Who are we?

The Health and Wellbeing Board is a joint board of the Council and CCG which provides the strategic leadership for the health and social care in the city. Meetings are open to the public and everyone is welcome.

Where and when is the Board meeting?

This next meeting will be held in the **Auditorium - The Brighthelm Centre** on **Tuesday, 12 July 2016**, starting at **4.00pm**. It will last about two and a half hours.
There will not be an informal Q&A session preceding the Board meeting.

What is being discussed?

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

- Transforming Care
- MND Charter
- Fees to Care Homes
- HIV Prevention and Social Care
- Supporting Carers
- Sugar Smart
- Rough Sleeping Strategy

What decisions are being made?

- MND Charter
- HIV and Social Care services
- Carers Commissioning Strategy
- Fees to Care Home Providers 16/17

Health & Wellbeing Board

Geoff Raw
Chief Executive - BHCC
(Non-voting)

Cllr Yates
Chair
(Voting member)

Natasha Watson
Lawyer BHCC

Giles Rossington
Secretary - BHCC

Dr. Christa Beesley
CCG
(Voting member)

Cllr K. Norman
(Voting member)

Cllr Brown
(Voting member)

Peter Wilkinson
Public Health Manager - BHCC
(Non-voting Statutory member)

John Child
CCG
(Voting member)

Jennifer Oates
CCG
(Voting member)

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

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

Lead Member
(In attendance - Non-voting)

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

Dr. Xavier Nalletamby
CCG
(Voting member)

Cllr Page
(Voting member)

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

David Liley
Healthwatch
(Non-voting Statutory member)

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

Cllr Barford
Lead Member for Adult Services
(Voting member)

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

Presenting Officer
or
Public Speaker

Presenting Officer
or
Public Speaker

Press

Public Seating

Officers and Representatives
attending

Health & Wellbeing Board
MeetingDate
4.00pm
Brighthelm Church & Community CentreAuditorium - The Brighthelm Centre

Who is invited:

Yates (Chair), K Norman (Opposition Spokesperson), Brown, Page and Barford and Penn; John Child, Jennifer Oates, Dr Christa Beesley, Dr George Mack and Dr Xavier Nalletamby (Brighton & Hove Clinical Commissioning Group); Denise D'Souza, Pinaki Ghoshal, Peter Wilkinson, Geoff Raw (Brighton & Hove City Council); Pennie Ford (NHS England); Graham Bartlett (Children and Adult Safeguarding Boards); and David Liley (Healthwatch)

Contact: **Giles Rossington**
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Date of Publication - Monday, 4 July 2016

AGENDA

Formal matters of procedure

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

Page

14 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.

15 MINUTES 1 - 14

The Board will review the minutes of the last meeting held on the 07 June 2016, decide whether these are accurate and if so agree them.

16 CHAIR'S COMMUNICATIONS

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

17 FORMAL PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Giles Rossington on 01273 295514 or send an email to giles.rossington@brighton-hove.gov.uk

An addendum containing any public questions, deputations or petitions will be circulated in advance of the meeting.

The main agenda

Papers for Decision at the Health & Wellbeing Board

18 Motor Neurone Disease (MND) Charter 15 - 24

Contact: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards*

Health & Wellbeing

19 Fees to Providers (Care Homes) 2016 25 - 34

Contact: *Anne Hagan* *Tel: 01273 296370*
Ward Affected: *All Wards*

20 Supporting Carers - Carers Rapid Needs Assessment; Carers Strategy; and Carers Commissioning Intentions 35 - 50

Contact: *Gemma Scambler* *Tel: 01273 295045*
Ward Affected: *All Wards*

21 HIV Prevention and Social Care Services 51 - 56

Contact: *Stephen Nicholson* *Tel: 01273 296554*
Ward Affected: *All Wards*

22 Transforming Care: Update 57 - 112
Ward Affected: *All Wards*

Papers for Discussion at the Health & Wellbeing Board

23 Sustainability & Transformation Plan 113 - 116

Papers to Note at the Health & Wellbeing Board

24 Sugar Smart Brighton: Debate and Action Plan 117 - 150
Ward Affected: *All Wards*

25 Brighton & Hove Rough Sleeping Strategy 2016 151 - 204

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

Part Two

26 PART TWO MINUTES

To consider the part two minutes of the meeting held on (insert date).

27 PART TWO PROCEEDINGS

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

WEBCASTING NOTICE
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For further details and general enquiries about this meeting contact Democratic Services, 01273 2910386 or email democratic.services@brighton-hove.gov.uk

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

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

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

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

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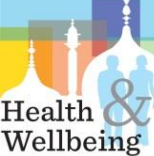
- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Health & Wellbeing

Do not re-enter the building until told that it is safe to do so.



1. Procedural Business

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

(b) Declarations of Interest:

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

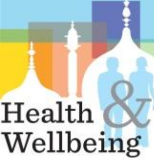
In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

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

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

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

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



4.00pm 7 June 2016
Auditorium - The Brighthelm Centre

Minutes

Present: Councillors Yates (Chair), K Norman (Opposition Spokesperson), Brown, Page, Barford and Penn. Dr. Christa Beasley, John Child, Dr. George Mack; Dr. Manas Sikdar, Dr. Xavier Nalletamby, Clinical Commissioning Group.

Other Members present: Frances McCabe Health Watch; Graham Bartlett; LSCB and Adult Safeguarding Boards; Pennie Ford, NHS England; Pinaki Ghoshal, Statutory Director of Children's Services; Denise D'Souza, Statutory Director of Adult Social Care; Peter Wilkinson, Acting Director of Public Health.

Part One

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

1.1 There were no substitutes.

1.2 The Chair made a declaration that, as an employee of an NHS Trust he had sought and had been granted dispensation to speak on certain items, and would read out this dispensation when reaching the relevant item (Item 5). He also explained that there were Part 2 minutes to be agreed from the previous meeting, but saw no obvious need for the committee to consider these in private session.

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

2 MINUTES

2.1 The minutes of the meeting held on the 19th April 2016 were approved as a correct record and signed by the Chair.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair outlined the following as part of his communications:

Welcomes

3.2 I would like to welcome Councillor Brown and Councillor Page to the Health & Wellbeing Board.

The Sustainability & Transformation Plan (STP)

3.3 Last year I made clear that the move towards health and social care integration along with the devolution agenda was likely to mean significant impacts and change ahead. In hindsight I think that's a clear understatement. The significant developments across the country in devolution along with the emerging STP footprints and process have certainly created a challenge to focus the minds of officers and board members alike.

3.4 Give the massive pressures in our own local health service in community, primary and acute care alongside social care this is clearly an area where considerable focus needs to be given over coming months. We need a system that is fit for purpose and sustainable for the 21st century realities. This brings me to the difficult and unpleasant reality of these pressures.

GP Practice Group surgeries

3.5 Yesterday confirmation was sent of the decisions of NHS England regarding the loss of Practice group surgeries across the city. I have circulated the outcomes which needless to say are a disappointment to several communities including my own across the city. However having been directly engaged in the process – as those across affected communities have been – I've been able to see the hard work and determination that NHS England have displayed in attempting to find the best possible solution in a time where primary care is struggling to attract the numbers of trainees and GPs that we require. I am also disappointed to see that patients' needs are not being met and that they will have to travel considerable distances in Bevendean and Hangleton.

Motor Neurone Disease Association (MNDA)

3.6 Earlier this afternoon I also attended the MNDA south coast road trip at Hove where they were promoting the MNDA charter. I will be asking for a report on the Charter to come to a future HWB.

An apology

2

3.7 Lastly an apology. I understand that my passion and commitment to our health and social care system at the last meeting may have over spilled and my behaviour have caused some members of the board reason for concern. I would like to apologise to them and the whole board for this. Normal service will be resumed and I look forward to a productive and collaborative new board year, whatever it holds.

4 FORMAL PUBLIC INVOLVEMENT

4.1 The Chair began by explaining that the Board would no longer be receiving informal public questions, as they had become repetitious and the time allotted was not regularly being used. An improved engagement strategy is being developed.

4.2 The Chair noted that a total of four public questions had been submitted. The Chair then invited Madeline Dickens to come forward and to put her question to the Board.

4.3(a) Ms Dickens thanked the Chair and asked the following: "Does the HWB share the serious concerns the LGA has presented to NHS England and Jeremy Hunt about the impact on local governance, accountability and democracy the Sustainability and Transformation Plan presents? How does the Brighton and Hove HWB propose to deal with these concerns?"

Relevant link - http://www.local.gov.uk/documents/10180/5572443/STP+process+and+LG+involvement+-+Slides+April+2016.pdf/f39cd0a7-286c-4fa0-b9c8-83680fef576d
"The pace of implementation of STP undermines local ownership and squeezes local government or community engagement
STP shows a lack of democratic accountability
STP erodes the role of HWBs
Chosen footprints override devolution or LG transformation boundaries."

The Chair replied: "Thank you for the question. The Council and CCG are very engaged in the STP process and there will be a presentation and update to the Board today.

There are a number of outstanding areas including how Health and Wellbeing Boards will engage with the STP and its delivery once agreed. The LGA has been encouraging STP/NHS leads to be talking to councils now for both substantive conversations about the changes required, and to talk about governance processes so key milestones are timetabled. Today we are able to welcome Michael here to the Board as part of our ongoing conversations.

In addition we are aware of a number of events that are in the process of being set up to provide other stakeholders with information.

The STP will remain a standing item on the Board agenda until the Plan is agreed and the Board will be updated accordingly."

Ms Dickens asked the following supplementary question: 'Are you taking on board the level of public anger about the lack of public engagement in decision making? The

public want to engage about the level of cuts being proposed. People have been excluded from the process."

The Chair replied that "No decisions have yet been taken, but I take your point about the discussions."

4.3(b) The Chair thanked Ms Dickens for attending the meeting and invited Mr Michael Foulkes to come forward and put his question to the Board. Mr Foulkes was not able to attend, but sent a representative who thanked the Chair and asked the following: "I am sure you agree that good early years' provision is crucial in providing children the best start in life. In the light of this I am concerned to see the budget reduction (£1m over 3 years, £200,000 this year) you have agreed for Public Health Nursing. I am also concerned that the service is undergoing a costly tendering process. There has already been a procurement event (24th May). With that in mind what providers attended and what is the timescale for deciding who the contract is awarded to?"

The Chair replied: "Thank you for your question. As in the case in across the country, the commissioning of the Healthy Child Programme Services for children aged 0-19 is taking place in the face of severe financial challenges, resulting from reductions in the ring-fenced Public Health grant. In Brighton and Hove there is also the requirement to meet the Council's savings targets over the next four years. The savings for the re-commissioning of these services are £1,000,000 over the next three years from a total annual budget of £5,569,583.

As explained in the Health and Wellbeing Board report of 15th March, the possibility of a collaborative re-design process with the current provider (SCT) was considered as it would have presented a number of benefits. However legal requirements which came into force in 2015 require that such contracts are advertised by way of a Prior Information Notice (PIN) or Contract Notice in the Official Journal of the European Union (OJEU). Not to place a PIN or Contract Notice would be in breach of the legal requirements and open to challenge. The Council's Members Procurement Advisory Board recommended that a PIN should be issued.

The Board agreed that the Director of Public Health could place a Prior Information Notice pursuant to the requirements of the Public Contracts Regulations 2015 and to carry out a competitive procurement process if alternative providers come forward.

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

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

The procurement process is now underway and a potential providers' workshop took place on 24th May, which was attended by 3 potential providers. This was not a public meeting. Under procurement rules the names of the potential bidders cannot be shared.

It is anticipated that the contract will be awarded around December time. A further report will come to the Health and Wellbeing Board in due course."

Mr Foulkes' representative asked the following supplementary question: "Can the contract be published?"

The Chair replied that: "the Prior Information Notice (PIN) is published and a link can be sent to this. Public engagement was not normally carried out as part of the procurement process." The Statutory Director for Adult Social Care added that they would be consultation around the re-design of services, but not as a formal part of the procurement process. The Acting Director of Public Health advised that a consultation is planned with young parents and young people aged 16-19.

4.3(c) The Chair thanked Mr Foulkes' representative for attending the meeting and invited Mr Ken Kirk to come forward and put his question to the Board.

As Mr Kirk was unable to attend or to send a representative, the Chair read out his question:

"In having regard to the report of the Kings Fund, 'Is the NHS heading for financial crisis?' and NHS England's demand for 'aggregate financial balance' in its Sustainability and Transformation Planning guidance, can the Board confirm whether it is correct to make the assumption that the inevitable result will be (a) an inferior NHS services, like those provided locally by Coperforma, or nationally by names now synonymous with NHS failure: Harmoni, Serco, Circle, Virgin Healthcare; and (b) that you as commissioners are being set up to reduce the NHS from a once world-class service to that similar to the USA's Medicare system?"

1. http://www.kingsfund.org.uk/projects/verdict/nhs-heading-financial-crisis
2. https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

The Chair replied, "we are faced with a number of issues:

- People living longer and needing long term support
- People with increasingly complex health and care needs
- Reduced funding for social care and public health, and health care funding that is not keeping pace with the growth in demand for services.

Clearly we need to ensure we are getting best value for money so people can receive the vital services that they need. Later in the Board the presentation about the STP will describe how some of this challenge is being tackled. We know we have a large financial deficit in the provision of healthcare across Sussex and East Surrey. We want to act collectively and in the best interests of our citizens, before it is as you describe it a 'crisis'.

In my Chair's communications I earlier informed the Board about the supporting structure that has been put around the Patient Transport Services as well as looking at lessons learnt and how this service can be improved. The Health Overview and Scrutiny

5

Committee will be keeping up to speed with this and will examine how future procurement can be improved.

This Board remains committed to trying to ensure good quality services are available for people but these also have to be provided within a restricted financial envelope.

The Board will have the STP as a standing item and we will update the Board with progress."

4.3(d) The Chair thanked Mr Kirk for his question and invited Mr Kapp to come forward and put his question to the Board. The Chair first asked Mr Kapp if he wanted to declare an interest as a service provider and Mr Kapp agreed that he did wish to declare such an interest. Mr Kapp then asked:
"In regard to the Sustainability Transformation Plan item on the Board's agenda can the Chair confirm: (a) whether the new contracts for mental health interventions take into account the issues raised in papers on www.sectco.org.uk, and section 9 of www.reginaldkaopp.org; (b) how many NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week courses will be included in the STP; and (c) will the new contracts for provision of interventions for mental sickness be outcome based (rather than performance based)?"

Notes to this question:

1 The MBCT course has been shown to be 100 times more cost effective than one to one CBT, so are the most cost effective way of teaching depressed patients how to better look after themselves so that they do not need so much public services.

2 Outcome based contracts have been shown to be more effective in healing and curing patients because they incentivise the provider, whereas performance based contracts dis-incentivise them.

3 Further information and details are shown in papers on www.sectco.org.uk, and section 9 of www.reginaldkapp.org.

The Chair replied: "The STP development is still in early stages. It is far too early to be respond in any detail to the question you have raised. However, one of the national key must do's is focused on mental health. However the Plan has not been agreed and there is no detail yet around what, if any, contracting will come out of this Plan in the short term.

The STP will remain an item for the Board and we will update the Board as the Plan is developed."

Mr Kapp then asked the following supplementary question:
"Given that the wellbeing contract will shortly be put out to tender, I seek assurance that it will give additional capacity for mindfulness and cognitive behavioural therapy (CBT)."

The Chair agreed to provide a written response to be attached to the minutes of the meeting. Cllr Penn explained that she had met with the Clinical Commissioning Group (CCG) about wellbeing and lots of good work is taking place and with a much broader focus than CBT.

5 SUSTAINABILITY & TRANSFORMATION PLAN (STP)

5.1 The Chair began by reading out the following declaration:

"I wish to declare that I have a Disclosable Pecuniary Interest in Item 5 as I am employed by Western Sussex Hospitals Trust. I have applied for and been granted dispensation by the Council's Monitoring Officer to permit me to chair the Health and Wellbeing Board in its consideration of items relating to the NHS Sustainability and Transformation Planning and to speak and vote on those items, on the basis that that project to review health and social care services does not currently raise a direct or material conflict with my employment."

5.2 Michael Wilson, Chief Executive of Surrey & Sussex Hospitals NHS Trust and Leader of the Sussex & East Surrey STP footprint; and Wendy Carberry, Chief Officer, High Weald Lewes Havens CCG, presented an update on the STP to the Board.

5.3 The Chair asked about the plans for public engagement on the STP and was told by Michael Wilson that public engagement had been complicated by the pace of the early stages of the STP process and by election 'purdah' in relation to the EU referendum. In addition, this early stage has been focused on diagnosing and defining issues, which is necessarily a professionally-driven process. However, the leaders of all local partner organisations have been fully involved in the development of the STP to date.

5.4 Fran McCabe asked whether STP funding allocations would recognise that the South East had been running a deficit for decades. Michael Wilson replied that the STP now presented the only opportunity to access NHS transformation money funding. It is important to gain transformation funding, and also to ensure that the 3T re-development of the Royal Sussex County Hospital (RSCH) is successful. Realistically however, there will be no alternative to working within the current financial envelope. As a system we will need to address the fact that more than 50% of the regional deficit sits with Brighton & Sussex University Hospitals Trust (BSUH) and with East Sussex Healthcare Trust (ESHT). There has also been a limited level of investment in non-acute services, which presents challenges in terms of moving activity out of acute settings.

5.5 Of even more pressing importance, however, are problems relating to workforce. These will be central to the place-based local plans that form an essential element of STPs. The NHS does not have a strong history of co-ordinated workforce planning and this needs to change, with a greater focus on automation and the use of technology, and on more efficiently utilising worker skills.

5.6 Dr Christa Beesley confirmed that the STP was building on work done by the CCG into issues such as workforce and urgent care. This was really helpful and as a clinician she welcomed the STP priorities especially regarding prevention. Delivering much of this kind of work may be more cost effective at a regional scale.

5.7 John Child told the Board that there was a wider conversation about work force issues along with those of devolution, transport and housing.

5.8 Geoff Raw welcomed public interest in this issue and people's clear desire to be engaged in the process. While this is a problem of resources, it is also about demographics: with huge demand pressures caused by the ageing population; as well as very high public expectations to manage. NHS England's level of engagement with local authorities on the STP is very welcome. Devolution is an important factor to bear in mind, although to date there has been relatively little developed thinking on health and care as part of the devolution planning process. A big challenge will be to determine what can be done in the short term, whilst also keeping an eye on longer term outcomes.

5.9 Councillor Barford commented that local people were worried about the speed of the STP process and questioned whether trust could be maintained when things were so rushed. Michael Wilson agreed that there was an issue about the pace of the programme and there was a clear need for much more public engagement. Finding solutions to the STP challenges will entail making significant changes, but it will take time to build trust and some plans will be very challenging.

5.10 Denise D'Souza noted that the original planning guidance was rather prescriptive and was poorly explained. It was unsurprising that members of the public were concerned by its ambiguity and lack of detail. However, the planning process to date has largely been one of diagnosis and of building relationships at an organisational level, with public engagement to follow as concrete plans begin to be developed.

5.11 Councillor Page expressed concern that this process felt like it had been imposed from the top down and he agreed that workforce was a big concern, particularly in terms of morale and of the use of agency staff. Cllr Page also queried how more prevention work and a greater focus on primary care tallied with the closure of GP surgeries in the city. He was also concerned that local areas were being made responsible for deficits and that further cuts seemed to be inevitable. Cllr Page stated that the NHS was not being adequately funded and there had been very little democratic engagement in the STP process to date.

5.12 Councillor Penn asked if this process would involve digital improvements. Wendy Carberry replied that development areas could include shared information and digital records. Michael Wilson added that there was very good practice around services such as telecare, but that learning from this needed to be more widely disseminated. John Child explained that the aspiration was to include local authorities and the community and voluntary sector in the process. Councillor Penn thought that this would be welcomed by patients facing mental health issues. Michael Wilson explained that

connectivity would be very complex as all organisations used very different systems, so while a lot was possible it would need careful planning.

5.13 The Chair thanked the presenters and said that he would be interested to see if the STP diagnostic process identified the same local issues as local strategic planning had already highlighted.

6 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

6.1 Peter Wilkinson gave a presentation about the Annual Report of the Director of Public Health 2015- 2016 which is on the subject of social media. Historically, a version of this report has been published as a hard copy, but this year it can be found at this link: https://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove/annual-report-director-public-health-201516-social-media The report takes the form of infographics, videos and links to relevant information.

6.2 Councillor Penn recognised that social media can be a very useful tool to allow people with mental health issues to express themselves and meet other people. However there are also dangers such as copycat behaviour. There needs to be a focus on helping people understand how to best use social media - e.g. privacy settings.

6.3 Fran McCabe wondered whether social media could be used to provide health information about young adults, a group that tends to be low users of most services, and hence harder to reach with public health messages. Peter Wilkinson stressed that we are in the early stages of collecting data from social media, and need to be cautious about interpretations. That said, information from younger people is likely to be more robust than from other demographic groups, because they are more frequent users of social media and consequently provide more data.

6.4 Graham Bartlett emphasised that parents are a key audience as they are generally not aware of the benefits and problems of social media. He welcomed the format of the annual report which would be of great interest to the Local Safeguarding Children Board.

6.5 Cllr Ken Norman stressed the need to be cautious about social media, although its growth was inevitable. The Chair agreed that we needed to be ready for the changes it would bring, and thanked Peter Wilkinson for his presentation.

7 SECTION 75 BETTER CARE FUND QUARTERLY REPORT - MARCH 2016

7.1 John Child introduced this report, explaining that it focused on Delayed Transfers of Care (DTOC). Denise D'Souza told the Board that DTOC were increasing nationally and resulted from issues across the system rather than just delays in Adult Social Care. Locally, we are trying to minimise delays, but workforce remains a very big problem.

7.2 Dr George Mack enquired if this could be resolved by using a 'hospital at home' model? Dr Beesley explained that a new care model of home care has been introduced. This is community-based, but consultant-led. In order to work effectively the model needs buy-in from the hospital trust and progress to date on this has been slow. However, there is now a commitment from Brighton & Sussex University Hospital (BSUH) to move forward.

7.3 Councillor Barford stated that while DOTC was a priority, patient safety is paramount as is having family input into decisions – factors which increase complexity and potentially also delays. Dr Beesley agreed but noted that it was important to recognise that hospitals were very bad environments for frail patients and it was much better for the frail to receive home assessments. Denise D'Souza stressed the importance of family involvement, although this can increase delays. Conversations about discharge must begin much earlier in the hospital stay.

7.4 John Child clarified that on the graph on p39 of the agenda 'Housing - Patients Not covered by NHS & Community Care Act' referred to delays into supported accommodation for people with mental health conditions, rather than for DOTC relating to social care packages. Denise D'Souza added that there was also a significant problem with discharging mental health patients back into non-supported housing, particularly for people who had lost tenancies whilst in hospital.

