hove Council to Send the following petition to the prime minister for the D10 summit in June. We, the undersigned, welcome the governments of the world decision to follow the science, and call on them to reduce health inequalities by publicly funding research into interventions that use psychical effects, (psi) complementary and alternative medicine (cam) indigenous systems of shamanic medicine, Indian Ayurveda, traditional Chinese medicine, and other drug free interventions that prevent and alleviate suffering, and call for those treatments that are

found to be evidence-based to be integrated into public healthcare systems, and funded so that no patients are excluded by inability to pay." (2 signatures)

"This is part of a worldwide movement to shift the materialist paradigm to the holistic one, and the medical model to the bio psych social one, see http://www.aapsglobal.com"

4.2 The Chair, Councillor Shanks, invited Mr Kapp to present his petition following which she responded in the following terms:

4.3 Mr Kapp was thanked for his petition, the contents of which were noted. This was a matter which it would be more appropriate for further consideration by the Health and Wellbeing Board and a report covering these areas was due to be considered by that body later in the year.

4.4 **RESOLVED –** That the petition and the Chair's response to it be noted and received.

4b Written Questions

4.5 There were none.

4c Deputations

4.6 There were none.

5 MEMBER INVOLVEMENT

5.1 There were no items.

6 RE-COMMISSIONING OF HEALTHWATCH SERVICES

6.1 The Sub-Committee considered a report of the Executive Director for Housing, Neighbourhoods and Communities seeking the Committees' approval to re-commission a Healthwatch service for Brighton and Hove.

6.2 The context for this decision was set out in the report and it was explained that the Council had a statutory responsibility to have in place a Local Healthwatch service and was required by law to establish a contractual agreement (grant or contract) with a social enterprise that delivered Healthwatch activities. The current contract was due to expire on 31 March 2021 to the existing supplier (Healthwatch Brighton & Hove). A further waiver was granted in 2020 to facilitate the extension the current two year contract with the existing provider Healthwatch Brighton and Hove CIC from 1 April 2021 to 31 March 2022. This had been done to ensure delivery of Healthwatch services were maintained during the Covid 19 pandemic, to reduce the work impact on Healthwatch staff and volunteers and to maintain a period of stability whilst the national emergency continued and future recovery took place. The current provider, Healthwatch provider, Healthwatch Brighton and Hove CIC had a good reputation in the city, performed well through the contract management reporting and was well regarded by Healthwatch England.

6.3 Councillor Mears sought clarification regarding where the costs of paying for this service lay ultimately, why this matter lay with this particular sub committee and clarity around the implications of the option referred to in paragraph 2.1 of the report. The Executive Director for Health and Adult Social Care, Rob Persey, explained that services were funded via a grant from central government received by the Communities Team. The ramifications of the different options were explained and it was also explained that if the council made a grant to the organisation

6.4 Councillor Fowler stated that given that Healthwatch Brighton CIC had performed well and continued to do so, her preference would be to award a three year contract to them. The Chair, Councillor Shanks concurred in that view. Councillor Mears preference was to pursue the option set out in paragraph 2.1. A vote was taken and on a vote to 2 to 1 Members voted to award a three year contract to Healthwatch.

6.5 **RESOLVED –** That the Sub Committee instructs the Executive Director for Housing, Neighbourhoods and Communities to direct award a three year contract to Healthwatch Brighton and Hove CIC for the provision of local Healthwatch services.

7 COMMUNITY EQUIPMENT SERVICE CONTRACT EXTENSION

7.1 The Sub Committee considered a report of the Executive Director for Health and Adult Social Care seeking agreement to extend the contract for the provision of the Brighton and Hove Integrated Community Equipment Service for a further 6 months until March 2023. The contract was currently scheduled to end on 30 September 2022 and Officers were seeking to extend it until 31 March 2023.

7.3 It was explained in answer to questions that the extension was required in order to enable a full commissioning process and to enable the exploration of contractual alignment and joint commissioning with other parties, including neighbouring local authorities, Clinical Commissioning Groups and NHS Foundation Trusts. The Integrated Community Equipment Service contract provided for delivery, installation, collection, maintenance, repair and recycling of a range of health and social care equipment and minor adaptations such as stair rails, external rails and other fixed items. The service was available to people with physical and sensory impairments of all ages, including children.

7.4 Councillor Mears stated that whilst she considered it unfortunate that this contract would now be due for renewal in shortly before to the next local council election she accepted the rationale for it and supported the recommendations.

7.5 **RESOLVED -** That authority to extend the Contract until the 31st of March 2023 is granted to the Executive Director of Health and Adult Social Care.

8 MENTAL HEALTH SUPPORTED ACCOMMODATION PROCUREMENT

8.1 The Sub Committee considered a report of the Executive Director for Health and Adult Social Care seeking approval to proceed with a join BHCC and CCG procurement process. Following approval at the Procurement Advisory Board on 19 April 2021 this paper provided an overview of the proposed Mental Health Supported accommodation

remodel and re-procurement and sought approval to proceed with that procurement process.

8.2 Details of the current model, analysis and consideration of any alternative options and community engagement and consultation and proposed model were set out in the report. It was explained that if approved Brighton and Hove City Council and the CCG intended to develop a new supported accommodation pathway to address some of the issues identified.

8.3 Councillor Mears sought clarification regarding it was intended to accommodate those in need of this service in the city and if not, how far away it was likely to be provided. She was concerned that the cost of providing accommodation in the city could be very expensive, relocating at some distance from the city also had implications and that the council's own allocation process could be accommodated. The Executive Director, Rob Persey, explained that provision would hinge on availability of accommodation and cost it was preferred that accommodation be procured in the city. A presentation would be made and additional market engagement would take place with local providers in order to test and gauge the issues identified before going to market.

8.4 **RESOLVED -** That the Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to

(i) Procure and award contracts for five (5) years for the provision of a joint mental health supported accommodation pathway with a council contribution of £330,000.00 per annum.

(ii) to approve an extension to the contract referred to in 2.1(i) for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

9 SUPPORTED HOUSING FOR PEOPLE WITH PHYSICAL DISABILITIES ON KNOLL HOUSE SITE

9.1 The Sub Committee considered a report of the Executive Director of Health and Adult Social Care setting out proposed options for the future use of Knoll House Resource Centre.

9.2 It was noted that the Care Act placed a duty on local authorities to provide accommodation and support where needed and people with physical disabilities and brain injuries wanted to be able to live at home for as long as they possibly could with good quality care and support available to help them do this.. This report provided a summary of, and linked to, the Knoll Supported Housing Business Case which sets out the need to create 27 Supported Housing flats with care on site to prevent 28 people from having to move out of the area or into residential care and to provide opportunities for people to come back to the city.

9.3 Currently only 10 units of wheelchair accessible supported housing were available for people with physical disabilities and or brain injuries in the city. It was anticipated that by 2030 there would be more than 1.047 people with moderate to serious disabilities and

personal care needs and that this would include more than 580 people with serious disabilities. Currently the city placed 55% more people in residential care than other areas and spent more on average per week. People with an average age of 55 were being placed in care homes for older people or out of the area in care homes or supported housing. It was recommended that the existing care home be demolished and that a 3 storey supported housing service block be provided containing 27 flats. The rationale for the recommendations and details of consideration given to alternative options was set depth.

9.4 Councillor Mears stated that although the report referred to the site being located in Hangleton and Knoll Ward it was in fact in Wish Ward. Councillor Mears also sought confirmation regarding how the scheme would be funded and what if any proportion would be funded from the General Fund and whether any element of it would be funded from Housing budgets. Councillor Mears referred to the Brook Mead Development which had run over budget and sought reassurance that sufficiently robust arrangements were in place to ensure that this did not occur in this instance. The Executive Director, Rob Persey, confirmed that the option proposed had been fully evaluated and had factored in experience gained from past schemes.

9.5 Councillor Mears also asked for clarification of the level of consultation which had taken place with neighbouring residents bearing in mind that the site was surrounded by residential blocks. It was explained that engagement about the preferred option had taken place with residents 2 years previously prior to the closure of the existing unit and that they had been kept apprised of the on-going situation as had Local Ward Councillors.

9.6 The Chair, Councillor Shanks, confirmed that she was aware of the detailed discussions which had taken place and the level of engagement which had occurred.

9.7 Councillor Fowler referred to the area of land which surrounded the building and asked whether local residents had been consulted regarding any future use of that. The Chair stated that she was aware that this area had not been in use for some time.

9.8 Councillor Mears stated that she considered that it would be appropriate for a more detailed map/plan to be provided which showed the proposed scheme in relation to the neighbouring residential development which included sheltered housing and absolute clarity regarding how the scheme would be funded. The scheme as presented now had clearly moved on considerably from what had originally been envisaged, it was complex and she queried whether it would be appropriate to defer decision making in order for further consultation to take place.

9.9 The other Members of the Sub Committee in attendance were of the view that it would not be appropriate to defer decision making in view of the need to secure funding for the scheme and to deliver it within the timeframe identified. They were of the view however that it would be beneficial for Members of the Policy and Resources Committee to be offered the opportunity to visit the site in advance of the report being considered by that Committee.

9.10 The Chair thanked everyone for their comments and then put the recommendations to the vote.

9.11- **RESOLVED –** That the Adult Social Care and Public Health Sub Committee:

(1) Recommend to Policy & Resources that it approves the preferred option to demolish and build a 3-storey Supported Housing service on the site of the Knoll House care home;

(2) Recommend that Policy & Resources Committee agree a capital programme budget up to a maximum of £9.370m for the delivery of a Supported Housing service to be financed by capital borrowing and a Homes England bid (or the difference between £9.37mm and the sum released by Homes England);

(3) Recommend that Policy & Resources Committee delegate authority to the Executive Director of Health and Adult Social Care (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:
(i) The demolition of the existing building;
(ii) The Design and Build operations required to complete the development of the Supported Housing service at Knoll House as described in this report; and
(iii) The housing management, repairs and maintenance function.

Policy & Resources Committee

That Policy & Resources Committee RESOLVE:

(1) Approve the preferred option to demolish and build a 3-storey Supported Housing service on the site of the Knoll House care home;

(2) Agree a capital programme budget up to a maximum of £9.370m for the delivery of a Supported Housing service to be financed through capital borrowing and a Homes England bid. (or the difference between £9.370m and the sum released by Homes England);

(3) Delegate authority to the Executive Director of Health and Adult Social Care (in consultation with the Executive Director Finance & Resources) to enter into the necessary contracts (including with a development partner as necessary) to secure:
(i) The demolition of the existing building;
(ii) The Design and Build operations required to complete the development of the Supported Housing service at Knoll House as described in this report; and
(iii) The housing management, repairs and maintenance function

10 ITEMS REFERRED FOR COUNCIL

11 KNOLL HOUSE - EXEMPT CATEGORY 3

12 PART TWO PROCEEDINGS

The meeting concluded at 5.10pm

Signed Chair

Dated this day of

HEALTH AND WELLBEING BOARD	Agenda Item 5 (c)(i) Brighton & Hove City Council

Subject:		**Deputation – Integrated Care System**
Date of Meeting:		**27 July 2021**
Report of:		**Executive Lead for Strategy, Governance & Law**
Contact Officer:	**Name:**	**Penny Jennings** **Tel: 29-1065**
	email:	**penny.jennings@brighton-hove.gov.uk**
Wards Affected:	**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT:

1.1 Under the Council's Procedural Rules a Deputation may be presented to an appropriate Committee meeting for consideration.

2. RECOMMENDATIONS:

2.1 That the Committee either

(a) Notes the deputation; or

(b) Notes the deputation and calls for an officer report on the issues raised by the deputation.

3. CONTEXT/ BACKGROUND INFORMATION:

3.1 A copy of the deputation is attached to the report as appendix 1.

4. ANALYSIS & CONSIDERATION OF ALTERNATIVE OPTIONS:

4.1 The Procedural Rules states that 'the lead spokesperson will receive written confirmation of the response given to the deputation and that the signatories to the deputation will be invited to attend the meeting and will be permitted 5 minutes speaking time in total.

SUPPORTING DOCUMENTATION

Appendices:

1. Deputation and supporting information.

Deputation ??
Spokesperson – ??

Sussex Defend the NHS

Integrated Care Systems: What we can discern so far

References to the D of H&SC recent White Paper are identified thus *5.6*, *in italics*.

1. The end of a health service driven by patient demand. Under ICS, health services will be to limited by allocated financial totals.
2. The clear purpose is to bear down on cost. Control of funding is central to the idea of an ICS, see Supporting Note A.
3. Deficits currently accrued by hospital trusts owing to recent underfunding won't be possible; hospitals will be forced to limit its work to allocated funding.
4. ICSs are based on US Accountable Care. Despite claiming to 'integrate' health and social care services for the benefit of patients there is little explanation of integration or how it's to be achieved in the White Paper.
5. White Paper news headlines claimed an end to privatisation (see Supporting Note C). On the contrary, the Health Services Support Framework allows ICSs to contract without tender with hundreds of private firms (see Supporting Note B).
6. Commissioning will be removed from the scope of Public Contracts Regulations 2015. This law ensures the inclusion of social, ethical and environmental aspects, implying the move from a regulated to an unregulated market. *5.46 – 7*.
7. There will be a Sussex-wide ICS NHS body and a separate ICS Health and Care Partnership. With CCGs will be abolished the ICS NHS body will be the sole commissioner. Its board will comprise a chair, a CEO, representatives from trusts and General Practice and local authorities. The board can appoint others, for example management consultants and executives from private firms but not members of the public it serves. *5.6 – 5.8 and 618 – 6.22.*
8. Local authorities will lose the power to refer health issues to "avoid creating conflicts of interest" *5.84.*
9. Exact local authority representation on the ICS NHS body isn't specified in the White Paper.
10. The ICS Health and Care Partnership with promote planning for health and social care needs, members drawn from local H&WB Boards etc.*6.20.*
11. There's no patient involvement in the provision of health services. The ICS NHS body will operate in secret, will be under no obligation to hold meetings in public, or to publish minutes.
12. The ICS will be to seek opportunities to bear down on costs, likely achieved by –
    a. Limitation to the range of health services under the NHS. Already certain procedures are now denied under the NHS. (see Supporting note D). This is likely to be extended. Denial of care will become commonplace.
    b. Rationing of care, when an allocated budget for a procedure is exhausted.
    c. Diverting patients into cheaper procedures. (see Supporting Note E)
    d. Extending care at home as an alternative to hospital care.
    e. Using technology as an alternative to face-to-face consultations and widespread use of lower level of medical qualified clinician (see Supporting Note F).
13. An ICS will be allowed to "negotiate" local terms and conditions of their workers' employment, the Agenda for Change is likely to be under threat.
14. Professional regulation is certain to be under attack. The Secretary of State will have the power to "remove a profession from regulation" *(5.154)* and will be able to "abolish a regulator by secondary legislation" *(5.155).*

Supporting Notes

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A. The annual NHS budget is a large spend at around £130 billion. However UK spent the least per capita on healthcare in 2017 when compared with Australia, Canada, Denmark, France, Germany, the Netherlands, Sweden, Switzerland, and the US. The taxation burden is lower too. https://www.bmj.com/content/367/bmj.l6326
B. The Health Services Support Framework is a list of accredited mainly private companies that an ICS can contract with, under specified purposes. Click on each Lot in https://www.england.nhs.uk/hssf/use-framework/ to see each list, many US based.
C. Section 75 of the Health and Social Care Act 2012 is to be abolished, commissioners will no longer have to offer contracts to tender. However, under new legislation ICSs can contract without open tender to private firms listed in the HSSF, see Note B above.
D. The medical services recently excluded can be found by searching for "Sussex CCG Clinically Effective Commissioning Programme".
E. Just as currently GP referrals to hospitals are interrupted into less-costly alternatives, e.g. physiotherapy, so an ICS will extend alternative referral pathways in pursuit of cost cutting.
F. The necessity of pandemic social distancing has introduced widespread use of phone consultations in both primary and secondary care, also introduced has been the electronic transfer of photos to clinicians to assist diagnosis. An ICS is certain to extend technological innovation, particularly where it cut costs, irrespective of whether it serves its public better.

D of HSC White Paper
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

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: Health & Wellbeing Board: New Terms of Reference Date of Meeting: 27 July 2021 Report of: Executive Director, Health & Adult Social Care Contact: Giles Rossington, Senior Policy, partnerships & Scrutiny Officers Tel: 01273 5514 Email: giles.rossington@brighton-hove.gov.uk Wards Affected: All **FOR GENERAL RELEASE**
Executive Summary Following a review of the Health & Wellbeing Board (HWB), new Board Terms of Reference (ToR) were agreed at the March 2021 HWB and at March 2021 Full Council. The new ToR are presented here for information.
Glossary of Terms UHS: University Hospitals Sussex NHS Foundation Trust SCFT: Sussex Community NHS Foundation Trust

1. Decisions, recommendations and any options

1.1 That the Board notes the new HWB Terms of Reference (**appendix 1**)

2. Relevant information

2.1 A review of the operation of Brighton & Hove Health & Wellbeing Board (HWB) was undertaken from 2019 to 2021. The review was supported by the Local Government Association (LGA), with input from key partners, stakeholders and local residents (via an online consultation in late 2020).

2.2 Proposals to improve the effectiveness of the HWB were agreed by the Board at its March 2021 meeting and subsequently by Brighton & Hove City Council Full Council (HWBs are committees of the Local Authority, so changes in their Terms of Reference require approval by the relevant Council). The revised Terms of Reference are included in this report for information (**appendix 1**).

2.3 In brief, there are two significant areas of change:

2.3.1 Membership.

The membership of the HWB has been broadened to include NHS provider Trusts as voting members and local Community & Voluntary Sector (CVS) representatives as non-voting members. The new member organisations are:

- University Hospitals Sussex NHS Foundation Trust: 1 voting member
- Sussex Partnership NHS Foundation Trust: 1 voting member
- Sussex Community NHS Foundation Trust: 1 voting member
- Community & Voluntary Sector: 2 non-voting members.

Clinical Commissioning Group representation on the Board has been reduced from five to two voting members in order to accommodate the additional NHS provider representatives without disturbing the voting balance of the Board.

This move is intended to provide a broader HWB membership which better reflects increased partnership working within the modern health and care system.

2.3.2 BHCC decision-making. Previously, the HWB was responsible for BHCC decisions relating to adult social care, public health, and children's care

services (the latter jointly with the BHCC Children, Young People & Skills Committee: CYPS). A new BHCC Adult Social Care & Public Health Sub-Committee has now been created. This will take the bulk of Council adult social care and public health decisions, with children's care decisions reverting to CYPS.

This change will allow the HWB to focus on strategic issues.

2.4 A HWB Development task & finish group has also been established, with membership from BHCC adult social care, public health, the NHS and the CVS. The group will make recommendations to the Board on further development opportunities: e.g. around public engagement; developing a Board training/seminar programme; developing plans for joint agenda-setting. There will be a report to the HWB at its November 2021 meeting.

3. Important considerations and implications

Legal:

3.1 The Health and Social Care Act 2012 section 194 (Establishment of Health and Wellbeing Boards) dictates that the Board is a committee of the local authority which established it and is to be treated as if it were a committee appointed by that authority (subsection 11). The Local Authority's constitution within its Procedure Rules for Meetings of Full Council, Committees and Sub-Committees at Part 3 provides for the Terms of Reference of Committees to be agreed or amended by Full Council.

Lawyer consulted: Nicole Mouton Date:05/07/2021

Finance:

3.1 There are no direct implications arising from this report. Any costs such as officer time required to implement the operational changes will be met within existing resources.

Finance Officer consulted: Sophie Warburton Date: 07/07/2021

Equalities:

3.2 The changes to HWB membership will allow for more effective involvement in the HWB from organisations with expertise in issues which impact on protected groups (e.g. NHS providers), and from Community & Voluntary sector organisations which provide support to and lobby on behalf of protected groups.

Sustainability:

3.3 The review sought to have at worst a net zero impact on the number of meetings in public required, and this has been achieved (e.g. previously six HWB meetings p.a.; now three HWB meetings and three ASCPH sub-committee meetings).

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

3.4 None identified that are not included in the main body of the report.

Supporting documents and information

Appendix1: New HWB Terms of Reference
Appendix 2: ASCPH Sub-Committee Terms of Reference

HEALTH & WELLBEING BOARD TERMS OF REFERENCE

Explanatory Note

The Health & Wellbeing Board (HWB) is established as a Committee of the Council pursuant to Section 194 of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

Purpose:

The Brighton & Hove Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Brighton & Hove and reduce health inequalities through:

- Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities;
- Developing a shared focus on the most vulnerable local residents, including Black and minority ethnic communities, people with disabilities, LBGTQ communities, people experiencing mental health problems, and older people;
- Providing system leadership to secure collaboration to meet these needs more effectively;
- Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate;
- Recognising the impact of the wider determinants of health on health and wellbeing;
- Involving patient and service user representatives and councillors in commissioning decisions.

The HWB is responsible for the co-ordinated delivery of services across adult social care and public health. This includes decision making in relation to adult social care and health services.

Composition

<u>Voting members</u>

5 elected Members
2 CCG representatives
One representative of Brighton & Sussex University Hospitals NHS Trust (or its successor organisation)
One representative of Sussex Partnership NHS Foundation Trust
One representative of Sussex Community NHS Foundation Trust

<u>Non-voting members</u>
Representative from HealthWatch Brighton & Hove

Representative from NHS England
Executive Director Families, Children and Learning
Executive Director Health and Adult Social Care
Director of Public Health
Chief Executive, Brighton & Hove City Council
One representative from Children's Local Safeguarding Partnership
Two representatives from the Community & Voluntary Sector
Chair of Safeguarding Adults Board

Quorum

At each meeting, the quorum requirement is at least two voting members from the NHS and two voting members from the Council.

Chair and Deputy Chairs and Substitutes

The Board will be chaired by a member of the Council. One Deputy Chair will be appointed by the CCG and one by the Council.

Council Procedure Rule 18 in relation to the appointment of substitutes will apply to the voting Council members of the Board. For non-Council members of the Board, each Board member can nominate up to 3 substitutes and any one of those named substitutes can attend a Board meeting in their place. Substitutes must be from the same organisation/ sector as the Board member and be of sufficient seniority and empowered by the relevant organisation/sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.

Voting arrangements

It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote.

The Chair of the Board shall have a second or casting vote.

Delegated Functions

General

1. To provide system leadership relating to the health and wellbeing of the people who live, work and visit Brighton & Hove;

2. To promote integration and joint working in health and social care services across the City in order to improve the health and wellbeing of the people of Brighton & Hove;

3. To lead the health & care recovery responses to the Covid 19 emergency.

4. To oversee local Covid Outbreak Control Planning, including acting as the Local Engagement Group for local outbreak communications.

5. To work 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.

6. To approve and publish the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment for the City;

7. To approve and publish a Joint Health & Wellbeing Strategy (JHWS) for the City, monitoring the outcomes goals set out in the JHWS and using its authority to develop Health and Wellbeing Board joint commissioning priorities which support the delivery of the Health and Wellbeing Strategy.

8. To consider the Clinical Commissioning Group's draft annual commissioning plan and to respond with its opinion as to whether the draft commissioning plan takes proper account of the relevant Joint Health and Wellbeing Strategy;

9. Where considered appropriate by the HWB, to refer its opinion on the CCG annual commissioning plan to the National Health Service Commissioning Board and to provide the CCG with a copy of this referral;

10. To monitor the CCG's Commissioning Plan and any HWB joint commissioning priorities;

11. To oversee and performance manage the planning and delivery of the Better Care Fund.

12. To receive the Local Safeguarding Children's Board's Annual Report for comment; and also the Adults Annual Safeguarding Report;

13. To involve stakeholders, users and the public in quality of life issues and health and wellbeing choices, by

    - communicating and explaining the JHW Strategy;
    - developing and implementing a Communications and Engagement Strategy;

14. To represent Brighton & Hove on health and wellbeing issues at all levels, influencing and negotiating on behalf of the members of the Board and working closely with the local HealthWatch;

15. To appoint members to the Board in compliance with relevant legislation and guidance;

16. To operate in accordance with the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013;

17. To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Health and Wellbeing Board.

18. To establish one or more sub-committees to carry out any functions delegated to it by the Board

19. To Establish one or more time limited task and finish groups to carry out work on behalf of the Board.

20. Better Care Fund

To discharge all functions relating to the better care fund that are required or permitted by law to be exercised by the Health and Wellbeing Board, including

(a) to agree the strategic planning;

(b) manage the pooled budget;

(c) oversee and performance manage the planning as well as the practical and financial implementation of the fund.

21. Adult Social Services

(a) To exercise the social services and health functions of the Council in respect of adults;

(b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;

(c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

22. **Public Health**

To exercise the Council's functions in respect of public health, including but not limited to:

- sexual health;
- physical activity, obesity, and tobacco control programmes;
- prevention and early detection;
- immunisation;
- mental health;
- NHS Healthcheck and workplace health programmes;

- dental public health;
- social exclusion;
- seasonal mortality.

To exercise any other functions which transferred to the Council under the Health and Social Care Act 2012.

23. **Partnership with the Health Service**

(a) To exercise the Council's functions under or in connection with the adult services partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 ("the section 75 Agreements").

(b) To exercise the Council's functions under or in connection with the children and young people's partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 ("the section 75 Agreements") to the extent they are in force;

24. **Learning Disabilities**

To discharge the Council's functions regarding learning disabilities.

Referred functions

25. The Board shall have referred functions relating to any matter that has implications for the health and wellbeing of the City.

Reserved matters

26. The following matters will be reserved from the delegations to the Board or its Sub-Committees:

- Final decisions on any matters that are reserved to full council or the CCG by law and cannot be delegated;
- Final decisions on matters reserved to full Council under the Council's Budget and Policy framework
- Matters that have corporate budgetary or policy implications that go beyond health and wellbeing
- The externalisation (outsourcing) or bringing in-house of any Council services (which shall be referred to the Policy & Resources Committee for final decision.)

Meeting arrangements

It is expected that the Board will meet up to 3 times per annum. The Chair of the Board, following consultation with the Deputy Chairs, can convene special meetings of the Board as appropriate.

All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.

To the extent that these Terms of Reference conflict with or differ from Council Procedure Rules, theses Terms of Reference set out above shall apply.

HEALTH AND WELLBEING BOARD
BRIGHTON & HOVE COUNCIL ADULT SOCIAL CARE AND PUBLIC HEALTH SUB-COMMITTEE

TERMS OF REFERENCE

Explanatory Note

The Brighton & Hove Council Adult Social Care and Public Health Sub-Committee is established as a sub-committee of the Brighton & Hove Health & Wellbeing Board pursuant to s102 4B of the Local Government Act 1972 (as modified by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).

Purpose

The purpose of the Brighton & Hove Council Adult Social Care and Public Health Sub-Committee is to discharge the functions of Brighton & Hove City Council in relation to adult social care, learning disabilities and public health.

Composition

The sub committee will consist of 5 Members (who it is expected will be the BHCC 5 elected members of the Health and Wellbeing Board)

Delegated Functions

1. Adult Social Services

(a) To exercise the social services and health functions of the Council in respect of adults;

(b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;

(c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

2. Public Health

To exercise the Council's functions in respect of public health, including but not limited to:

- sexual health
- physical activity, obesity, and tobacco control programmes
- prevention and early detection
- immunisation
- mental health
- NHS Healthcheck and workplace health programmes

- dental public health
- social exclusion
- seasonal mortality.

To receive reports from relevant programme boards and related multi-sector committees with a remit for public health in order to inform the Health and Wellbeing Strategy including: the Alcohol Programme Board, the Substance Misuse Programme Board, the Healthy Weight Programme Board and the Sexual Health Programme Board.

3. Partnership with the Health Service

To exercise the Council's functions under or in connection with the partnership arrangements made with health bodies pursuant to Section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 to the extent they are in force.

To take funding decisions relating to the Council's contribution to the pooled fund established by the Better Care Fund Section 75 Agreement;

4. Learning Disabilities

To discharge the Council's functions regarding the commissioning of adult Learning Disability services.

5. General

To exercise any other functions which transferred to the Council under the Health and Social Care Act 2012.

Minutes of Sub-Committee meetings

The Health and Wellbeing Board will be informed of the Sub-Committee's decision by the inclusion on its agenda of the minutes of the Sub-Committee's meetings.

Meetings

It is expected that the Adult Social Care and Public Health Sub-Committee will meet up to three times per annum. Special meetings of the Brighton & Hove Council Health and Wellbeing Sub-Committee may be called by the Chair, following consultation with the Deputy Chair, if a decision is required urgently.

It is expected that the Chair will be the Lead Member for Adult Social Care and Health and Deputy Chair will be the Chair of the Health and Wellbeing Board.

The chair of the meeting will have a second or casting vote.

Item 10

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:	Adult Learning Disability Strategy 2021-2026
Date of Meeting:	27th July 2021
Report of:	Georgina Clarke-Green, Assistant Director for Health, SEN & Disability
Email:	Georgina.ClarkeGreen@brighton-hove.gov.uk
Wards Affected:	All Wards

FOR GENERAL RELEASE

Executive Summary

The city's current Adult Learning Disability strategy expired at the end of 2019. Therefore, it is a time to produce a new, ambitious Adult Learning Disability Strategy for the city.

The purpose of the strategy is to deliver on a city-wide agreed vision for the commissioning and delivery of Adult Learning Disability services, providing a framework against which provision can be measured and improved. The strategy has been co-produced across a range of local partners and stakeholders; including Adults with Learning Disabilities and their families, Local Authority colleagues, Social Care Providers, the Clinical Commissioning Group (CCG) Sussex Partnership Foundation Trust (SPFT), Speak Out, The Carers Centre, PaCC and Amaze.

The strategy is being presented to the board for approval because of the significant health elements embedded within the strategy that affect adults who have learning disabilities.

Glossary of Terms

DMT	Departmental Team Meeting
LD	Learning Disability
LDPB	Learning Disability Partnership Board
PaCC	Parent and Carer Council
LA	Local Authority
CCG	Clinical Commissioning Group
SPFT	Sussex Partnership Foundation Trust
NHS	National Health Service
TDC	Trust for Developing Communities
SEND	Special Educational Needs and Disabilities

1. Decisions, recommendations, and any options

1.1 That the Health and Wellbeing Board approves the Adult Learning Disability Strategy 2021-2026.

2. Relevant information

2.1 Key to the development of the strategy was engagement and consultation with all key stakeholders and members of the Learning Disability Partnership Board (LDPB). This included listening to the views of Adults with Learning Disabilities and their families, Social Care Providers, the Local Authority, Clinical Commissioning Group (CCG) Sussex Partnership Foundation Trust (SPFT), Speak Out, The Carers Centre, PaCC and Amaze.

2.2 Speak Out an independent advocacy service for adults with learning disabilities in the city chair the LDPB with adults with learning disabilities from their link group. It is a strategic partnership made up of representatives from a range of stakeholders in the city to provide an opportunity to come together on a quarterly basis to inform and drive forward changes and improvements needed to services in the city for adults with learning disabilities.

2.3 Engagement and consultation to develop the new strategy was carried out through a range of events and activities:

- A review of the success and areas of development of the previous Learning Disability strategy
- A review of the engagement and consultations carried out by Speak Out and Amaze
- An online consultation with providers and professionals
- Engagements/consultation by Speak Out, PaCC and Amaze with adults with learning disabilities and their families
- Six co-produced online engagement sessions which were open to a range of stakeholders.

- A focused consultation by Trust for Developing Communities (TDC) with adults with Learning Disability and their families from Black, Asian, and other ethnically and culturally diverse backgrounds.

2.4 The main strategy document was co-produced with key partners and members of the Learning Disability Partnership Board (LDPB).

2.5 An easy read document of the strategy has been produced for adults with learning disabilities by Speak Out. This is appendix 2.

2.3 The new strategy will be steered by the Adult Learning Disability Partnership Board (LDPB), whose membership includes the Assistant Director SEN Health and Disability, Heads of Service for the Specialist Community Disability Service (14-24 and 25+ pods) and the adult learning disability Commissioner. Progress against actions specific to transitions will also be monitored by the SEND Partnership Board. Membership of the LDPB is listed in the strategy document.

2.4 The strategy sets out the 6 key priorities and outlines the partnership between the Local Authority (LA), the Clinical Commissioning Group (CCG), adults with learning disabilities and their families, our key partner agencies and other services in Health and Social Care, including the voluntary and community sector.

2.5 The 6 priority areas are:

- Priority 1 – Relationships, Friendships & Feeling Safe
- Priority 2 – Health & Wellbeing
- Priority 3 – Activities, Work & Learning
- Priority 4 – Housing & Support
- Priority 5 – Transitions
- Priority 6 – Information and Advice

2.6 For each of the 6 priorities there will be a workstream with an identified lead individual and made up of key members. The workstreams will drive forward the key actions and will report back twice a year to the LDPB on their progress and/or any issues effecting delivery.

2.7 The strategy will align with other key strategies including: the SEND Strategy, the Sussex CCG's Learning Disability and Autism Strategy and will help to inform the Councils Commissioning Strategy.

2.8 A final consultation on the strategy took place from 19th April until 31st May 2021. The feedback of which informed a final update of the strategy with agreement from key partners. The final document is in Appendix 1.

2.9 The strategy has been presented at both the Health and Adult Social Care Departmental Team Meeting (DMT) and Families Children and Learning DMT, and the Public Health Programme Board.

2.10 Two meetings were organised for councillors for members to have an opportunity to consider the Strategy in detail, ask questions of officers and provide feedback.

3. Important considerations and implications

Legal:

3.1 There is no statutory requirement to have an Adult Learning Disability Strategy. However, legislation requires all Local Authorities to work in partnership to provide, or arrange services, facilities, resources, or take other steps, towards preventing, delaying or reducing the development of need for care and support. These statutory duties include people with learning disabilities.

3.2 The Care Act 2014 sets out a range of statutory duties for Local Authorities, including a number related to the prevention agenda. It requires all Local Authorities to, “work in partnership to provide, or arrange services, facilities, resources, or take other steps, towards preventing, delaying or reducing the development of needs for care and support”. The Health and Social Care Act 2012 sets out the legal duties of the Department of Health, Public Health, Clinical Commissioning Groups and NHS bodies to reduce health inequalities. As such it requires local health and social care bodies to action to address health inequalities. The HWB is required to promote integrated working amongst health and social care service

3.3 The Equality Act 20108 sets out the equality duties for all public sector bodies to integrate the advancement of equality into day to day business

Lawyer consulted: Nicole Mouton Date: 28/04/2021

Finance:

3.4 Future strategies and priorities will need to be considered in conjunction with available budget and achieve good value for money. Financial monitoring will take place through the analysis of unit costs to ensure strategies compare well in financial terms based on benchmarking with other local authorities. It will be important for clear communication to exist between the council and other key partners such as Sussex Partnership NHS Foundation Trust and local Clinical Commissioning Groups. The current council net general fund social budget for adults with learning disabilities is c. £38m

Finance Officer consulted: Steve Williams Date: 04/05/2021

Equalities:

3.5 The ability of residents with disabilities to access services and increase independence has been a key consideration in the development of this new strategy. Improving wellbeing and outcomes for adults with learning disabilities is a key priority for all partners and will be monitored as part of this work.

3.6 Many protected characteristics feature heavily in the strategy; we have worked closely with adults with learning disabilities, their families and our partners to ensure that we reflect the diversity in the city.

3.7 A consultation with adults with Learning Disability and their families from Black, Asian, and other ethnically and culturally diverse backgrounds was carried out by TDC. The feedback from this was incorporated into the strategy and help to inform how we engage with this community going forward.

Sustainability:

3.8 An agreed Adult Learning Disability Strategy within the city allows for more informed commissioning in this area, supporting best value for public resources and delivery of services.

3.9 Key partners have been involved in the development of the strategy to ensure it is aligned with existing LA and CCG strategies.

3.10 The strategy will be reviewed in a year in conjunction with the SEND Strategy to consider if both strategies can be joined together for a lifelong strategy.

4 Supporting documents and information

Appendix1: Adult Learning Disability Strategy 2021-2026
Appendix 2: Easy Read version

Brighton and Hove
Adult Learning Disability Strategy
The Big Plan 2021-2026


Information & Advice
Relationships, Friendships & Feeling Safe
Transitions
THE BIG PLAN
Health & Wellbeing
Housing & Support
Activities, Work & Learning
PHOTOSYMBOL
AN AWESOME LIFE
ADULT
TEEN
YOUTH
CHILD
ANNUAL HEALTH CHECK
SUPPORT
COLLEGE
GYM
Vacancies, apply within
Launderette
RED LION
DROP-IN
THURSDAYS
Cafe
BOWLING

Contents Page

Introduction

Welcome to the Brighton and Hove co-produced citywide strategy for Adults with Learning Disabilities which has been developed to enhance the outcomes of adults with learning disabilities across the city. Although the Local Authority (LA) is the lead for the Strategy, its success will be undoubtedly lie in in the effectiveness of the partnerships between all stakeholders.

This strategy is for people over the age of 18 who have a learning disability.
A learning disability is defined by the Department of Health as a "significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood". Many people with a learning disability will need support to live as independently as possible. This strategy focuses on all adults with a learning disability in the city, considering the diversity of need from those adults with a mild learning disability to those with multiple complex needs.

This strategy does not include autistic adults who don't have a learning disability The Sussex CCG learning disability and autism strategy however does include the needs of autistic adults.

The strategy sets out the 6 key priorities and outlines the partnership between the Local Authority (LA), the Clinical Commissioning Group (CCG), adults with learning disabilities and their families, our key partner agencies and other services in Health and Social Care, including the voluntary and community sector. The new strategy will be steered by the Adult Learning Disability Partnership Board (LDPB), whose membership includes the Assistant Director SEN Health and Disability, Heads of Service for the Specialist Community Disability Service (14-24 and 25+ pods) and the adult learning disability Commissioner. Progress against actions specific to transitions will also be monitored by the SEND Partnership Board. The LDPB is chaired by Brighton and Hove Speak Out and their Link Group. Membership of the LDPB is listed in the appendices.

There will be 6 workstreams, one for each priority area, with an identified lead individual for each. The workstreams will drive forward the key actions, the leads for each priority area will report back twice a year to the LDPB on their progress and on any issues effecting delivery, with an annual overarching report being produced for both the LDPB and Health and Wellbeing Board (HWB). The purpose of the Board is to provide leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove and is responsible for the co-ordinated delivery of services across adult social care, public health, and health and wellbeing of children and young peoples' services.

It is recognised that there will be a significant commitment and resource required to carry out the priorities that have been identified. Additional information on how this will be met can be seen in appendix 5. The workstreams will also need to take into account the impact and learning as a result of the Covid 19 pandemic, which can be seen in appendix 6.

It is vital that the strategy is meaningful, accessible, engaging and achievable. The LA has worked very closely with Speak Out, the Carers Centre, Amaze and the Parent Carer Council (PACC) to engage a wide range of stakeholders in the

development of the strategy to ensure that the key priorities reflect the needs of adults with learning disabilities, their families and the learning disability community.

To support the communication of the strategy to adults with learning disabilities there will be an accessible version of the strategy available in easy read. The strategy will be reviewed after 12months alongside the SEND Strategy to explore opportunities of joining the 2 strategies for a whole life pathway approach. The SEND strategy and Learning Disability Strategy transitions workstreams will work closely together via the leads, where there are related priorities.

The strategy also links with the Sussex Clinical Commissioning Learning Disability and Autism strategy which covers other areas of need such as neurodevelopmental conditions for those without a learning disability.

We very much hope that you find our strategy ambitious and aspirational, and that it reflects our core aim to achieve the best outcomes for adults with learning disabilities in the city.

Rob Persey - Executive Director, Health & Adult Social Care

Deb Austin - Executive Director Families, Children & Learning

Georgina Clarke-Green - Assistant Director, Health, SEN & Disability, Families, Children and Learning

Emma Lopez & Sarah Pickard - Brighton and Hove Speak Out

Sarah Robson - Associate Director Children, Learning Disabilities and Maternity Commissioning, Sussex Clinical Commissioning Group

Co-producing the Strategy

The Strategy has been Co-produced with:

- Adults with Learning Disabilities
- Members of the Learning Disability Partnership Board

- Families/ Carers
- The Local Authority
- The Clinical Commissioning Group
- Sussex Partnership Foundation Trust
- Provider Services

Process of Engagement and Consultation:

A review of the previous Adult Learning Disability Strategy was undertaken to review its success which was presented to the LDPB. The learning from this review was that the new strategy needs to have SMART objectives (specific, measurable, achievable, realistic and timely), workstreams to take forward actions and that there is clear accountability in which to monitor progress.

An on-line consultation with providers and professionals was carried out by commissioning team at the end of 2019.

Speak Out, Carer's Centre, PACC and Amaze have carried out a range of engagement and consultations since the last Learning Disability strategy with adults with learning disabilities and their families, this included a reflection on what had been achieved, not achieved and learnt from the previous strategy.