7.5 Fran McCabe asked where the discharge model was explained to patients and families. Dr Beesley agreed on the need to re-think communications on this as well as the information provided for people when admitted to hospital. The CCG is working with Healthwatch on this project.

7.6 Cllr Page queried whether the resources are available to solve the problem of DOTC or to arrest the decline in performance. Denise D'Souza acknowledged that there had been some significant increases in DOTC but this was from very low base figures. These delays were never due to funding, but to problems with provision. Brighton & Hove was a very high user of residential care. While Independence at Home had made savings it had not reduced capacity: down-time had been cut by using split shifts and other means. Workforce was a big issue in care, hence the 2% precept. Increases had happened in the support sector, but there was the need to reduce the use of residential care and to simplify pathways.

7.7 **RESOLVED –** that the report be noted.

8 LIVING WELL PROJECT UPDATE

8.1 Joel Caines and Charlotte Overton-Hart gave an update on the Living Well Project. The Chair felt that the project showed it was possible to deliver better services for less money.

10

8.2 Councillor Barford was very pleased with this service and asked for the team to be thanked. She noted that members all recognised how important and challenging this issue was.

8.3 Denise D'Souza stressed that it was vital for the service to identify what is important to people. This was a collaborative project with the community and voluntary sector as well as communities themselves.

8.4 Councillor Page expressed his hope that the funding for this project be extended and expanded.

8.5 Both Councillor Norman and Councillor Penn congratulated the project and the positive co-working with the Fire Authority.

8.6 Pennie Ford welcomed the project's focus on personal priorities and hoped that other projects would build on the work done with the Fire Authority. Denise D'Souza explained that local authorities and fire authorities were working together and spreading best practice across the South-East, co-ordinated by the Association of Directors of Adult Social Services (ADASS).

8.7 Joel Caine hoped that the learning from this could be used to inform other modernisation programmes, praised the Fire Service including the fire advice and help they offer through their website.

8.8 **RESOLVED**: That the Board agrees that opportunities through the Better Care plan are explored to mainstream the Living Well Project to enable more people to be supported.

9 DISABLED FACILITIES GRANT (DFG) UPDATE REPORT

9.1 Sarah Potter provided an update on Disabled Facilities Grants (DFG).

9.2 In response to a question from Cllr Norman, Ms Potter confirmed to that Adult Social Care (ASC) did fund minor adaptations, with DFG funding works over £1,000. Denise D'Souza added that ASC had topped up the budget for DFG in previous years, through the aSC discretionary funding for individual cases on the grounds of hardship, so the department was potentially involved in funding works both below and above £1,000

9.3 Dr Beesley suggested that it could be useful to have a cost analysis of adaptation delays/intervention benefits: for example, more modelling information on falls including the cost of home visits. Even though there is national-level information on this, Dr Beesley stressed the value of local data.

9.4 Denise D'Souza noted that it was important to start getting people thinking about their future housing needs rather than waiting until they actually require adaptations. People also need to think about self-funding adaptations as an option, given the limited amount of public funding available. Sarah Potter confirmed that the DFG is means-tested for adults.

9.5 Councillor Barford expressed concern about delays to adaptations and stressed the importance of understanding their impact. She was pleased that the Better Care Fund covered fund overspends, but would like to see more quantification of the benefits of this work and was unhappy about the deferral of grants to the following financial year. Sarah Potter agreed with her concern about deferred grants; the intention is to avoid them this year.

9.6 The Chair thanked Sarah Potter for sharing a positive story about using funds to such good effect.

9.7 **RESOLVED: (i)** The Board noted the contribution to Better Care work streams around prevention and Keeping People Well.

(ii) The Board noted the value for money case and approved an approach to budget setting which takes account of the government allocation via the DFG announced in February, and projected spend.

10 BRIGHTON AND HOVE CLINICAL COMMISSIONING GROUP - FINAL COMMISSIONING INTENTIONS 2016/17

10.1 John Child introduced this report.

10.2 **RESOLVED:** That the draft Annual report of the CCG and the final Operating Plan 2016/17 be noted.

11 MONITORING QUALITY IN CARE SERVICES

11.1 This report was introduced by Marnie Naylor and Ian Wilson.

11.2 The Chair asked how the Health Overview & Scrutiny Committee (HOSC) responded to inspections which rated providers as *inadequate*. Ms Naylor explained that there may be a need to temporarily or permanently cease to use a provider in this type of situation. Denise D'Souza added that commissioners wanted to have a supportive relationship with providers, and they worked with the Care Quality Commission (CQC) to pre-empt market failure. She felt it would be useful to talk to both the Board and HOSC about addressing poor quality and performance, and the possible repercussions if providers pull out.

11.3 Dr Beesley welcomed this joint work between the local authority and CCG.

11.4 In response to a question from Cllr Barford on local CQC ratings, Ms Naylor told the Board that she was pleased to report that there were no local 'inadequate ratings'. Given that the CQC's inspection cycle prioritises vulnerable providers, it is not anticipated that there will be any *inadequates* amongst the providers still awaiting inspection – and there may even be some local outstanding ratings to be reported.

12 PART TWO MINUTES

12.1 The Part Two minutes of the last meeting held on the 19th April 2016 were approved as a correct record and signed by the Chair.

13 PART TWO PROCEEDINGS

13.1 There were none.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of 2015

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Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Motor Neurone Disease (MND) Charter

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 12th July 2016.

1.3 Author of the Paper and contact details
Giles Rossington
Giles.rossington@brighton-hove.gov.uk
01273 295514

2. Summary

2.1 The Motor Neurone Disease Association (MNDA) has recently published an MND Charter which it is asking Local Authorities to adopt. The MND Charter is included for reference as Appendix 1 to this report.

3. Decisions, recommendations and any options

3.1 That the Board agrees to adopt the MND Charter (**Appendix 1**).

4. Relevant information

4.1 The MND Charter has five points:

- The right to an early diagnosis and information
- The right to access quality care and treatments
- The right to be treated as individuals and with dignity and respect
- The right to maximise their quality of life
- Carers of people with MND have the right to be valued, respected, listened to and well-supported.

4.2 The MND Association has asked Local Authorities to adopt the MND Charter. In Brighton & Hove, officers of both the city council and the CCG have confirmed that the standards of care for people with MND and their families and carers, that are demanded by the charter tally with our commissioning intentions. Formal approval of the charter has been delegated to the Health & Wellbeing Board as the council and CCG partnership body for the city.

4.3 More information on Motor Neurone Disease and the MND Charter can be found here: http://www.mndcharter.org

5. Important considerations and implications

Legal:

5.1 The adoption of the charter will assist relevant public bodies to fulfil their legal and regulatory duties to people with MND and their families and carers.

Lawyer consulted: Natasha Watson Date: 30.06.16

Finance:

5.2 There are no financial implications as a direct result of the recommendations of this report. Services for people with MND are funded from within the physical support budget.

Finance Officer consulted: David Ellis Date: 29/06/16

Equalities:

5.3 None identified

Sustainability:

5.4 None identified.

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

5.5 None identified.

6. Supporting documents and information

6.1 Motor Neurone Disease Charter (**Appendix 1**)

themndcharter

Achieving quality of life, dignity and respect for people with MND and their carers

The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

About MND:

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around 30% of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.

People with MND have the right to an early diagnosis and information

THIS MEANS:

- An early referral to a neurologist.
- An accurate and early diagnosis, given sensitively.
- Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge and experience of treating people with MND[1]. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

2

People with MND have the right to high quality care and treatments

THIS MEANS:

- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
- Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
- Access to appropriate respiratory and nutritional management and support, as close to home as possible.
- Access to the drug riluzole.
- Timely access to NHS continuing healthcare when needed.
- Early referral to social care services.
- Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care[2] soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can

provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

People with MND have the right to be treated as individuals and with dignity and respect

THIS MEANS:

- Being offered a personal care plan to specify what care and support they need.
- Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
- Getting support to help them make the right choices to meet their needs when using personalised care options.
- Prompt access to appropriate communication support and aids.
- Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan[3] to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan[4] to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)[5]. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

People with MND have the right to maximise their quality of life

THIS MEANS:

- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
- Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

Carers of people with MND have the right to be valued, respected, listened to and well supported

THIS MEANS:

- Timely and appropriate access to respite care, information, counselling and bereavement services.
- Advising carers that they have a legal right to a Carer's Assessment of their needs[1], ensuring their health and emotional well being is recognised and appropriate support is provided.
- Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

[1] Recomendation in the NICE guideline on MND.

[2] Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

[3] Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

[4] Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

[5] Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.

"Many people with MND die without having the right care, not having a suitable wheelchair, not having the support to communicate.

We have got to set a standard so that people like us are listened to and treated with the respect and dignity we deserve.

We have got to stop the ignorance surrounding this disease and have to make sure that when a patient is first diagnosed with MND, they must have access to good, co-ordinated care and services.

One week waiting for an assessment or a piece of equipment is like a year in most people's lives, because they are an everyday essential to help us live as normal a life as possible and die with dignity"

Liam Dwyer, who is living with MND

For more information:

www.mndassociation.org/mndcharter
Email: campaigns@mndassociation.org
Telephone: 020 7250 8447

We are proud to have the following organisations supporting the MND Charter:

Royal College of General Practitioners
Association of British Neurologists
Royal College of Nursing
Chartered Society of Physiotherapy
College of Occupational Therapists
Royal College of Speech & Language Therapists
British Dietetic Association

MND Association
PO Box 246 Northampton NN1 2PR
www.mndassociation.org

Registered charity no 294354

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1. Formal details of the paper

1.1.1. Title of the paper
The title of this paper is Fees to Providers (Care Homes) from September 2016

1.2 Who can see this paper?
This paper can be seen by the general public

1.3 Date of Health & Wellbeing Board meeting
The date of Health & Wellbeing Board meeting is 12th July 2016

1.4 Author of the paper and contact details
The author of this paper is Jane MacDonald Commissioning Manager
Jane.macdonald@brighton-hove.gov.uk Tel: Btn (01273 29 5038)

2. Summary

2.1 The Council is required to fix the fees it pays to care home and care home with nursing providers in respect of placements made by the Council. Council Commissioners and Clinical Commissioning Group (CCG) Commissioners working together with stakeholders have reviewed those fees in accordance with the provisions of the Care Act 2014 and the statutory guidance issued by the Department of Health.

2.2 This report makes recommendations for the increase of fees to be paid by the Council and the CCG to providers of care home and care home with nursing from 5 September 2016. The report also seeks authority to tender for a new framework for approved providers of care homes and care homes with nursing.

2.1. Decisions, recommendations and any options

3.1 The recommendations are set out below. The underpinning evidence is contained in the main body of the report:

3.1.1 That the fees payable to care homes and care homes with nursing providers be increased as set out below with effect from 5 September 2016
£543 per week care homes
£656 per week care homes with nursing (including Funded Nursing Care)

3.1.2 That the payment of premium rates for dementia in care homes and care homes with nursing is discontinued.

3.1.3 That the Council when making a placement outside the city match the applicable host authority's set fee rates for new and existing registered care home and care home with nursing placements.

3.1.4 That the Executive Director of Health and Adult Social Care be authorised to initiate a procurement exercise in order to identify suitable providers of care homes and care homes with nursing to be appointed to a framework or contract and to enter into all agreements and undertake any ancillary matters necessary to achieve the award of contracts for care for eligible persons on appropriate terms.

3.1.5 That the Executive Director of Health and Adult Social Care be authorised to award block contract(s) to care homes and care homes with nursing.

3.1.6 That the Council continues to provide additional benefits currently available to providers free of charge which include the provision of a range of training and targeted advice sessions eg fire evaluations and health and safety support and advice.

3.1.7 The Board is asked to note that it is the intention of officers to recommend a further increase in the rates set for care homes and care homes with nursing to be applied from April 2017 when it is anticipated a further increase in the National Living Wage to £7.70 will take effect. This is dependent on funding being agreed by the Council from the Adult Social Care Precept. If the Board agrees to the funding a further paper on fees will be brought to the Health & Wellbeing Board with appropriate recommendations.

4. Relevant Information

4.1 <u>The Care Act</u>

4.11 A local authority's duty to provide care and assistance to its residents has since 1st April 2014 been set out primarily in the Care Act 2014 (the Act) supported by statutory guidance issued by the Department of Health (Care and Support 2014 and updated in 2016).

4.1.2 Section 1 of the Act places a general duty on a local authority in the exercise of its functions under the Act to promote an individual's wellbeing including the promotion of suitable accommodation. Section 5 places an obligation on local authorities to:

"(1) promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market

a) has a variety of providers to choose from who (when taken together) provide a variety of services;
b) has a variety of high quality services to choose from;
c) has sufficient information to make an informed decision about how to meet the needs in question"

4.1.3 The local authority has to consider a number of issues in the proper performance of its duty including:

- The need to ensure it is aware of current and likely future demand and how providers may meet that demand
- The importance of ensuring the sustainability of the market

- The need to ensure that sufficient services are available to meet the needs of those adults in its area who are eligible for care and support

4.1.4 The Guidance provides that in the exercise of a local authority's duties under section 5 that they should be guided by the following principles in their commissioning activity

- Focusing on outcomes and wellbeing
- Promoting quality services, including through workforce development and remuneration and ensuring appropriately resourced care and support
- Supporting sustainability
- Promoting choice
- Working with partners.

4.2 Current issues

4.2.1 For a number of years there has been an issue about the costs of delivering quality care versus the prices which such care attracts. Some providers have expressed concern that fees paid by Councils and CCGs do not reflect the real cost of care. See Appendix One for Current Set Rate Fees.

4.2.1 There is widespread agreement from stakeholders that those paying their own fees in both care home and care home with nursing are being charged a large premium to subsidise residents funded by Councils. Typically self-funders are charged 45-49% more than a local Council would pay for the same bed.

4.2.3 The conclusion drawn by some providers is that currently, financially, it is not in their interest to accept publicly funded placements. In August 2015 the body representing county councils in England and Wales warned that the system of paying for care home beds is on its "knees" with private providers already "teetering" on the brink of collapse. The Telegraph August 2015. http://www.telegraph.co.uk/news/health/elder/11815119/Middle-class-care-home-residents-charged-unfair-50pc-subsidy-to-prop-up-teetering-system.html

4.3.2. The National picture

4.3.2.1 The Guardian (31st October 2015) stated that, "The problems for care homes are rooted in the gap between the costs of care and the amounts local authorities are paying for residents". The chairman of HC-One, which rescued almost 250 care homes from Southern Cross, warns that the industry faces a "perfect storm" and needs "significant help". He said that industry research shows that half of the country's care homes are facing collapse.

4.3.2.2 Age UK claims there are examples of care homes being refurbished specifically so they can target private rather than local authority residents, while some are charging private residents more to make up for the shortfall from publicly funded residents.

4.3.2.3 Martin Green, Chief Executive of Care England, the body that represents independent care providers, warned that the crisis in the sector would dwarf the problems in the steel industry. The Guardian 31 10 2015
https://www.theguardian.com/business/2015/oct/31/care-homes-crisis-dwarf-steel-industry-problems-four-seasons-terra-firma

4.3.3 The Local picture

4.3.3.1 There is a significant undersupply of care homes with nursing home placements in the city which accept publicly funded residents. Placements that the Council and CCG can access for people with the most complex needs are becoming scarcer. New build care home

projects target private funders. There is evidence that care homes and care homes with nursing, that previously accepted publicly funded residents are reducing the number of this type of placement.

4.3.3.2 Currently the Council and CCG place people out of the city, particularly in wider Sussex. In April 2015 there were approximately 130 older people living outside the city who would prefer to live in the city if there were available beds. There are currently 1,400 beds for older people in the city and the Council purchases 332 of these on set rates.

4.3.3.3 Some care homes that accept publicly funded placements in the city are closing, see Table one below.

Table one

	2013	2014	2015
Care Home	2	1	4
Care home with nursing	1	3	5

In the same period two very large care homes with nursing opened, but their target market is older people who privately fund their own care.

4.3.3.4 The picture is similar for wider Sussex. A few years ago there was an over-supply of care homes willing to accept publicly funded residents. This is changing with a significant number of homes refining their business model to target self-funding residents or choosing to exit the market.

4.3.3.5 Providers report that recruitment to care work is their biggest challenge. Living in the city is costly, specifically as accommodation is comparatively expensive. Low wage care workers need to be supported to provide care locally.

4.4 Evidence to inform the new fee system

4.4.1 Council and Health Commissioners have worked with stakeholders including Providers, Provider Representatives such as the Brighton and Hove Registered Care Association, Assessment, Procurement, Finance and Clinical Commissioning Group partners to construct a methodology for fee calculation.

4.4.2 The Laing Buisson Fair Price for Care Toolkit provides a transparent and evidence-based mechanism for the determination of 'fair market fees'. The data is collected from providers of care homes for older people, interviews with senior managers and further benchmark costs for individual elements. The recommended fees for the South East were significantly more than the Council can afford. For care homes with nursing it would be a minimum of 26 % uplift on current set fee and for care homes it would be a minimum of 20 % uplift. See Appendix Two

4.4.3 There have been a number of attempts to understand the local city care home market. On three separate occasions different questionnaires were sent out to local homes. The highest return at any time was from 17 individual homes out of a potential 79. The indication seems to be that if a local premium was used this would increase the current set rates by 40% for care homes with nursing and 37% for care homes.

4.4.4 The trend seems to be for other local authorities to provide significant uplifts. Adjacent authorities have increased their fees:

a) In April 2016 East Sussex County Council uplifted fees by 4%. This brings their long stay preferred provider EMI (Elderly Mentally Infirm) care home placements to £501.76 a week and their long stay preferred provider EMI care home with nursing placements to £618.52. Short stay placements generate additional premiums.

b) West Sussex County Council has a comparatively complex set of rates with enhanced fees paid in the northern area and Chichester. Care home rates range from £530 to £587 and care home with nursing rates range from £504.81 to £720.14 including FNC.

4.5 Principles

4.5.1 The new fee process will be less complex, with fewer options. The revised contract and new fee structure will apply to both care that is purchased for the Council and CCG. There will be one rate for those with eligible adult social care needs. The funded nursing care rate will be added for nursing care. Individually negotiated rates will continue to be 'micro commissioned' with the intention to move to a web based Dynamic Purchasing System (DPS) for specialist/complex placements.

4.5.2 Premium rates for dementia care will be discontinued. 80% of both care homes and care homes with nursing residents have dementia or severe memory problems, much higher than previously thought (Alzheimers Society 2013). The Care Quality Commission no longer registers care homes as those for 'older people' or 'older people with mental health needs'. Both care homes and care homes with nursing can provide the care that individuals require provided they can evidence they can manage their needs. This makes sense as the cost of a person's care is not simply increased by memory loss, it rises when more staff are needed. It is specialist/complex care that requires higher levels of staffing and this is when services are to be micro-commissioned.

4.5.3 The new rate will be transparent. There will be a clear methodology which will be used to make future adjustments. The National Living Wage will have to apply, but unlike home care not the Foundation Living Wage as this would be too costly at present. The intention is to move towards this incrementally.

4.5.4 The recommendation demonstrates the financial impact on existing clients (as at 2015/16 month 11 TBM report) in care homes (219 clients) and care homes with nursing (113) on the 2015/16 set rates plus a 2% increase from April 2016.

4.5.5 There are currently several set rates based on the need of the client and the room type. The weighted average set rates for 2015 is £480 per client per week for the 219 clients in care homes and £601 per client per week for the 113 clients in care homes with nursing.

4.6 Recommendations

4.6.1 The recommendations from September 2016 are set out below:

2015/16 Average set rates with an uplift to meet the National Living Wage plus 2% (See Table two)

4.6.2 The new rates would be £543 per resident per week in a care home and £656 per resident per week for a care home with nursing (including FNC). When compared to the current average set rates, this would be an increase of £65-£94 per client per week for older people and £8-£15 per client per week for older people with mental health needs.

4.6.3 The new rates would allow for a composite staff pay rate of at least £7.20 an hour which meets the National Living Wage rate from September 2016. This would increase the projected commitment for 2016/17 by £0.590m which will be funded by the ASC precept for 2016/17. The ASC precept gives flexibility for authorities with social care responsibilities to raise council tax by up to 2% above the referendum threshold. This applies to each year between 2016/17 and 2019/20 to fund Adult Social Services. This flexibility is to address, in part, the rising costs of this service. Councils raising additional revenue through this precept must demonstrate the additional resources are being applied to Adult Social Care

4.6.4 A further uplift would be applied from April 2017 on the assumption that the National Living Wage would increase to £7.70 (to be confirmed), in addition to the full year effect of 2016/17 fee increases. This would increase the fees to £558 for care homes and £672 for care homes with nursing (including FNC). This gives a projected commitment increase of £0.718m in 2017/18.

4.6.5 It is anticipated that the Council budget will increase by 2% from April 2017 which would fund a projected £0.167m of this increased commitment. The ASC Precept money received in 2016/17 is funding the rate uplift from September 2016. The option of applying the ASC precept in 2017/18 would be needed to manage the remaining balance of £0.551m.

Table two

	Sept 2016	**April 2017**	**April 2018/19/20**
Action	Average set rates with an uplift to meet the National Living Wage plus 2%	Alignment with the National Living Wage requirement	By 2020 Alignment with Foundation Living Wage
Fees paid	£543 pw care home £656 pw care home with nursing (including FNC)	£558 pw care home £672 pw care home with nursing (including FNC).	
Cost	Increase of £0.590m which will be funded by the ASC Precept for 2016/17	A projected commitment increase of £0.718m	

Note: The FNC has not yet been published for 2016/17and therefore estimates are being used in this report.

4.6.6 Block contracts will be considered for both care homes and care homes with nursing, which accept people with the most complex needs. The cost of these is likely to be higher than the rate set out above. This is because it is care for those with the most complex needs. Homes taking a block contract will reduce their self-funder capacity. It is, however also likely to be less risky than micro-commissioning and will secure care in the city which is currently difficult for public purchasers to buy.

4.7 Out of city care homes Recommendations

4.7.1 It has long been recognised that each local area best understand their local market. It is recommended that Brighton and Hove City Council match the applicable host authority set fee rates for new and existing registered care home placements out of the city where these rates apply. This practise is common to most other councils. It is also recommended that any adjustment to these rates is reflected in any third party payments which apply. With regard to out of city placements where there are no set rates the

recommendation is to micro-commission future placements using current systems and then move to the DPS.

4.8 Top up Fees

4.8.1 On 15th April 2016 CareFirst showed that there were 26 people living in city care homes and care homes with nursing whose fee was 'topped up' by a third party. The increase in fees paid by the Council must be given regard by the care provider. Providers will be expected to reduce the level of top up fee required of the third party.

4.9 Proposed new contract for the provision of care home placements

4.9.1 The current joint Council and NHS Clinical Commissioning Group contract with care homes and care homes with nursing is a preplacement rolling framework contract which has been in place since 2013. It is good practice to review terms and conditions on a regular basis and framework arrangements are generally reviewed and re-commissioned every four years unless there are exceptional circumstances.

4.9.2 It is proposed to put in place a new framework to which all qualified care homes and care homes with nursing will be admitted on application. The contract will be for all eligible adults as defined by the Care Act (not just for older people) and the revised contract will apply to both care that is purchased for the Council and CCG.

4.9.4 Care homes and care homes with nursing providers admitted to the framework of approved suppliers must be accredited by the appropriate accreditation or regulatory provider in order to be admitted to the framework.

4.9.5 A process to ensure compliance with the Public Contract Regulations 2015 will be undertaken to create a new framework of approved suppliers which will be for a fixed term of four years. The framework will be advertised in the Official Journal of the European Union locally and on the Governments website Contract Finder

4.9.6 A process to ensure compliance with the Contract Regulations 2015 will be undertaken to create an approved supplier list which will ensure that all suppliers are signed up to the revised contract described above. The new contracts will also be on a 4 year fixed term instead of the current rolling arrangements.

4.9.7 It is recommended that the current systems of additional benefits paid to providers remain in place. This includes the Council continuing to fund and provide a range of training and targeted advice sessions eg fire safety evaluations which are free to access and which are much appreciated by providers. The Council provides advice and support relating to Health and Safety. Currently the Council spend £150K pa on training that is open to the independent sector, community and voluntary sector providers, learning disability services, care home, home care, mental health and day/support services.

4.10 Consultation

4.10.1 Contract revisions have been worked in partnership with CCG

4.10.2 The fee modelling has been shared with the Brighton & Hove Registered Care Association. They support the recommendations and are very pleased that substantial increases to the current fee levels are proposed. Providers have been reluctant to accept placements at the current low fees and the much improved rates proposed should help to support and stabilise the market.

5 Important considerations and implications

5.1 Legal

It is a function of the Health and WellBeing Board to oversee, monitor and make decision concerning Adult Social Care in the city. The Care Act 2014 imposes duties on the Local Authority to meet the needs of people with care and support needs in the city and to facilitate and shape the market to meet those needs. Further detail is given in the body of the report.

The procurement of care home services falls within Schedule 3 of the Public Contract Regulations 2015 and is therefore subject to the "light touch regime". The threshold applicable to such services over which the PCR 2015 requires an advertisement to be placed in the Official Journal of the European Union is £589,148.00. All such procurements must comply with the requirement to be fair, open and transparent.

Legal officer consulted: Judith Fisher Date: 26.5.2016

5.2 Finance

The Council provides in the region of 900 packages of care with external care home providers for care homes and care homes with nursing at a gross cost of £29.800m across all primary support groups i.e. Physical Support, Memory & Cognition Support. Of these, 332 are on set rates, placed within the city at a gross cost of c. £9.000m.

The actions taken and the financial impact to set a fair, clear and transparent rate for providers are included within the body of the report. The increase in costs highlighted under 4.6.3. is being funded by the ASC precept for 2016/17

Out of area placements, not on set rates, will continue to be micro-commissioned and the financial impact on care packages will be managed on a spot purchases basis.

It is planned to review the option of aligning the rates to the Foundation Living Wage from April 2018 at a later date and will be included in a future report.

Finance Officer Consulted: Neil Smith Date: 24.05.16

5.3 Equalities

5.3.1 An Equalities Impact Assessment has been completed and shared with the project working group. The main area of concern was the removal of the current premium paid for dementia. The reasons for this are detailed in the main body of the report.

5.4 Sustainability

5.4.1 The recommendations are intended to be a fair price which will support the care market to be sustainable.

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

5.5.1 The Care Home Fees working party has included representatives from Health and Social Care. Public Health is aware of the recommendations. This paper has minimal impact on Children's Services

6 Supporting documents and information

None included

Appendix One

Current Set Rate Fees

1. Care Homes for Physical Support

Low need - single room	£357.48
Low need - shared room	£321.42
Medium need - single room	£434.74
Medium need - shared room	£395.60
High need - single room	£484.19
High need - shared room	£444.02

2. Care Homes for Memory/Mental Health

Shared room	£539.97
Single room	£500.43

3. Care homes with Nursing for Physical Support   Base BHCC rate (excludes FNC)

Shared room	441.96
Single room	481.10

4. Care homes with Nursing for Memory/Mental Health Base BHCC rate (excludes FNC)

Shared room	494.50
Single room	533.64

Appendix Two

Laing Buisson 2014-5

Fair Market Price	Region	Care home with nursing [Older People]	Care home with nursing [Dementia]	Care home [Older People]	Care home [Dementia]
Ceiling	England	£799	£799	£625	£662
	South East	£832	£832	£645	£684
	Brighton & Hove	£843	£843	**£658**	**£658**
Floor	England	£726	£726	£554	£591
	South East	£759	£759	£575	£613
	Brighton & Hove	£771	£771	£587	£587

Mid Point	Brighton & Hove	£807	£807	£623	£623

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Supporting Carers – Carers Rapid Needs Assessment; Carers Commissioning Strategy; and Carers Joint Commissioning Intentions

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 12th July 2016

1.3 Author of the Paper and contact details
Gemma Scambler, Joint Carers Commissioning Manager
01273-295045
gemma.scambler@brighton-hove.gov.uk

2. Summary

2.1 To provide the Health and Wellbeing Board with a brief overview of the Carers Rapid Needs Assessment; Carers Commissioning Strategy; and the Carers Commissioning Intentions. Highlighting three key initiatives to increase the identification, recognition and support for unpaid adult and young carers across the City – who are arguably social care and health biggest asset. The Carers Strategy and the Carers Commissioning Intentions aim to support all carers, and adoption the definition provided by NHS England:

"A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse." (Commissioning for Carers, NHS England, 2015).

3. Decisions, recommendations and any options

3.1 That the Board approve the new Carers Commissioning Strategy and grants delegated authority to the Director of Adult Social Care to conduct a procurement process for the provision of a Carers Hub and to enter into the subsequent contracts.

4. Relevant information

4.1 Carers are arguably the city's biggest social care and health asset: supporting them is essential, and with the right support for carers there will be a significant positive impact on key services within the city – including Primary Care, Adult Social Care, and Secondary Care. Adult Social Care and the Clinical Commissioning Group's commitment to supporting carers is expressed through the new Carers Commissioning Strategy, which includes the Carers Rapid Needs Assessment. Both have driven the new commissioning intentions for carers services – The Carers Hub delivery model, designed to promote the priorities within the Carers Strategy to support carers through an increasingly Carer Friendly City.

4.2 Carers have a vital role within our community, and there is both a moral and economic duty to support them. Carers predominately want to care for those they love, but there is a cost to caring both physically and financially. This is why it is essential that services enable carers to care, but aim to reduce any potential negative impacts on the carer. If we recognise carers as early as possible we can provide a range of interventions which support them with caring. Local carers, through the ASC Carers survey have stated "Having the information I need, when I need it" as a key priority. This includes the need for improved web-based information; one place to go to for information and advice; more information within GP surgeries and libraries; and that different agencies which provide support should have better knowledge and be more joined up.

4.3 The economic impact of caring estimates that support provided by carers across the UK is worth £119 billion per year; £326 million per day! The Carers Rapid Needs Assessments references the estimated economic value within Brighton and Hove at £437 million per year. The cost to the UK economy of carers giving up work (2.3 million people have given up work to care; 3 million have reduced their hours; and carers retire on average 8 years early) is £5 billion per year. Therefore it is essential that we support carers to care, but also have effective services in place to support those who wish to continue to work: 3 million of the UK's 6.5 million carers combine caring with paid employment.

4.4 The Carers Commissioning Strategy - **THINK CARER, supporting Carers through an increasingly Carer Friendly City** - is Adult Social Care and the Clinical Commissioning Group's strategic commitment to carers. Through increasingly successful partnership working with Carers; Carer organisations; and statutory agencies, led by Adult Social Care, we are building on and improving services for carers. Additionally, we have the Supporting Carers Better Care Programme, which aims to ensure that the needs of carers are embedded across the Better Care agenda, and the provision of dedicated funding to pilot a range of new support initiatives for carers (Appendix 1, Supporting Carers Better Care Programme).

4.5 Joint commissioning arrangements between the City Council and the CCG and greater collaborative working is galvanising provision, building a local carers evidence base, and continuing to support new opportunities for carers, which is truly making Brighton and Hove a **Carer Friendly City**! **THINK CARER** is both a commissioning strategy and a mandate to continue to improve local provision for carers, ensuring that supporting carers is everyone's business.

4.6 **THINK CARER** creates a framework for improving the recognition of and support for local carers, through essential building blocks:

- ✓ **Carer Profile** – Creating a greater evidence base for supporting carers, through local and national data analysis, building on the Carers Rapid Needs Assessment.
- ✓ **Carer Priorities** – 5 key Priorities for making Brighton and Hove an increasingly Carer Friendly City, developed through a multi-agency approach.
- ✓ **Delivering THINK CARER** - How we are aiming to make those Priorities a reality, through partnership working and effective commissioning – The Carers Hub.

4.7 The strategy supports a number of key drivers, including the duties related to carers within the Care Act 2014, and Children and Families Act 2014.

4.8 **THINK CARER**, has 5 Priorities which will assist in building a Carer Friendly City (Appendix 2 THINK CARER summary):

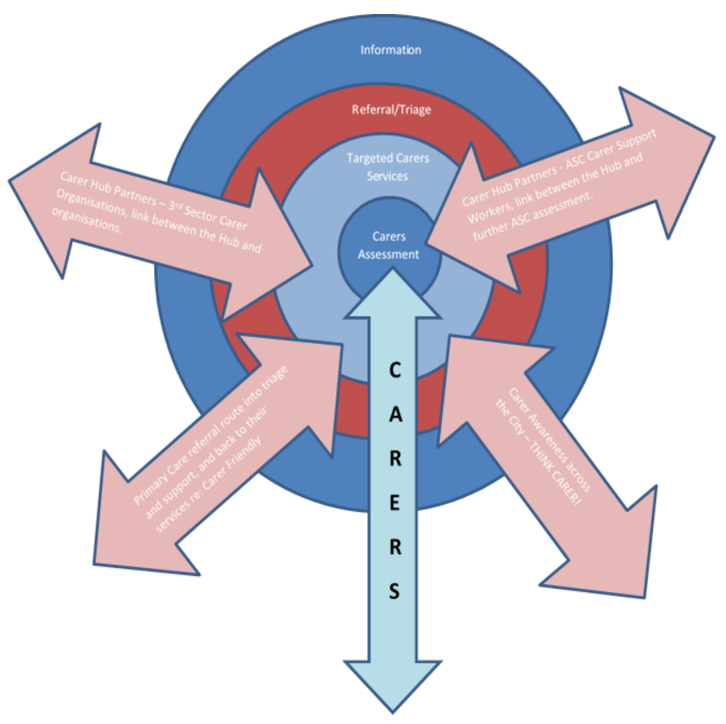
THINK CARER brings together the local and national drivers, and the Priority areas within the Carers Vision, to provide the outcomes we need to ensure Brighton and Hove is an increasingly **Carer Friendly City**, through a programme of **THINK CARER:**

- **Greater Carer Awareness** – we want a City that recognises, values, and supports carers across the City
- **Increasingly integrated services (health, social care, and the voluntary sector) through a stronger infrastructure for effectively and consistently supporting carers** – joined up working to support carers
- **Support for carers through a tiered approached** (universal provision, targeted and specialist)– providing a proportionate continuum of support for carers, from Information and Advice, to Assessment and Personal Budgets.
- **Embrace a Whole Family Approach across carers services and statutory agencies** – ensure a holistic view of the person with care and support needs, and their support network.
- **Continued development of the Carers Card, as a vehicle for supporting the key outcomes of the National Carers Strategy** – the cards (one for adult carers and one for young carers) promotes carer awareness, and provides opportunities for carers.

4.9 The **Carers Rapid Needs Assessment for Brighton and Hove** (May 16), has provided analysis of a range of key data sources regarding carers across the City. It includes routine data from the Census; analysis of local data from Adult Social Care and local surveys; and feedback from stakeholders through an Expert Panel and Questionnaire. Providing a detailed picture of who is caring in the City and the impact of their caring role. The Needs Assessment makes a number of recommendations which will inform the development of local services, both those directly commissioned for carers, and those indirectly supporting carers and those they care for. It reinforces the need to collect equality data across services in order to ensure they are responding effectively to our diverse community. As well as monitoring the impact of services on carers, through a standardised outcome tool. Identifying the need to focus on Young Carers, and a number of stated "higher risk or priority groups", including – Parent Carers; Older older Carers (over 75 years old); Carers of people with mental health needs; Working Carers; and Remote/distant Carers.

4.10 The **Carers Commissioning Intentions** aims to deliver the strategic priorities for carers through a Carer Hub model. The Carers Hub aims to support all carers at as early point as possible, through preventative approaches to increase their resilience and to reduce

the need to access more intensive services. The Carers Hub (which will be virtual, as opposed to a building) will provide tiered levels of interventions, through one website; one phone number; one referral point; opening up a range of services and opportunities. Additionally, the Carers Hub will have a central role in promoting carer awareness across the City, and will work with the current statutory Carer Support Workers at the core of the Hub.

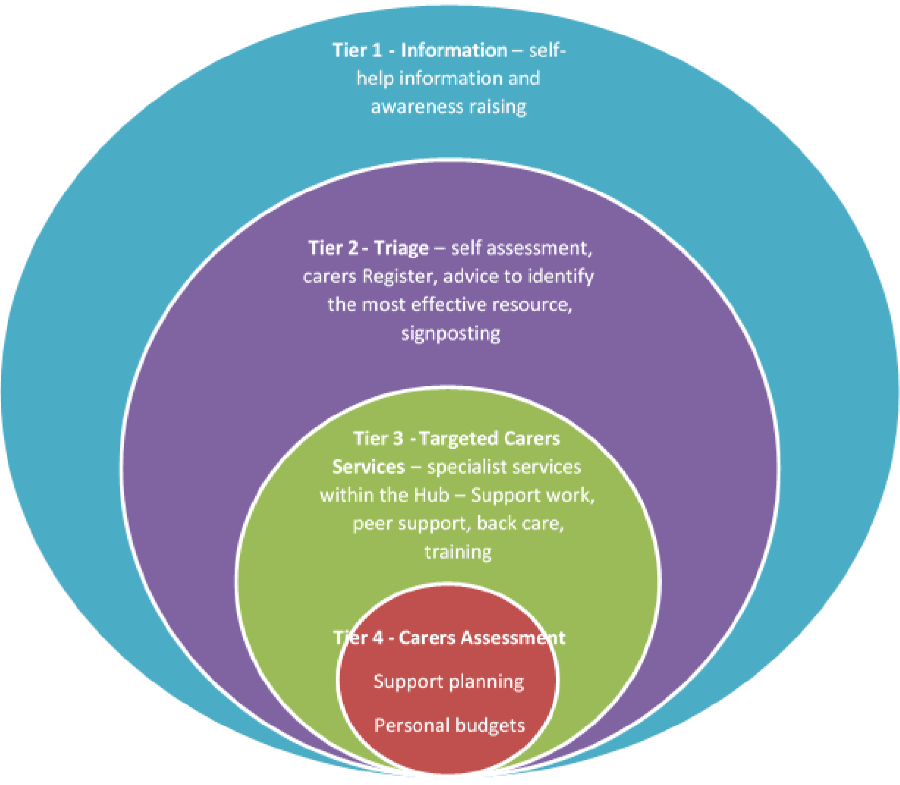


4.11 The Carers Hub model, has 4 distinct Tiers:

Tier 1 – **Awareness raising and Information** – promoting the need to identify carers through training opportunities and on-line resources to support Employers of carers, through to carer access (and Professionals for promoting Carer Awareness) to a range of on line resources, including the Carers UK Digital Offer (information and a range of e learning) + the new BHCC Carers Guide (paper copies available) + links to all key websites – it is anticipated that 50% of contacts will be resolved via this Tier, and there will be a training programme for a variety of "Digital Support Services" to support carers to navigate this resource, e.g. Library Volunteers.

Tier 2 – **Triage** – self assessment, referral route, Carers Register, Signposting and access to a range of services – the core Carers Hub Team (on a rota basis) will triage referrals and self-assessments to ensure the most effective response.

Tier 3 – **Targeted Carers Services** – specialist carers services (provided by third sector, health trusts and adult social care) within the Hub – peer support, back care, reablement, etc.
Tier 4 – **Carers Assessment** – support planning and personal budgets – this tier will be provided by the ASC Carer Support Workers and will have a clear pathway into ASC assessment should there be a need for Joint/Combined Assessments. All information will be held on CareFirst.



4.12 By developing this model it will reduce duplication and confusion over current provision, and provide a more integrated streamlined service, as well as responding to our statutory duties (Care Act duties and the Carers Hub, Appendix 3) - no multiple access routes, no duplication of service provision, promotion and publicity of one service, outreach proactively seeking out carers and working with

other community groups to raise awareness of carers and specifically targeting identified high risk carer group, and to encourage their organisation to be "carer friendly", access to carers for consultation and engagement regarding the development of the Carers Hub and wider consultation, with clear feedback routes for carers using the service.

4.14 The Carers Hub will aim to provide a holistic information and advice service for all carers, adult, parent and young carers. With regard to Parent Carers and Young Carers there will be clears to the dedicated pathways for support. For example, a recently developed Young Carers Pathway is now in place, where all referrals for support for Young Carers come through the Early Help Hub. The Early Help Hub has a dedicated Young Carers worker, jointly funded by Adult Social Care and Children's Services. The Carers Hub will not replace this pathway, but enhance it.

4.13 The Multi Agency Carers Strategy Group has been involved in initial discussions, and a procurement exercise for the Carers Hub would need to begin soon, to enable new contracts to be awarded in Autumn 16 to start April 17. The budget for the Carers Hub will be drawn from the existing funding for the currently jointly commissioned carers services within the voluntary sector (contracts end March'17), with a total value of £351,000, and the Carers Support Workers £185,000. (A breakdown of currently jointly carer commissioned services – Appendix 4).

5. Important considerations and implications

Legal:

5.1 Decisions and monitoring of Adult Social Care in the city is responsibility of The Health and Wellbeing board. The Care Act 2014 and contains specific statutory duties to assess and provide services to Carers and to provide information and advice to Carers. In relation to young carers and parent carers the Children and Families Act 2014 insert into the Children Act 1989 duties to assess and provide services to young carers and parent carers.

Lawyer consulted: Sandra O'Brien Date: 27 June 2016

Finance:

5.2 The Supporting Carers budget is jointly funded through the Better Care Programme by the council and the CCG. The new Carers Commissioning Strategy along with the procurement process for the provision of a Carers Hub and its subsequent contracts will need to be funded from existing budgets.

Finance Officer consulted: Neil J Smith Date: 04.07.16

Equalities:

5.3 A Short Equality Impact and Outcome Assessment is currently being completed, which will draw together the Carers Commissioning Strategy and the Carers Rapid Needs Assessment, developing a plan of mitigating actions to be addressed through the Carers Commissioning Intentions.

Sustainability:

5.4 The Carers Commissioning Intentions advocates a virtual Carers Hub, enabling the Hub to work from the accommodation of successful providers, and developing further partnerships with providers across the city to "host" the Hub workers, as well as greater emphasis on mobile working through effective technology. Ensuring that the Carer Support Workers are locality based will reduce the need for travel cost and time across the city.

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

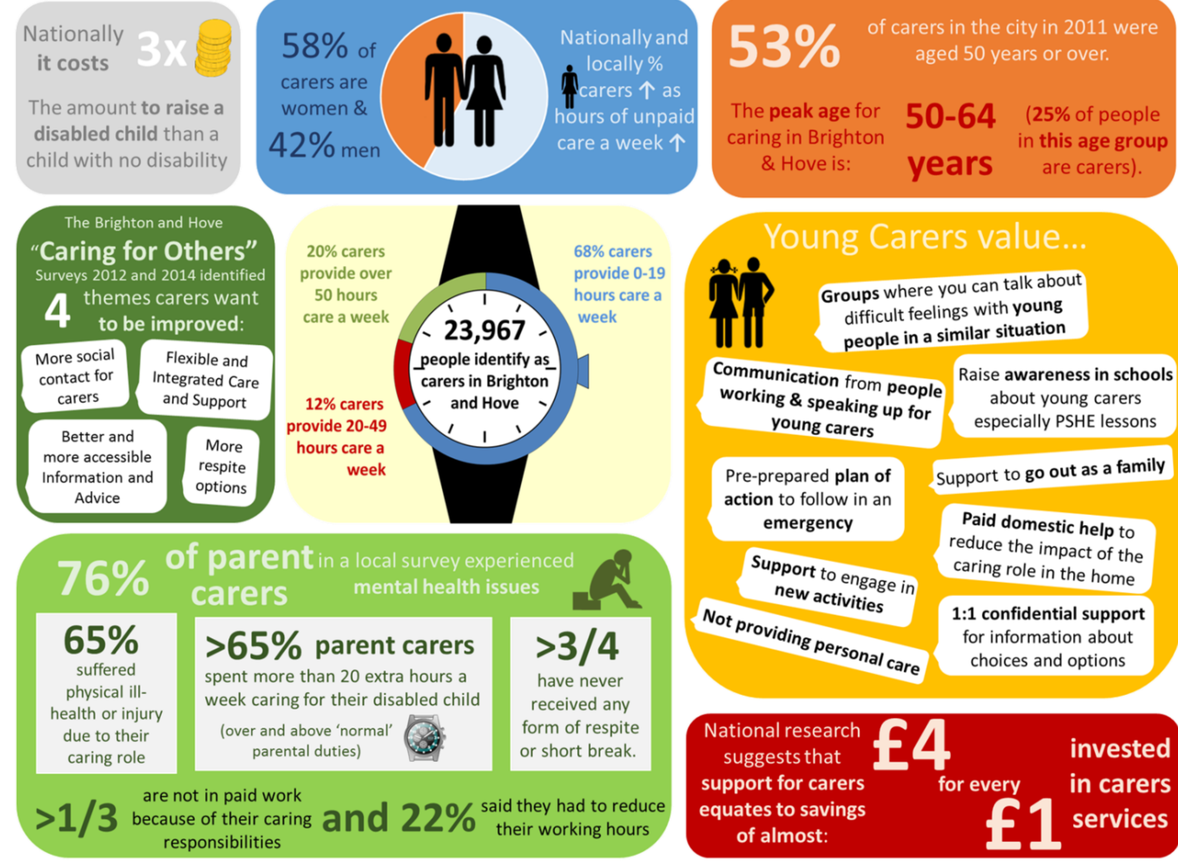
5.5 This report was presented to the Better Care Board (June'16).

6. Supporting documents and information

6.1 Appendix 1, Support Carers Better Care Programme

The Supporting Carers Better Care Programme provides a range of services for unpaid carers across Brighton and Hove, to maintain their caring roles. Carers are defined as a person (child or adult) who is unpaid and looks after or supports someone else who needs help with their day-to-day life, because of: their age; a long-term illness; disability; mental health problems; or substance misuse. Carers play a vital role in supporting vulnerable people across the City: according to the Census (2011) just under 10% of the population in Brighton and Hove define themselves as a carer.