The engagement/consultation was carried out via a range of forums:

- One to one interviews
- Surveys, both online and in paper form
- Regular Drop ins and pop up drop ins in community spaces
- Phone an on-line support
- Themed advocacy groups
- Focus Groups
- Reviews of engagement intelligence
- Engagement with Experts by Experience
- Peer Support networks

Six co-production online events were held in July 2020, facilitated by the Commissioning team to which a wide range of attendees were invited including carers, families, providers and professionals. The 6 events were designed to co-produce the actions required for the six identified priorities:

- Activities, Work and Learning
- Advice and Information
- Health & Wellbeing
- Housing & Support
- Friendships, Relationships and Feeling Safe
- Transitions for Young People and for Older People

The Trust for Developing Communities (TDC) carried out nine focused 1:1 interviews with adults with Learning Disability and their families from Black, Asian, and other ethnically and culturally diverse backgrounds and interviews with senior representatives from three voluntary sector providers of services for adults with learning disabilities in the city. None of the three organisations provide culturally or ethnically diverse focused or specialist services but all were well established in the city and well regarded for the services they provided.

A draft strategy was shared with the Learning Disability Partnership Board on 25th January 2021. The draft strategy went out for a further final consultation in April 2021.

The final strategy was presented at the Councils Health and Wellbeing Board on 27th July 2021.

There will be a review of the strategy after one year to review its aims and outcomes in the light of Covid 19 and to consider its alignment with the SEND Strategy.

What Adults with Learning Disabilities tell us:

Adults with learning disabilities tell us they want:

- To be respected and listened to
- To have support to talk about mental health, and to access services
- To develop and maintain friendships, and support to talk about relationships, sexuality and personal safety

- Information and support to access activities in the community, including work and volunteering opportunities
- Support to stay physically healthy
- To develop their independence and life skills
- Support to access the internet and technology
- Support with life changes/ transitions
- Choice about where to live and who with
- Have good, reliable and consistent staff support
- Have enough staff support to help to be independent

What families and advocates for adults with learning disabilities tell us:

Families and advocate tell us that their key priorities are:

- Employment, Education, Training and Volunteering opportunities
- Access to financial and benefit support
- Improved access and support from wellbeing and mental health services
- Improved relationships with GP services and access to quality healthcare
- Information on services, what's available and how to access them
- Increased availability of easy read documents
- Availability of a range of activities and support to access them
- Training for staff to be able to communicate with people with learning disabilities and Autism and awareness of disabilities
- More information on planning for transitions, support and housing options
- Consistent support of a good standard
- Greater support for parents with a learning disability

What those from Black, Asian, and other ethnically and culturally diverse backgrounds tell us:

Feedback from the focused interviews carried out by the Trust for Developing Communities included a range of views and considerations of which the broad themes are highlighted below. The feedback should be considered within the context of the consultation being with a very small cohort of individuals and their families, and providers.

- There was a belief among most of the respondents that in society there is a lack of understanding of the overall needs of people with learning disabilities.
- There was a low awareness of the range of services available to learning-disabled adults.
- There was a mixed response to the extent to which the respondents stated they were using the learning-disabled specific services.
- When asked ‘Should services be made available that specifically reflects the needs of people from an ethnic or culturally diverse backgrounds?’ there was difficulty with a definitive answer due to a range of reasons.
- A point made by two or three respondents was the perception that the services available were primarily targeted at those with mild to moderate learning disabilities.
- One or two respondents with more complex needs felt there were few if any suitable services that offered opportunities for interesting or engaging activities or broad social engagement.
- There were concerns raised over the transition to adult services.
- For some parents there was concern for when their child became an adult and no longer had routine support from social services.
- There was roughly a 50:50 split between those who had minimal socially active lives outside their immediate circle of family or friends, and those who routinely use one or range of a provider services offering social activities and wellbeing support.
- Those who tended not to socialise much outside immediate family and friends gave a range of reasons, which included:
    - Confidence levels
    - Fearful of experiencing discriminatory attitudes or hostile behaviour
    - Preference and strong attachment to focusing on immediate family
    - Some restrictions and barriers placed on individuals by family members
    - Receives guidance/support from a social prescribing service/mentor
    - Unsure of what services were safe and available to them
    - Lack of services that reflect their (complex) needs

- There was an acknowledgement of the importance of health and social well-being, ensuring access to leisure, good accommodation, opportunities for

employment, and to pursue interests as all essential considerations in meeting their needs.

- Some parents expressed a concern that race and ethnicity could compound the problems and discrimination experienced.
- It did not appear to be the case that respondents were seeking ethnically and culturally specific social engagement and activities. Instead, being amongst people they considered to be more like them and accepting of their learning disability appeared to be more important.
- There was a view that culturally and ethnically sensitive factors should be assessed when services are being planned and considered.
- Consideration should be given to how methods of marketing, promotion and communicating to these groups can be improved and made more effective.
- This includes working with a range of providers throughout the city who share the same aim of seeking to attract to their services learning disabled adults from ethnically and culturally diverse backgrounds.
- A more gradual, on-going, socially engaging approach could yield improved outcomes from engagement as opposed to a singular consultation process.
- Consideration should be given to cultural factors and sensitivities of people from ethnically diverse backgrounds when planning services and how to raise awareness and prevent barriers to accessing and understanding of the range of services that exist to support adults with learning disabilities, such as:
    - Information on services available
    - Access to ethnically and culturally sensitive support
    - Access to information and support in different languages

Local Context

There are a number of key partners who support adults with learning disabilities in the city:

Who They Are:	What They Do:
Specialist Community Learning Disability Team	The SCDS team is a multi-disciplinary team made of Social Workers, Care Managers and Clinical staff, comprising of 3 pods: 0-13yrs, 14-25yrs and 25+.

(SCDS)	The social work/care management team provide a range of social work services to adults with disabilities and support them to make choices, increase their opportunities, and get help from services and the local communities. SCDS sits within the Families, Children and Learning Directorate (FCL) of the Council. Overall statutory responsibility, however, remains with the Director of Health and Adult Social Care within Health and Adult Social Care (HASC).
Sussex Partnership Foundation NHS Trust **(SPFT)**	This is the specialist health team for adults with Learning Disabilities integrated within SCDS (see above) to ensure a joined-up health and social care approach. The team supports people with a learning disability who in addition have mental health needs, complex physical health needs and difficulties with behaviour who can't use mainstream services even with reasonable adjustments to maximise their quality of life and prevent deterioration of physical or psychological health. The presence of Autism Spectrum Disorder has to be in addition to Learning Disability in order to access the team's involvement. The team includes specialist learning disability professionals from: • Learning Disability Nursing • Speech and Language Therapy • Physiotherapy • Occupational Therapy • Psychology • Psychiatry
Sussex Clinical Commissioning Group **(CCG)**	Sussex NHS Commissioners works in partnership with Sussex Local Authorities and Sussex Partnership NHS Foundation Trust to enable people with learning disabilities or autism to be able to live in the community, with the right support, and close to home. The CCGs are currently developing their Learning Disability and Autism Strategy, which will detail how the CCGs in Sussex will deliver the NHS Long-Term Plan priorities (LTP). The priorities broadly group into three themes: • Addressing health inequalities • All age neurodevelopmental pathways

	• Reducing the use of inpatient beds
Advocacy and Third Sector Partners	The role of advocacy services in the city is vital to supporting adults with learning disabilities and their families to have a voice and be heard and is integral to ensuring that we continue to deliver services that meet people's needs. Supporting this work are our local partners Speak Out, Amaze, PaCC and the Carers Centre who all play a key role. Speak Out along with their service user link group organise and chair our local Learning Disability Partnership Board and along with the Carers Centre and PaCC/Amaze are commissioned to undertake engagement to support the development of services.
Providers	The city benefits from a diverse range of learning disability providers (non-profit, third sector and private) that play an invaluable role in delivering services. The commissioned services in the city include: • Residential • Supported Living • Respite • Shared Lives • Community Support • Day Services The Council also has an in-house provision of Residential Care, Supported Living, Shared Lives, Community Support and a Respite service and a Supported Employment Team.

Profile of Needs

Learning Disabilities JSNA 2020

Based on national prevalence rates, it is estimated that there are around 5,000 working age adults with a learning disability living in Brighton and Hove in 2020. Of these, 23% are thought to have a moderate or severe learning disability, and hence are likely to be in receipt of services.

It is estimated that there is a total of 5,861 adults (aged 18+) with a learning disability living in Brighton & Hove.

The most common age band for all adults with a learning disability is 25-34 years - 22% of people are in this age band.

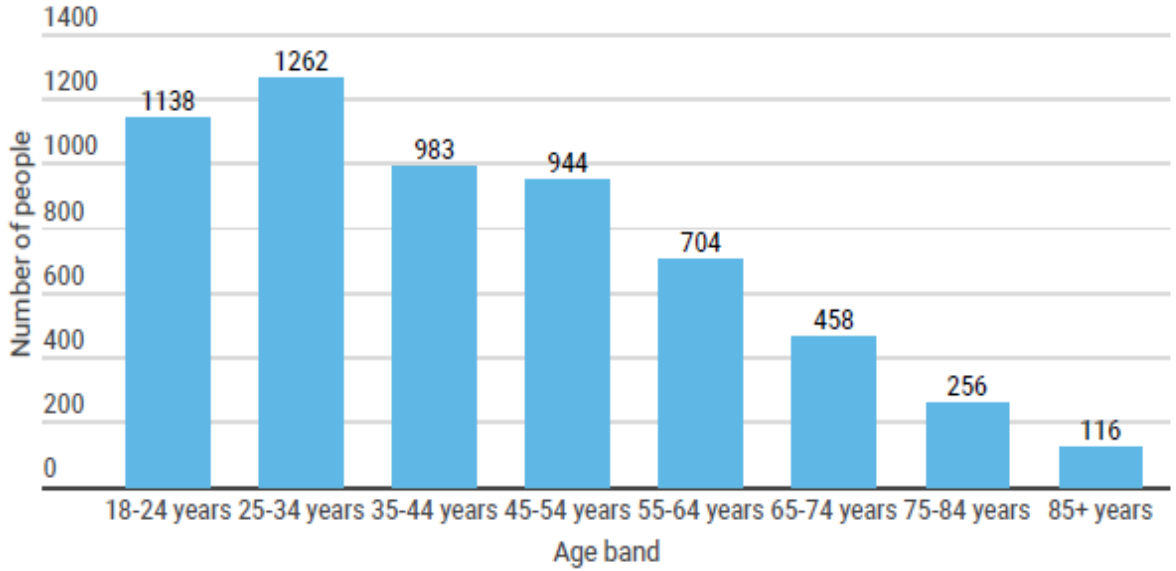
This information on population estimates comes from PANSI.

In Brighton and Hove in 2020, it's predicted that for the population aged 18-64 years there are:

5,031
people with a learning disability

1,259
people with a moderate or severe learning disability

Predicted number of people with a learning disability living in Brighton & Hove in 2020



Based on national prevalence rates and local population projections, it is estimated that there will be 5,254 working age people with a learning disability living in Brighton and Hove in 2035. This is an increase of 4% of the population size in 2020. It is estimated there will be a total of 6,414 adults (aged 18+ years) living with a learning disability in 2035.

The biggest increase is predicted for those aged 65-74 years, with a further 180 people estimated to have a learning disability comparatively to 2020. Followed by those aged 18-24 years with a further 117 people.

The information on population estimates comes from PANSI.

For the adults 18+ years old population in Brighton & Hove, it is predicted that by the year 2035 there will be :

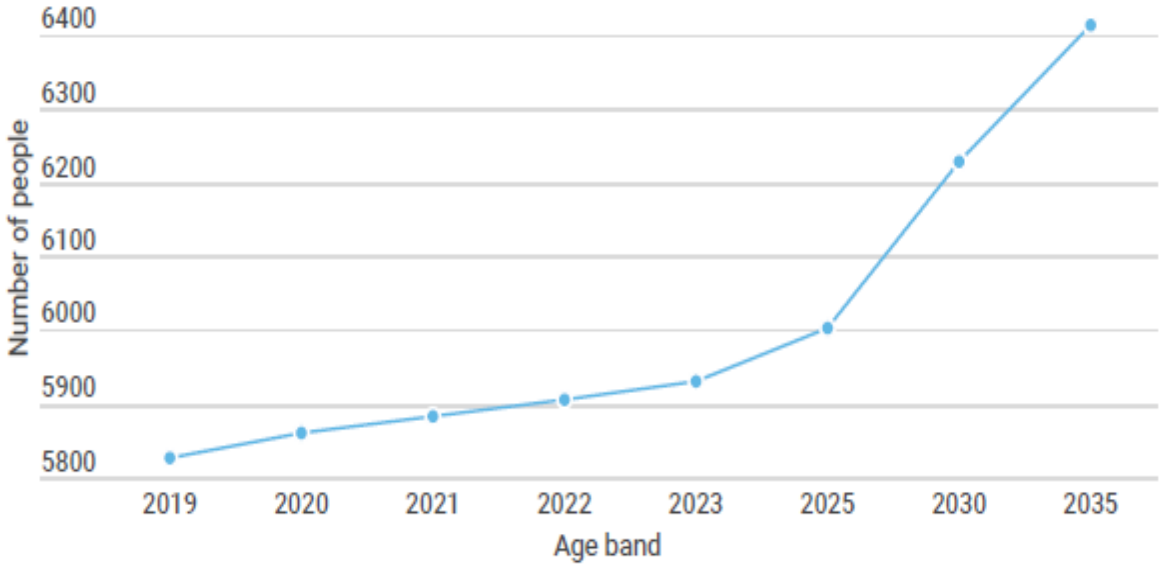
6,414

people with a learning disability

1,362

people with a moderate or severe learning disability

Number of adults aged 18+ years projected to have a learning disability in Brighton & Hove, 2019-2035



Of adults in Brighton & Hove who have a learning disability:

8.8%
of supported working age adults are in paid employment

21%

36%
are having a GP health check

Of adults accessing learning disability support from the council:

3.4 per 10,000
adults with a learning disability received long-term support from the council

820
are getting long-term support from local authorities

87%
are aged 18-64

13%
are aged 65 and over

21%
of supported adults are receiving direct payments

81%
live in stable and appropriate accommodation

In 2018/19, in Brighton & Hove:

0.4%
of registered GP patients had a learning disability, as recorded on practice disease registers (QOF prevalence)

61%
of adults who are who are on the GP learning disability register received long-term support from the council

The Adult Social Care Survey asks those receiving adult social care services how satisfied or dissatisfied they are with indicators of quality of life, such as personal cleanliness and safety. These answers are then combined to give an overall score of social care related quality of life. In 2018/19, Brighton and Hove scored 18.8 points out of a possible 24 for this measure, which is slightly lower than the national average of 19.1.

The information is taken from ASCOF data.

Of those receiving adult social care services, in Brighton & Hove:

40%

of those aged 18-64 years have as much social contact as they would like

51%

of those aged 65+ years have as much social contact as they would like

76%

of people who use services feel they have control over their daily life

62%

of people who use services are extremely or very satisfied with their care and support

64%

of people who use services feel safe

71%

of people find it easy to find information about support

People accessing Community Learning Disability Team (CLDT) in Brighton & Hove

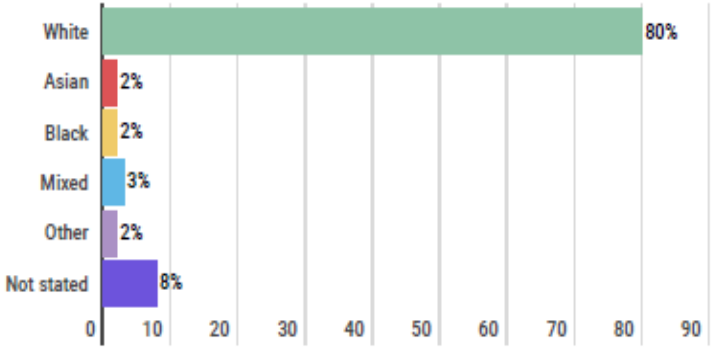
237
people open to CLDT Brighton & Hove team at November 2020

93%
of these had an allocated 'Lead Practitioner' for their episode of care

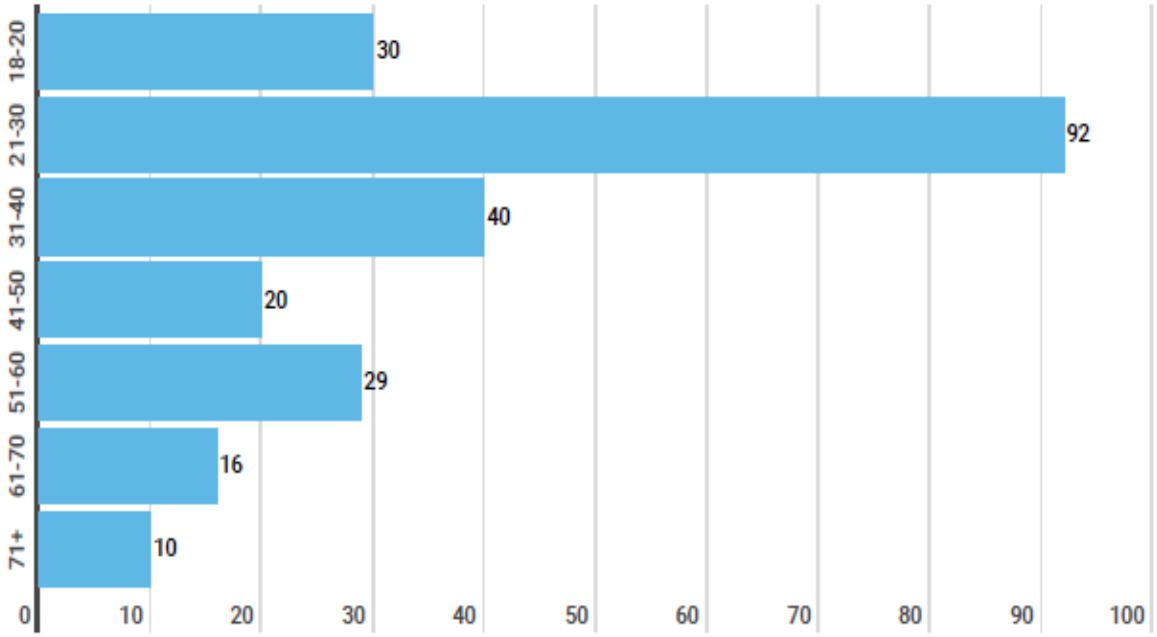
57%
were 'male'

43%
were 'female'

92%
did not specify their sexuality, of those who did, 4% reported being 'Heterosexual and 4% were 'Not known'.



People accessing Community Learning Disability Team (CLDT) in Brighton & Hove - Age at Referral



Working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support in paid employment

8.8%

In paid employment in 2018/19, above the national average of 5.9%

64.6%

Gap in the employment rate between those with a learning disability and the overall employment rate

38th

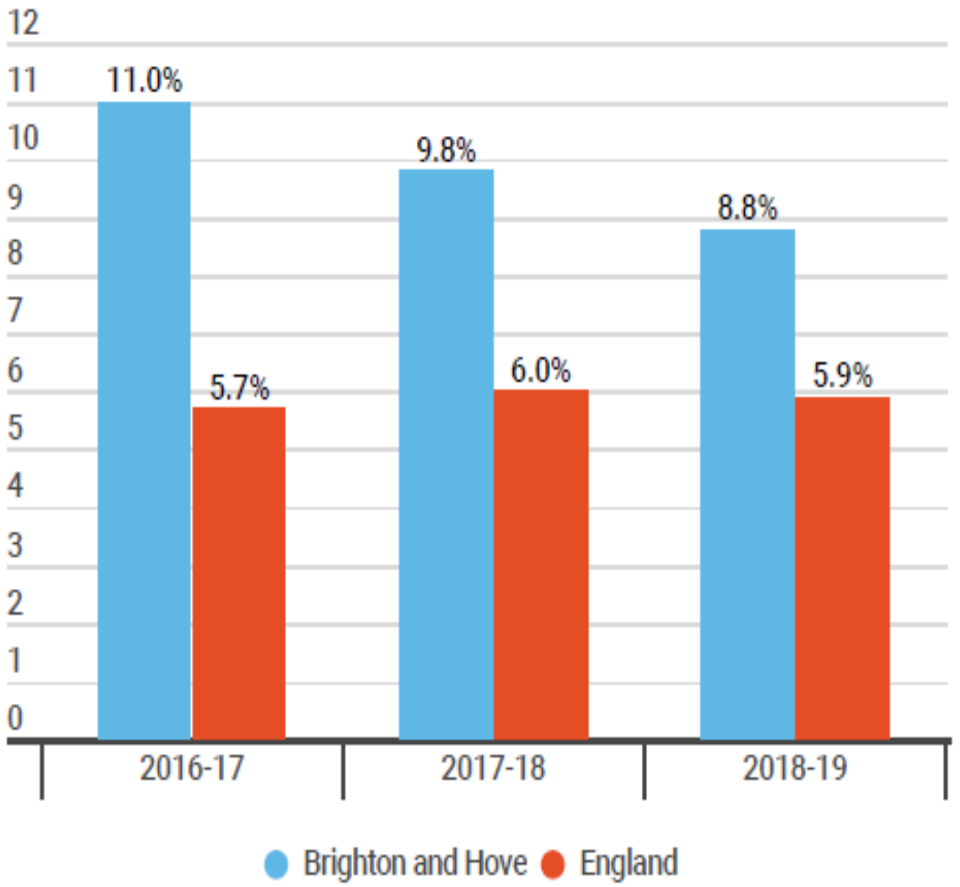
Brighton and Hove is ranked 38th highest out of 152 Local Authorities.