Local Carers Information:



The Better Care funding for Supporting Carers, has enabled the development of four new pilots locally, to test out new initiatives. Plus additional funding for the Carers Breaks and Services Budget (which provides payments to carers to fund activities and opportunities, resulting from an Adult Social Care carers assessment), and funding for ongoing jointly (ASC/CCG) commissioned dedicated support for carers both within the statutory and voluntary sector – from information and advice services through to carer assessments.

The four pilot initiatives provide a diverse range of support for carers, from providing free alterative care to enable carers to attend health related appointments (My Health Matter, Crossroads); developing a range of initiatives to support working carers or carers who wish to return to work (ASC

Working Carers Project); supporting carers through volunteers to achieve identified goals/outcomes they wish for themselves (Carers Reablement Project, Carers Centre); and dedicated carer support based with the Royal Sussex County Hospital, to both raise awareness of carers within the hospital setting and to provide individual support to carers (ASC Hospital Carers Support Worker).
The evaluation of these pilots will feed into a wider procurement exercise for jointly commissioning services for carers. Currently we are exploring the possibility of a Carers Hub within the City, to provide information and support to carers through one website, one phone number, and one centralised triage point, behind which will be a partnership of organisations with a shared identify and outcomes for supporting carers from advice to assessment, and continue to build a carer friendly City.
Project data updates 2015/16:

KPI's	Description	Baseline	Target	2015/16
1	Carer Reablement Project	0	50 carers supported	**80** carers supported (35 trained volunteers)
2	Integrated Carers Support Workers Carers Assessments (x8)	300 carers assessments 2014/15	775 carers assessments	**798** carers assessments (594 IPCT + 158 RSCH) (46 carers information and advice only)
3	My Health Matters (Carers Prescriptions)	0	1,000 one off sessions	**537** one off sessions to carers
4	Carers Breaks and Services (SDS Budget)	712 2013/14	1,400 individual allocations	**770** individual allocations £60,000 – underestimated the number of new carers coming through assessment in need of Carers Personal Budgets

New initiatives for supporting working carers:

- Membership of Employer for Carers (national Carers organisation, providing a range of tools to support working carers and to encourage organisations to be carer friendly – digital toolkit and development of Carers Policy to be more Carer Friendly)
- Setting up a local network for employers to receive information and advice for carers in the workplace
- Identifying working carers within the assessment services – mandatory question on employment status, currently a quarter of assessments haven't got this information.
- Working with the Work Forums within BHCC and NHS to promote the Employer for Carers toolkit and resources.

Additional development funding through Better Care include:

- The Carers Digital Offer (provides a range of preventative information and training for carers)
- Carers Guide (local information guide and checklist for carers)

We are aiming to reallocate funding for 2016/17 in line with the priorities of the Carers Strategy, this will potentially include the creation of a Carers Primary Care Project Worker, to support GP Practices to be more “Carer Friendly”; explore the development of a simple GP on-line referral process (similar to the Surrey Carers Prescription model); and a Young Carers Information Pack (guide for identifying young carers and access effective support).

Appendix 2 – Carers Commissioning Strategy Summary

PRIORITIES	HOW WILL WE MAKE THIS HAPPEN?	HOW WILL WE KNOW IT IS WORKING?
PRIORITY 1 – Greater Carer Awareness	• THINK CARER campaign to raise awareness - publicity • Carer Awareness training across the statutory, voluntary and independent sectors • Carer Awareness within Locally Commissioned Services • Carer Awareness with local employers • Carer Awareness within Education	• Evaluation of the THINK CARER campaign • Increased number of Carer Policies across statutory, voluntary and independent sectors • Contract monitoring of Locally Commissioned Services, achieving targets • Audit of key local employers regarding the identification and support for carers • Increased identification and recording of carers within schools, further education and higher education.
PRIORITY 2 – Increasingly integrated services	• Continued implementation of combined assessments for carers • Implementation of young carers identification across all relevant assessment processes • Effective carer protocols and pathways between services and across agencies • Development of a shared outcome assessment between dedicated carers services, across statutory and voluntary sectors	• Assessment data across service areas • Robust data regarding young carers • Monitoring the effectiveness of protocols and pathways, through carer satisfaction questionnaires • Effective outcome data on the experience of carers through joint and integrated services
PRIORITY 3 – Supporting carers through a tiered approach	• Joint working protocols across service providers to ensure effective pathways for carers and to reduce duplication. • Effective Information and Advice – web based and factsheets to be used across carers services, provision of locality based information and advice surgeries • Implementation of "no wrong doors" to ensure carers are either directly provided with the information and support they need, or are effectively signposted • Explore the potential of a virtual or actual Carers Hub (multi-agency approach) • Develop a Carers Checklist to evaluate the impact of the implementation of THINK CARER	• Increased carer satisfaction across carer services, and audit of protocols • Increased satisfaction from the Adult Social Care (ASC) Carers Survey, audit of the implementation of the Care and Support Act, outcome monitoring • Triangulation of carers survey by ASC Carers Survey; provided surveys through the outcome monitoring, Locally Commissioned Services contract monitoring • Commissioning a Carers Hub • Positive satisfaction regarding the Carers Checklist
PRIORITY 4 – Embrace a Whole Family Approach	• Ensure Whole Family approach to assessment – identification of young carers, family carers and older carers • Multi agency interventions for Whole Family working • Personal Budgets to support Whole Families • Strategic working across Adult and Children's Services to support young carers	• Robust data regarding Young Carers; Family Carers; and Older Carers • Data regarding multi agency working across families • Data regarding Personal Budgets and agreed outcomes • Implementation of the Memorandum of Understanding for Young Carers and related monitoring.
PRIORITY 5 – Continued development of the Carers Card	• Greater promotion of the Carers Card with carers • Greater promotion of the Carers Card with business and opportunities across the City • Ensure that the Carers Card covering the four carer outcomes of the National Carers Strategy • Increased involvement of carers in identifying the type of offers they want developed, and carers directly involved in canvassing for offers	• Increase the number of carers receiving the Carers Card • Increase the number of opportunities and activities on the Carers Card • Increased number of opportunities which link to the National Carers Strategy • Carers directly involved in the Carers Card development

Appendix 3 – Care Act Duties and the Carers Hub:

Care Act Duties	Operational delivery via the Carers Hub

Prevention duty- preventing, reducing, or delaying carers from developing a need for support.	Delivering services that can intervene and help carers before their health suffers as a result of their caring role, including: Training that helps carers feel confident undertaking care tasks; Support developing coping mechanisms; IT equipment and assistive technology; and Help finding paid employment.
Information and advice - service that provides carers with information and advice about support for their caring role.	Information provided on the following - getting a break from caring**;** Carers' own health and wellbeing**;** Carers' finances; Carers' employment and/or education; Advocacy for carers; the care and support system locally, and how to access this the choice of types of care and support. Information should be provided in a range of formats and be distributed using a range of methods.
Advocacy - duty to arrange for a person who is independent of the authority to be available to represent and support that person as they seek to get support.	Support carers who are having difficulty understanding relevant information; retain information; weighing up that information; and communicating their views or wishes.
Assessment, support planning, and whole family approaches – duty to provide carers assessments, and support planning.	Provision of proportionate carers assessment – self assessment, Carers Register and full carers assessments. Working with the wider social network of the cared for person, and the whole family of the carer. Identifying the eligibility for the carer and responding appropriately.
Support for carers in starting, returning to, or staying in work or education	Provide support through the Working Carers Initiative, and within carers assessments seek to understand a carer's desire and ability to work and/or to partake in education and training.
Personalisation, personal budgets, and direct payments - person-centred approach to care.	Through effective triage and support provide a carer centred approach, based on what carers need and want, rather than relying on a one-size-fits-all model.
Integration and cooperation among councils, the NHS, and the voluntary sector - Local authorities and the NHS have a duty to cooperate to ensure the Care Act is effectively delivered.	Provide an integrated service and a central resource to support carers locally and proactively identify "hidden" carers (carers who are not currently receiving support) and direct them to the services that they can go to for help and advice.
Involvement of carers and carer organisations - In planning how they will deliver support for carers, local authorities are required to consult with carers and organisations in their area.	Consolidate the local carer organisations and form a partnership approach, ensuring that the principles of co-production enable carers to actively influence the development of the Hub.

Appendix 4, 2016/17 Carers Jointly Commissioned Services

Alzheimer's Society - Information, Advice and Support for carers of people with dementia and training £60,000	Carers Centre -Adult and Young Carers Support – information, advice, peer support, activities £272,000 (£208 + £64)	Sussex Community Trust - Carers Back Care Advisor £34,000	Amaze - Carers Card Development Work + DLA Outreach Service £20,000
Crossroads - My Health Matters – health related appointments - **Better Care Pilot** £75,000	Crossroads Homebased respite for Parent Carers £47,000	Carers Centre - Support for carers of people at the End of Life £19,000	Carers Centre - Carers Engagement £22,000
Early Help - Whole Family support worker £18,000	Pavilion - Information, Advice and Support for carers of people with substance misuse issues £5,000	Carers Emergency Back Up Scheme (CareLink Plus) £5,000	Carers Centre - Carers Reablement Project - **Better Care Pilot** £40,000
ASC Working Carers Project - **Better Care Pilot** £60,000	Integrated Primary Care Team Carer Support Workers £185,000	ASC Hospital Carer Support Workers - **Better Care Pilot** £54,000	ASC Carers Budget for breaks services for carers £200,000 **(£100k Better Care**

Total joint budget = £1,124,000, of which £329,000 is currently non-reoccurring Better Care funding.

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. HIV prevention and social care services

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 12th July 2016

1.3 Author of the Paper and contact details:
Stephen Nicholson, Lead commissioner sexual health and HIV, Public Health; x 6554
Stephen.nicholson@brighton-hove.gov.uk

2. Summary

The purpose of this paper is to outline plans for the re-procurement of HIV prevention and social care services from April 2017.

3. Decisions, recommendations and any options

3.1 That the Board Grants delegated authority to the Director of Public Health to conduct a procurement process for the provision of HIV prevention and social care services and to enter into the subsequent contracts.

4. Relevant information

4.1 An estimated 107,800 people are living with HIV in the UK. About a quarter of people living with HIV are estimated to be unaware of their infection and remain at risk of passing on their infection if having sex without condoms.

4.2 In Brighton and Hove, 1,735 residents were living with diagnosed HIV in 2014. The overall prevalence of diagnosed HIV in Brighton and Hove is 7.59 per thousand population aged 15-59 years.

4.3 Brighton and Hove has the 8th highest prevalence of diagnosed HIV in the UK and the highest outside of London.

4.4 In Brighton and Hove 91% of people living with HIV are male and the majority (85%) of people (93% of males) probably acquired the infection through sex between men. The majority of people living with HIV locally are white but 53% of women with HIV in Brighton and Hove are black African.

4.5 Evidence based HIV prevention and social care for people living with HIV make good public health and economic sense. HIV remains one of the fastest growing serious health conditions in England. Every HIV infection that is prevented benefits individual and public health and also saves the State around £280,000.

4.6 The current HIV prevention and social care service delivers HIV prevention interventions targeted towards those most at risk of HIV infection – men who have sex with men (MSM) and black Africans. The service also provides social care support for all people living with HIV who need help to lead healthy and fulfilling lives.

4.7 The services include physical and on-line outreach, face to face support, social marketing campaigns, counselling, community based HIV and sexually transmitted infection (STI) testing, printed information and materials, the provision of free condoms, structured peer support and work to address the role of drugs and alcohol in risk taking behaviours.

4.8 The contract for the provision of this service expired on March 31st 2016.

4.9 Following the successful delivery of the contract it was planned to negotiate a new contract with the same provider at a reduced cost.

4.10 However, changes to procurement law mean that this is no longer an appropriate course of action. From 2015 there is a legal requirement that this type of contract is advertised by way of a prior information notice (PIN) or contract notice posted in the Official Journal of the European Union (OJEU).

4.11 A PIN posted in the OJEU has attracted expressions of interest from other potential providers.

4.12 It is therefore proposed to undertake a procurement by tender for the award of a new contract to provide the services.

4.13 Because of the continuing reductions to the public health ring fenced grant and the additional council savings, all public health commissioned services are facing a reduction in their funding over the next four years. The new contract will be offered at a reduced value to realise savings of at least 20% of the current contract value.

4.14 The service specification will prioritise interventions with the best evidence of effectiveness in preventing HIV infection and promoting sexual health.

4.15 Meanwhile, the current provider is continuing to provide the service pursuant to a waiver of Contract Standing Orders until March 31st 2017 while the procurement for a new contract is undertaken

5. Important considerations and implications

Legal:

5.1 Schedule 3 of the Public Contracts Regulations 2015 will apply to the re-procurement of the HIV prevention and social care services and the contract must be awarded in accordance with Section 7 of the Regulations. As set out in the body of the report the Council is required to advertise the contract by way of a PIN or contract notice published in the OJEU setting out the process by which it is intended to award the contract.

5.2 The tender process conducted must be at least sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators bidding for the contract.

5.3 In accordance with Contract Standing Orders, any contract resulting from the tender process must be in a form approved by the

Head of Law and executed as a deed under the common seal of the Council.

Lawyer consulted: Isabella Sidoli Date: 04/07/16

Finance:

5.4 The annual cost of the current contract is £0.513m, which is met from within the ring-fenced Public Health Grant. It is planned to achieve annual savings of at least 20% (approximately £0.103m) from the new contract arrangements.

Finance Officer consulted: Mike Bentley Date: 15/06/16

5.5 Equalities:

Consideration for equalities and the reduction of health inequalities will be explicit in the service specification and integral to the delivery of the services. The Public Health universal services are delivered with a scale of intensity proportionate to the level of needs experienced by certain population groups including those needs arising from their protected characteristics. An equalities impact assessment will be undertaken as part of the re-commissioning process.

Sustainability:

5.6 There are no direct implications for sustainability

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

5.7 Children are not included within the scope of this service. Health, social care and public health are directly addressed by the public health services to which this paper refers.

6. Supporting documents and information

None required

Health & Wellbeing

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Sussex Transforming Care Partnership (TCP) Plan

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 12 July 2016

1.3 Author of the Paper and contact details
Soline Jerram
Lead Nurse/Director of Clinical Quality & Patient Safety, B&H CCG
SRO Sussex Transforming Care Partnership
s.jerram@nhs.net

2. Summary

2.1 The attached paper is the fourth and Final Draft of the Sussex Transforming Care Partnership Plan and of the 5 year activity and financial assumptions submission. This is submission presented to the CCG Governing Body for review and sent to NHSE as the Sussex Partnership submission on 18th May 2016.

2.2 The transformation of care for people with Learning Disabilities and Autism is a stretching agenda and is the next stage of the planning

and commissioning of services for individuals with learning disabilities and or autism with or without mental health illness who demonstrate or are at risk of demonstrating challenging behaviours. In addition the program now encompasses oversight of full life support and care provision for this population birth to grave.

2.3 The program builds on the work which commenced following the Winterbourne View scandal and requires CCGs and Local Authorities to work in partnership across identified footprints of which there are 48 in England.

3. Decisions, recommendations and any options

3.1 That the Board endorses the Sussex Transforming Care Partnership Plan (**Appendix 3**)

4. Relevant information

4.1 The Sussex Partnership is newly formed and comprises the seven CCGs covering Sussex, plus Brighton and Hove City Council, West Sussex County Council and East Sussex County Council.

4.2 The different governance arrangements, politics, lead commissioner arrangements, and populations have made the "ask" of central government complex and challenging. However extremely good and collaborative involvement from parties has enabled us to identify some key areas/gaps where it makes clinical and financial sense, and would be advantageous to service users, to explore working together across the Sussex footprint.

4.3 At this stage however there is no plan to fully implement a Sussex-wide pooled budget and each Local Authority area and their partner CCGs will continue to also develop their strategic plans to meet their population needs. It is accepted that this program of joint work across the footprint will continue to evolve and further engagement with providers and service users and their carers is planned. This work will also have to consider and be considered alongside the Sustainability and Transformation Plan (STP) new program of work.

4.4 The final submission of the Sussex footprint plan was due 18th May 2016 to NHS England. Due to the complexity of the governance process and getting sign off across the three Local Authorities, seven CCG internal governance bodies, three Health & Wellbeing Boards and seven CCG Governing Bodies, we have submitted the

attached marked ***Draft***. It has however been developed by the TCP Board members who are senior representatives or those with delegated authority from their organisations.

4.5 A briefing paper providing more information on the TCP is included as **Appendix 1** to this report. A case study is included as **Appendix 2** and the draft TCP is included as **Appendix 3**.

5. Important considerations and implications

Legal:

5.1 The Board is asked to endorse the Plan which details how Sussex will transform care partnerships for people with a learning disability and/or autism, and reduce the number of in-patient beds for people with a learning disability in line with national targets set in 'Building the Right Support. The Plan will assist public bodies to fulfill their statutory and regulatory duties, including a core duty of care to vulnerable people.

Lawyer consulted: Natasha Watson Date:1 July 2016

CCG Legal/Compliance Comments:

Legal or compliance implications:

- Completion of the Sussex strategic plan forms part of CCG assurance.
- Compliance with National policy to reduce numbers of individual's inpatient in bedded services.
- Improving services from birth to death for people with learning disabilities, autism with or without mental health issues with challenging behaviours is driven by National plans.

Finance:

6.1 Transforming Care will have budgetary implications for the Local Authority as the programme is looking to discharge people from hospital provision (which is NHS funded) to community based settings. In addition, people who previously would have been sent to hospital based settings in a crisis are now being supported as far as possible in the community. This has implications for the community care budget. Due to the complexity of need of the people being supported, this represents a significant challenge in relation to funding packages of care, the cost of the specialist support

required, and the cost of appropriate accommodation in the city. Joint work is underway to consider the financial implications of the Transforming Care programme for both the CCG and Adult Social Care.

Finance Officer consulted: David Ellis Date: 26.06.16

CCG Financial Comments:

Positive

- Reduced costs due to early intervention and avoidance of crisis leading to expensive inappropriate specialist hospital admission.

Negative

- Increased costs with identification of unmet needs.
- Challenge to re-provide at a more local level secure support for individuals with highly challenging forensic needs (at present managed by NHSE).
- Inability to attract providers willing to develop services which are not single person.

Equalities:

6.2 Equality Impact Assessment will be required during service development and planning.

Sustainability:

6.3

Consider and address any sustainability implications. This section should be completed and approved with relevant sustainability officer support.

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

6.4

Unless already covered within the paper, address any health, social care, children's or public health implications, including the impact on established services in the city. This section should be completed and approved with support from the CCG and the Council's Public Health Directorate.

6. Supporting documents and information

- **Appendix 1**: briefing paper on the TCP;
- **Appendix 2**: case study slides
- **Appendix 3**: final draft of the Sussex Transforming Care Partnership (TCP) Plan

Transforming Care Partnerships
For People with Learning Disability and/or Autism
A Briefing Paper for Governing Bodies and Health & Well-Being Boards

Executive Summary

- The 'Transforming Care Partnerships' (TCP) programme was born out of the Winterbourne scandal, where a Panorama investigation exposed the physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the Winterbourne View hospital in 2011.

- In response, NHS England developed national guidance in the form of 'Building the Right Support' and 'The New Service Model', which were both published in October 2015. Building the Right Support is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The New Service Model underpins this plan, bringing together current good practice and principles of care provision; it is intended to support health and social care commissioners for learning disability and beyond. It is anticipated that together, these plans will drive system wide change and enable more people to live in the community, with the right support and close to home.

- 48 Transforming Care Partnership (TCP) 'footprints' were subsequently established across the UK in November 2015, including 6 fast track sites. Each TCP is charged with;

    - Developing a TCP plan for people with a learning disability (LD) and/or autism
    - Reducing the number of in-patient beds for people with LD
        - 10-15 inpatients in CCG-commissioned beds per million population
        - 20-25 inpatients in NHS England-commissioned beds per million population
    - Fully implementing the New Service Model by March 2019

- The Sussex TCP footprint includes the 7 CCG's and 3 Local Authorities of Brighton & Hove, West Sussex and East Sussex and is, as such, has far greater complexity than single authority, single CCG footprints.

- Sussex has one 10-bedded inpatient Assessment & Treatment Centre (ATC) in Worthing. Admission activity has been fairly stable over recent years and there are currently 8 people who have been admitted from Sussex and 2 people from out of area.

- Sussex has already achieved a great deal with regards to developing community services for people with learning disability and/or autism as local decision was made several years ago to reduce inpatient bed-stock and reinvest resources.

- Each Local Authority area has subsequently developed its' own plan according to locally identified need. There is agreement across the three Local Authorities and 7 CCG's to increase alignment across the footprint and to identify key areas where work could be undertaken collaboratively. There are, however, no plans at this stage, to pool or share budgets.

- Sussex has a total population of around 1,606,571, including 5,267 people who are registered with their GP as having Learning Disabilities and 384 adults with challenging behaviour (estimated.)

- There are also 4,416 children known to have learning disability in Sussex and it is thought around 1,200 of these children will need help during transition from childhood to adulthood.

- Whilst Sussex is on target to meet the recently announced reduction in-patient bed numbers, there are still a total of 57 adults from Sussex occupying inpatient beds (31st December 2015); and 49 of these people are in placements outside of Sussex as follows:

- 23 people were in CCG commissioned beds (15 were out of area) and
- 34 people were in specialist commissioned beds - a mix of high, medium and low secure forensic beds (all 34 people were out of area)

- The cost of care is variable and dependent on location. A CCG commissioned inpatient bed costs, on average, £575 per day, compared to a specialist commissioned inpatient bed in a high secure unit which costs around £822 per day. By comparison, LA funded packages of support in community settings for former inpatients cost on average £354 per day, whereas NHS funded packages of support cost around £613 per day.

- The total forecast costs for people with learning disability and/or autism in 2015-16 is £27,531,000 – of that, £11,422,000 denotes inpatient provision for 2015-16, £9,518,000 is the annual cost of community services and £6,592,000 is allocated to individual support packages for former patients/those at risk of admission

<table>
<tr><th rowspan="2">CCG</th><th colspan="5">NHS England Commissioned Beds</th><th colspan="2">CCG Commissioned Beds</th><th></th></tr>
<tr><th>High</th><th>Medium</th><th>Low</th><th>CAHMS</th><th>Total NHS England Beds</th><th>In area (Selden)</th><th>Out of Area</th><th>Total CCG Beds</th></tr>
<tr><td>Brighton & Hove</td><td>1</td><td>2</td><td>5</td><td>0</td><td>8</td><td>2</td><td>8</td><td>10</td></tr>
<tr><td>EHS</td><td>0</td><td>4</td><td>4</td><td>0</td><td>8</td><td rowspan="3">3</td><td rowspan="3">3</td><td rowspan="3">6</td></tr>
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<tr><td>CWS</td><td>1</td><td>2</td><td>2</td><td>1</td><td>6</td></tr>
<tr><td>Out of Area</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>2</td><td>0</td><td>2</td></tr>
<tr><td>Total Beds</td><td>3</td><td>11</td><td>19</td><td>1</td><td>34</td><td>9</td><td>15</td><td>24</td></tr>
</table>

- Each person with a LD and/or autism who currently occupies an in-patient bed, will require a Clinical Treatment Review (CTR) assessment to determine suitability and ‘what needs to be in place’, for example, housing, skills, expertise, to support their return to Sussex in a community setting.