9.8%

of males were in paid employment, above the national average of 6.4% for males.

7.2%

of females were in paid employment, above the national average of 5.2% for females.



Working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support living on their own or with their family

81.8%

living on their own or with their family in 2018/19, above the national average of 77.4%

55th

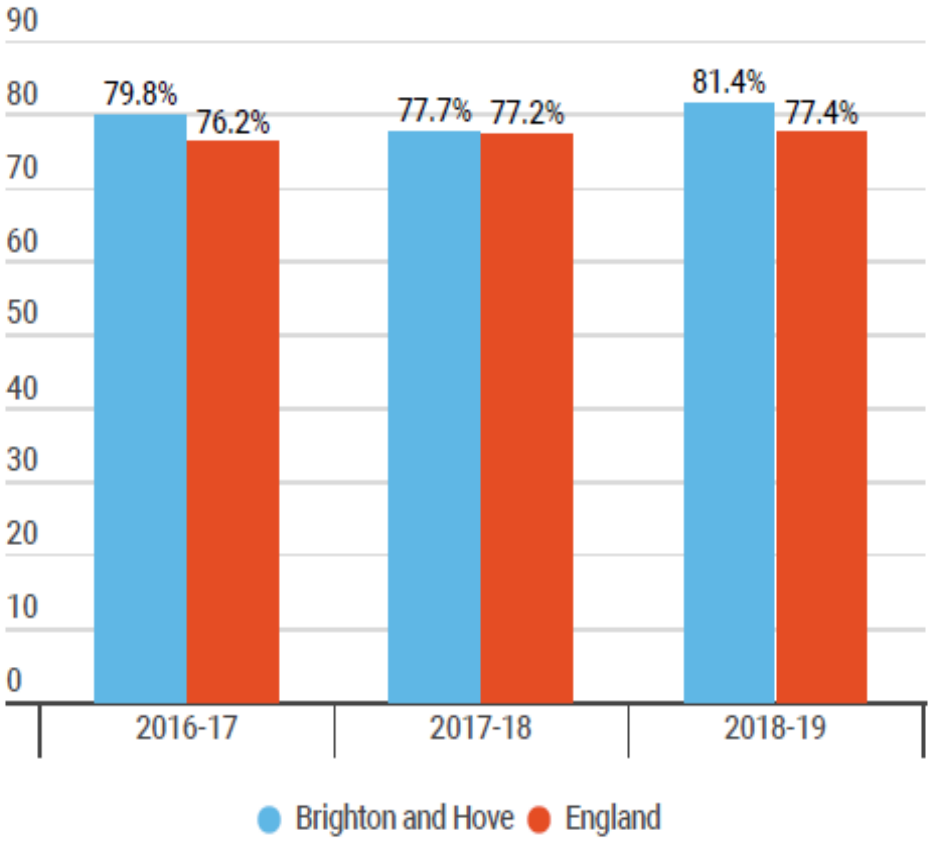
Brighton and Hove is ranked 55th highest out of 152 Local Authorities.

82.5%

of males are living on their own or with their family, above the national average of 77.1%

79.6%

of females are living on their own or with their family, above the national average of 78% for females.



The Big Plan’s Six Priorities

Priority 1: Relationships, Friendship and Feeling Safe (RFF)

Vision: That adults with learning disabilities are empowered to develop and maintain relationships and friendships and are supported to understand how to keep themselves safe.

What are the aims

- There are a broad range of activities/groups available to support people to develop and maintain relationships and friendships
- Opportunities are available to learn, talk about and explore intimate relationships including sexual and gender identity and keeping safety
- An increased awareness of the needs of adults with learning disabilities within the community and the promotion of inclusion

Action	Relationships, Friendships and Feeling Safe Strategic Actions - Workstream 1 WE WILL/ENSURE
RFF 1	There are a range of accessible opportunities for adults with learning disabilities to; meet socially, develop friendships, date, build relationships, including opportunities for those who identify as LGBTQ, that is supported by existing resources, social prescribing, self -advocacy and flexible staffing arrangements.
RFF 2	There is support and accessible information for adults with learning disabilities to enable them to learn and talk about intimate relationships including sexuality, gender identity and including those with lived experience.

RFF 3	Ensure services to support sexual health are available and accessible to adults with learning disabilities
RFF 4	Work with adults with learning disabilities and other stakeholders to understand, map out and develop support around gender identity, including support for those with learning disabilities and autism.
RFF 5	That training and information is easily available to providers and family carers on personal relationships and sexuality, including the provision of a Personal Relationships and Sexuality policy/guidance.
RFF 6	Develop and promote accessible information and opportunities to explore what being safe means and on how to keep safe on-line.
REF 7	Develop safer communities to support adults with learning disabilities to feel and be safe and address key issues, for example hate crime.
RFF 8	People are able to maintain relationships and/friendships through life transitions and outside of their home.
RFF 9	Develop an advantage/bonus card in the city for adults with learning disabilities to support community access and engagement.
RFF 10	Develop support and information around safety on public transport, to enable people to access the community and increase their travel skills.

Priority 2: Health and Wellbeing (HW)

Vision: Adults with a learning disability live longer and have healthier and happier lives.

What are the aims

- Preventing premature mortality of people with a learning disability
- Annual Health Checks are offered to all people with a learning disability
- Focus is maintained on enabling people to live healthy lifestyles, and make healthy choices
- Reasonable Adjustments are always made to ensure healthcare provision is inclusive and accessible.
- Information on services that support health and wellbeing is available, clear and accessible
- People with long term conditions and their families and carers are supported to manage their health.

Action	Health and Wellbeing Strategic Actions - Workstream 2 WE WILL/ ENSURE
HW 1	Health services provide information about their service and health and wellbeing resources in an accessible way that supports the Accessible Information Standard
HW 2	People with a Learning Disability, Families and Providers have access to information about health and wellbeing services, and accessible health and wellbeing resources.
HW 3	There are a range of activities and initiatives in the city that help to support both physical and mental health that are accessible to adults with a learning disability.

HW 4	Explore how existing community resources and social prescribing can be better utilised to support good health and wellbeing of people with a learning disability.
HW 5	Focus on the promotion of “good health and wellbeing” and “prevention”, particularly in relation to mental health to support a move away from crisis intervention across both social care and primary care.
HW 6	Work with the Clinical Commissioning Group and Primary Care to ensure the needs of people with a learning disability are recognised within the Mental Health Strategy, prevention and primary care workstreams.
HW 7	Ensure there is good clear information regarding pathways into primary and secondary mental health services and how to get help, that are accessible and inclusive to people with a learning disability.
HW 8	Better transition through mental health services for young people into adulthood.
HW 9	Increase the numbers of people with a learning disability age 14+ on the GP Learning Disability Register; in receipt of an Annual Health Check; and a Health Action Plan and that Providers are aware of their responsibility to ensure Health Action Plan actions are implemented.
HW 10	Ensure people with a learning disability have a My Care Passport that is regularly updated
HW 11	Joint work between Primary Care and Providers to roll out Restore/Restore 2 mini to recognise early warning signs of deterioration of health
HW 12	Primary care make reasonable adjustments to that meet the needs of people with learning disabilities e.g. accessible appointments.
HW 13	To review and ensure actions from the LeDeR Annual reports are implemented to reduce the risk of premature death of people with a learning disability. (See HW14 Bowel screening and improving access to specialist respiratory care).
HW 14	Ensure Screening and Vaccination Programme: invitations, pathways, and information are targeted, accessible and inclusive of people with a learning disability with a specific priority for bowel screening in line with learning from LeDeR.

HW 15	A training strategy is in place to raise awareness of the health and wellbeing needs of adults with learning disabilities across all stakeholders.
HW 16	Ensure there is good clear information regarding pathways for drug and alcohol support, that are accessible and inclusive to people with a learning disability.
HW 17	Work with the leads for priority 1 where actions/priorities overlap.
HW 18	Work with CCG to align with and support the Sussex Learning Disability and Autism Strategy which focuses on 3 overarching themes; reducing health inequalities, the number of people who are mental health inpatients and an all age neurodevelopmental pathway.

Priority 3: Activities, Work & Learning (AWL)

Vision: That adults with learning disabilities have access to a range of activities, work and learning opportunities in the city with the appropriate level of support they need.

What are the aims

- There are a broad range of activities and learning opportunities available
- More adults with learning disabilities will be in paid employment, apprenticeships and volunteering
- Activities, work and learning opportunities will promote inclusion and peer support

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Action	Activities, Work and Learning Strategic Actions- Work stream 3 WE WILL/ENSURE
AWL 1	There is a range of meaningful activities available across the week and during holidays including leisure, arts, drama, music, wellbeing, and social activities, with a variety of delivery methods prioritising face to face but also including on-line.
AWL 2	Increase the learning and skills development opportunities available to support employability and life skills. To include a focus on the provision of ongoing learning post aged 16 and 25 and ensuring that Education Health and Care Plans (EHCP's) reflect and support this. (Link to SEND Strategy AO2 page 12)
AWL 3	Promote and develop work-based learning programmes, vocational training, employment, work experience, apprenticeships and volunteering opportunities in the city.

AWL 4	Increase the availability of accessible and affordable travel options in the city to enable people to access activities, work and learning and to develop travel skills (Link with RFF8).
AWL 5	Increase peer support opportunities to increase individuals' skills, independence and confidence.
AWL 6	Increase digital access and development of digital skills for adults with learning disabilities.
AWL 7	Develop a central accessible information point to promote information on activities available and accessibility of venues, building upon existing information/communication platforms.
AWL 8	Develop a range of commissioning solutions to support the delivery of this priority and priority 4, including exploring new innovative commissioning models.

Priority 4: Housing and Support (HS)

Vision: Adults with learning disabilities live in good quality accommodation that encourages independence with appropriate support to achieve this with choice of where and whom to live with.

What are the aims

- Information and advice on housing and support is consistent, available, clear and accessible
- The Housing and Support options available are of a quality standard, are flexible and are developed to meet people's individual needs
- Fewer people live outside of the city or in hospital placements
- Housing and support provision enables inclusion and supports choice and control, and quality of life

Action	Housing and Support Strategic Actions – Workstream 4 WE WILL/ENSURE
HS 1	Develop relationships and pathways with housing partners including the Council's Housing Teams, to broaden the scope of housing options available in the city for people with learning disabilities, including continuing the collaborative work of the Sussex Learning Disability and Autism Board.
HS 2	Commission housing options / specified support to meet the needs of Adults with Learning Disabilities, ensuring this includes the needs of those coming through transitions, those with multiple complex needs, carers, mother and baby placements, and those in need of emergency accommodation.

HS 3	Commissioning frameworks support asset based, outcome focused, personalised care and support and embed Active Support, Positive Behaviour Support (PBS), the Inclusive Communication and Building the Right Support.
HS 4	Establish an Adult Learning Disability brokerage function within the Council to support the provision of housing and support options that meet people's needs, that is supported by strategic commissioning of services based upon future and current needs and exploring new/alternative commissioning options.
HS 5	Ensure there is good clear information regarding housing and support options for people with learning disabilities, their families and providers that is accessible and inclusive to people with a learning disability
HS 6	Ensure that this information includes the cultural needs and sensitivities of Black, Asian, and other ethnically and culturally diverse communities.
HS 7	Secure grant funding which supports accessible housing development and crisis support.
HS 8	Review the short break and respite policy for young people and adults with the aim of ensuring a range of opportunities that meet people's needs. (Link to SEND Strategy SEND Pathways Action 10, page 11)
HS 9	Continue to support people to move on through services to better meet their needs, encouraging independence with the appropriate levels of support and to bring people back from out of area.
HS 10	Increased understanding of those working in mainstream housing and support services of supporting adults with learning disabilities.
HS 11	Continue to develop the Positive Behaviour Support Network.
HS 12	The workforce receives good quality support and training.
HS 13	Providers recruit staff with the right values.

Priority 5: Transitions (T)

Vision: That moves between services or changes in provision, across all ages, are smooth, seamless and supportive

What are the aims:

- Transition planning is proactive and starts early to enable sufficient preparation
- Planning is inclusive and holistic, involving the person and all other stakeholders
- Information, advice and support around transitions and services is consistent, available, clear and accessible
- A range of support options are available to those going through transitions that supports maintaining choice, independence and quality of life
- Information and/or training is available on life impacting health transitions such as the menopause and dementia

Action	Transitions Strategic Actions - Workstream 5 WE WILL/ ENSURE
T1	Work with the SEND Partnership Board to implement "Transitions and Preparing for the Future" priorities in the SEND Strategy (TPF) that relate to young people with learning disabilities.
T2	Work with the SEND Partnership Board to ensure a holistic approach to Education Health and Care Plans (EHCP's), that includes planning for adulthood and the ending of education, and development of skills teaching and social networks.
T3	Ensure a collaborative multi- agency approach to planning for transitions that starts early, is person centred and has clear pathways and uses communication strategies such as life stories.

T4	Increase the recognition and support for young carers and involve them in transition planning.
T5	Ensure clear pathways are in place to support good transition for young people from children's health and social care services to adult health and social care services.
T6	Ensure that information and training on transitions and transition pathways through to adult services is available and accessible to young people with learning disabilities, their families and providers and those from Black, Asian, and other ethnically and culturally diverse backgrounds.
T7	Ensure that information and training on transitions through to adulthood includes information on changes in physical health and support needs.
T8	Support parents and adults with a learning disability who have caring roles to have plans in place to respond to any changes in needs of the people they care for.
T9	Support adults with learning disabilities to maintain choice and independent through times of changing needs and/or circumstances. For example; supporting sustainability of living at home with family/carers, changes in health and/or mobility, advance care planning.

Priority 6: Information and Advice (IA)

Vision: That adults with learning disabilities and their carers have access and know where to go for advice and information on services in the city.

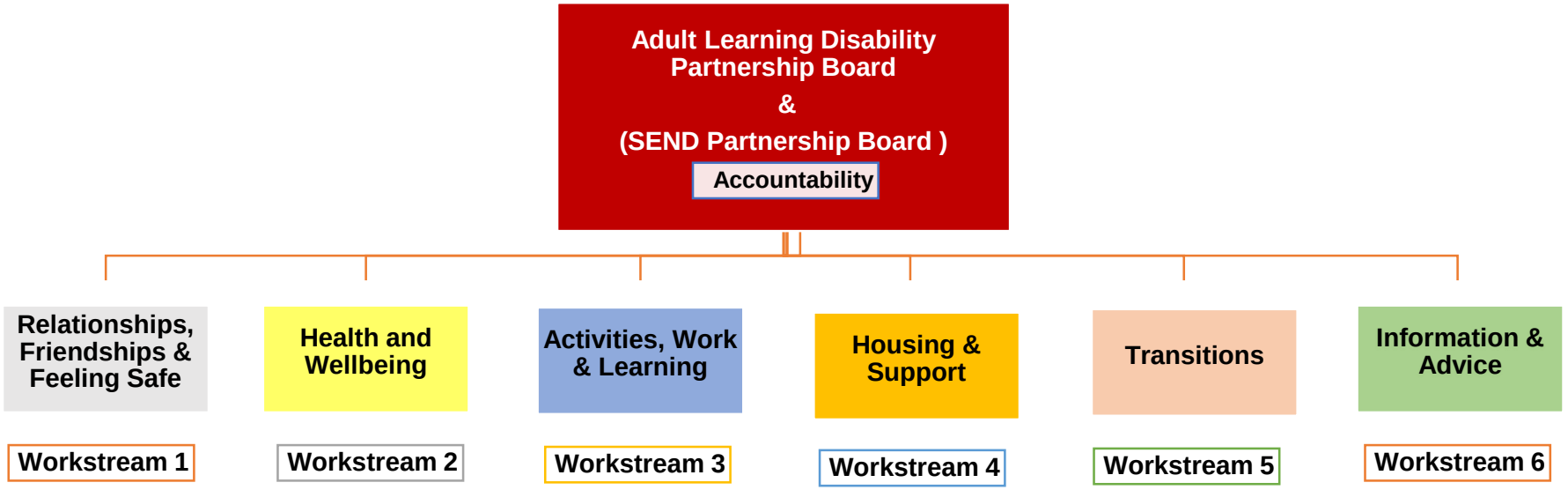
What are the aims

- Information and advice will be in an accessible format
- Information and advice will be consistent and easily available
- Information and advice enables inclusion

Action	Information and Advice Strategic Actions - Workstream 6 WE WILL/ ENSURE
IA 1	Develop appropriate platform/s for the sharing of accessible information and advice, including the continued development of the Council learning disability webpage.
IA 2	Ensure advice and guidance is available to adults with a learning disability and their carers to ensure they are supported to access and use information to make decisions which support self-advocacy, ensuring this includes the cultural needs and sensitivities of those from Black, Asian, and other ethnically and culturally diverse backgrounds, and those adults with a mild learning disability who may not be in receipt of statutory services.
IA 3	Undertake actions and initiatives to raise awareness and increase the number of services users from Black, Asian, and other ethnically and culturally diverse backgrounds accessing services.

IA 4	Support Providers to have the skills, knowledge, tools and time to develop easy read (ER) information.
IA 5	Promote and embed the Accessible Information Standard across services and providers.
IA 6	Address the digital inequality for adults with learning disabilities including accessibility of IT resources, training in IT skills, development of more accessible IT information platforms such as Apps and Videos.
IA 7	Develop and promote training for staff in mainstream services on communicating with people with learning disabilities and/or autism.
IA 8	Continue to expand the “What’s Out There Fair” annual event to promote and provide information and resources to encourage engagement in activities available across the city and maintaining healthy lifestyles.
IA 9	Ensure there is good clear information and advice for adults with learning disabilities and families with housing information, forms and on-line applications.
IA 10	Continue to engage and promote the work undertaken through the Partnership Board, Provider Forum and Positive Behaviour Support Network.
IA 12	Work together with adults with learning disabilities and other stakeholders to develop fully inclusive communication resources that support the delivery of all the priorities in the strategy, that develops Brighton as a “Inclusive Communication City” and champion the new “Communication Access Symbol”.

Appendix 1: Governance – How we will ensure the Strategy is delivered



Each workstream will consist of a range of stakeholders from across the learning disability community and will have an identified lead.

The Workstreams will report directly to the Adult Learning Disability Partnership board (PDPB) (and SEND Partnership where appropriate) on a twice-yearly basis and an annual report will be produced for the LDPB and HWB.

Appendix 2: Links to other Strategies and Plans

BHCC Corporate Plan 2020-2023

BHCC SEND Strategy

BHCC Health and Wellbeing Strategy

BHCC Commissioning Strategy

BHCC Carers Strategy

CCG Mental Health Strategy

Sussex CCG Learning Disability and Autism Strategy

NHS Long term plan

Appendix 3: Learning Disability Partnership Board Membership

Chair: Speak Out and a member of the Speak Out Link Group

Amaze

Parent Carer Council

Carers Centre

Public Health BHCC

Healthwatch

Employability Team

Department of Work and Pensions

Brighton & Hove Clinical Commissioning Group

Assistant Director for Health, SEN and Disability

Head of Service 25+ and Specialist Clinical Services

Head of Service 0-24 Specialist Community Disability Service

Adult Learning Disability Commissioning Manager

Adult learning Disability Commissioning Support Officer

Learning Disability Health Facilitator

Commissioning Manager (Engagement Lead)

Community Health Trainer, Healthy Lifestyles

Active for Life Sport & Physical Activity Worker

Appendix 4: SEND Partnership Board Members

Joint Chairs: Executive Assistant Director Health, SEN & Disability, Commissioning Manager, Clinical Commissioning Group

Parent Carer Council

AMAZE Charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND) in Brighton & Hove

Community Works

Head of Service-Early Years Youth & Family Support

Head of Brighton and Hove Inclusion Support Services

Head of Service 0-24 Specialist Community Disability Service

Head of Service 25+ and Specialist Clinical Services

Service Manager – Policy & Business Support

Head of SEN Statutory Service

Head of School Organisation

Designated Medical Officer

Executive Head, East Hub

Executive Head, West Hub

Executive Head, Central Hub

Headteacher, Hove Park School

SENCO, Blatchington Mill School

SENCO, Longhill School

Performance Manager, Performance and Safeguarding Service

Project Co-ordinator, Health, SEN & Disability, and Health

Appendix 5: Funding and Risk Assessment

There are a substantial number of priorities identified within the Adult Learning Disability Strategy, some of the key activities to deliver these focus on:

- increased partnership working across all stakeholders
- increased co-production with adults with learning disabilities and their families
- improving accessibility of processes and pathways
- improving accessibility of information
- developing existing resources
- ensuring good quality provision

Much of this key activity work will not require significant additional funding but will need a different approach to the way we work together to achieve the priorities and objectives we have set ourselves.