- In 2016, NHS England broadened the criteria for CTR and anticipates numbers will triple. A CTR currently costs approx £1,000 per person.

- The Sussex LD TCP Programme Board has identified the following areas as priorities for collaboration and joint working;

    1. Shared vision and principles for care provision
    2. Workforce Development, Training & Education
    3. Improved Proactive Case Management & Crisis Prevention
    4. Specialist Care & Treatment (more local in-patient services)
    5. Improving Proactive Planning of Transition
    6. Personalisation and Personal Health Budgets
    7. Data Capture

- These areas represent the 2nd stage of the TCP Programme of Work.

Sussex Transforming Care Partnerships Plan

for people with learning disability and/or autism

DRAFT

Brighton & Hove Local Authority

West Sussex Local Authority

East Sussex Local Authority

Brighton & Hove CCG

Horsham & Mid-Sussex CCG

Crawley CCG

Coastal West Sussex CCG

Hastings & Rother CCG

Eastbourne Hailsham & Seaford CCG

High Weald Havens and Lewes CCG

May 2016

This Plan details how Sussex will Transform Care Partnerships for people with a learning disability and/or autism, implement the New Service Model by March 2019 and reduce the number of in-patient beds for people with a learning disability in line with national targets set in 'Building the Right Support'

Sussex Transforming Care Partnership Plan

1. Objectives

The purpose of the Joint Transformation Plan is to demonstrate how Sussex plans to:

- Fully implement the national service model by March 2019
- Ensure inpatient beds for individuals with Learning Disability are in line with the national planning assumptions set out in *Building the Right Support,* that seek to ensure that no area should need more inpatient capacity than is necessary at any one time to cater to:
    - 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
    - 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium - or high-secure units) per million population

2. Mobilise Communities

2.1 Governance and Stakeholder Arrangements

2.1.1 The Health & Social Care Economy in Sussex

Sussex is geographically diverse with an estimated total population of 1,609,500 people, widely spread across one city area (Brighton & Hove) and two large county areas which present a mix of urban and rural geography (West Sussex and East Sussex), with significant areas of deprivation along the coastal strip. The local health economy is served by seven CCG's, three Local Authorities and twelve district and borough councils'. Whilst there are differences within the Sussex footprint in relation to the service economy and specific contractual relationships, there remains a significant degree of consistency and similarity in the provision of service models for people with Learning Disability and/or autism.

2.1.2 Statutory & Voluntary Service Provision for Adults

Statutory Sector services are provided pan Sussex by the Sussex Partnership Foundation Trust (SPFT) and the Sussex Community Trust (SCT). These include:

- Child and Adolescent Mental Health Services (Specialist)
- Community Child Development Services
- Intensive Community Support
- Continuing Healthcare Teams
- Community Learning Disability Teams (CLDT) – local authority and NHS staff in interrelated or collocated teams
- LD Liaison Nurses
- Health facilitation
- 10-bedded Assessment & Treatment Centre (based in West Sussex).
- In West Sussex, physiotherapy services for people with a learning disability are provided by Western Sussex Hospitals Foundation Trust (WSHT)
- Adult Education Special Needs Departments (SEND)
- Inclusion Specialised Educational Needs & Disabilities (ISEND)

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In addition, the three Local Authorities each provide and fund a range of services for LD, which are either commissioned through block contracts or contractual frameworks or spot purchased, dependent on individual needs. These include:

- Residential and nursing care services
- Supported living services
- Day care
- Domiciliary care and community support
- Respite services
- Advocacy
- Employment support

A large number of voluntary organisations provide services for people with LD and/or autism across the 3 LA areas, including arts and recreational activities, advocacy, peer mentoring, educational, and housing and employment support. A more detailed overview of voluntary sector provision is listed in the SAF

2.1.3 Statutory & Voluntary Service Provision for Children and Young People

Again, statutory sector services for children and young people are provided pan Sussex by the Sussex Partnership Foundation Trust (SPFT) and the Sussex Community Trust (SCT) with additional provision made by Kent Community Trust for the East of Sussex. As with adult services, SPFT and SCT operate on block contracts, whilst there are a number of one and three year contracts in place for services provided by the Kent Community Trust. Services include:

- Child and Adolescent Mental Health Services (Specialist)
- Community Child Development Services
- School health services
- Community Integrated Therapy Services (CITS)
- Specialist school Nursing
- Community Paediatric Child Development Service

In addition, the three Local Authorities each provide and fund a range of services for children and young people with LD and/or autism, including:

- Special schools
- Transitions Teams
- Facility and outreach services in mainstream schools
- Residential schools and respite services

2.1.4 Collaborative Commissioning Arrangements

LD Commissioner support is provided by the three LA's. Each LA also delivers services to meet locally identified needs for people with LD and/or autism. Whilst Sussex wide providers as SPFT and SCT are funded on a block contract, the three LA's are working closely to understand different methods of working and share best practices, for example, the Sussex Clinical Network where commissioners from all 3 areas meet with SPFT, also in East Sussex, arrangements are in place to develop joint specification of Community Learning Disability Teams.

Whilst there is increasing alignment and collaboration to commission services jointly between LAs and CCGs, for example, Brighton & Hove CC has LD joint commissioner links with the CCG commissioners and the Quality Team and West Sussex operates a pooled budget, Sussex has no plans towards the development of a county wide pooled budget at this point. Where opportunities present that support improvements in delivery and or cost effectiveness to jointly commission services, Sussex commissioners have committed to work together.

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In West Sussex, the County Council has lead responsibility for LD adult commissioning under a pooled budget arrangement with the 3 Clinical Commissioning Groups. The pooled budget includes resources for people with learning disabilities and people with autism, people who have Continuing Healthcare Needs and for people who have challenging behaviour, autism and learning disabilities. It enables the County Council and the NHS to work effectively in partnership together to meet agreed goals and meet the needs of service users with health and social care needs, including people who need or may be at risk of needing in-patient admission.

2.1.5 Commissioning Challenges

A number of challenges to Sussex wide commissioning and development have been identified by partners. These can be broadly categorized under four headings as follows:

- The short timescales of the Transforming Care Partnerships planning programme
- Capacity and costs associated with local housing market & environment
- Wider restraints, for example, budget pressures and process requirements of NHS Capital; Brighton also has the priority of potentially re-providing current in house provision , which could also be a positive
- The diverse political makeup and geographical urban/rural contrast

2.1.6 Governance Arrangements for this Transformation Programme

Governance arrangements for this Transforming Care Plan are complex as Sussex has multiple CCG's and LA's. The Transforming Care Partnership, which all partners have committed to supporting, is in its infancy and work is on-going to develop.

- A Programme Board has been set-up with a named Sussex SRO
- All Accountable Officers &Chief Operating Officers within the TCP footprint are signed up to the Sussex TCP
- The TCP Board is overseeing development of the Sussex Transformation Plan
- Meetings will be monthly for the first six months and then frequency reviewed Membership of the Board includes:

    - The representatives of the 7 CCGs and 3 LA's (including commissioners of learning disability adult services, disabled children's services and mental health services)
    - Carer representation from existing family groups is currently being sought via existing structures and arrangements to engage carers in each of the LA areas
    - Representation from people with lived experience and user led organisations is currently being sought from existing groups including the Sussex in-patient facility (Selden Centre) and the East Sussex LD and Autism and Carer Partnerships Board (ESPAC)
    - Youth support representation (representing youth offending) is currently being sought
    - NHSE Specialist Commissioner representative
    - CAMHS Learning Disabilities/ASD Regional Strategic Case Manager Invited to attend the Sussex TCP Board

The board will be aligned with the following other structures:

- It will report to the 7 CCG Governing Bodies and 3 LA Health & Wellbeing Boards
- The TCP Programme Board will closely coordinate its work with key strategies across Sussex, for example, the Adults (LD, Autism and Mental Health) and Children's and CAHMS Commissioning Strategies

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The Transforming Care Partnership Board will function as a standalone vehicle but will engage and ensure alignment with the following groups and/bodies:

- Joint Commissioning Practitioners Group with representation from cross county commissioners and providers of in-patient and community support services for people with LD and/or autism
- Brighton & Hove, West and East Sussex Transforming Care Boards
- Cross county Partnership Boards for LD, Autism, MH & Carers in each of the 3 local authority areas
- 'East Sussex Better Together' joint CCG and East Sussex County Council programme seeking to transform health and social care services
- There is a 'leadership team' in place to implement the programme. There are role descriptions in place for each of the functions. In Sussex these roles are fulfilled by the following individuals:

Role	Function (defined by TC)	Position filled by:
Senior Responsible Officer	Senior ownership and sponsorship with partner organisations, families and people with lived experience.	**Soline Jerram**
Deputy Chair / Co-Chair	Additional leadership position, deputising for the SRO when required	**The three LA's will support and deputise as required**
Programme Manager	Management across organisations resolve issues and build consensus	**Sarah Jones**
Programme Support Role	Coordination and management of the individual work streams to deliver the plan	**Sarah Jones**

2.1.7 Stakeholder Engagement Arrangements and Co-production

Sussex has an established range of stakeholder engagement arrangements (and co-production) in place that we will tap into for the purpose of developing the TCP plan and developing and implementing new service developments as follows:

The Sussex TCP Programme Board has established links and close working relationships with the existing pan-Sussex commissioner and provider group and the Children's Officers Group as stakeholders groups driving best practice and strategy.

2.1.8 Self-Advocacy groups and Carer Involvement in West Sussex

In West Sussex voluntary and community sector organisations are commissioned to support people with learning disabilities and carers to get involved and engage in service development. There are currently 4 self-advocacy groups for people with learning disabilities in West Sussex with 67 active members that speak up and explore issues on behalf of local people with learning disabilities. Groups are supported by an advocacy service commissioned from the pooled budget. There are 4 dedicated learning disability Carer Support Workers across the county, ensuring

carer's of people with learning disabilities are well supported, have access to advice and information and have opportunities to be involved in service planning and development.

Both Brighton & Hove CCG and the City Council support Amaze, who are an independent charity providing information, advice and support to families of children and young people with Special Education Needs and Disabilities. Amaze run regular user experience surveys and provide feedback from families. They have also been key partners in the Council's SEND review with the Local Parent and Carers Council (PACC). For adults, Brighton & Hove also engage with adults with LD, carers, service providers and CVS via the Learning Disability Partnership Board and 'Speak Out' – a CVS organisation working with adults with learning disability.

2.1.9 The East Sussex Young Inspectors Programme

Young Inspectors are trained young people who carry out inspections of services providing a report of their findings along with recommendations on how the service is being delivered. Young Inspectors allows young people to get their views heard, to improve the services they use and support agencies, organisations and businesses in meeting the needs of young people.

Initially facilitated by ESCC, The Young Inspectors programme is now being delivered by East Sussex Community Voice following consultation with young people. The Young Inspectors have recently completed a commission to inspect leisure activities for children and young people with disabilities or special needs in East Sussex as part of the i-go scheme.

East Sussex Community Voice has a dedicated Youth Participation Worker who recruits and works alongside the young people, providing training, inspection support, follow up and feedback. Young Inspectors receive opportunities for further training and receive reward and recognition for their time. Each inspection is tailored to the needs of the service/organisation. Services are inspected by observation, interaction, assessment and follow up. Young Inspectors are also engaged to undertake mystery shopping where appropriate as well as consultations and focus groups.

Involvement of young people in the delivery of local services has led to the development of more effective and attractive delivery packages and supports the Sussex commitment to promoting good practice and encouraging diversity, for example, in East Sussex Project Artworks were commissioned to deliver the Art in Transition project http://projectartworks.org/projects/in-transitpersonal-profile-pilot-2005-07.

In addition, East Sussex is building on priorities identified at a SEND and NDTi workshop and are currently undertaking a review of transition from child to adult services and the challenges this presents to individuals and families in East Sussex, through the East Sussex Better Together Programme.

2.1.10 East Sussex Patient and Carers' Council (ESPACC)

ESPACC seeks to develop a single voice representing all parents, carers and families of children or young people aged 0-25 years old with any additional need, in order to influence all services affecting and relevant to our children and young people and to maximise children and young people's opportunities, by working with all organisations to raise awareness of services and support for parents, carers and their families.

ESPACC has run a wide range of surveys and campaigns on key issues affecting children and young people with LD, for example;

- Review of the Children's Integrated Therapy Service (CITS)
- Preparing for Adulthood Framework

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- Home to School transport
- ISEND Strategy
- Excellence for All 2015-2016 Draft Strategy
- ISEND Joint Commissioning Strategy

2.1.11 The Involvement Matters Team

The Involvement Matters Team (IMT) are individuals with a Learning Disability and / or Autism who have been brought together by ESCC to act as a group of 'experts by experience' and assist in steering the development of services in East Sussex.

They all sit on the LDPB and other forums and have been involved in areas such as community safety, recruitment and training.

The Learning Disability Partnership Board also holds local network meetings that are open to everyone. These meetings are used to listen to the views of local people with learning disabilities, their carers' and support providers. There are three local networks. Each of these holds two meetings a year. The local networks are Hastings & Rother, Eastbourne Downs and Lewes & Weald.

The Brighton & Hove LD Partnership Board has also undertaken an independent review of LD services.

2.1.12 Culture Shift Charity

Culture Shift is a Community Interest Company, established in 2011 by the people behind Creative Partnerships in Sussex and Surrey; creating dynamic partnerships where the creative and cultural sector work with community, business and education partners to produce bespoke, action-based solutions. The ethos of Culture Shift is to put creativity to work to create positive change.

Culture Shift pioneer a range of learning projects using the arts and culture to promote wellbeing, inclusion and progression in education, community and health contexts, alongside research and work projects with Brighton University. As part of their work Culture Shift have recruited a team of Ambassadors – clients with a learning disability and/or autism, who have been involved in the resilience work undertaken by Brighton University CUPP, Boing-Boing and Culture Shift to inform practice.

SCC commissioned the Q Team, a part of Southdown Housing, to develop a User Lead equality checking tool and process for day services, to expand on the pre-existing method for residential services. This kit and training package is now in use in ESCC day services and in being made available to the independent sector.

Autism Sussex deliver a range of engagement services for people with autism and their families/carers ranging from user groups through to on line support.

2.1.13 Wider CCG Health and Care Stakeholder Events

It should also be noted that Sussex engagement processes continue to receive very positive feedback about effective engagement, for example, East Sussex was recognised in a national article for work undertaken through the 'Better Beginnings' clinically led change programme and through the on-going approach to engagement through the East Sussex Better Together (ESBT) programme and work streams. A public reference group has been set up, working closely with

Health Watch and the CCGs continue running the popular Shaping Health and Care events jointly with ESCC adult social care.

This good practice has been shared with others (below) and received positive feedback from NHS England throughout 2015-16 and been shared with others;

Contributed to NHS Clinical Commissioners case studies and best practice guidance on effective clinically led consultation; and,
Shared good practice with NHS IQ as part of learning through our bespoke service improvement programme

2.1.14 Future Planning for Co-Production (Stakeholder Engagement)

Whilst there has been considerable engagement with stakeholders across Sussex to date, there is more to be done. We are committed to ensuring that people with LD who use services and their families are effectively involved in the development of services.

The TCP will continue to build on the existing structures described earlier including family, carer and individuals and continue to ensure their views help shape and inform plans and future provisions. Some examples of where we will seek stakeholder engagement include:

- Evaluation of current service specifications and provision
- Reconfiguring of services across health, social care and education including transition from children's to adult services
- Crisis response and
- Admission prevention service development
- Evaluation of projects within the Transformation plans
- Contract monitoring
- The development of peer-to-peer links and support

2.1.15 Co-Production of Plan with Children, Young People and Adults with a Learning Disability and/or Autism and Families/Carers

Each of the three LA's has undertaken work with children, young people and adults with a Learning Disability that has informed this plan. For example, Brighton & Hove has undertaken extensive engagement as part of both the Local Authority's SEND Review and the CCG's Children and Young People's Mental Health and Wellbeing Transformation plan, including parents and their children, governing bodies and schools, education, social care and health staff, community and voluntary sector, neighbouring LA's & CCGs. Further to this the SEND Strategy outlines proposals to conduct further work and consult on a re-organisation of special provision for children and young people with the most complex SEND.

During the development of the West Sussex Learning Disability Commissioning Strategy a wide range of stakeholders were involved in many different ways and contributed to its development. Local people with learning disabilities belonging to local self-advocacy groups were engaged in a series of meetings about the Framework. Parents and carers were engaged through local carers support groups. A Big Planning Day was held where people with learning disabilities, parents and carers and a range of other stakeholders attended the event and a wide range of views were shared. Service providers were engaged though the West Sussex Learning Disability Provider Forum. The Provider Forum supports engagement with providers of learning disability services and improves communication between commissioners and providers. The Forum involves organisations from the independent, voluntary and community sectors, as well as Council and NHS run services. It supports the sharing of good practice and enables providers to share perspectives and discuss future plans and priorities with Council officers and each other. Following this engagement, a consultation draft of the Strategy Framework was agreed by WSCC and West

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Sussex CCGs and a 12 week consultation took place including a consultation questionnaire and further meetings with customers, carers and service providers. Some of the areas of feedback from the consultation that helped shape the development of the final Commissioning Strategy were the importance to people with learning disabilities of good opportunities and support to develop friendships and personal relationships; Clear messages about improved information about services and support and this being available in easy read format and accessible in a range of different ways; Strengthened plans to improve health outcomes for people with learning disabilities, working closely with local health commissioners, universal health services, public health and local specialist health and social care serves for people with learning disabilities; To be clearer how local services are responding to the challenges set out by the government in the wake of the Winterbourne View scandal

Similarly the East Sussex Joint Commissioning Strategy and SEND Strategy both recognise the importance of engagement and coproduction

In East Sussex, all key service and policy developments are embedded in user and care partnership working. East Sussex utilises the Learning Disabilities Partnership Board (LDPD) and Autism Partnership Board (APB), the Involvement matter Team, Autism Sussex Focus and User Groups, Carers groups, including Care for the Carers. Key examples have included the commissioning and design of supported living developments, service redesign with in ESCC, directly provided services including day services, respite, residential and community support

Sussex TCP members recognises a need, however, to ensure there is better integration between adult and children's services, that will support future engagement and development, redesign of adult services and the development of lifelong services. To do this, we will ensure existing groups are fully engaged in all elements of work associated with improving the early identification of children requiring support through transition and the development of individualised care plans tailored to personal need. This requires meaningful and specific engagement with people with LD and their families that will ensure services that meet their needs.

3. Baseline Assessment of Needs and Services

3.1 Population and Demographics of Sussex

Sussex has a total population of around 1,606,571.The number of people with learning disabilities identified on Sussex GP registers is 5,627 which represents about 0.35% of the Sussex population

Sussex had a total of 57 people occupying in-patient beds as of 31st December 2015, as follows:

- 9 people in the Sussex in-patient facility
- 15 people out of the Sussex area
- 34 people in NHS England commissioned in-patient beds out of area

Sussex has a 10 bed in-patient assessment and treatment facility (the Selden Centre) serving a total population of 1,606,571. Transforming Care Partnership targets for CCG commissioned beds cite 10-15 beds per million population, which suggests Sussex has, in fact, an under provision of bed stock of between 6 and 14 beds.

The number of people identified as challenging to services in any given area is unconfirmed. Estimates vary, but it is likely that about 24 adults with a learning disability per 100,000 total populations present a serious challenge at any one time. This would translate to approximately 385 people in Sussex

We know there are around 2,730 adults in Brighton & Hove and 1,000 children in West Sussex with autism. We are also aware, however, that there are many people who may have a diagnosis of autism and who may never require either in-patient provision of social care services.

3.1.1 Children & Young People

There are a total of 4,416 children known to have learning disability in Sussex.

In Brighton & Hove there are a total of 1072 children in school placements, (in area 934, out of area 138); 6 of these young people are in 52 week placements with learning disabilities. BHCC maintain 1105 statements as at the SEND2 census January 2016 (the difference between 1105 and 1072 above is that some of our out of area placements are maintained by the host authority). B&H has 162 pupils who have a statement of EHCP or SEMH (Social, Emotional and Mental Health difficulties). Number of B&H children identified as needing help during transition. 458 children in year 9 have statements/EHCP (the Code of Practice uses Y9 as the start of transition) and are will likely require support through transition

In West Sussex, 91 pupils have statements/EHCPs and are in residential Independent and Non-maintained special school placements and are a mix of weekly/termly boarding and 52 week residential places. 13 of the 91 West Sussex pupils are in 52 week placements, with either LD or ASD or both. In West Sussex, 300-475 children have been identified as may need help during transition. It is anticipated that a proportion of these children will also require Clinical Treatment Reviews (CTR). The length of time needed for support varies widely, but a proportion of these children and young people are likely to require long-term support and may present a serious challenge for much of the time or throughout their life

East Sussex has a total of 19 children and young people in residential schools in Sussex area; and a further 25 children and young in people in residential schools out of area. In East Sussex, there are, on average between 50 and 55 young people transition from children's disability services into ASC each year. The ESCC transition service has identified 33 young people who have complex challenging needs and will require accommodation and support services when they transition into Adults services by 2020.

3.1.2 The Five Cohorts

The Transforming Care Programme identifies 5 cohorts of individuals who should be included within this plan and whose future care arrangements need to be considered and which are outlined below.

- Children, young people or adults with a learning disability and/or autism who have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
- Children, young people or adults with an (often severe) learning disability and/or autism who display self-injurious or aggressive behaviour, not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- Children, young people or adults with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
- Children, young people or adults with a learning disability and/or autism, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

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- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

3.1.3. Analysis of In-Patient Usage by People from Transforming Care Partnership

Sussex has a total of 58 people in in-patient beds as of May 2016 and which are detailed in the table below. 34 of these people occupy NHS England Specialist Commissioning beds across a mix of high, medium and low security beds. There is currently one CAHMS placement. In addition, there are a further 24 people in CCG commissioned in-patient beds; 9 of whom are locally placed and 15 (63%) who are out of area.