It is acknowledged nationally and locally that the public sector is under financial strain, which has been further exacerbated by Covid-19. The LA and partners will need to reflect upon how we use the current allocated funding for services and provision, using a flexible approach to respond to the different priorities identified by the strategy.

Decisions will need to be taken collectively as to how the funding should be allocated in future. This is so that we can be assured the city has enough provision and the right services for adults with learning disabilities.

Where there is an identified need for some additional funding, a business case with supporting evidence will need to be submitted to the relevant organisation.

Risk assessment:

Each priority will have an associated risk register. The register will identify the risks that may prevent the delivery of a priority, and the impact on the learning disability community if the priority and its objective is not achieved.

A list of SMART actions to resolve / mitigate the risk will be monitored through the workstream leads and the LDPB Partnership Board.

The risk register will be presented alongside the progress report by the workstream leads at the Learning Disability Partnership Board.

Appendix 6: Covid 19

It is important to recognise the impact of Covid 19 within this strategy. When the Covid 19 pandemic hit in March 2020 it was clear that there was a significant impact on adults with learning disabilities, their families, providers and partners across the learning disability community.

A report by Speak out stated; “It has highlighted pre-existing inequalities in access to services, support and community. The societal, economic and health barriers faced by people with learning disabilities have been magnified by the pandemic”.

The report highlighted key areas of significance including; access to information including easy read, digital access, the importance of activities and social inclusion, support with health conditions and mental health, and the rebuilding of confidence, skills and independence.

Speak Out report that people’s focus at this time is on their support/friendship network and the isolation that has led to worsening mental health. These were problem areas pre Covid, people are telling us that this is the issue that is affecting them most significantly. People with learning disabilities fight much harder to form friendships. They are faced with numerous barriers to forming and maintaining a peer group. An emphasis on connection, being part of things, finding likeminded people and peer support is essential at this time and well into the foreseeable future. People are scared they will be forgotten as Covid restrictions continue as social restrictions have contributed to a feeling of being invisible.

There have been positives from the current challenges, particularly in relation to the increase in digital accessibility.
‘We just clicked. It was like they’d always been there. I know if something is bad with my mental health that they understand. I know my friends are there. I couldn’t have done this”
(B met two friends through Speak Out online drop ins. They use WhatsApp and messenger to support each other)

The Carers Centre carried out a digital engagement survey and a Covid-19 challenges survey which highlighted that:

- Not everyone is digitally confident or even has a viable way of connecting
- Numbers who wish to continue engaging digitally are significantly lower than those who wish to return to physical meet ups
- Covid-19 threw up a number of immediate issues such as obtaining food and medicine, not being able to visit GP/dentist, carers actually being vulnerable and having to shield while the person they care for (one example with ASD) was able to go out to shops for food but could not cope with changes to shopping routines, layouts, shortages etc.
- Hospital visits were often cancelled or had confusing messaging about carers being able to accompany their dependent
- Many people’s home environment became very stressful as services were reduced or stopped altogether
- That people “got on with it” and “did their best”

With some of the main issues through lockdown being, the change to established routine, lack of respite, lack of space for outdoor exercise and knowing where to access support.

Feedback from Amaze has been on the impact of Covid 19 on young people of reduced access to apprenticeships, training and jobs, waiting time for referrals and interventions, access to online resources, limited capacity for parent to support at home, lack of access to support agencies and groups and difficulties/challenges of going out.
"I'd been making lots of excuses not to go out. But my Mum helped me by talking things through, saying I'd probably feel better once I'd started going out again. She travelled on the bus with me to start with, until I felt confident about travelling on my own again. I'm really happy to see my friends again after all this time." (A young person who was becoming agoraphobic & not feeling able to attend support sessions even outdoors.

We must recognise the impact of the Covid 19 pandemic in the ambitions and priorities within this strategy. In relation to:

- Increased risks and complexity of delivering activities, learning and work opportunities for adults with learning disabilities both now in in the future and to work collaboratively with all partners to seek ways to address these areas.

- How this has highlighted the need for adults with learning disabilities to have access to accessible information including easy read, online information including video resources alongside the support to learn new digital skills. To work collaboratively to address this for the future.

- A significant increase in social isolation, increase in feelings of anxiety and reduced confidence of going back into the community, an increased risk of abuse. At times a lack of understanding from members of the public of the needs of adults with learning disabilities in terms of difficulties with social distancing, wearing mask, increase in risks of abuse and to work collaboratively with all partners to seek ways to address these areas and to continue to seek ways to address and change this.

- On the health and wellbeing of adults with learning disabilities and their families on their health and wellbeing in terms of; reduced access to the community, increase in anxiety and mental health through the impact of shielding, increased isolation, difficulties in understanding social distancing rules, increased pressure from providing higher levels of support at home, an increased impact of physical health through reduced activities, online instead of face to face support and more limited access to health services.

- On the housing and support arrangements for providers and families including communal living and challenges of sharing of space, meeting different social and health needs, having access to outside space, the decreased availability of being able to work in partnership with others and of housing capacity through the breakdown of some of these arrangements.

- On the ability to undertake and progress transition planning and moves, the importance of having the right communication tools in place including on-line digital access, the importance of friendship groups, and the increased pressure on families supporting both younger and older adults at home.

Whilst we must have a strategy that is underpinned by ambition, commitment and support, with a structure that enables progress to be monitored and achieved, it must be acknowledged that there will be an increased pressure on limited resources due to the Covid 19 pandemic that may present a significant risk for agencies in being able to implement the strategies priorities. The roll out of the national vaccination programme will be key to reducing this risk and enabling adults with learning disabilities, their families, support staff and services, to return to normal. It must also be acknowledged that there will be anxieties for some individuals in receiving the vaccine and that this will bring up issues of mental capacity and the need to undertake best interest decisions for individuals, on a case by case basis.

It is not yet known what the long-term effects of the pandemic will be, but it is likely that there will be both societal and legal impacts as a result. It is the role of all of us to be aware of any resulting impacts and to ensure that adults with learning disabilities and their families are not adversely affected by any these and that the strategy continues to evolves to reflect ongoing changes/impacts.

Appendix 7: Glossary of Terms

LD	Learning Disability
LDPB	Learning Disability Partnership Board
HWB	Health and Wellbeing Board
SEND	Special Educational Needs and or Disabilities
FCL	Families Children and Learning
HASC	Health & Adult Social Care
SCDS	Specialist Community Disability Service
LA	Local Authority
CCG	Clinical Commissioning Group
SPFT	Sussex Partnership Foundation Trust
PACC	Parent Carers' Council
GP	General Practitioner
QMT	Quality Monitoring Team
NDTi	National Development Team for Inclusion
LDPF	Learning Disability Provider Forum
PBSN	Positive Behaviour Support Network
PBS	Positive Behaviour Support
EHCP	Education, Health and Care Plan
CQC	Care Quality Commission
NHS	National Health Service
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
AHC	Annual Health Check
ER	Easy Read
IT	Information Technology

What is The Big Plan?

This is a five year plan for services for adults with learning disabilities in Brighton and Hove.

The plan will help people with learning disabilities in Brighton and Hove lead healthy, happy lives.

We want to tell you about the plan and hear what you think.

Who put The Plan together?

The Council worked with lots of people to make sure the plan is right for everyone. They worked with:

- People with learning disabilities
- Carers, Parents and families
- Managers and people at the council

- The Clinical commissioning group who are in charge of health care
- Providers of services for people with learning disabilities

- Organisations that work with people with learning disabilities

How did we know what to put in the Plan?

We asked lots of people what they thought should be in the plan. We listened to:

- People with learning disabilities
- Carers
- Parents
- Services
- Amaze
- Speak Out
- Carer's Centre
- Parent carer's council

What people did people tell us?

People told us what is most important in their lives.

We listened and put these ideas in The Plan.

These ideas are the Six Big Themes.

What are the Six Big Themes?

- Relationships, Friendships and feeling safe

- Health and mental health

- Activities, work and learning

- Housing and Support

- Transitions

- Information and advice

What people told us
Relationships and friendships

- People are lonely because it is hard to make friends and see people.
  They want to be able to date and have relationships.

- People want to talk about sex, sexuality and gender.
  They want information about sexual health, sexuality and relationships.

- It can be hard to stay safe when you are out or online. It is hard to know who you can trust.

What we will do

- Make sure people with learning disabilities get to learn and talk about relationships.

- Make it easy for people to get accessible information about sex, sexuality and gender.

- Make sure there is training and information for families, carers and staff about friendships relationships, sexuality and gender.

- Help people in Brighton and Hove understand people with learning disabilities so that they get the support they need.
- Make sure that people know who to go to if they are bullied on the street, bus or anywhere else.
- Support people to stay in contact with friends through transitions and changes.
- Promote the right to do activities and go out in the evenings.

How will we know if we are getting it right?

- There will be lots of activities and groups where people can spend time together.
- People will be able to talk and learn about friendships, relationships and keeping safe.
- People will be able to talk and learn about sex, sexuality and gender.
- People will feel safer and more supported in their community.

What people told us
Health and Mental Health

- People are not getting accessible information from their doctors.
  Some people are not getting annual health checks or extra time.

- Making appointments and talking to reception staff make people anxious.

- People are not getting the support they need to keep healthy.

- It is hard to get support with mental health.
  Some people say they have harmed themselves because they did not know where to turn.

What we will do

- Make sure that it is easy to find information about health and wellbeing services.

- Make sure that there are accessible activities to help people with learning disabilities stay healthy and happy.

- Make it easier to know where to go for help with mental health.
- Work with others so that young people get better mental health information and support in transition.
- Make more easy read health information and films.
- Make sure that more people with learning disabilities get annual health checks and health action plans.

How we will know if we are getting it right

- It will be easier to find accessible information about health and wellbeing services.
- People will be supported to learn about healthy lifestyles and activities.
- Doctors and other professionals will understand more about people with learning disabilities.

Accessible Information Standard

- People will know who to contact when they have a problem.
- People will get letters and health information in easy read.
- More people will get Annual Health Checks.

What people told us
Activities work and learning

- Having a job, volunteering and learning make people feel good.
- People say they do not have the right support to help them get jobs or volunteer.
- Things go wrong when workplaces and colleges do not give enough support.
- There are less courses and activities when you are over 25.

- People need support to try new things
  They want to go out in the evening and at weekends.

What we will do

- Work together so there are lots of different sorts of activities in the city.

- Make sure there are things to do in the evenings and at weekends.

- Make sure that young people can carry on learning new skills.

- Support people to learn, work and volunteer.

- Make work and learning opportunities in the community so that people feel part of things.

- Work with services so that they support people to go out in the evening and at weekends.

	• Improve transport and travel training so that people can get to activities, work or learning
	How we will know if we are getting it right
   	• People will tell us there are lots of different activities in the city • More people will be working or volunteering • People will be working, volunteering and learning in the community • People will tell us they have the right support to learn and work

What people told us
Housing and support

- Good support means that people can learn new skills, go to new places and be more independent.

- People who live in Care Homes say that they miss out because there are not enough staff to support them to go out.

- People said that they struggle with bills or shopping when they do not have reliable support.

- People want to choose where they live.

- People want the right support and planning to live safely and independently.

What we will do

- Work together to make sure there is a choice of different types of housing.

- Make sure there is good information about housing for people with learning disabilities, their families and carers.

- Understand it is important to support people to live with friends or near family.

- Give support with housing forms and online applications.

- Work on giving more respite choices.

- Support people to achieve the independence they want.

- Make sure that staff and P/As are trained to give good support.

How we will know if we are getting it right

- People tell us they can find information about housing that is easy to understand.

- There are different sorts housing that suit lots of different people.

- Less people need to live out of the area or in hospital placements.

- People feel part of the community where the live.

What people told us
Transitions

- Young people said they do not have enough information about moving on.

- They said there are not many choices of where to live.

- People finish college before they feel ready.

- Young people and their parents said planning needs to start early.
- Benefits are confusing and difficult for young people and their families.
- Young people need support with mental health, loneliness and isolation.
- Planning needs to start sooner for older people so they have the right housing and support.

What we will do

- Work with young people and their families to plan transition from a young age.
- Work together to find out what support parents and families need.
- Understand that people go through changes when they are older too.
  Make sure that they have the right support and housing before changes happen.

- Work with Child and Adolescent Mental Health Services to support young people's mental health through transition.

- Support people with learning disabilities who are carers.

- Support older parents of people with learning disabilities.

How we will know if we are getting it right

- Early planning will make transitions easier.

- People will tell us they feel included in transition planning.

- It is easy to get information, advice and support around transition.

- There are choices of housing that support people to be independent.

- There is good information about changes that can happen when you get older. Like dementia.

What people told us
Information and Advice

- People want information about local activities but it is hard to find.

- When people have a problem they do not know where to go.

- The council website is too hard to use and the information is not accessible.
  Some people do not use the internet.

- Important health information and letters are not easy read.

What we will do

- Make an accessible space on the Council website for information and advice.

- Collect easy read information about lots of different things and put it on the website.

- Support services to learn about making easy read information.

- Work together to support people get training and equipment so that they can go online.
- Have the 'What's Out There' fair so that people can find out about activities and services in Brighton and Hove.

How we will know if we are getting it right

- People will tell us it is easier to find clear information.

- People will find it easier to use the council Learning Disability web page.

- There will be accessible information about lots of different things.

- People will be able to find out more about mainstream activities that they can enjoy.

Item 11

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:	**Learning disabilities mortality review (LeDeR) Sussex CCGs annual report 2020-2021**
Date of Meeting:	27th July 2021
Report of:	Sussex CCGs: Executive director of Nursing, Quality and Safeguarding
Contact:	Allison Cannon Tel: 7920138133
Email:	allison.cannon@nhs.net
Wards Affected:	All

FOR PUBLICATION 30th JUNE 2021 on CCG websites

Executive Summary

This annual report details the progress of the LeDeR program in Sussex between 1st April 2020 and 31st March 2021. It evidences our continued effort in mobilising engagement with LeDeR, to reduce the health inequalities experienced by people with learning disabilities in Sussex, and demonstrate the improvements that the system has made to date and is committed to making going forward. It provides a breakdown of deaths by ethnicity, age and gender, details themes in causes of deaths and recommendations made.

In this reporting period, COVID-19 was the most common cause of death for those with learning disabilities. The report contains information on what was done to minimise risks from COVID-19 before it was nationally identified that people with learning disabilities were at greater risk from COVID-19. This was based on themes previously identified in LeDeR; such as, that those with learning disabilities are at increased risk of dying from chest infections.

The 'learning into action' section in this report sets out the priorities for quality

improvement plans over the next year based on what has been learned to date and aligns to the Sussex LDA Strategy and 3 year plan.

1. Decisions, recommendations and any options

1.1 That the Board note the report.

2. Relevant information

2.1 Additional information is included in the Annual Report (**Appendix 1**)

3. Important considerations and implications

3.1 Legal: The Board's receipt of the report enables the Board to meet its statutory function and Terms of Reference. These are described in the Terms of Reference as holding the CCG to account for the impact of their commissioning decisions ensuring that Health outcomes are improving in the way they should; and that Health inequalities are proactively addressed in commissioning plans

Lawyer consulted: Nicole Mouton Date: 29/6/21

3.2 Finance: There are no clear direct financial implications for Brighton and Hove City Council arising from this report.

Finance Officer consulted: Steve Williams Date: 06/07/21

3.3 Equalities:The purpose of the LeDeR programme is to reduce the health inequalities people with a learning disability face, by attempting to understand the determinants that underpin them. Sussex commits to the delivery of the LeDeR program which includes the additional protected characteristics under the Equalities Act 2010.

Supporting documents and information

Appendix1: LeDeR Sussex CCGs annual report 2020-2021.

Learning Disabilities Mortality Review (LeDeR)

Sussex CCGs Annual Report 2020-2021

Date:	25th May 2021
Version:	Final
Name of originator/ author:	Edel Parsons

Contents

1 Executive Summary.

1.1 Thank you for your continued support to reduce the health inequalities people with learning disabilities, which are even more evident following an unprecedented year facing the impacts of COVID-19.

1.2 This is the Second annual report of the Sussex CCGs' LeDeR programme.

1.3 The LeDeR programme reviews the death of all people with learning disabilities over the age of four, to identify good practice or areas for improvements, which are then shared with relevant stakeholders to influence positive changes to service provision. Sussex is committed to people with learning disabilities living well and to taking action from the learning identified in completed reviews.

1.4 LeDeR in Sussex has completed all the reviews within the required time frame, which has been a significant undertaking as there was a considerable backlog at the start of 2020/21.

1.5 This report details the progress of the LeDeR programme in Sussex between 1st April 2020 and 31st March 2021. It aims to further mobilise support to reduce the health inequalities people with learning disabilities continue to experience in Sussex as well as outlining the improvements the system has made. Included is a breakdown of deaths by ethnicity, age and gender; details of the themes that were identified in the cause of deaths are provided as well as the recommendations that followed.

1.6 In this reporting period, COVID-19 was the most common cause of death for those with learning disabilities. The report contains information on what the Sussex system did to minimise the risks from COVID-19 before it was nationally identified that people with learning disabilities were at greater risk of death or serious illness. The increased risk is now thought to be linked to themes previously identified in LeDeR, e.g. the risks associated with chest infections.

1.7 The 'learning into action' section in this report sets-out the priorities for quality improvement plans over the next year, which are based on the aggregate learning points from the reports completed.

2 Key points.

2.1 Sussex has worked hard over the last year to achieve the completion of all reviews in the set timeframe.

2.2 The risks to people with learning disabilities in Sussex from COVID-19 are clear and documented in this report. We are pleased that the joint vaccination and immunisation committee included adults with learning disabilities as priority six for vaccination in February 2021. The Sussex system applied the methods previously used for the flu vaccination programme to support the uptake of the COVID-19 vaccinations; by April 2021, 86% of people with learning disabilities on their GP learning disabilities register in Sussex had received their first vaccine dose.

2.3 Annual Health Checks were paused at the start of the COVID-19 pandemic. In August 2020, NHSE issued the restart of annual health checks for all those on their GP learning disabilities register. Since then, the number of people receiving their annual health checks has met and exceeded the national target. Further work is now underway to achieve consistency, quality in Annual Health Check, and ensure that a check results in the completion of a health action plans.

2.4 Another success this year is associated with increased engagement of partner organisations, who have demonstrated their commitment to LeDeR by developing their own action plans based on learning identified. This evidences the quality improvements that can be achieved from this process.

2.5 Involving those with learning disabilities and their families and carers is fundamental to the success of the programme and is a core value of the Sussex team.

Learning Disabilities Mortality Review (LeDeR) Programme

3 Introduction.

3.1 The Sussex population is approximately 1.8 million people, given the prevalence of learning disabilities is approximately 2.6% nearly 39,000 people with learning disabilities will at one time receive health-care in Sussex.

3.2 The Learning Disabilities Mortality Review (LeDeR) Programme was established following recommendations of the Confidential Inquiry into Premature Deaths of People with Learning disabilities (CIPOLD). In June 2015, early implementer pilot sites started the reviewing process, with Sussex going live in September 2017. The initial aim was to ensure consistent identification of both good and bad practice in the care of people with a learning disability, with this being used to support quality improvements. It draws on the wider learning from deaths work undertaken by NHS Trusts, but places the person with learning disabilities at the centre of the review. A review should be completed for all those 4 years and over, who have a learning disability and are registered with a GP.

3.3 Initially the programme was set up with CCGs to monitor, allocate and quality-assure reviews. Reviewers were expected to complete reviews in addition to their substantive roles.

3.4 The NHS Long Term Plan supports the continuation of the LeDeR programme *“action will be taken to tackle causes of morbidity and preventable deaths in people with a learning disability and for autistic people”*

4 Acknowledgements.

4.1 The COVID-19 pandemic further highlighted the significant health inequalities people with learning disabilities encounter. Due to established and mature networks across Sussex, proactive mobilisation of a 'COVID Response Partnership' was enabled. This supported a targeted and coordinated path for information and practice guidance to reach people with learning disability, professionals working in the area and families. This would not have been possible without the proven commitment to and engagement in the LeDeR process across Sussex. Reviews continued throughout the pandemic, as did collection and dissemination of the learning.

4.2 Considerable acknowledgement and thanks go to all those who provided information when requested under the enormous pressures faced during the last year. Further thanks go to the reviewers for the compassion shown when completing the reviews, whilst keeping the person at the centre of the process, in order to identify learning and share good practice. This includes the North East Commissioning Support Services (NECS), who completed a significant number of reviews, allowing Sussex to achieve its current performance position. And at the core of LeDeR are the people and their families, so our thanks go to the incredible carers, families and friends of those who have died, for sharing their stories, sadness and laughter.

4.3 We give special thanks to the families who gave permission for the Pen Portrait of their loved ones to be used in this report.

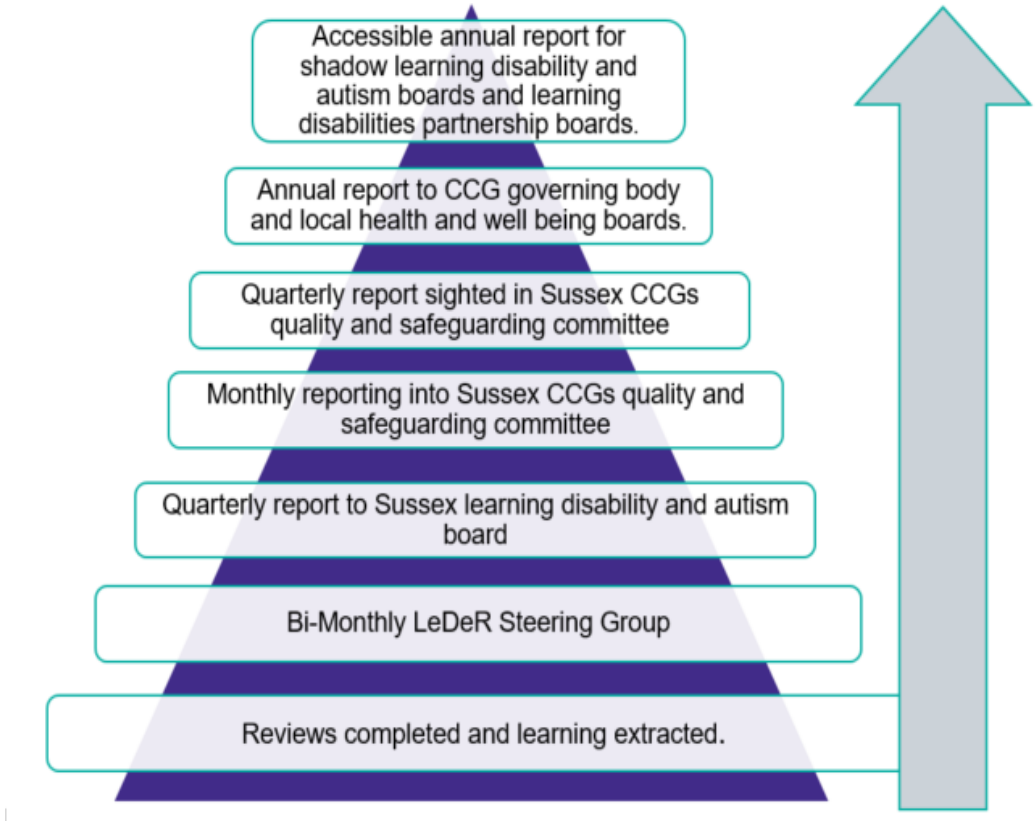
4.4 Of course it is the people whose lives reviewers were permitted into that we thank the most. People who may have experienced care all of their lives; people who were taken from their loving families' too early; people who throughout their lives often faced adversity with bravery. LeDeR in Sussex is indebted to the extraordinary people, from whom we are able to learn so much.

5 Governance arrangements in the Sussex system.

5.1 The Sussex LeDeR steering group remains responsible for the governance and implementation of the LeDeR programme. There is committed and consistent membership from the NHS Trusts in Sussex including: South East Coast Ambulance Trust, as well as a Sussex Coroner, all three local authorities via their safeguarding teams, Sussex CCGs, GP Clinical Lead for learning disabilities, NHSE regional co-ordinator, the Sussex Local Area Contacts (LACS) and a Sussex wide providers of residential and supported living services for people with learning disabilities.

5.2 The chart below describes the process, from completing the review to development of findings, learning and actions and their structure of reporting.

Chart 1: LeDeR Governance Process



5.3 When reviews are completed the information is shared, as appropriate, with the relevant organisations who agree their own action plans. These action plans are then shared at the LeDeR steering group along with other updates.

5.4 A quarterly report is produced and circulated to the membership of the Sussex Learning Disability and Autism Board to provide oversight and to support challenge, where needed, on performance and outcomes.

5.5 Furthermore, reporting to Quality and Safeguarding Committee occurs on a monthly basis and includes data with a brief narrative on themes and improvements underway. On a quarterly basis the full report is shared with this committee to provide assurance.

5.6 An annual report is produced, which will be presented at strategic CCG and joint committees across Sussex, following this it is then published on the CCGs websites.

5.7 An accessible version of this report will be shared with the Sussex CCGs Shadow Learning Disability and Autism Board, which is made up of service users and people with lived experience, and the place-based Learning Disability Partnership Boards.

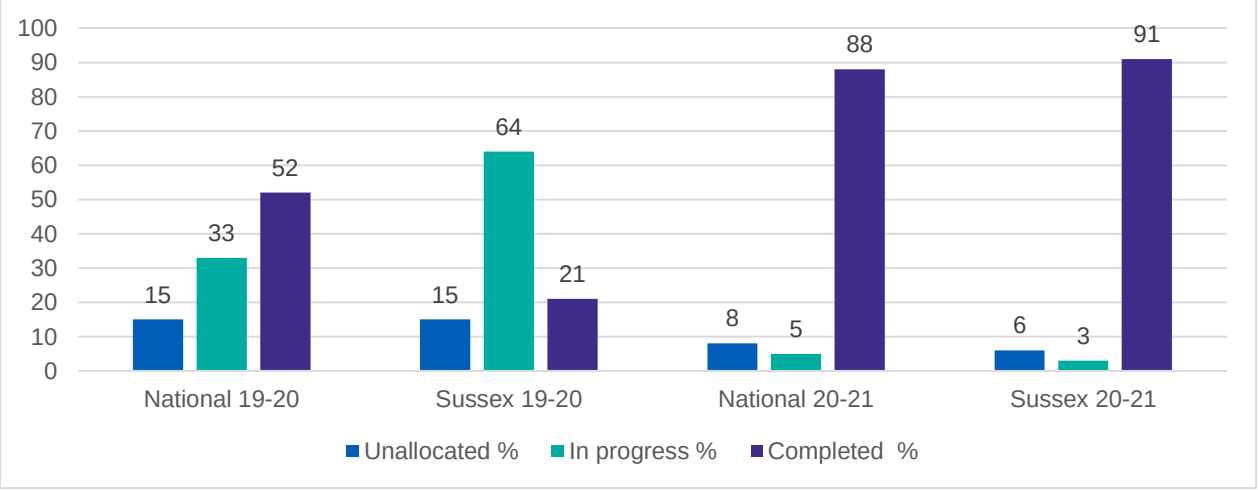
In the year ahead, the above governance processes will be reviewed and aligned to the new LeDeR policy and the Integrated Care System.

6 Performance.

6.1 In March 2020, Sussex was significantly behind the national position for the percentage of completed reviews. A recovery plan was developed and enacted. The plan included increasing local resource and the allocation of a number of reviews to North East Commissioning Support Unit (NECS), which was commissioned by NHSE/I to provide systems with additional capacity to conduct reviews.

	Notifications No. & %		Completions No. & %		Multi Agency Reviews	% of all Reviews completed within compliance:
2019/2020	91	24	69	35	2	8
2020/2021	122	32	80	70	2	70

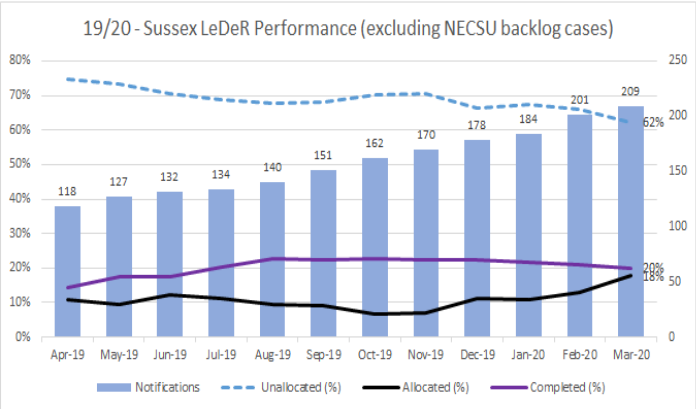
6.2 The following chart details the comparative performance data and demonstrates that Sussex is now in a higher position than the national average at the end of this reporting period

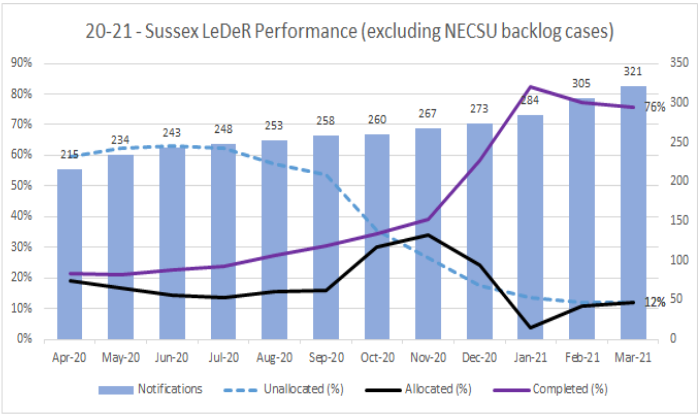


6.3 All Sussex reviews are now completed within six months from notification, which is the required standard, with the exception of those that are subject to an alternative process such as safeguarding enquiry, safeguarding adult review, serious incident investigation or an inquest.

6.4 The number of multi-agency reviews has remained the same as previous years, although it has been seen that there are a growing number of reviews that have involved of multiple agencies, outside the formal multi-agency review process. It is thought this may be due to ever-increasing understanding and support for the programme.

6.5 Sussex is proud to celebrate its achievement, having completed all reviews within scope by 30th April 2021. Reviewers and Leads devised clear work-plans and achieved the set trajectories. Sussex is committed to maintaining this position and has plans in place to ensure it continues through 2021-22 and beyond.





6.6 National benchmarking

6.6.1 The National LeDeR report was published on the 10th June 2021. Although this covers a different reporting period, which acts as a final report from the three year project run by Bristol University, some comparisons can be made.

6.6.2 Nationally COVID accounted for 23% of the deaths reported through the LeDeR system; Sussex was comparable, with 23% of deaths being attributed to COVID as the primary cause of death.

6.6.3 Sussex finished above the national average for compliance with the target set for completing reviews in 6 months from notification.

6.6.4 All regional reports are expected to be available from the 30th June 2021, which will enable further comparison of data across the South East region.

6.7 Sussex reviewer arrangements

6.7.1 LeDeR reviewers in Sussex come from a variety of backgrounds; this includes general nurses, child nurses and staff from community learning disability teams. Staff with a background in advocacy and inspection have also undertaken reviews. Reviewers are required to have a background in learning disabilities but a professional registration is not required.

6.7.2 Some reviewers were paid by the CCG to complete reviews as they completed the reviews outside of their normal working arrangements.

6.7.3 Reviewer's skills and knowledge are, wherever possible, matched to the reviews they are allocated. Support via peer supervision is facilitated by the LeDeR Case Manager and or the LACs.

7 Equality.

7.1 Equality Impact

7.1.1 The purpose of the LeDeR programme is to reduce the health inequalities people with a learning disability face, by attempting to understand the determinants that underpin them.

7.2 Four domains of analysis

7.2.1 The next part of this report focuses on the analysis of all the reviews received and completed in the reporting period. These domains are:

- Demographics of all notifications received: age, gender, ethnicity and level of learning disability.
- The cause of death as recorded on the death certificate of completed reviews.
- The quality of care of all reviews completed, which is determined by a grading system that LeDeR uses.
- Themes identified in the recommendations made in completed reviews.

7.3 Age

7.3.1 One hundred and twenty two deaths were notified to LeDeR during the reporting period.

- The range of age of death was 4-94
- The mean average age of death was 59
- The median age of death was 61

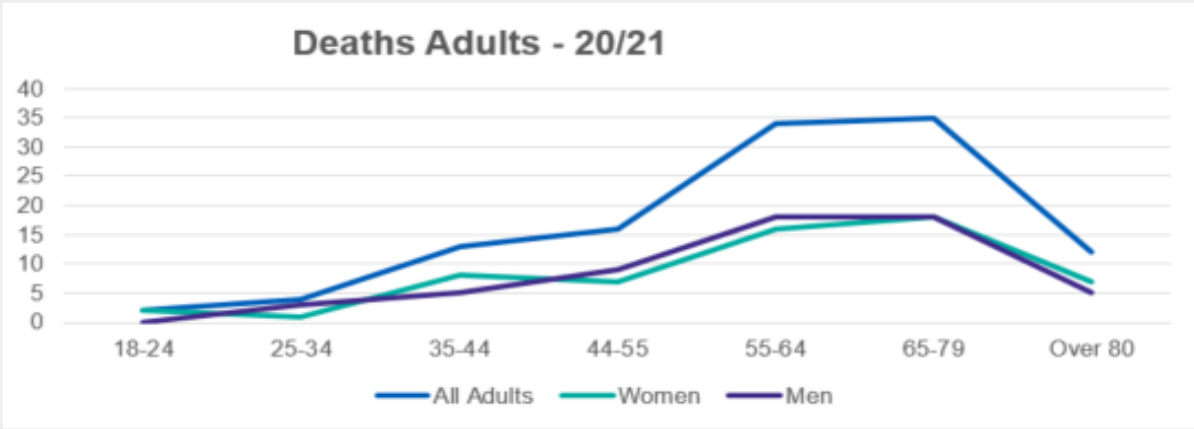
7.3.2 Fifty six women with learning disabilities died during the reporting period.

- The range of age was 4-94
- The mean average age of death was 58.5.
- The median age was 61

7.3.3 Sixty one men with learning disabilities died in the reporting period

- The range of age was 17-91
- The mean average age of death was 59.6
- The median age of death was 60

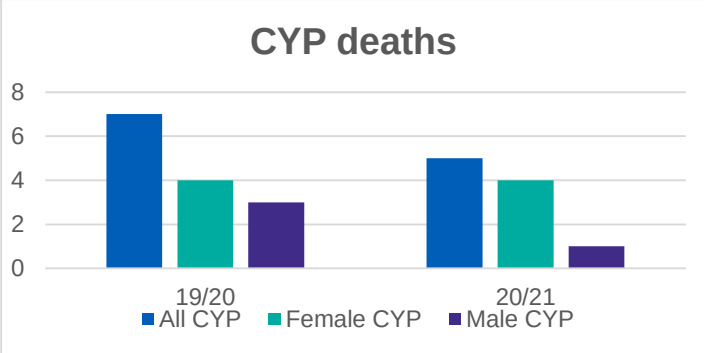
7.3.4 The following graph shows a visual representation of the age ranges reported to LeDeR in the period.



7.4 Age of children.

7.4.1 Five child deaths were reported to LeDeR during the reporting period.

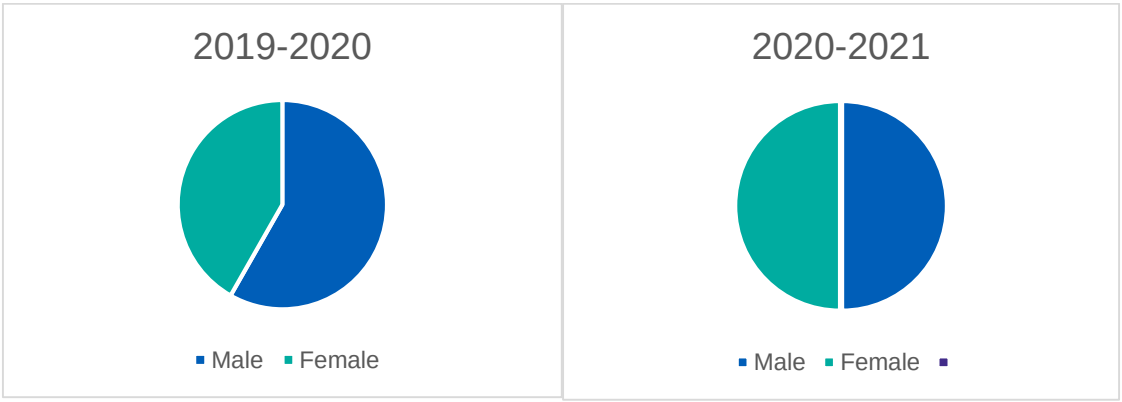
- The range of age of death was 4-17
- The average age of death was 10
- The median age of death was 6



7.5 Gender

7.5.1 During 2020-2021 there has been and overall increase in the numbers of LeDeR reviews undertaken with a 34% growth when compared to the previous year. There has also been a swing in the gender split, with equal numbers of reviews undertaken for males and females during 2020-2021.

	2019-2020		2020-2021	
	Male	Female	Male	Female
No	53	38	61	61
%	58	42	50	50



7.6 Ethnicity

7.6.1 Nationally COVID-19 has disproportionately impacted people from black or minority ethnic backgrounds in the general population. This has been seen in the learning disability community too, with local population data showing those with learning disabilities, from minority ethnic groups, being overrepresented in the numbers of notified deaths.

7.6.2 The table below provides further information related to the ethnicity of people whose deaths were notified to LeDeR. Also included is comparative data for the wider population of Sussex.

Ethnicity	White				Mixed/Multiple ethnicity groups				Asian or Asian British				Black or Black British			Other Ethnic Groups		
	British	Irish	Traveller or Gypsy	Any other White background	White & Black Caribbean	White & Black African	White & Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
No. of reported deaths	104	0	0	3	0	0	0	2	0	2	2	0	1	0	0	0	0	7
% of all reported deaths	85	0	0	2.4	0	0	0	1.6	0	1.6	0.8	0	0.8	0	0	0	0	5.7
Ethnicity% of local populace	89	1	0.1	4	0.3	0.3	0.5	0.5	0.8	0.3	0.3	0.7	0.2	0.5	0.1	0.4	0.3	

7.6.3 LeDeR in Sussex supports the increased focus on those with learning disabilities from minority ethnic groups and seeks to increase its understating of the additional impact of ethnicity on outcomes for people with a learning disability.

7.6.3.1 It is imperative that those reading this report are reminded that the learning comes from the lives and deaths of real people, who lived their lives with families or other support in our Sussex communities. This work could not happen without them and so we take time to remember some of them; Ula, Jack, Doris and Erhard* whose families we thank for their permissions to include in our report.

7.6.3.2 The following pen portraits provide a brief outline of the person and the circumstances of their life and death:

Ula was only 42 when she died in hospital from pneumonia, a complication of her spinal curvature and swallowing difficulties.

Ula loved chatting and being funny with people and was skilled in using Makaton. She was known by those who cared for her for her love of life. She particularly enjoyed a karaoke night. Ula was brave.

Ula had lived in her home for the last 12 years and was loved by those who cared for her. Both of her parents had died and at the end of Ula's life, her step-mother was not recognised as being able to represent her views and wishes if needed.

Jack died in hospital of COVID-19

Jack was described as a happy soul. He like music and knew the words to lots of songs, particularly Michael Jackson. He always had his current favourite cuddly toy on him.

His speech was hard to understand and people had to 'tune in to him' after knowing him a while. He enjoyed being with people and was very sociable. Jack had difficulty co-ordinating his movements and needed support to hold drinks and phones. His carers helped him with his needs.

His mum said that he would not have understood why he needed to wash his hands regularly during the COVID pandemic but he was supported to do this by staff in his home.

Doris died peacefully in her sleep at 94.

Doris was an inspiration. Her approach to any adversity was to get back to normal as quickly as possible and then you will feel better.

Doris moved to a long stay hospital when she was 15 and she often spoke fondly of her time there.

When it closed she moved to the home with nine of her friends where she lived until her death. Doris identified with the important people in her life, in the 22 years her support worker had known her. She had 3 key workers and she called each of them mum. Her learning disability was mild and she enjoyed being a crucial member of her community and liked to be involved in the running of her home. Doris was never unhappy, she saw the best in everything.

Doris was fiercely independent and never lost her sense of humour, even at the end of her life.

Erhard died peacefully at home of bowel cancer. He was 42.