In Patient Placements as of May 2016 (including out of area)

CCG	NHS England Commissioned Beds					CCG Commissioned Beds		
	High	Medium	Low	CAHMS	Total NHS England Beds	In area (Selden)	Out of Area	Total CCG Beds
Brighton & Hove	1	2	5	0	8	2	8	10
EHS	0	4	4	0	8	3	3	6
HR	0	1	4	0	5			
HWHL	0	1	0	0	1			
HMS	1	1	2	0	4	2	4	6
Crawley	0	0	2	0	2			
CWS	1	2	2	1	6			
Out of Area	NA	NA	NA	NA	NA	2	0	2
Total Beds	**3**	**11**	**19**	**1**	**34**	**9**	**15**	**24**

There is one adult Assessment and Treatment Centre inpatient facility (Selden Centre) within Sussex with a bed capacity of 10 which are provided by the Sussex Partnership Foundation Trust and provides services to adults with learning disabilities and/ or autism. At the time of writing, the Selden Centre has 2 patients from Brighton & Hove, 3 from East Sussex, 2 from West Sussex and 2 out of area placements. It is recognised, however, that the needs of people with mild LD/autism are met within other in-patient settings, for examples, generic mental health, low secure and that specialist LD settings may not always be the most appropriate place, dependent on the individual's needs.

Admission rates and levels of in-patient placements have remained largely consistent across Sussex over recent years. There were 42 admissions to the Selden during the period April 2010 to September 2014 (4 non Sussex admissions) and a further 6 admissions between October 2014 and April 2015. This equates to circa 10-11 admissions per year

As of January 2016, Brighton and Hove had a total of 10 individuals continuing to receive care in specialist "hospitals", with case management provided by the Community Learning Disability Team (CLDT) on behalf of B&H CCG

East Sussex is funding 6 individuals who continue to receive care and treatment; 3 in out of area specialist hospitals and 3 in the West Sussex assessment and treatment centre. Case management is provided by the East Sussex (L/A) Community Learning Disability Teams (CLDT) on behalf of the 3 East Sussex CCGs

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In West Sussex, the number of people with learning disabilities and/or autism within NHS in-patient assessment and treatment settings has remained consistently below national planning assumptions. There are currently a total of 9 in-patient placements (4 adult LD and 5 adult MH / Autism)

Sussex also receives a small, but proportionally significant, number of individuals who have been placed in in-patient facilities here, by other authorities. This increases the use of inpatient services within the county and limits availability for individuals originating from Sussex. Similarly, Sussex also receives a high number of people from other LA's for residential care etc.

Capturing accurate data has been challenging and processes to support how this is done will require attention in the future

3.1.4 Specialist Commissioning In-Patient placements

Sussex currently has a total of 34 people in NHS England commissioned in-patient placements out of area as follows:

- Brighton & Hove has 8 TC patients in secure - 5 in low, 2 in medium and 1 in high secure
- East Sussex has 14 TC patients – 8 in low and 7 in medium secure
- West Sussex has 12 patients in secure care - 2 in high, 3 in medium, 6 in low secure and I child in CAMH's service

3.1.5 In Patient Placements and CTR

Around 30 CTR's were performed across Sussex last year; it is anticipated, therefore, that if CTR provision is to increase threefold, this number will increase to circa 90 CTR's per annum at an estimated cost. Latest cost estimates suggest a CTR will cost in the region of £1,000 per patient, therefore, it is likely Sussex will face additional costs of a minimum of £90,000.

All patients who have undergone CTR wish to return to their place of origin on discharge.

3.2 The Current Care System

3.2.1 LD Governance and Systems

Each LA has a different governance system in place, for example, West Sussex County Council (WSCC) has lead responsibility for LD commissioning under a pooled budget, with agreed reporting and governance arrangements with Coastal West Sussex, Horsham and Mid Sussex, and Crawley NHS Clinical Commissioning Groups (CCGs). The pooled budget includes resources for people with learning disabilities and people with autism, people who have Continuing Healthcare Needs and for people who have challenging behaviour, autism and learning disabilities. It enables the County Council and the NHS to work effectively in partnership together to meet agreed goals and meet the needs of customers with health and social care needs, including people who need or may be at risk of needing in-patient admission. Advocacy services are also commissioned from the LD Pooled Budget.

3.2.2 Community Learning Disability Teams (CLDT)

Similarly, each LA has an Integrated Community Learning Disability Teams (CLDT's) to assess the support needs of adults with learning disabilities and their carers' and planning and coordinating support. CLDT's have a lead role in; the assessment and management of risk and mental capacity; ensuring risk is assessed in a positive manner; ensuring that support plans are effective, cost effective and regularly reviewed; that key outcomes for customers are being delivered and that

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vulnerable people are safeguarded from abuse. CLDT’s work with customers, their families and representatives, service providers with a clear focus on assessment, personalised support planning and review. Teams work preventatively with customers who may be at risk of admission to in-patient assessment and treatment settings and facilitate on-going review and discharge planning for customers residing in in-patient facilities to ensure high quality care and timely discharge.

CLDT Strengthened Crisis Response services provide service users in crisis, including those with dual and/or complex needs, for example, East Sussex has two CLDTs (East and West) where ASC and SPFT staff are co-located with joint referral meetings and case discussions (not integrated) with one integrated assessment process, a shared single care plan and review process. West Sussex operates a county wide multidisciplinary Community Learning Disability Team for some of the people with learning disabilities, who have the highest support needs and challenging behaviour.

There is a need, however, to review CLDT services across the whole footprint to determine exactly where we are at now and what can be done to strengthen CLDT in the future.

3.2.3 Services to Support People with Autism

Brighton & Hove is currently reviewing the Autism Strategy with a view to conducting a further scoping exercise. Within East Sussex there are established diagnostic pathways for people with autism and people with autism and a LD. There are specialist providers who offer services ranging from bespoke accommodation and support through to employment and lighter touch information advice and guidance. West Sussex also commissions an autism diagnostic pathway from SPF

3.2.4 Respite Services

In East Sussex, including Greenwood, have been re-designed to offer a more positive experience for clients. The buildings have been extensively refurbished and the service model and delivery has been redesigned and co-produced with individuals and families. The design offers ‘Capable Environments’ and an initial evaluation of the service with all key stakeholders has highlighted the decline in incidents of challenging behaviour and improved outcomes for people who use the service and their carers. The service at Greenwood can also accommodate individuals on an emergency basis for short term / respite care. The shared learning from these developments will be used to inform the implementation of the LD strategy in East Sussex.

3.2.5 Integrated Specialist Health & Social Care Teams

Brighton & Hove has an integrated specialist health & social care team for adults with a learning disability that is jointly funded and commissioned by Brighton & Hove City Council and Brighton & Hove CCG. The CLDT offers an integrated service to meet both health and social care needs for those seconded to the Council under Section 75 arrangements.

3.2.6 Transition into Adulthood

At the time of transition into adulthood, there is a particular focus on effective joined up assessment and support planning across Adults’ and Children’s services and other agencies, to ensure individuals and families are well supported to plan for the future. In West Sussex, in 2014 a Transition Team was established within the Community Learning Disability Team provision. This team works closely with Children’s Services, education and other partners to ensure support earlier and more effective assessment and support planning for young people as they approach adulthood. Effective transition planning for young people with complex health needs is particularly important in the context of changes to the commissioning and provision of health services for children and adults.

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For learning disability, in patient CTRs have taken place and protocols between local commissioners (care managers) and NHS England representatives have been established to coordinate future pre-admission in-patient CTRs as required.

In 2014 a West Sussex Transition Team was established within the Community Learning Disability Team provision. This team works closely with Children's Services, education and other partners to ensure support earlier and more effective assessment and support planning for young people as they approach adulthood. Effective transition planning for young people with complex health needs is particularly important in the context of changes to the commissioning and provision of health services for children and adults. Strategic work is also underway across WSCC and its partners as part of the development of a Lifelong approach to health and social care provision across all service user groups

3.2.7 Challenging Behaviour

Sussex has a minimal LD specialist in-patient bed stock, following a decision made several years ago to reduce the number of beds available for people with learning disability. The resources that were freed up, were subsequently reinvested in resources in community based service provision. Consequently, there has been good development of services and support in the community, for example, local providers of accommodation and support, including accommodation and support services in Brighton & Hove, residential care, supported living & shared lives, day services and outreach services, where certain providers and services specialise in providing services and accommodation options for people with complex behaviours, autism, and mental health problems.

A LD Sussex Challenging Behaviour Network already exists and brings together commissioners and specialist clinicians working across Sussex to explore ways of developing practice, the local market for services and areas for future collaborative working, including partnerships with CLDT, Care Management Group, Southdown Housing, Grace Eyre Foundation, Waymarks, Dimensions, Sussex Partnership Foundation Trust and Arundel Care Services.

In West Sussex, there are 4/5 service providers supporting around 25-30 people with the most challenging behaviour. Effective working relationships have been developed with local specialist providers of community housing and support for people with learning disabilities, autism and challenging behaviour. A well-established Learning Disability Provider Forum has facilitated information sharing and partnership work with service providers and has a work programme that includes regular updates around Transforming, Positive and Proactive and plans to undertake an audit of local approaches to restrictive practice early in 2016. Customers, advocates and carers are also involved in the strategic planning and commissioning of services through local Partnership Boards, forums and representative bodies, such the West Sussex Parent Carer Forum (for children and young people with disabilities) and Carers Support West Sussex (for adults).

West Sussex also provides a county wide multidisciplinary Community Learning Disability Team for some of the people with learning disabilities, who have the highest support needs and challenging behaviour. This team is being reviewed as part of a wider 'stocktake' of specialist health services and outcomes for people with learning disabilities, taking account of all local evidence around performance and outcomes and the Transforming Care agenda.

East Sussex has taken steps to improve the support provided to adults with challenging behaviour and the care services that support them by:

Undertaking a comprehensive audit of practice with care providers who are using RI as part of an individual's care plan

- Establishing an enhanced quality monitoring process for those services supporting people with complex challenging behaviour
- Reviewing the challenging behaviour integrated care pathway

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- Establishing an ESCC framework of providers of services for people with complex and challenging behaviour.

3.2.8 Positive Behaviour Support (PBS)

Much work has been done locally to increase the use of PBS and to embed the ethos of PBS within all services working with people with LD / Autism who may have behaviours that challenge.

Brighton & Hove has introduced a Positive Behaviour Resource Pack, designed to give organisations the tools to both demonstrate good practice and to highlight areas for improvement; and which can be used in a variety ways to support a self-assessment framework for providers to assess their competence in Positive Behaviour Support or a tool for providers and commissioners to assist with the design or commissioning of new services or individual placements. In addition, Brighton & Hove has a Positive Behaviour Network that adheres to and promotes the Challenging Behaviour Foundation Charter: Rights & values:

The new Brighton & Hove service specification for Supported Living services has a requirement that any service supporting a person with challenging behaviour completes the organisation self-assessment, the service user assessment and that they send representation to the PBS Network.

Effective working relationships have been developed with local specialist providers of community housing and support for people with learning disabilities, autism and challenging behaviour. A well-established Learning Disability Provider Forum has facilitated information sharing and partnership work with service providers and has a work programme that includes regular updates around Transforming, Positive and Proactive and plans to undertake an audit of local approaches to restrictive practice early in 2016.

3.2.9 Risk Register

Sussex partners are aware that there is a need to develop a database of the most complex and high-risk cases, with baseline data and monitoring of agreed well-being, mental health and challenging behaviour measures. Each area is at a different stage in their registered development at present however it is an area of priority for each. High level numbers and criteria for level on registers will be shared with the TCP in order to inform strategic pan Sussex planning

3.2.10 Specialist Hospital Services

A specialist hospital framework has been jointly developed and agreed by the Sussex CCGs/LA's when making placements into specialist hospitals. This provides a clear service specification and monitoring arrangements that will allow CCGs to ensure quality of provision, and measure providers against the requirements of the Transforming Care agenda.

3.2.11 Personal Health Budgets

Across England the NHS has already begun to offer personal health budgets and joint health and social care budgets to people with learning disabilities who have complex health needs or challenging behaviour, offering real opportunities for people with learning disabilities to live in their own homes or with their families, rather than in institutions. People with learning disabilities eligible for NHS Continuing Healthcare now have a right to have a personal health budget. From April 2015, there is a requirement for CCGs to develop plans for a major expansion of personal health budgets, and to ensure that people with learning disabilities are included by April 2016.

All people with learning disabilities who are eligible for social care support also have a budget allocated to them - a Personal Budget. Self-directed support and approaches to personalisation are promoted, balancing this with the need to ensure resources are used cost effectively. This means ensuring customers and their families have clear and accessible information about their

eligible need for support, their personal budget and about the different options for using their personal budget and, where this is in the best interests of customers, to promote the take up of Direct Payments and other ways to use personal budgets creatively. This will ensure customers maximise choice and get the best outcomes possible from the support services they use.

In West Sussex, 345 (17%) have taken up Direct Payments for all or part of their support package, managing this themselves with support, or through a nominated suitable person. In Brighton and Hove CCG there are currently 3 adult CHC clients in receipt of a PHB who have a learning disability. East Sussex is currently rolling out PHB via the integrated CHC Team. There are currently 10 adults and 12 children with PHBs with plans to increase further.

3.2.12 Children and Young People Services

In Brighton & Hove, there are approximately 880 children and young people with a learning disability, around 140 children aged 5-9, 300 aged 10-14 and 440 aged 15-19 (2014). In Brighton & Hove, the CAMHS learning disability (LD) service is based at the Seaside View Child Development Centre. The Team consists of a family & systemic psychotherapist, a senior assistant psychologist, and a part-time clinical psychologist and consultant child and adolescent psychiatrist

- 75 children and young people (0-18 years) were on the case load in August 2015
- Young people in transition to adult services are seen jointly with the Community Learning Disability Team.
- CAMHS LD also provide training, consultation and outreach to Tudor House and Drove Road, council residential respite services; Downs Park, Downs View, Hillside and Cedar Centre Schools.
- CAMHS LD team also jointly run a 10 week Positive Behaviour group for parents
- Tier 4 CAMHS have been commissioned by NHS England since April 2013.They include: day and inpatient services, intensive care units, low secure inpatient units, eating disorder services, and inpatient learning disability services.
- The CAMHS Complex Behaviour Support Team provides the following intervention modalities:
- Clinical Psychology service to May House (Specialist assessment and treatment residential service for children with highly challenging behaviour where their placements are at risk of break down, or have broken down)
- Consultation Service Offering a one-off extended consultation to social workers and families
- Monthly consultation to the three West Sussex Child Disability Residential Units (range of interventions offered including focussed discussion and intervention planning for a named young person, managing group dynamics, opportunities for staff reflection)
- Direct family work (detailed assessment and intensive intervention with the child and family in all environments and integrating the network around the child)
- The Child and Adolescent Mental Health Service/Child Disability Service (CAMHS/CDS) Complex Behaviour Support Team specialises in working with some young people with moderate/severe learning disabilities and behaviours which can be described as presenting a challenge to their families and carers. The team provides two ways of working; network consultations and direct case work.
- Network consultations are used for in depth discussion about a young person with their parent/carer and the network of staff that support them in other settings. The aim is to come to a shared understanding of the difficulties that the young person is facing and generate recommendations and actions to enable the situation to be effectively managed.
- The consultation service is designed primarily for children and young people who are beginning to present with behaviours which are described as challenging by their family or network. The aim is to intervene proactively, at an early stage to prevent behaviours escalating to a level at which any aspect of their placement is threatened. Children with higher level behaviours or patterns of behaviour which have become well established over many years are referred for more intensive direct case work.
- Direct case work is offered to young people who have behaviours which are described as complex and challenging in a range of settings. The team work more intensively with a young

person, their family and network in order to develop, support and review new ways of working that address the difficulties that the young person is experiencing.
- The average length of direct intervention provided by the service is 15 months (the national average for learning disability services is circa 24 months)The average caseload for direct work of the existing resource is circa 16-20 young people at any one time. 86% of parents/carers who accessed the team reported that the service they received had been helpful. 92% of families reported that their child's difficulties had improved since attending the clinic.

3.2.13 Community Services to Support Children and Young People

Community services for are also in place across Sussex to support children and their families in the community; for example, West Sussex is currently running 'Me, My Family and My Home' project for one year, led by In Control and funded by the Department for Education. 6 local authorities are participating in this project and have been working with between 2-4 children. The aim of the project is to develop a framework/pathway to make Educational, Health & Care Plans (ECH) work for children with very complex needs/complicated home lives and for this to be shared with all 152 local authorities. The overall purpose is to achieve the best outcomes for children/ young people and their families through developing personalised child/family centred plans and delivering support as identified in the EHC Plans.

Four families have participated in a life-long planning session which involved bringing together key people identified by the family. Sessions focus on care planning as a positive experience, identifying the child/young person's strengths and what people admire about them, rather than need and disability and considers the young person as a whole in planning for the future. Plans are owned by the family and can be added to and shared with others throughout the young person's life. West Sussex has trained a total of 60 professionals/parents to facilitate PCP and is currently expanding the project. PCP will be used to support planning for young people, with a focus on outcomes.

Next Steps:

- West Sussex is considering how budgets can be pulled together across Education, Health and Social Care.
- Consider if one professional can take the lead to make decisions to reduce the number of people the family have to contact to request changes/increases.
- Identify ways for the EHCP's to be developed with all agencies contributing.
- Continue to support colleagues with 'cultural change' regarding personalisation and looking at outcomes.

3.3 The Current Estate & Key Challenges

3.3.1 The Brighton & Hove Estate (Adult)

Brighton and Hove do not currently own any NHS properties for LD and/or autism.
The Local Authority has the following;

- x Residential Care Homes – BHCC (gifted from NHS)
- 1 x Residential Care Home – BHCC
- 1 x Supported Living Service – BHCC (gifted from NHS)
- 3 x Supported Living Service – BHCC
- 4 x Supported Living Service – leased
- 1 x Day Centre – BHCC
- 1 x Respite service - leased

3.3.2 The East Sussex Estate (Adult)

The East Sussex LA has the following estate:

- 16 VPN Homes
- 5 ESCC day centres
- 2 respite centres (adult)
- 7 short leased properties

The 16 VPN properties were part of the VPN capital transfer in 2011. ESCC and CCGs are in discussion with NHS England about the proposed development plans for 10 of the properties/sites, with a view to:

- Increasing the number of supported living services available across East Sussex
- Developing a purpose built supported accommodation service for people with complex challenging behaviour
- Developing flexible accommodation that will reduce the revenue spend and reliance on residential care and out of county placements.
- The current NHS England Capital Grant Agreement has proved problematic in seeking development partners and a more flexible approach from NHS England would be welcomed. (a full list of estates details is available for submission to NHS England)

3.3.3 The West Sussex Estate (Adult)

In West Sussex there are currently around 2000 people with learning disabilities in West Sussex using social care and health services that are funded by West Sussex County Council and the local CCGs via the LD Pooled Budget.

West Sussex does not currently own any NHS properties for LD and/or autism.
There are six Local Authority owned properties currently occupied and support the LD client group and which are located in

- Worthing x 2
- Bognor Regis
- Chichester
- Horsham
- Sompting

All estates have services managed through the service level agreement between WSCC Commissioners and Provider Service Managers, apart from 1 where this is not applicable. One estate in Worthing is empty with plans for redevelopment in progress for two further estates which are currently vacant. One is subject to a procurement process to appoint an RSL imminently. None of the LA estates support Tier 2 accommodation

35% of people supported by social care live with their parents or family and friends and receive support at home. This is the largest single category. 29% of people live in residential or nursing care. Around 23% of people live in supported accommodation, where people have a tenancy of their own and receive care and support in their own home, either in a supported accommodation scheme or in ordinary housing in the community.

In recent years the proportion of people living in nursing or residential care has fallen, as more people are supported to live in more independent living settings and supported to remain living in

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the community for longer. A range of services and supports are commissioned to enable people with learning disabilities to access ordinary community services and opportunities and reduce their dependence on specialist learning disability services. Examples of these services include supported employment services and information, advice and advocacy services. These services can be of particular benefit to people who need some additional support to help maintain their health, wellbeing and independence and to access other universal or community services.

Challenges include:

- Lack of capable environments for the client group
- Resource restraints restricting the ability of the LA to buy / build / re-model services
- General housing shortage in the local area of Brighton impacting on the ability of the LA to source additional private sector leased property
- City environment in Brighton not conducive to accommodating clients who require large amounts of outdoor space / make a large amount of noise
- General housing shortage in the Brighton area impacting on the ability of independent or 3rd sector providers to:
- Lease property from the private sector
- Purchase new property / land to develop
- Re-model existing services
- Lack of access to social housing with secure tenancies (Brighton & Hove)

3.3.4 Demonstrate How a Reduction in Non-Settled Accommodation Will Be Achieved

Brighton & Hove has a local LD Strategy ‘A good, healthy and happy life’ which is heavily focussed on supporting people with LD to achieve greater independence and have increased access to services and facilities in the community, including settled accommodation. They are working with providers locally to increase the range of housing options available and to develop new models within the city that better support people with challenging behaviour. In particular we are considering ways to increase the number of self-contained units that are co-located with larger services.

BHCC is currently undertaking a consultation on their Housing Allocations Policy and ASC have been involved in discussions to increase accessibility to social housing for people with LD and or Autism. It is hoped that this consultation will lead to an increased number of Band A nomination rights for people with LD to access social housing in the community.

The West Sussex LD Commissioning Strategy recognises the important role good quality accommodation has to play in delivering a range of outcomes for people, such as health, wellbeing, independence and citizenship. A suitable range of good quality, good value accommodation and where appropriate assistive technologies, will be commissioned and provided for people who require an accommodation service. Today and in the future, more good quality, cost effective local accommodation options will be required for older people with learning disabilities and for people with the highest support needs who may also have challenging behaviour. Supporting carers, who provide significant amounts of care and support to people with learning disabilities in their own homes and communities, is critical to promoting and maintaining people’s independence and safety. The Strategy will be delivered along-side the West Sussex Commissioning Framework for Carers in supporting the delivery of a range of plans and objectives in relation to carers. These plans will ensure carers needs are assessed and met and ensure carers have access to the advice, information and support they need to continuing caring for their family members in their own homes

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East Sussex has prioritised the development of supported living services across the county. An integrated plan has been agreed that will increase the number of adults with a LD living in settled accommodation and also highlights plans to build supportive accommodation services for people with the most complex challenging behaviour. Respite and Community Services have also been re-designed to respond to the needs of clients and the developing demographic. A programme of development in relation to day and employment opportunities will be rolled out during 2016/17.

East Sussex has an LD Accommodation and Support Strategy that sets out how the number of adults living in settled accommodation will be increased over the next 5 years, by developing six supported living services; this is dependent on approval being given with regards to the VPN sites and Capital Agreement.

3.3.5 Children and Young People's Estates: Brighton & Hove

Overall the city makes very good and valued provision for children with complex SEND

- 6 Special Schools
- 2 Pupil Referral Units
- 6 Special Facilities within mainstream schools
- 2 Specialist Part-Time Nurseries
- The Independent and non-maintained sector where local provision deemed insufficient to meet all needs

Key Challenges

- 'Empty' places in some schools with LA having to find £900k over 5 years to fund

3.3.6 Children and Young People's Estates: West Sussex Estates

- 11 special schools
- 29 mainstream schools with SSCs
- 2 specialist nurseries
- 6 Alternative Provision centres

Key challenges

- There are too many children in INMMS and special schools/SSCs and there is a need to develop mainstream schools to reverse that trend and increase the number of children with EHCPs in mainstream settings. There is a SEND Strategy and action plan to address this challenge in development.

3.3.7 Children and Young People's Estates: East Sussex Estates

Key estates (LA owned)

- Special Schools
- 5 special facilities within mainstream schools
- Respite Centres x 2

Key Estates (not LA owned)

- Special academies
- 7 special facilities within mainstream academies
- Early years settings that support special needs
- 1 PRU run by academy

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4. The Case for Change

4.1 Sussex Priorities

A number of priorities have been identified across Sussex including:

- To ensure clear and effective governance and leadership of the Transforming Care agenda through effective planning and joint commissioning
- To ensure appropriate, safe, high quality and best value accommodation & care and support services are available locally for people with learning disabilities, including people with severe autism and people with learning disabilities who also have mental health conditions or behaviours viewed as challenging.
- Through effective assessment, support planning and review to ensure effective clinical approaches to prevention and crisis intervention and prevention of in-patient admission
- To ensure all in-patient services are safe, of good quality, VFM, appropriate and reviewed regularly with a focus on effective intervention & timely discharge
- To work with local service providers to support workforce and service development
- To improve how children and young people considered to be in the at risk group are identified, assessed and planned for

Additional Improvement Priorities across Sussex include:

- A need to ensure care for all patient cohorts is developed in such a way as to enable the delivery of better and more personalised outcomes for people, using service models that are sustainable and the real opportunity for service users to become actively involved in the planning and development of local services and how they are cared for
- A need for more analysis to be conducted locally to determine whether there is a need to increase patient beds, in line with NHS England target requirements, or to further develop community outreach and crisis intervention.
- Increase community living to meet needs of the most complex and challenging cases that is not reliant on single service accommodation which is not financially sustainable in the long term
- An identified need to streamline provision of children's estates in line with needs
- To formally identify gaps in service provision against the 9 principles and requirements of the new service model and develop strong initiatives that will 'plug' those gaps and ensure services fit for purpose
- Plans to continue to improve personalisation and embed person-centred approaches to ensure that individuals are at the centre of their own packages of care and support
- Continue to develop recognition and the right support and engagement of individuals, their carer's and families to have their own care plans (roll out)
- Continue to develop risk registers across the patch (currently in the process of identifying criteria)
- Redesign current estate to better meet future needs of individuals in the community and children & young people – this work is to be scoped and planned but consider range of options including patient communities, sheltered housing, individual houses
- Ensure all hospital placements are good quality, appropriate and reviewed regularly, with a focus on effective intervention & timely discharge
- Review & enhance the local resources in place for crisis intervention and prevention of admission
- Ensure all local services provide good quality, safe services for people in the defined group
- Review and improve how children and young people considered to be in the at risk group are identified, assessed and planned for more accommodation options, with clear pathways out of hospital into the community, would deliver a more personalised approach to care, as people would have a greater choice of where they live.

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4.2 Personal Health Budgets

Brighton and Hove CCG aim to increase the offer and uptake of PHBs amongst people with a learning disability during the period 2016-21 and to identify accommodation/provider able to develop supported living options for the most challenging individuals not dependent on single person service development

BHCC has an in house respite service that provides planned respite and short breaks as well as emergency respite when required. A review is currently taking place to consider the options within the city for respite and planned breaks and whether there is sufficient provision currently to meet those needs. This review will include considering the need for any 'step up' accommodation locally that could be used to support people at risk of admission in a crisis.

In West Sussex, care pathways are being developed in relation to co-existing conditions to ensure autism is addressed and, where required, services are adapted. In addition, Mental Health, Learning Disability and Epilepsy service staff are trained in relation to autism

5. Vision, Strategy and Outcomes

5.1 Aspirations for 2018-19.

The local vision for people with learning disabilities or autism in Sussex reflects that of the national Transforming Care Agenda and which are outlined in the Case for Change:

- "Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce.
- At the same time local community based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting."

In terms of the three key areas for qualitative improvements, Sussex has identified a range of key strategic objectives in relation to Transforming Care including:

5.1.1 Improved Quality of Care

- To ensure clear and effective governance and leadership of the Transforming Care agenda through effective planning and joint commissioning
- To ensure appropriate, safe, high quality and best value accommodation & care and support services are available locally for people with learning disabilities, including people with severe autism and people with learning disabilities who also have mental health conditions or behaviours viewed as challenging.
- To work with local service providers to support workforce and service development
- To formally identify gaps in service provision against the 9 principles and requirements of the new service model and develop strong initiatives that will 'plug' those gaps and ensure services fit for purpose
- West Sussex: Care pathways in relation to co-existing conditions need to ensure autism is addressed and, where required, services are adapted
- West Sussex: Staff employed in Mental Health, Learning Disability and Epilepsy services are trained in relation to autism
- West Sussex: Improved Autistic Spectrum Condition (ASC) Training for Mental health Professionals

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5.1.2 Improved Quality of Life

- A need to ensure care for all patient cohorts is developed in such a way as to enable the delivery of better and more personalised outcomes for people, using service models that are sustainable and the real opportunity for service users to become actively involved in the planning and development of local services and how they are cared for
- A need for more analysis to be conducted locally to determine whether there is a need to increase patient beds, in line with NHS England target requirements, or to further develop community outreach and crisis intervention.
- Increase community living to meet needs of the most complex and challenging cases that is not reliant on single service accommodation which is not financially sustainable in the long term
- An identified need to streamline provision of children's estates in line with needs
- Plans to continue to improve personalisation and embed person-centred approaches to ensure that individuals are at the centre of their own packages of care and support
- Continue to develop recognition and the right support and engagement of individuals, their carer's and families to have their own care plans (roll out)
- Ensure all local services provide good quality, safe services for people
- Personal Health Budgets
- Brighton and Hove CCG aim to increase the offer and uptake of PHBs amongst people with a learning disability during the period 2016-21.

5.1.3 Reduced Reliance on Inpatient Services

- Through effective assessment, support planning and review to ensure effective clinical approaches to prevention and crisis intervention and prevention of in-patient admission
- To ensure all in-patient services are safe, of good quality, VFM, appropriate and reviewed regularly with a focus on effective intervention & timely discharge
- To improve how children and young people considered to be in the at risk group are identified, assessed and planned for
- Continue to develop Risk Registers across the patch
- Ensure all hospital placements are good quality, appropriate and reviewed regularly, with a focus on effective intervention & timely discharge
- Review & enhance the local resources in place for crisis intervention and prevention of admission
- Review and improve how children and young people considered to be in the at risk group are identified, assessed and planned for more accommodation options, with clear pathways out of hospital into the community, would deliver a more personalised approach to care, as people would have a greater choice of where they live.
- Redesign current estate to better meet future needs of individuals in the community and children & young people – this work is to be scoped and planned but consider range of options including patient communities, sheltered housing, individual houses
- Brighton and Hove: identify accommodation/provider able to develop supported living options for the most challenging individuals not dependent on single person service development
- BHCC has an in house respite service at that provides planned respite and short breaks as well as emergency respite when required. A review is currently taking place to consider the options within the city for respite and planned breaks and whether there is sufficient provision currently to meet those needs. This review will include considering the need for any 'step up' accommodation locally that could be used to support people at risk of admission in a crisis.

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- It should be noted, however, that a large amount of work has already taken place locally in delivering on these objectives. Continuing to build on that work will form the basis of achieving our aspirations.

5.1.4 Children & Young People

In addition, the following aspirations have been identified for children and young people:

- Integrate special provision across education, health and care for all children with complex SEND
- Include children and young people in the naming of the new integrated provisions
- Offer an improved and innovative curriculum
- Make the system more efficient and financially viable into the future, by consolidation of the current six special schools and two PRU's to form three integrated special provisions across the city
- It is anticipated that this work will be taken forward via Task & Finish groups as required and groups that are already established, for example, the Joint Children's Officer Commissioning Group (B&H)
- Closer working between the local authority Children's Disability Service and CLDT to improve pathways for children and adult services
- Integration of services and provision across educations, health and care across the 0-25 years age range
- Reducing dependents on expensive out of city city/independent specialist placements by providing integrated 'wrap-around' provision close to home
- Greater personalisation for families and extended use of personal budgets
- Improved support to families where children have complex and challenging needs and behaviours
- More systematic identification of SEND
- and improved outcomes for identified young people (what outcomes)
- A re-organisation of special schooling and specialist nursery provision, children's health and therapy provision, children's residential and respite provision and outreach/extended day activities in the areas of both learning difficulties and of behavioural, emotional and social difficulties

5.1.5 East Sussex Priorities for Children and Young People with SEND

The following forms part of the SEND Joint Commissioning Strategy on which work is already progressing:

- We want to identify all children who have special education needs or disabilities as early as possible in their lives;
- We want to provide empowering support for parents and carers to help them to care for, and support the development of, their children;
- We want all services to respond promptly to the needs of children, and work towards our agreed outcomes. This will include universal services such as schools and early year's education settings, and universal health services.
- We want to commission coherent, coordinated, personalised education, health and care support for individual children and young people, with formal, integrated Education, Health and Care plans for those children who need specialist support, aimed at helping them to achieve well at school and in training and employment, and enabling them to live lives which are as independent as possible, fully included within their local communities.
- We want to provide maximum choice for children, young people and families about how the resources available to support them are used, with personal budgets extended to as many families as possible.

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5.1.6 Measuring Improvement Against the Domains

It is anticipated that Transforming Care Partnerships will monitor a range of indicators relevant to the direction of the agreed joint deliverables in the plan, including:

- Monitoring of placement quality and outcomes
- Reduction in the number of people being placed in in-patient facilities out of area
- Reduced length of stay in in-patient facilities
- Increased patient and carer experience through periods of change and or deterioration
- Every individual will have a proactive care plan
- Increased compliance with yearly health assessments
- Robust management of Risk Register which provides person centred support to individuals at risk of admission
- Enhanced CLDT provision is to be measured against 3 indicators:
- A reduction in the rate/frequency of admission
- A reduction in the overall numbers of in-patients
- A reduction in overall costs of in-patients

New service specifications and contracts have been developed by CCGs across Sussex for all commissioned in-patient facilities. This will ensure a framework is in place for increased monitoring of providers ability to deliver outcome focussed support and a requirement for all services to adhere to the principles of PBS when supporting people with challenging and complex behaviours.

- The key outcomes used have been taken from the Learning Disability Strategy 'A Good, Healthy and Happy life' and are the key outcomes people with learning disabilities locally identified as being most important to them:

No.	Indicator	Measurement
1	Service Users contribute to the development of their support plan	100% of Service Users to contribute
2	Service Users are supported to remain living independent in the Community	90% of Service Users are supported to remain living independently in the Community
3	The number of Service Users who move to lower support or mainstream accommodation	Providers shall monitor the number of Service Users who move to lower support or mainstream accommodation
4	The number of Service Users who move on to higher support services	Providers shall monitor all movements to higher support services
5	The service shall increase Service User's community access and participation	75% of Service Users shall increase their Community Access and Participation
6	The service shall increase the number of Service Users accessing work and learning (including volunteering)	Providers shall monitor the number of Service Users accessing work and learning
7	The service shall support Service Users to develop their travel skills	Providers shall monitor the number of Service Users accessing work and learning
8	The service shall support Service Users to access relevant health checks and health screening	Providers shall monitor the number of Service Users accessing relevant health checks and health screenings

9	The service shall increase the number of Service Users who feel more able to manage their independent living	75% of Service Users shall feel more able to manage their independent living at the time of existing the service or at review
10	The service shall increase the health and wellbeing of service users	75% of Service Users shall report an increase in health and wellbeing at the time of existing the service or at review
11	The service shall enable Service Users to report better knowledge of an access to community mainstream services	75% of Service Users shall report better knowledge of an access to community mainstream services

Increased use of Personal Health Budgets, and direct payments from Adult Social Care, to allow individuals to direct own care and support

5.1.7 Principles for Care and Support for People with a Learning Disability and/or Autism who Display Behaviour that Challenges

Sussex recognises the principles of care underpinning the 'New Service Model' for LD and that champion the human rights of people who use LD services. These principles are summarised below:

Quality of life

- People should be treated with dignity and respect
- Care & support should enable a person to achieve their hopes, goals and aspirations
- It should maximise a person's quality of life regardless of the nature of their behaviours that challenge.
- The focus is on supporting people to live in their own homes within the community, supported by local services.
- Keeping people safe
- People should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings
- Reporting should be transparent and open, ensuring lessons are learned & acted on

Choice and control

- People should have choice and control over their own health and care services
- People should make decisions about every aspect of their life
- There is a need to 'shift the balance of power' away from more paternalistic services which are 'doing to' rather than 'working with' people, to a recognition that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act.
- People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.
- Support and interventions should always be provided in the least restrictive manner.
- Equitable outcomes, comparable with the general population

6. Proposed Service Changes

6.1 The New Model of Care

Sussex intends to continue to review existing services in line with local learning disability and autism strategies from across the 3 areas of Brighton & Hove, West Sussex and East Sussex to

ensure the most effective service delivery models are in place to meet the Transforming Care Partnerships agenda.

The proposed model of care covers the following key themes. These are outlined below:

- Further defining the vision and principles of the Sussex approach (with support from NDTI)
- Workforce Development, Training and Education
- Improved Proactive Case Management and Crisis Prevention
- Specialist care and treatment in-patient services at a more local level
- Improved Proactive Planning of Transition for children & young people
- Expand Personalisation and Personal Health Budgets in ways that are sustainable
- Improving support and provision for complex care and accommodation in the community
- Stake holder engagement

6.1.1 New Services We Will Commission

Each of the 3 Local Authority areas across Sussex has taken a very pro-active approach to the transforming care agenda, which can be demonstrated by the low number of people in in-patient beds. It is recognised that each area have worked together collaboratively across Health and social care in the development of their transforming care plans and there is some working relationships established across the 3 Local Authorities and 7 CCGs across Sussex to date. There is also a complexity, however, in the make-up of the Sussex footprint and each areas plans do not simply map together to make a Sussex wide plan; though there is a willingness to develop a pan Sussex approach with an aim to achieve symmetry on the 3 area plans and identify where there is alignment and potential to develop new services across the county where is will improve opportunities and outcomes for individuals and their families.

Sussex is collaborating to review and develop a range of different models building on what we currently have in place across the patch. It is anticipated this work will be conducted through a range of locally organised work streams accordingly. There is an increasingly collaborative approach to service planning and provision, commissioning services from the same provider, with exploratory but proactive discussions about opportunities where budgets may be aligned locally to commission different arrangements. There is, however, no business case developed as yet to develop 'new services pan Sussex.

We acknowledge, that this work and the Sussex partnership remains in its infancy; there is a continued need for the TCP to work together to actively plan for both their individual areas, acknowledging differences in progress to date, approach and population needs and to identify areas where best practice can be usefully shared, exploring making best use of resources across the patch and exploring approaches to risk sharing.

Early agreement has been reached on the following objectives for new services to be jointly commissioned across Sussex, including:

- Community services to support admissions prevention and reduced Length of Stay
- Review of In-Patient beds and requirements for all in-patient LD/MH, secure/non-secure spectrum provision across Sussex, including the Selden Centre
- Embed good practice around CTR provision
- Early identification of individuals 'at risk' of admission (risk registers)
- Crisis Response and Intervention in the community
- Improving transition for children and young people with LD and/or autism to adult services
- Review and identify appropriate accommodation to meet individual needs
- Expand PHB provision and personalisation in ways that are sustainable
- Share good practice about effective community provision

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6.1.2 What services will you stop commissioning, or commission less of?

We will be working to bring people back to Sussex and ensuring that there is sufficient capacity within current and new services to sustain this. Therefore we will be looking to stop, or at least reduce the commissioning of services outside of Sussex - including support services and residential educational placements.

We know that into-county placements mean that resources are divided further. We will continue to work with other authorities and providers to review our local capacity of in-patient provision and working with the providers to ensure present and future needs can be met effectively and cost effectively.

Sussex is currently underprovided for local inpatient bed stock; we will focus on commissioning, fewer out of area in-patient placements and utilise local provision with the development of more flexible and robust community support to avoid inpatient admission.

Brighton will commission less single person services and work towards new accommodation solutions that are more sustainable and offer more opportunities for shared peer support. Brighton and Hove will work with providers on developing new models of accommodation that provide service users with their own self-contained properties, but within small services where they can access peer support as they choose too.

The East Sussex LD accommodation and Support Strategy identifies the residential models of care that are no longer appropriate and do not meet the expectations and aspirations of individuals and their families and sets out a commissioning and delivery plan to develop in their place supported living and community based provision

6.1.3 Existing Services that will Change or Operate in a Different Way

This section outlines existing services which will change or operate differently in the delivery of the Transforming Care Programme. It also identifies changes to existing working practices or systems which may not be 'commissioned' but have been included here to reflect Sussex's commitment to system wide change.

Learning Disability Teams are being re-aligned to work with a more pro-active case management approach supported by where required a new CLDT specification.

CLDT are moving to a more preventative role with the development of the enhanced crisis response. They will RAG rate risk registers to identify those at most risk locally of admission to hospital and provide more intensive support in the community to them at an earlier stage.

There is Sussex wide agreement to undertake a review of in-patient facilities for LD/MH, including the Selden Centre and the services it provides, in order to better meet needs of local individuals and an aspiration to work more collaboratively around the development of local in-patient provision

Integrated development of clear pathways between forensic and community case management as individuals step down from NHSE secure placements to CCG funded community placements

Review Crisis Response and Crisis Provision

6.1.4 Encouraging the Uptake of More Personalised Support Packages

- Identify children earlier in the pathway – 'Building the Right Support' references a need to ensure increased provision of LD Liaison services for children, i.e. targeting children who are more likely to require greater support, earlier in their pathway, in order to avoid hospital admission, for example, work has already been undertaken to develop LD liaison in primary care with the further development of Acute LD liaison

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- BHCC are working on a pilot to develop the use of Individual Service Funds to allow service users to choose a provider to develop a service directly with the service user, rather than BHCC commissioning the service for them.
- Plans will also ensure similar increased liaison is in place for adults to ensure service provision meets identified needs.
- Support individuals and carers through education
- Ensure earlier planning between Adults and Young People Teams focused on services to ensure smooth and timely transition
- CLDT currently offer each person assessed a personal budget, including direct payments.
- BHCC is currently developing the use of Individual Service Funds which allow people to nominate a provider to develop a service on their behalf and manage their entire personal budget.

Plans will be produced in 2016 for the expansion of PHBs, for example, in Brighton and Hove, this will include working with local providers to;

- Determine a local budget setting and resourcing framework for learning disability PHBs
- Ensure a PHB is offered to people with a learning disability who are eligible
- Explore the potential for integrated personal budgets
- Provide people with a learning disability access to information/advice on personal health budgets
- Consider the local service and workforce developments required to respond to the health and wellbeing needs identified by people with a learning disability
- Establish a process for the monitoring and review of personal health budgets

6.1.5 Care Pathways

The three Sussex areas have each been working to provide pathways of care that support pro-active prevention of crisis and inappropriate in–patient treatment and reduced length of stay by using the CTR process. The work that will now be taken forward by the Sussex Transforming Care Partnerships Board will be informed by the learning from these individual cases and further informed by the pre-admission and CTRs that have already resulted in admission avoidance. Further work has been identified to ensure earlier support for children and their carer's and development and planning of the transition process at an earlier stage.

Brighton and Hove have already increased resources in the LD Team to proactively case manage those at highest risk of care breakdown and admission to hospital – the learning from experience will be shared with the partnership

East Sussex has four care pathways for people with learning disabilities including for Mental Health and Complex Behaviour that Challenges. These pathways are reviewed regularly through quarterly partnership meetings to ensure that there are clear outcomes for individuals and their families.

In West Sussex, during 2015-16, a stocktake and review of specialist health services for people with learning disabilities and autism was undertaken, to ensure best outcomes for customers and best value for money. During 2016-17 this stocktake will feed into a process of service redesign and commissioning that will include the development of a new services specification for Community Leaning Disability Teams in the context of local needs and national best practice.

6.1.6 Supporting People to make the Transition from Children's to Adult Services

For disabled young people and/or young people with a statement of Special Educational Needs Disability (SEND), the move towards adult life needs careful early planning, which involves them and their parent/carers, to ensure that the change process is as smooth as possible.

The SEND Code of Practice puts a greater emphasis on those with SEND identifying that they require additional support to succeed not only in their education, but in the transition to adulthood.

The TCP Programme Board will oversee work pan Sussex on pathways to support transitions and returning individuals to county, including:

- Improve identification of those with LD and/or autism in the system
- Improve support to carers and families to manage challenging behaviour
- Pro-active case management to personalised care for individuals and families
- Leading to earlier planning for transition to adulthood, independent living and employment opportunities

6.1.7 Commissioning Services Differently for Children Transitioning to Adult Services

Improve planning and early recognition of need informing the strategic planning of how the new services will be delivered – leading to less dependence on single services but complex needs

Assurance that mainstream services are flexible with reasonable adjustments to meet the needs of the majority of people with LD and/or autism throughout their life journey

Development of Risk Register as key to early identification

In Brighton & Hove, the local authority are looking at how they can bring social functions across children and adults services together for those with LD and others that fall into the TC cohorts. This proposal is currently out for consultation.

The CCG are looking to commission more all-age pathways in mental health services and health care services for children and young adults with SEND.

6.1.8 Needed Changes to the Local Housing Estate

Local authority housing departments need to be involved in reviewing information, informed by the pro-active care planning and case management process for people with LD and/or autism to ensure appropriate housing options to meet the needs of an individual with lower support needs and the need for reasonable adjustment.

East Sussex is embarking on a comprehensive procurement process to identify housing and development partners to address unmet need. We also work in partnership with existing mainstream housing providers to make reasonable adjustments for their tenants. An example of this is a housing association co-producing a toolkit for tenant and employees with autism.

Current housing estate needs to be developed to create capable environments and models of support that can meet the needs of highly complex and challenging service users.

A lot of the current estate is in converted older buildings that do not lend themselves to supporting people with challenging behaviours, usually because the buildings cannot be refurbished in a way to make them safe, or they have communal areas that cannot be safely managed.

One model BHCC is interested in developing is to have a small number of self-contained flats, located next to, or joined too, a larger residential or supported living service. Identified is a number of service users in the TC cohort who would benefit from their own flat, but who also would benefit from peer support they can access in a co-located service.

In addition a number of this cohort have extremely intensive staffing requirements, co-locating self-contained units with a larger service, provides background staffing and enables staff team to spend time with less high need clients. This model would reduce the risk of staff burnout.

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In West Sussex work is on-going developing some parts of our existing housing stock for people with learning disabilities to provide improved environments for people who may exhibit challenging behaviour. This work is building on proven best practice and is being taken forward in partnership with customers, families, RSLs and care and support providers

6.1.9 'Resettling' People Who Have Been In Hospital For Many Years.