Erhard would have a go at everything. After he left school he attended college courses and then worked in a day centre where horticulture was his favourite. He liked to write about his days in a journal and was a keen snooker fan. He was known out and about in his community and was respected. He had lots of friends.

Erhard had multiple operations and chemotherapy to treat his cancer.

His family thought the world of him.

*names changed

7.7 Level of learning disability

7.7.1 For every review carried out the level of learning disability for that person is confirmed and recorded as mild, moderate, severe, or profound/multiple.

7.7.2 Based on information from the 2019/2020 Sussex annual LeDeR report fewer people with mild learning disabilities died this year, when compared with previous years.

7.7.3 More people with severe learning disabilities have died this year with the national data last year reporting 27%, compared to a 2020/21 percentage of 31%.

7.7.4 Sussex has a higher than national average number of care homes that are registered to look after people with severe learning disabilities.

7.7.5 The information below shows a breakdown of the level of learning disability for all reviews completed in the reporting period.

Level of learning disability	No	%
Mild	23	29
Moderate	17	21
Severe	25	31
Profound and multiple	10	12
Unknown	5	5

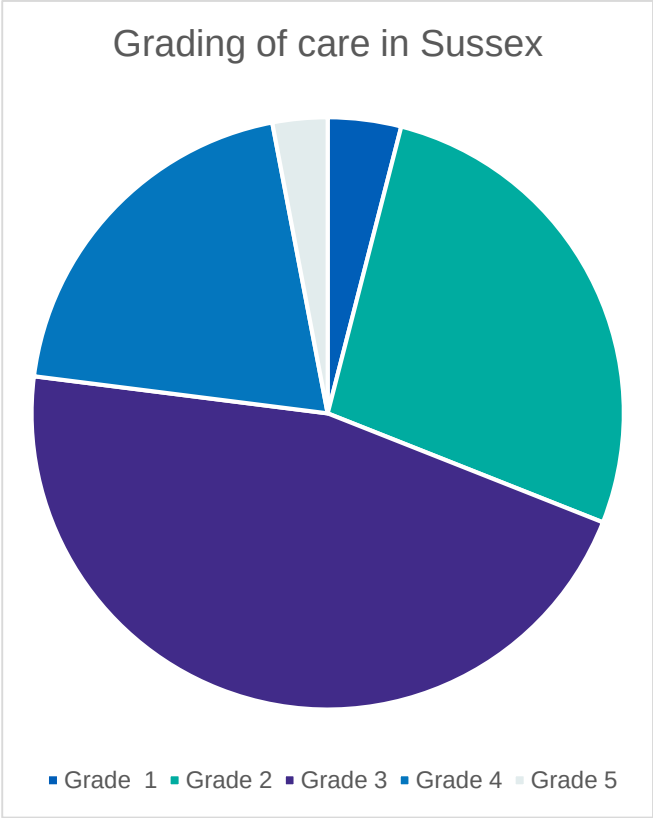
7.7.6 Deaths from COVID-19, confirmed or suspected for the period were as follows: Twenty Eight people with learning disabilities died of COVID-19 in the reporting period:

- The range of death was 44-90
- The average age at the time of death was 62
- The median age of death was 62
- 16 men died of COVID-19
- 12 women died of COVID-19

7.8 Quality of care

7.8.1 Below is the LeDeR criteria for the grading of care and the Sussex percentages for the grading of care:

Grade	Grading of Care
1	This was excellent care (it exceeded expected good practice).
2	This was good care (it met expected good practice).
3	This was satisfactory care (it fell short of expected good practice in some areas but this did not significantly impact on the person's well-being).
4	Care fell short of expected good practice and this did impact on the person's wellbeing but did not contribute to the cause of death.
5	Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.
6	Care fell far short of expected good practice and this contributed to the cause of death.



7.8.2 Three reviews received the highest score possible for care delivery and were thought to demonstrate excellent care. They reported positive practice in application of the Mental Capacity Act and showed highly person-centred approaches.

7.8.3 Twenty-one reviews were rated as evidencing good care, including good quality hospital passports in place, flexible approaches to enable a person to remain in their home and collaborative best interest decision making.

7.8.4 Most reviews in Sussex identified satisfactory care, examples of why these did not meet the good care criteria are;

- End of life care that did not demonstrate advanced care planning,
- A lack of evidence where 'Best Interests' decisions were made on behalf of a person,
- A lack of face-to-face contact with care and support providers due to the COVOD-19 pandemic,
- Annual health checks that did not result in a health action plan.

7.8.5 Fifteen reviews found care that fell short of good practice. This included certification of death that was attributed to a syndrome, safeguarding plans regarding health not being shared with GPs, poor application of the Mental Capacity Act and not identifying deterioration early enough.

7.8.6 Two reviews fell short of expected good practice, where the care was thought to have a significant impact to the person's wellbeing. A safeguarding enquiry and complaints procedures were conducted and multi-agency reviews undertaken.

7.8.7 The improvements made to address the areas of concern are highlighted later in this report.

7.9 Cause of Death.

7.9.1 It is now known that people with learning disabilities are at increased risks from COVID-19 and that, unlike the general population, this is across all age groups.

7.9.2 In the previous year (2019-20) pneumonia was the most common cause of death and sepsis was second although it is noted that this year, sepsis is the most common secondary cause of death.

7.9.3 The most common cause of death this year was COVID-19, with 29 deaths being attributed to COVID-19, which represents 23% of all deaths this year. Analysis is underway to understand if this is a trend seen nationally.

7.9.4 The table below shows the top five primary and secondary causes of death.

No	Primary Cause of Death	No	Secondary Cause of Death
1	COVID-19	1	Sepsis
2	Pneumonia	2	Frailty
3	Cancer	3	Learning disability and cerebral palsy
4	Heart disease	4	COVID-19
5	Aspiration pneumonia	5	Alzheimer's/dementia

7.10 DNACPR – Do Not Attempt Cardio-Pulmonary Resuscitation.

7.10.1 During the first wave of the Covid-19 pandemic, concerns were raised about the potential for “blanket” decisions being made around resuscitation, particularly for more vulnerable populations. As a result, the Care Quality Commission undertook a review of practice across a number of systems. This review examined the understanding and application of the Mental Capacity Act, in relation to both clinical decision-making and the importance of representing the views of the individual.

7.10.2 Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions are designed to protect people from unnecessary suffering through chest compressions and/or shocks in order to restart their heart. DNACPRs are often in place when the individual does not want it, when it is unlikely to work or when the harm outweighs the benefit. The DNACPR decision making process should always take account of the benefits, risks and burdens of CPR and consider the individual person’s wishes and preferences, the views of the healthcare team and, when appropriate, those close to the person.

7.10.3 Hospital Trusts and other providers are legally obliged to have a clear DNACPR policy for staff to follow. It must be accessible so that the patients and/or their families are able to understand the decision-making process.

7.10.4 In Sussex it was recognised that further advice and support was required to ensure that DNACPRs were being applied lawfully. Prompt rapid reviews, introduced at the start of the pandemic, identified the use of poor language and a lack of consultation in some DNACPR documentation.

7.10.5 In acute trusts concerns were escalated to medical directors.

7.10.6 In primary care, training was provided via a webinar, which covered application of the Mental Capacity Act, the importance of recording the clinical reasoning for the DNACPR decision, and the importance of avoiding discriminatory language.

7.10.7 LeDeR recommendations were shared with the Sussex-wide CCGs End of Life Commissioners and Clinical Leads, which resulted in a roll-out of ReSPECT training. Safeguarding discussions were held and concerns were raised to enable an enquiry to take place. Easy read information and top tips were made available on the CCGs website.

7.11 Recommendations made.

7.11.1 The table below shows the thematic analysis of recommendations made as a result of reviews in the period 2020-2021.

Theme	% featured
Application of the Mental Capacity Act	19
A lack of advanced care planning	13
Prevention of deterioration	11.5
STOMP/STAMP	8.5
Poor completion of DNACPR orders	8.5
The importance of reasonable adjustments	8.5
Annual health checks	8
Poor co-ordination of care	7
Screening not undertaken	4
Access to health promotion	3.5
Diagnostic overshadowing causing delays	3.5
Coronial difficulties	2.5

7.11.2 Examples of recommendations made in reviews include:

"Adequate information should be recorded in the notes, this would have provided greater assurance about the cause of the weight loss, and an assessment of the person's swallow arranged"

"The principles of STOMP should be included in medication reviews as part of an annual health check"

"General practice should ensure that individuals with learning disabilities and mental health needs have access to the appropriate specialist input"

"Behaviour guidelines should be available and followed to ensure that restrictive practices are minimised and safety maximised."

"GP/primary care to have a process to follow up on health screening when there is no response especially of those in risk groups. This to be clearly evidenced in the person's medical records".

8 Learning from older reviews completed in 2020-2021

8.1 In order to achieve our current review performance, a large number of reviews were completed that had originally been notified before the start of this reporting period.

8.2 A detailed report is planned to encapsulate this separate dataset.

8.3 A theme consistent across the majority of the reviews related to the difficulties experienced by reviewers in getting the information necessary to complete the Pen Portraits

8.4 Below is an example of a project aimed at improving this:

Working with older people in West Sussex

In response to a local LeDeR review recommendation on the importance of knowing a person's 'life story' to promote personalised care at the end of life, West Sussex made a successful bid for funding from the learning disabilities task and finish group, as part of the West Sussex wider dementia strategy and from the CCG to deliver 'life story' training in the region.

Life story work with people with dementia, supported by their families and/or carers helps build a personal biography of memories, photos, music and important events. It is also integral to enabling a person-centred approach in dementia and end of life care.

The series of training workshops was offered to anyone caring for, or supporting someone with a learning disability, including shared lives carers (where a person with learning disabilities lives with carers often as part of a family), care managers, community learning disability teams and those working in day services.

Facilitated by a writer – an expert in life story – and a learning disability dementia expert, the learning from the sessions will be adapted for anyone with, or at risk of, early-onset dementia and older people living in shared lives. Attendees will commit to deliver life story work before the project is evaluated for sustainability.

The life story initiative is part of a wider task and finish chairs group enabling increased awareness of those with learning disabilities in all groups including inclusion from minority ethnic communities and improving the use of technology to maintain independence.

9 Action from learning

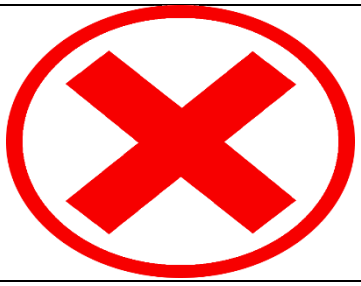
9.1 What we have learned:

Best practice and positive outcomes we have learned from reviews.	
	Nurses working behind the scenes to minimise distress and promote end of life wishes
	Person centred care being delivered including funded packages of care that are flexible and dynamic
	Services going the extra mile to enable people to die in their home, surrounded by carers they care for and who care for them
	Hospital staff going out of their way to ensure planning and reasonable adjustments are in place.
	Application of reasonable adjustments including appointments being held in a car
	Excellent bereavement support from hospices following the death of a child
	Good application of the Mental Capacity Act- supporting people to make their own decisions, which were respected
	Compassionate care in hospital when a transfer was delayed
	Collaborative care, ensuring that decisions made on behalf of someone were in-line with their beliefs and wishes
	People with learning disabilities and their carers being enabled to grieve together during the COVID pandemic
The areas for improvement that were identified in recommendations from reviews.	
	People remaining on medications without specialist oversight and/or clear diagnosis
	A lack of understanding of the importance of oral care including dentistry in the prevention of chest infection
	Better understanding of the processes and language used when completing DNACPR/ReSPECT forms
	Better care co-ordination to improve and ensure a consistent approach when a person with learning disabilities has co-morbidities
	To increase and improve the understanding of when to implement advance care planning
	The understanding and application of the Mental Capacity Act
	Access to good public health and reasonably adjusted social prescribing

	The recording of the application of the Mental Capacity Act in health records

9.2 Action from learning: What we learned about deaths from COVID-19

Best practice and positive outcomes we have learned from reviews.	
	Top tips to primary care in the flu vaccination campaign including application of the Mental Capacity Act
	We promoted pulse oximetry and made equipment available which resulted in the early identification of COVID in the first wave
	Working with and for people with learning disabilities to receive their COVID-19 vaccination including a locally enhanced service for GPs resulted in at least 86% of people receiving their first dose by 16th April 2021
	That acute hospitals went the extra mile to allow families to see or be with their loved one when they died. That this was valued by families
	We shared resources from the palliative care for people with learning disabilities network and Books Beyond Words to all those bereaved by the pandemic
	Care homes valued the regular if virtual contact they received from their GPs
	An increase of joint working was seen due to the pandemic, e.g. hospice and community teams worked more closely together
	We provided training to 207 people across Sussex in the use of RESTORE 2 mini to improve the quality of observations for people with learning disabilities.
	Further evidence that good application of the Mental Capacity Act, including the use of simple information and collaboration, enables people's wishes to be respected.
	We worked closely with the CCGs infection prevention and control team to ensure support was tailored to learning disability care settings.
The areas for improvement were identified in recommendations from reviews.	
	Visitor guidance in carers being allowed to provide support in hospitals was not always followed.
	The lack of GP face to face assessments meant that physical assessments, e.g., listening to a person's, chest were not undertaken
	Better understanding of the process and language used in the completion of DNACPR/ReSPECT forms.

	Evidence of poor application of the Mental Capacity Act.
	Face to face access to learning disabilities liaison nurses in hospital is essential

9.3 The Sussex Learning Disabilities COVID Response Partnership

9.3.1 A Sussex-wide Learning Disabilities COVID Response Partnership was established in April 2020 with four main functions:

1. To ensure that guidance and easy read information produced at pace was circulated across the system from a central point for implementation and use.
    - Across the system means NHS services including GPs, local authorities, care homes, carers, families and people with learning disabilities.

2. To promote initiatives agreed by the group as key to reducing the known inequalities people with learning disabilities experienced in this pandemic.
    - This has included training in the identification of deterioration, the importance of the flu vaccine and making sure that people with learning disabilities receive the COVID vaccination as soon as they are eligible.

3. To enable system escalation of concerns and issues that may have resulted in further inequalities for people with learning disabilities.
    - This included raising issues about care and treatment decisions, including those around resuscitation.

4. To take action as a collaborative in order to work towards overcoming the barriers that people with learning disabilities and their families and or carers may face under the circumstances of the COVID pandemic.

9.3.2 The group is inclusive, meets virtually on a fortnightly basis, and is chaired by a member of the CCG Learning Disability and Autism Team. Membership includes specialist NHS learning disability services, all three local authority commissioners in Sussex, experts in infection, prevention and control and public health, a GP, a member of the academic health sciences network and carers support. Guest speakers are welcomed and have included those running arts projects or undertaking research.

10 Learning into action:

10.1 Addressing the National Themes

10.1.1 National Sepsis Week 2020 had a learning disabilities focus. This was undertaken jointly with CCGs Quality Teams and included easy read materials as well as the publication of the 'Purple Stars Sepsis' song.

10.1.2 Training is being delivered weekly until July 2021 in Stop Look Care: identifying deterioration in people with learning disabilities. Across all care settings, this will be evaluated on conclusion of the current offer.

10.1.3 Pathways have been developed between specialist learning disability services and acute respiratory care to reduce deaths due to pneumonia. This has started in one part of Sussex with the aim of rolling it out across Sussex.

10.1.4 LeDeR is a standing agenda item at the Sussex STOMP/STAMP action group. Case studies are presented to inform prescribing practice and a business case has been developed for a specialist pharmacist in this area.

10.1.5 There was early involvement in CCG-wide flu board and subgroups, ensuring high profile communications across Sussex.

10.1.6 The Sussex 'Thumbs up' award seeks to improve the uptake, quality and outcomes of annual health checks. A kite mark to support quality improvement has been co-produced and rolled-out and there has been funding approval for a health facilitation team in East Sussex with five posts currently being recruited to.

10.1.7 There is commitment to a pan-Sussex Learning Disability and Autism Strategy, which has been signed off by the CCG in May 2021 and supports the implementation of a dynamic support register for physical health, with clear and co-ordinated outcome pathways for those at greatest risk of hospital admission.

10.1.8 Sharing learning across the CCG into multiple work-streams regarding the implementation of ReSPECT. Working across hospices, primary care networks, community Trusts and acute Trusts. Training delivered jointly with the local Academic Health Sciences in RESTORE 2 mini. (207 people have received this training so far with further sessions planned).

10.2 Sussex implementation of actions

10.2.1 Due to the unique nature of the reporting period covered in this report, a number of supplementary processes were established to ensure a quick response to recommendations coming from COVID rapid reviews and full LeDeR reviews. These included the Sussex COVID Response Partnership, which provided a mechanism for implementation and monitoring of recommendations across a range of providers, e.g. the increased use of pulse oximetry to monitor for early warning signs of silent hypoxia.

10.2.2 Provider Forums also expedited the process of learning to ensure that risks were quickly understood, mitigated and any necessary training was highlighted to staff groups, e.g. Restore-2 Mini.

10.2.3 Recommendations that were less immediate in nature, formed the basis of the Sussex Learning Disability and Autism Strategy's Health Inequalities actions, to ensure Sussex wide implementation and monitoring processes are in place.

10.3 Action from learning; Annual Health Checks

10.3.1 Throughout 2020/21 Sussex has been working towards a target of at least 67% completed for those eligible to have a health check.

10.3.2 We welcome Sussex as a county exceeding this target with performance 69.2% of eligible people receiving their health check. Our ambition for 2021/2022 is to increase this to achieve and maintain 75% by 2023-2024 while concurrently increasing the number of people with a learning disability on GP registers

	2019-20			2020-21		
CCG	Checks	Q4 Register	AHC %	Checks	Q4 Register	AHC %
Brighton and Hove	529	1412	37.5%	799	1,492	53.6%
East Sussex	1388	2984	46.5%	2,283	3,208	71.2%
West Sussex	2388	4475	53.4%	3,413	4,690	72.8%
Sussex Total	4305	8871	48.5%	6,495	9,390	69.2%

10.4 An example: The thumbs up campaign

10.4.1 Health facilitation teams in Sussex helped identify realistic targets for GP practices and Primary Care Networks and worked with them to gather the evidence required for submission. The templates were based on those requested by CQC which will also be used for any future inspections.

The award has been designed to support practices with:

- Improving the identification of people with a learning disability
- Improving the care available to patients with a learning disability
- Supporting the quality outcome framework (QOF) quality improvement (QI) domain for 20/21 and CQC evidence.

10.4.2 The Thumbs Up quality award will be presented to practices upon completion of specific areas of quality improvement for people with learning disabilities, to be defined by the self-assessment checklist. There are bronze, silver and gold level awards to be achieved by practices who can evidence the standards for being a Learning Disabilities friendly practice.

10.4.3 A full package of support is available to guide practices through the Thumbs Up self-assessment from the Sussex health facilitation teams with a self-assessment toolkit available. Quality checkers with learning disabilities have been trained to give feedback and a communications pack is available.

10.5 Action from learning: the role of cancer screening.

10.5.1 No deaths during 2020-2021 were recorded as being the result of non-attendance at cancer screening. However, recommendations were made regarding the need of attendance at abdominal aortic aneurysm (AAA) screening where deaths were attributed to cardiovascular disease.

10.5.2 Recommendations were also made regarding the need for better uptake of cancer screening including:

- A lack of follow-up when bowel screening was declined.

- No documented evidence of assessment of capacity when cervical screening was deemed not to be in a woman's best interest.
- No evidence of reasonable adjustments available to enable screening.

10.5.3 The Sussex Learning Disabilities and Autism team are working with the screening programme to increase uptake. A training, education and support plan is in development for those caring for people with learning disabilities. This is aimed at highlighting the importance of screening and the need for reasonable adjustments.

10.6 Action from learning - improving respiratory care: an example

Specialist learning disability physiotherapy, speech and language therapy teams presented, along with a respiratory consultant from an acute NHS Trust at the South East (SE) Clinical Forum. The presentation focused on work happening in Sussex led by colleagues in Sussex Partnership NHS Foundation Trust (SPFT) with Surrey and Sussex NHS Healthcare Trust focusing on all aspects of respiratory health and to booster links within the South East's respiratory sector.

The Sussex team presented a comprehensive approach to respiratory care within the network with an aim to share best practice and develop consistent pathways and training programmes across the South East region.

A new task and finish group, led by NHS England/Improvement SE, including SPFT colleagues, aims to benchmark and understand where the SE area is in relation to known best practice, for dysphagia (swallowing difficulties) pathways and training, posture and respiratory pathways, particularly aiming at those who have respiratory risks and symptoms which lead to pneumonia and increased mortality. They are undertaking a scoping exercise across the SE in April, and are planning to use the results of the scoping exercise to recommend improvements across the South East. SPFT colleagues are also now linked to the SE Respiratory Collaborative.

10.7 Action from learning: the evidence base for local priorities 2021/2022

Applying the Mental Capacity Act Recommendations raised issues with its application include:

- Assuming incapacity.
- Lack of available assessment of capacity.
- Poor understanding of the role of the independent Mental Capacity Advocate and how to seek their involvement
- Not applying the best interest checklist.

Practice to share:

- Evidence of excellent application in maximising understanding to promote choice, rights and dignity in death.
- Evidence of supported decision making in the completion of DNACPR

Prevention of deterioration Recommendations include:

- Training staff in the competencies required to undertake observations.
- Utilising tools such as stop look care RESTORE 2 mini and SBARD (situation, background, assessment, Recommendation and decision: and escalation/handover tool known to improve safety) in care settings.
- Improving the understanding of the importance of good oral hygiene in the prevention of infection.
- Ensuring that those with learning disabilities have equal access to the enhanced care home support being developing in primary care.

Practice to share:

- the use of pulse oximetry.

A lack of advanced care planning Recommendations include:

- Improving the skills in identifying that a person with dysphagia who is experiencing multiple chest infections, should have a plan recognising their views and wishes about their death.
- The need for a lead clinician to develop advance care plans.
- The need for speech and language to develop contingency and/or advance care planning when delivering ‘risk feeding ’care plans.
- Better understanding of the application of frailty scores and models for those with multi morbidities.
- Earlier referrals to hospice by acute liaison nurses and primary care.
- People should not be discharged from hospital without hospice involvement if their prognosis is terminal.

Practice to share:

- Learning disability liaison nurses working behind the scenes to enable good hospice support.
- Hospices employing learning disability facilitators.

STOMP/STAMP
Recommendations include:

- Ensuring that when a person is on more than one drug that effects mood and behaviour, without clear diagnosis, their care is overseen by a psychiatrist.
- That GPs should know when and how to refer for specialist pharmacy advice when medication is prescribed contrary to STOMP/STAMP.
- Physical health tests must be undertaken in-line with prescribing guidance, and contingency plans made when the person is unable to have such tests,

Poor completion of DNACPR orders
Recommendations include:

- Doctors ensuring that they consult others to ensure their assessment of the person's abilities are robust and balanced and don't fully rely on the current presentation. Knowing when it is required to instruct an IMCA and how to do this.
- Understanding that capacity must be formally assessed before a decision is made in the person's best interest.
- Ensuring that language used in the completion of forms is not discriminatory.
- The need to raise safeguarding concerns where appropriate.

Practice to share

- The benefit in using accessible resources in gaining consent to complete DNACPRs.

The importance of Reasonable Adjustments.
Recommendations include:

- Ensuring health promotion advice and support, such as weight loss and smoking cessation, is available to people with learning disabilities.
- That acute Trusts ensure that access to family and carers is consistent for all those with learning disabilities.
- That face to face GP appointments are available to ensure physical assessment.
- That translators are available and used when English may not be the first language of a person with learning disabilities and their family.
- For providers to ensure that they know the legal right to request reasonable adjustments for health appointments.

Practice to share

- Good planning and facilitation in reasonable adjustments.
- The benefit in video conferencing in developing trust and rapport.

10.8 Action from learning: Local priorities for delivery in 2021/2022 based on the learning from reviews locally and nationally.

10.8.1 Sussex continues to increase the rates of annual health checks for people with learning disabilities. Using the 'Thumb's Up' mark there will also be increased focus on quality and good health action plans as outcomes.

10.8.2 Cross-working between annual health checks and STOMP steering groups is needed to reduce the prescribing of medication that affect mood and behaviour without robust clinical rationale.

10.8.3 Further work with local authorities, 'Skills for Care' and Health Education England to develop a workforce plan that embeds Stop Look Care, including the development of a learning disabilities specific booklet.

10.8.4 Piloting a dynamic support tool for physical health and clear outcome pathways, including public health and social prescribing.

10.8.5 Continued work with academic health sciences network to embed RESTORE 2 mini, including in their 'deteriorating patient' safety work-stream.

10.8.6 Sussex will develop innovative ways of delivering annual health checks for those with learning disabilities and autistic people. Including pilot health checks for autistic people and delivery though secondary care, co-produced with autistic people for design, test and implementation by December 2022.

10.8.7 Sussex will continue to provide training and support to health and social care to ensure reasonable adjustments are understood and requested in order to improve access to universal services such as screening.

10.8.8 Clear pathways for people with learning disabilities who have respiratory needs requiring specialist care will be developed across the whole of Sussex.

10.8.9 Active involvement of people with learning disabilities, their families and carers will ensure improvements are co-produced.

10.9 Action from learning: the Sussex Learning Disabilities and Autism Strategy

10.9.1 A Sussex-wide strategy has been developed and ratified following broad engagement with system partners and their networks. The strategy makes the following commitments:

- To fully implement a dynamic support system for physical health inequalities by September 2022
- Community Learning Disabilities (CLDs) services: create a single service and outcomes specification that reflects recommended best practice. To work with commissioners and local providers to implement across Sussex by 2024.

- To pilot a community autism service to assess the benefits of strengthening care-co-ordination.
- Learning Disability Improvement Standards: the Sussex Learning Disabilities and Autism Health Inequalities Partnership to review the bench marking data as it becomes available and to support each provider to have plans to meet these standards by April 2024
- To develop innovative ways of delivering annual health checks for the learning disabilities and autism communities by becoming a pilot site for health checks for (1) autistic people and (2) delivery through secondary care. Working closely with experts by experience to design and test implementation by December 2022.
- To establish a STAMP service (stopping over medication of children with learning disabilities and autism) by April 2024.
- Work with experts by experience to identify and implement reasonable adjustments to the current bowel screening programme to increase uptake by people with learning disabilities including looking at younger people not yet eligible for screening by April 2022.

10.10 Action from learning: evaluating the impact

10.10.1 Learning from LeDeR and subsequent action plans will be presented to the Sussex Learning Disabilities and Autism Board (LDA Board) and health inequalities steering group. This is to ensure all parts of the system commit to understanding the needs of those with learning disabilities; to overcome the barriers to, and improve access to, good health care. Furthermore, to share learning and good practice across the system to enable the work to be embedded.

10.10.2 The LeDeR Steering Group will report into the Sussex LDA Board.

10.10.3 The Sussex LDA Board has a newly appointed shadow board made up of people with learning disabilities and autistic people. This group will act as the reference group for learning from LeDeR with biannual workshops to coproduce service improvements.

10.10.4 It is hoped that future reviews will show improvements in outcomes; such as an increase in reviews scoring 1-3 (excellent- good) and a reduction reviews scoring 4-6 and related statutory processes.

11 Conclusion

11.1 Given the unprecedented constraints placed upon individuals, families, services and systems by the Covid-19 pandemic, this report highlights a number a range of elements of good practice across Sussex as well as areas of improvement needed to ensure that we prevent premature deaths.

11.2 The significant recovery programme has been made possible with investment and system-wide commitment to mobilising resource.

11.3 Sussex has moved from being an outlier nationally, with performance being considered poor, to being regarded as progressive and responsive to the needs of the populations it serves.

11.4 Most importantly, this report highlights the systematic way by which Sussex is pursuing improvements borne out of local and national learning from LeDeR reviews. We hope that this report demonstrates the system-wide commitment to improving services for those with learning disabilities in order to ensure that the health inequalities they experience, which have been amplified by the COVID -19 pandemic, are reduced and people are supported to live fulfilling lives

END

Item 12

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:	Joint Strategic Needs Assessment (JSNA) programme update	
Date of Meeting:	27/07/2021	
Report of:	Alistair Hill, Director of Public Health	
Contact:	Kate Gilchrist, Head of Public Health Intelligence	Tel: 01273 290457
Email:	kate.gilchrist@brighton-hove.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

Since April 2013, local authorities and CCGs have had equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people, and is used to inform commissioning of services that will improve outcomes and reduce inequalities.

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

This paper provides an update on the JSNA programme and items for discussion on needs assessments to commence in 2021/22.

Glossary of Terms

JSNA – Joint Strategic Needs Assessment
JHWS – Joint Health and Wellbeing Strategy

1. Decisions, recommendations and any options

1.1 That the Board note the updated JSNA summary.
1.2 That the Board approves the programme of JSNAs to commence in 2021/22 set out in sections 4.7 to 4.9

2. Relevant information

2.1 Needs assessments provide a comprehensive analysis of current and future needs of local people to inform commissioners and providers how they can improve outcomes and reduce inequalities. They also ensure relevant strategies, including the Joint Health & Wellbeing Strategy, are based upon high quality evidence, and have been used as a valuable resource for community and voluntary sector organisations (for example in making external funding bids).

2.2 Evidence within needs assessments usually includes local demographic and service data; evidence from the public, patients, carers, service users and professionals; and national research and best practice. These elements are brought together to identify unmet needs, inequalities, and overprovision of services. They also inform commissioners and providers how they can improve outcomes for local people.

2.3 The JSNA is delivered by a city-wide partnership approach led by the Public Health team. The programme is overseen by the City Needs Assessment Steering Group, which includes representatives from the council's Public Health, Adult Social Care, Families Children and Learning, Housing, Policy and Communities Equality & Third Sector teams; the CCG; HealthWatch; Community Works; Sussex Police and the two universities. However, given the Covid pandemic, the Steering Group has not met since early 2020 and with many changes across partners, membership needs to be reviewed.

2.4 The programme has three elements:

- **Overarching resources:** Including the JSNA summaries, data snapshots, survey briefings and Annual Reports of the Director of Public Health. The 2019 executive summary is being presented to the Board for approval. The summary sections are moving to more infographic and interactive content as agreed in the plan to the Board in 2017.
- **Rolling programme of in-depth needs assessments** on a specific theme or population group.
- **Community Insight**, an online resource providing a wide range of data mapped at small area level across the city as well as up to date reports for these areas.
- All resources described above are accessible via the Local Intelligence website (http://www.bhconnected.org.uk/content/local-intelligence) the Strategic Partnership data and information resource for those living and working in Brighton & Hove.

2.5 The JSNA programme supports commissioners across the city in considering these issues in policy, commissioning and delivering services.

2.6 The evidence from the JSNA, and these key areas for improvement, are prioritised within the Joint Health and Wellbeing Strategy.

2.7 Much of the JSNA programme was put on hold in 2020/21 due to the Covid-19 pandemic. JSNA activities in 2020/21 include:

- JSNA overarching summary updated three times
- Adults with Multiple Complex Needs JSNA complete (awaiting sign off)
- Contributed to the Sussex wide BAME needs assessment
- Physical activity JSNA summary updated

2.8 The Public Health team are recruiting a JSNA lead for one year to support the programme, given the continued demands around Covid-19, and have identified a limited budget to commission elements of needs assessments where required.

JSNA summary

3.1 An overarching short summary of the Brighton & Hove population, and its needs continues to be updated quarterly.

3.2 The summary sets out a snapshot the key health and wellbeing issues for the city, across the life course, set out into wider determinants and then the four wells from the Joint Health and Wellbeing Strategy.

3.3 The format of the summary changed to be more visual, with a more interactive online version in 2019. In both versions, users can click on the icons to link to trend data, where available.

3.4 The format will again be reviewed in 2021 to make sure it meets current requirements and builds in more automation where possible.

JSNA programme of in depth needs assessments and summary needs assessments

4.1 Each year the Health and Wellbeing Board approves a small number of in depth needs assessments for Brighton & Hove. Due to the resource and partnership working involved this is usually two needs assessments.

4.2 In 2020 the programme was largely put on hold due to Covid-19, with the exception of the Adults with Multiple Complex Needs Assessments which is being presented today.

4.3 There is a statutory requirement to complete a Pharmaceutical Needs Assessment by October 2022, this needs assessment will commence within 2021/22.

4.4 In addition to in depth needs assessments, the Public Health team, with support from relevant partners, will produce a number of summary JSNAs on key topics (these will not include primary data collection or new qualitative research).

4.5 Discussion around JSNA at Place / Sussex level are taking place with East and West Sussex Public Health teams to coordinate where possible, and to produce Sussex level summaries where appropriate but to recognise that the JSNA programme needs to also focus on the priorities of Place.

4.6 The prioritisation criteria we have used in the past have included:

- Is it a **priority** for Council and NHS?
- What about community/voluntary sector?
- Would it be particularly **timely** to do an assessment now?
- How much **current intelligence** is there?
- What about **prevalence and impact**?
- Links to **equalities and inequalities**?

4.7 Suggested priorities for Brighton & Hove for in-depth needs assessments:

- Pharmaceutical Needs Assessment (a statutory duty to complete by October 2022 so will be within the programme.
- Mental Health

4.8 Given the capacity, and work involved in an in-depth needs assessment, it is suggested two of these are selected for in-depth needs assessment in 2021/22, one being the statutory Pharmaceutical Needs Assessment and a programme for the next three years is then established through the steering group. The others would be put into the programme for summary needs assessment updates

4.9 Those which have been suggested for summary needs assessment update to date include:

- Sexual health (Children and Young People) - underway
- Sexual health (Adults) - underway
- HIV and AIDs – underway
- Our population
- Health protection
- Oral health
- Smoking
- Alcohol
- Healthy weight (Children and Young People)
- Healthy weight (Adults and Older People)
- Dementia
- Dying well – underway
- Cancer

3. Important considerations and implications

Legal:

3.1 The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. Specifically, from April 2013, local authorities and Clinical Commissioning Groups have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities.

Lawyer consulted: Nicole Mouton Date:05/07/2021

Finance:

3.1 The resources required to support the production of the JSNA are funded by the ring-fenced public health grant and are reflected within the service and financial plans for public health. The JSNA provides the needs assessment for the city. Future commissioning plans and delivery plans will need to reflect on these needs. Any subsequent reports and plans will need to individually assess their financial implications, the impact on the needs of the city and the intended outcomes.

Finance Officer consulted: Sophie Warburton Date:05/07/2021

Equalities:

3.2 Needs assessments consider specific needs of groups with protected characteristics. The JSNA is a key data source to inform action to improve outcomes in all groups and meet the public sector equality duty (including Equality Impact Assessments).

Sustainability:

3.3 No implications: Sustainability related issues are important determinants of health & wellbeing and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues.

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

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

Supporting documents and information

Brighton & Hove Joint Strategic Needs Assessment available at:
http://www.bhconnected.org.uk/content/needs-assessments

Item 14

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:	Joint Health and Wellbeing Strategy - Outcome measures
Date of Meeting:	17th July 2021
Report of:	Alistair Hill, Director of Public Health, Health and Adult Social Care
Contact:	Kate Gilchrist, Head of Public Health Intelligence Tel: 01273 290457
Email:	Kate.gilchrist@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

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

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

This paper presents proposed high-level outcomes measures for the strategy, which have been amended in 2021 to reflect the wider impacts of Covid

Glossary of Terms

JNSA – Joint Strategic Needs Assessment
CCG – Clinical Commissioning Group
GPs – General Practitioners
NHS Long Term Plan – the new plan for the NHS to improve the quality of patient care and health outcomes.

1. Decisions, recommendations and any options

1.1 That the Board approves the outcome measures for the Joint Health and Wellbeing Strategy.

1.2 That the Board agrees the frequency of update on progress against the outcomes measures, suggested six monthly.

2. Relevant information

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

2.2 The Brighton & Hove Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2019. It is a high-level strategy that sets out the vision of the Board for improving health and wellbeing and reducing health inequalities in Brighton & Hove. The vision for the Board and its partners is that Everyone in Brighton & Hove will have the best opportunity to live a healthy, happy and fulfilling life.

2.3 The strategy states our ambition that by 2030:

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

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

2.5 In July 2019 the Board agreed that the Strategy, in addition to the ambitions set out under 2.3, would have a small number of high-level outcome measures for each of the four wells. These measures were due to be taken to the March 2020 Health and Wellbeing Board, but the Covid-19 pandemic meant that this was delayed. The suggested outcomes measures have now been updated in order to reflect the wider impacts of Covid-19.

Development of the outcome measures

2.6 Indicators are suggested based upon: the needs set out in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy; where they are population level outcomes (not system/process indicators); where Brighton & Hove performs poorly against comparators (or England); where there are significant inequalities within the city; where Covid-19 has had a likely significant impact. Where appropriate, indicators have an additional inequalities element to reflect the overarching ambition of the Strategy.

2.7 In the main indicators are taken from: the Public Health Outcomes Framework; NHS Outcomes Framework and Adult Social Care Outcomes Framework; PHE Wider Impacts of Covid-19 dashboard.

2.8 The outcome measures were also informed by the engagement carried out on the Joint Health and Wellbeing Strategy in 2018/19.

2.9 The initial set of proposed indicators were informed by discussions at Families, Children and Learning, Public Health and Health and Adult Social Care Directorate Management Teams (DMTs) within the City Council, the Health & Care the Partnership Board, the Clinical Commissioning Group Local Management Team meeting and the Councillor Performance and Information Group. Further discussion has taken place at the Integrated Care Partnership Board, and Councillor Performance and Information Group in 2021. The Starting Well Outcomes Measures will go to the Early Help Partnership Board and the Dying Well Outcomes Measures to the Dying Well Steering Group in July 2021 for any further amendments.

2.10 Once the set of outcome measures is agreed, the Public Health Intelligence team will provide trajectories for possible ambitions by 2030 for approval by the Health and Wellbeing Board.

The proposed outcome measures

2.11 Table 1 outlines the set of proposed outcomes measures indicators. These are in addition to the overarching measures set out in section 2.3. It should be noted that some measures cross more than one well, this is particularly the case for some measures within living well, which also span ageing well. In line with the Strategy, they are placed within one well rather than repeated.

2.12 Where possible, outcomes measures are included for disadvantaged groups, however data is not always available for all grouped facing inequalities, for example ethnicity recording which makes measuring outcomes for different groups difficult. Workstreams continue to focus on the improvement of this data and we will continue to review and include outcomes by group where possible over time.

Monitoring the outcome measures

2.13 It is proposed that The Board will receive a six monthly update on progress, which will enable Board members to maintain oversight of the strategy and identify where they need to take further action as systems leaders.

Table 1: Proposed outcomes measures

Starting well	Living well	Ageing well	Dying well
• The gap in having a good level of development at end of reception between pupils eligible for Free School Meals (FSM) and other pupils is reduced • Immunisation rates improved (MMR two doses by five years) • Improvement in good level of development at 2/2½ • Year 6 healthy weight is improved • *The rates of smoking, alcohol and drugs use in 15 year olds are reduced* • Educational attainment at 16 is improved for all pupils and those from disadvantaged groups • The percentage of pupils who often/sometimes feel happy increases and often/sometimes worry about the future decreases • Reduced hospital admissions self harm	• The gap between the overall employment rate and the rates for those with long-term health conditions, learning disabilities and in contact with mental health services are reduced • *People having enough money after bills to live* • The percentage of physically active adults (i.e. who undertake a minimum of 150 minutes of moderate physical activity per week) is increased – improvement in adults above a healthy weight, travel by walking and cycling at least 3 days per week • The adults smoking prevalence, and the gap between routine and manual workers and other groups, are reduced • Alcohol related admissions to hospital are reduced • Drug related deaths are reduced • Sexually transmitted infections are reduced • HIV 95|95|95 (95% of all people living with HIV know their HIV status; 95% of people with diagnosed HIV infection receive sustained antiretroviral therapy; 95% of people receiving antiretroviral therapy with have viral suppression) • The percentage of cancers detected at an early stage is increased • Social isolation is reduced • Domestic violence • The percentage of adults with high levels of happiness is increased and with high levels of anxiety is reduced • Admissions for self harm are reduced • Deaths from suicide and undetermined injury are reduced	• Health related quality of life for older people is increased • Good quality of life for carers is increased • Flu vaccination rates are improved • Repeated admission to hospital is reduced • Hospital admissions due to falls are reduced • Permanent admissions to residential and nursing homes are reduced • U75 mortality from CVD and cancer are reduced	• People dying in their usual place of residence *Further local indicators will be considered by the Dying well Steering Group* *Placeholder: Increase in the number of personalised care plans created*

3. Important considerations and implications

Legal:

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

Lawyer consulted: Date:

Finance:

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

Finance Officer consulted: Date:

Equalities:

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

Sustainability:

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

Supporting documents and information

Brighton & Hove Health and Wellbeing Strategy
https://new.brighton-hove.gov.uk/sites/default/files/health/brighton-hovehealth-wellbeing-strategy-2019-2030-26-july-19.pdf
Brighton & Hove Joint Strategic Needs Assessment available at:
http://www.bhconnected.org.uk/content/needs-assessments