- Sussex has a total of 56 in-patient placements (May 2016)
- 5 patients from Brighton & Hove have been in hospital for over 5 years.
- All the original inpatients have had their yearly review and 2 new patients have had CTR's requested and are currently awaiting confirmation from specialist commissioning.
- East Sussex has a total of 16 in-patient placements. None of these patients have been in-patients more than five years.
- All patients who have undergone CTR wish to return to their place of origin on discharge.
- All people discharged from in-patient service will have active case management and support plans individualised to support the transition from in patient care to community living. It is accepted that these individuals will need intensive support to make the transition and initially the risk of placement breakdown will result in this group being on the highest level of risk of readmission.

6.1.10 Linking This Transformation Plan with Other Plans and Models to Form a Collective System Response

Sussex is going forward ensuring that this transformation plan is in line with the work on-going with each of the following plans:

- Local Transformation Plans for Children and Young People's Health and Wellbeing
- Local action plans under the Mental Health Crisis Concordat
- The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)
- Work to implement the Autism Act 2009 and recently refreshed statutory guidance
- The roll out of education, health and care plans
- Commissioning Plans for LD, MH and autism in each commissioning area
- Sussex East Surrey Sustainable Transformation Plan (STP)

We will ensure through local and Sussex wide partnerships that there is alignment across all of these pieces of work.

- East Sussex has been awarded over £1 million Transformation funding and has a CAMHS strategy in place. The Sussex Partnership Foundation Trust has been working with the BBC over the past few weeks as part of their week long mental health coverage 'In the Mind' with a particular focus on children and young peoples' earlier access to services and measures to prevent admission, via CAHMS. More information can be found on line at .http://www.sussexpartnership.nhs.uk/whats-new/conversation-about-camhs

7. Delivery

7.1 Programmes of Change & Work Streams Needed to Implement this Plan

The Sussex TCP Programme Board has considered the respective plans from the 3 respective areas and identified a number of priority areas where there is potential for alignment and collaboration on programmes of work across Sussex.

- Workforce Development, Training and Education
- Improved Proactive Case Management and Crisis Prevention
- Specialist care and treatment in-patient services at a more local level
- Improved Proactive Planning of Transition
- Personalisation and Personal Health Budgets
- Criteria for Data Capture

The Transforming Care Programme Board will continue to identify programmes of change/ work streams through which to deliver this plan. We believe it's important as far as possible to use existing structures to make things less confusing.

7.2 Programme Leads and Supporting Teams

7.2.1 Workforce Development, Training and Education

- Lead: Soline Jerram, SRO
- Supporting Team:
- Sarah Jones, Project Manager
- Karen Stevens, Skills for Care
- LA Commissioners – Adults and CAHMS
- NHS Commissioners – Adults and CAHMS
- Adult patient and carer representation
- Children's and Young Peoples representation
- Expert clinical advice
- Sussex Foundation Partnership Trust
- Sussex Community Trust
- Voluntary and 3rd Sector
- Health Education Kent, Surrey, Sussex
- Housing
- Residential Care

7.2.2 Improved Proactive Case Management and Crisis Prevention

- Lead: Angie Simons, East Sussex Commissioner
- Supporting Team:
- Sarah Jones, Project Manager
- LD CLDT's to work up membership
- To include SPFT

7.2.3 Specialist care and treatment in-patient services at a more local level

- Lead: Philip Pragnell, Commissioning Manager (LD), West Sussex LA
- Supporting Team:
- Sarah Jones, Project Manager
- Commissioners
- Clinical expertise
- Providers
- Voluntary Sector (Avenues)
- NHS England

7.2.4 Improved Proactive Planning of Transition

- Lead: Renee Padfield, Head of Commissioning, MH & Children's Services, Brighton & Hove CCG
- Supporting Team:
- Sarah Jones, Project Manager
- LA Leads for Children's and Adult Services

- CCG Commissioners for Children's and Adult Services
- Providers
- Voluntary Sector

7.2.5 Personalisation and Personal Health Budgets

- Lead: Neil Francis, PHB Manager Brighton & Hove CCG (initially)
- Supporting Team:
- Sarah Jones, Project Manager
- PHB Leads for each CCG
- SPFT
- Patient representation
- Voluntary Sector
- LA Commissioners for LD

7.2.6 Criteria for Data Capture

- Lead: Soline Jerram
- Supporting Team:
- Sarah Jones, Project Manager
- LA Commissioners for LD and/ autism
- CCG Commissioners for LD and/or autism
- Providers
- Voluntary Sector

7.2.7 Improving support and provision for complex care and accommodation in the community

This work is being progressed individually by the 3 Sussex LA areas and will not have a dedicated workstream at this stage. Good practice and 'what works well' will be shared via the existing TCP LD Programme Board

7.3 Key Milestones

The Transforming Care Programme Board has identified key areas for collaboration across the Sussex footprint and identified high level milestones for each project in the gant chart attached below. Details of the proposed work streams are outlined below, alongside high level timescales and milestones in the form of a gant chart. The gant represents the first stage of planning and will continue to develop as work progresses.

Sussex has identified five key areas whose development will enable the local vision to be realised and for which bids were submitted to NHS England on 3rd March 2016.

- Workforce Development, Training and Education
- Improved Proactive Case Management and Crisis Prevention (review)
- Specialist care and treatment in-patient services at a more local level
- Improved Proactive Planning of Transition
- Personalisation and Personal Health Budgets
- Criteria for Data Capture (review)
- Improving support and provision for complex care and accommodation in the community

Processes are now in place to ensure that all 'expressions of interest' for capital bids require approval from the Sussex TCP LD Programme Board prior to submission to NHS England. Capital bids are currently being developed across each of the 3 Sussex LA areas in a bid to meet recently announced timescales for submission.

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More information about each of these 6 areas submitted for consideration for Transformation Bid funding is outlined below, alongside plan of action (gant).

7.3 1 Workforce Development, Training and Education

Aim & Objectives
- Review LD workforce across Sussex
- Identify key issues, concerns and 'gaps' in workforce provision – now and in the future
- Develop a sustainable Sussex wide LD workforce plan with providers and service users, including training and educational requirements

Outcomes
- Clear understanding of local challenges (current and future) and options for development of a sustainable LD workforce
- Workforce action plan to re-dress identified 'gaps'
- Improvement in patient experience and outcomes
- Approach to implementation and next steps
- Establish impact - outcomes evaluation

Approximate costs
- Bid for 2 work force support tutors
- Transformation Bid: £50,000 (submitted 3rd March 2016)

Additional Resources:
- Skills for Care
- NHSE Workforce Forum (requested to join 4th March – awaiting response)

7.3 2 Improved Proactive Case Management and Crisis Prevention

Aims & Objectives
- Review current CLDT provision across Sussex
- Improve Crisis Prevention
- Risk Register development
- Establish nurse liaison roles across Primary Care in line with guidance
- Develop shared definition of 'risk' across Sussex to support pan Sussex Risk Registers

Outcomes
- Evidence of impact of improved CLDT
- Appointment/recruitment of primary care liaison nurse roles
- Evidence of impact of primary care liaison nurse role
- Development (continued) of Sussex wide risk registers with shared definitions
- Evidence of improvement of crisis prevention strategies

Approximate costs
- Primary Care Liaison Nurse x 7 (1 per CCG)
- Transformation Bid: £175,000 (submitted 3rd March 2016)
- CLDT Project Manager 6 months FTE
- Transformation Bid: £30,000 (submitted 3rd March 2016)

7.3.3 Specialist Care and Treatment In-Patient Services at a More Local Level

Aims &Objectives

- Establish scope of review to include LD and specialist in-patient settings and explore issues around the effectiveness of and access to the full range of in patient settings/services across spectrum of LD/MH and forensic:
- Establish data set on current in-patient use (across all settings including rate and type of admission, duration of stay, outcomes for patients; models of care and assessment and treatment; costs and funding sources)
- Development of pen-pictures/case studies to compliment data evidence
- Review of current commissioning, contract and quality monitoring arrangements with key Providers of in-patient services to ensure quality and cost effectiveness. Within scope include review of Sussex in-patient framework and next steps for its on-going development
- Plans to ensure the effective return of out of area patients to appropriate local facilities

Outcomes

- Evidence about the quality, cost and effectiveness of in-patient settings used by local commissioners
- Evidence around the effectiveness and appropriateness of admission and discharge pathways and outcomes for patients
- Development of an action plan for improving the above
- Improvement in patient experience and outcomes with focus on prevention and ensuring appropriate use of and quality of inpatient services

Approximate costs

- Project Manager 6 month FTE
- Transformation Bid: £30,000 (submitted 3rd March 2016)
- Additional Resources: Avenues

7.3.4 Improved Proactive Planning of Transition

Aims & Objectives

- Risk Register development (link with Crisis Prevention workstream)
- Early identification of children and young people who may require support through transition
- Development of systems to support transitional support and PHB offers

7.3.5 Personalisation and Personal Health Budgets

Aims & Objectives

- To improve personalisation of care through increased provision of PHBs for CAYP through transition
- Increase PHBs to age 14 years+ cohort of children & young people

Outcomes

- Baseline indicators developed to monitor impact during 2016-17
- Increase the number of PHBs offered
- Increase the number of PHBs implemented
- Feedback on the quality of services delivered
- National monitoring tools, i.e. Personal Outcomes Evaluation Tool (POET)
- Locally developed arrangements, i.e. Experience Led Commissioning Person Reported Outcome measures

Approximate Costs

- PHB Programme Team

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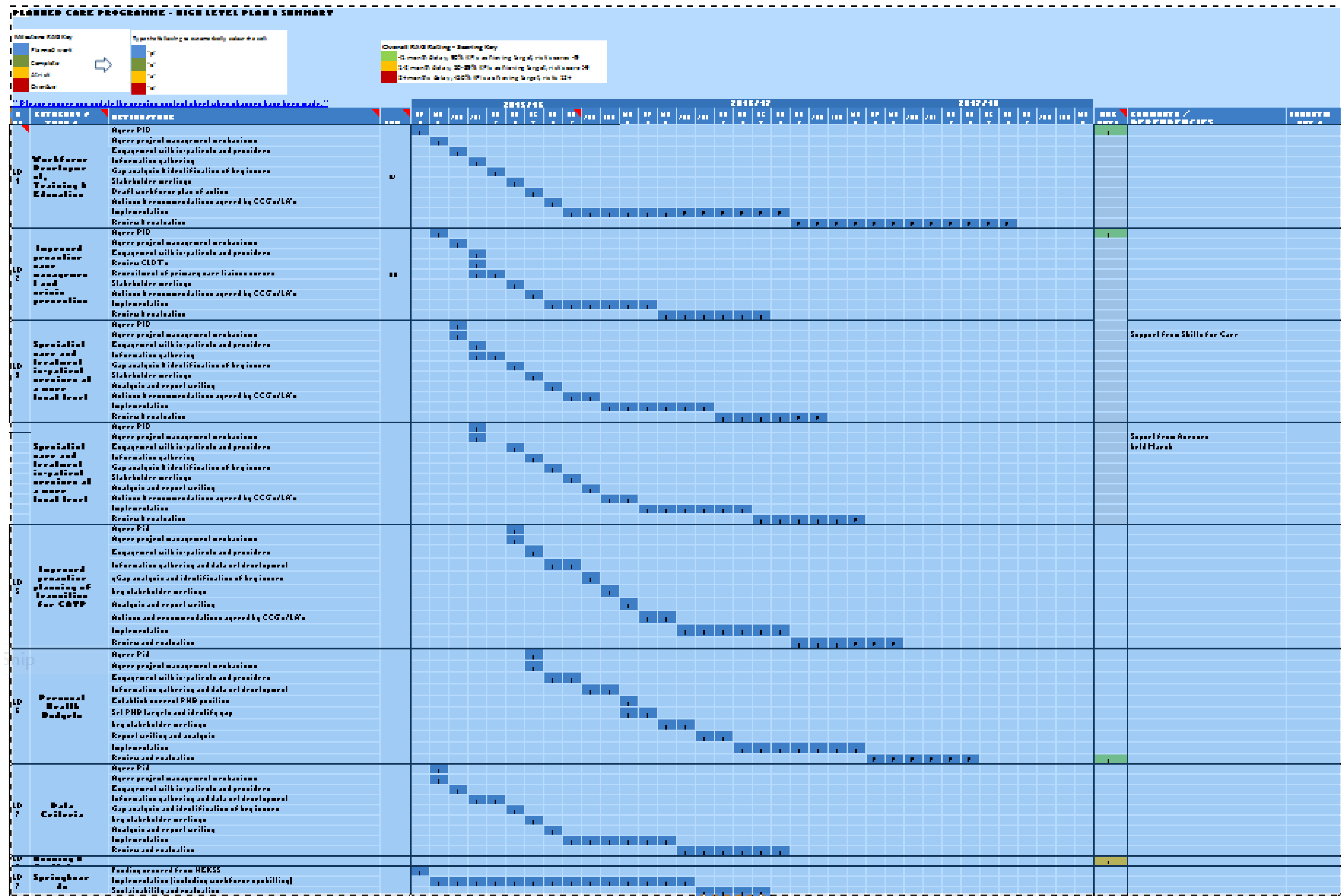
- Transformation Bid: £150,000 (submitted 3rd March 2016)
- Transformation Bid: submitted 3rd March 2016

7.3.6 TCP Proposals for Capital Bids

- Improving support and provision for complex care and accommodation in the community
- Bids currently being worked up locally but currently come under the banner of 'commercially sensitive' and not for sharing

- Gant Chart attached overleaf.
- See attachment for detail.



PLANNED CARE PROGRAMME - HIGH LEVEL PLAN & SUMMARY

Milestone RAG Key: Planned work; Complete; At risk; Overdue

Type the following to automatically colour the cell: "p"; "c"; "a"; "o"

Overall RAG Rating – Scoring Key:
- <1 month delay, 80% KPIs achieving target, risk scores <8
- 1-3 month delay, 20-80% KPIs achieving target, risk scores <16
- 3+ month delay, <20% KPIs achieving target, risks 16+

** Please ensure you update the overall project sheet when changes have been made **

Years shown: 2015/16, 2016/17, 2017/18

Ref	Category / Theme	Activity/Task	Comments / Dependencies
LD 1	Workforce Development, Training & Education	Agree PID	
		Agree project management mechanisms	
		Engagement with in-patients and providers	
		Information gathering	
		Gap analysis & identification of key issues	
		Stakeholder meetings	
		Draft workforce plan of action	
		Actions & recommendations agreed by CCGs/LA's	
		Implementation	
		Review & evaluation	
LD 2	Improved proactive case management and crisis prevention	Agree PID	
		Agree project management mechanisms	
		Engagement with in-patients and providers	
		Review CLDTs	
		Recruitment of primary care liaison nurses	
		Stakeholder meetings	
		Actions & recommendations agreed by CCGs/LA's	
		Implementation	
		Review & evaluation	
LD 3	Specialist care and treatment in-patient services at a more local level	Agree PID	
		Agree project management mechanisms	Support from Skills for Care
		Engagement with in-patients and providers	
		Information gathering	
		Gap analysis & identification of key issues	
		Stakeholder meetings	
		Analysis and report writing	
		Actions & recommendations agreed by CCGs/LA's	
		Implementation	
		Review & evaluation	
	Specialist care and treatment in-patient services at a more local level	Agree PID	
		Agree project management mechanisms	Support from Aurora held March
		Engagement with in-patients and providers	
		Information gathering	
		Gap analysis & identification of key issues	
		Stakeholder meetings	
		Analysis and report writing	
		Actions & recommendations agreed by CCGs/LA's	
		Implementation	
		Review & evaluation	
LD 5	Improved proactive planning of transition for CATP	Agree Pid	
		Agree project management mechanisms	
		Engagement with in-patients and providers	
		Information gathering and data set development	
		qGap analysis and identification of key issues	
		key stakeholder meetings	
		Analysis and report writing	
		Actions and recommendations agreed by CCGs/LA's	
		Implementation	
		Review and evaluation	
LD 6	Personal Health Budgets	Agree Pid	
		Agree project management mechanisms	
		Engagement with in-patients and providers	
		Information gathering and data set development	
		Establish current PHB position	
		Set PHB targets and identify gap	
		key stakeholder meetings	
		Report writing and analysis	
		Implementation	
		Review and evaluation	
LD 7	Data Criteria	Agree Pid	
		Agree project management mechanisms	
		Engagement with in-patients and providers	
		Information gathering and data set development	
		Gap analysis and identification of key issues	
		key stakeholder meetings	
		Analysis and report writing	
		Implementation	
		Review and evaluation	
LD	[illegible]		
LD 7	Springboard	Funding secured from HEKSS	
		Implementation (including workforce upskilling)	
		Sustainability and evaluation	

7.4 Risks, Assumptions, Issues and Dependencies

Sussex recognises that risk management will strengthen the ability of the 7 CCG's and 3 LA's to deliver this programme of change. The Sussex Transforming Care Programme Board, which comprises health and social care representation, will develop a Programme Plan Risk Register to ensure risk management and enable prioritisation and mitigation of risks. This will identify cross-cutting risks as well as risks arising from their areas of responsibility. The work stream leads and programme manager will report any perceived new and emerging risks or, failures of existing control measures to the TCP Programme Board. This register will be shared with the Transforming Care Boards and other key stakeholder groups as relevant.

By implementing this, we will:

- Inform strategic/operational decision-making
- Safeguard any person to whom the LA's and CCG's have a duty of care
- Increase our chances of success and reducing our chances of failure;
- Enhancing stakeholder value by minimising losses and maximising opportunities;
- Increase knowledge and understanding of exposure to risk;
- Enabling not just backward looking review, but forward looking thinking;
- Contributing towards Social Value and sustainable development;
- Reduce unexpected and costly surprises;
- Freeing up management time from 'fire-fighting';
- Provide management with early warnings of problems;
- Ensuring minimal service disruption;
- Ensuring statutory compliance;
- Better target resources i.e. focus scarce resources on high risk activity;
- Reduce the financial costs due to, e.g. service disruption, litigation, insurance premiums and claims, and bad investment decisions;
- Deliver creative and innovative projects; and
- Protect our reputation.
- Specific risks which we will consider and mitigate include:

Environmental Risk created by:

- Complexity of the Sussex footprint
- Property prices and availability of suitable housing
- Uncertainty of information provided around Specialist Commissioning
- Resources to develop new services and/or transform existing services

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Reputational Risk created by:

- Unsuccessful returns home, or discharges;
- An ambitious plan such as this has associated risks if milestones are not met;
- Any of the below legal risks are initiated.

Legal Risk created by:

- Procurement and commissioning legislation is not implemented appropriately;
- Statutory frameworks are not adhered to;
- Systems are not robust enough to ensure that people are able to access the least restrictive interventions;
- Challenge is submitted due to a lack of equity of service;
- Harm is caused through the implementation of this plan, or lack of appropriate scrutiny or monitoring (this may include services or contracts);
- Challenges presented by the Ministry of Justice.

Financial Risk created by:

- An unsustainable plan;
- Funding from specialist commissioning teams not following the person, resulting in a significant local increase in expenditure;
- Financial impact of increased number of CTR's to be funded locally

Delivery Risk created by:

- Newly set up TCP Programme Board that has not worked together for sufficient time to know whether Sussex requires additional in-patient beds in county
- Diversity and complexity of area with 7 CCG's and 3 Local Authorities
- A lack of appropriate and high quality support providers to support individuals being discharged or returning home;
- A lack of housing provision for this cohort of individuals;
- Funding from specialist commissioning teams not following the person, or dowries not sufficiently covering associated costs;

Risk Mitigations in Place

- In general terms, Sussex is seeking to mitigate potential risks through improved partnerships working, improved understanding and transparency, strengthened leadership and accountability of the TCP agenda across the local health and social care system, sharing best practice and build on current strengths, share problems and barriers and work in partnership to develop solutions

Reputational Risk of the Sussex TCP LD Programme Board, CCG's and LA's Mitigation

- The plan will be co-produced and joint delivery of the plan across health and social care as well as other partners minimises risk
- Senior sign off of the plan and within the programme board will reduce potential for reputational risk as the 'right people are around the table' in order to make resource decisions
- The introduction of a joint programme board provides collaborative and organised working practices to minimise risk

Legal Risk Mitigation

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- Appropriate processes and systems in place across health and social care for commissioning and monitoring;
- Awareness, training and skills within the leadership team, and the wider Council and Clinical Commissioning Group in relation to legal risks and statutory guidance.

Financial Risk Mitigation

- Expenditure and further financial planning will be detailed as work progresses locally in comparison to the 'new model';
- We will await written guidance in relation to funding from specialist commissioning teams to ensure that the new service model is sustainable;
- We have included review and monitoring of services within this plan.

Delivery Risk created by:

- We will await written guidance in relation to funding from specialist commissioning teams to ensure that the new service model is sustainable;
- We have included opportunities and existing forums for co-production within the plan.
- We will need to monitor timescales robustly as this risk will be difficult to mitigate

Transforming Care Partnerships

A program of work to improve the care for people with learning disabilities, autism and/or challenging behaviour

Transforming Care Partnerships

- Grown out of the Winterbourne scandal (Panorama 2011)
- National guidance published (October 2015)
  - 'Building the Right Support'
    - Develop community services and close inpatient facilities
  - The 'New Service Model' – defines principles of care
- Transforming Care Partnerships established across UK (Nov 2015)
  - To develop a TCP plan for people with LD and/or autism
  - To fully implement the New Service Model by March 2019
  - To reduce the number of in-patient beds for people with LD
    - 10-15 inpatients in CCG-commissioned beds per million population
    - 20-25 inpatients in NHS England-commissioned beds per million population
- The Sussex footprint includes 3 Local Authority's & 7 CCG's

Sussex Overview

- Total population of 1,606,571 (approx.)
- 5,267 people with Learning Disabilities (GP Registers)
- 57 adults occupying in-patient beds:
  - 23 CCG commissioned beds (15 out of area): £575 per day (av)
  - 34 specialist beds, mix of H/M/L secure (all out of area)
- 384 adults with challenging behaviour (est.)
- 4,416 children known to have learning disability
- 1,200 children in Sussex will need help during transition from childhood to adulthood (est.)

Brighton & Hove Overview

- 8 current in-patients within specialist hospitals
- Specialist Hospital Placement Social worker in post to support discharge planning for patients
- Joint funding tool developed with the CCG to support discharge of patients back to the community – packages are usually high cost
- Enhanced Crisis Response provision funded within the CLDT: increased social work and clinical support in the community to prevent admissions
- At risk of admission register developed – 45 people with a LD identified, 10 assessed as being at high risk of admission
- Working with providers to increase provision in the city of capable environments for people with challenging behaviour to be safely accommodated and supported within
- Closer working with Children's services to plan for transition of young people with challenging behaviour, including CTRs for under 18s

Comparative Costs

Bed Costs: Per Person Per Day	Cost
CCG Commissioned Bed	£575
Specialist Commissioned Beds (Low Secure)	£485
Specialist Commissioned Bed (High Secure)	£822
NHS Funded Packages of Support in Community Settings for Former In-Patients	£613
LA Funded Packages of Support in Community Settings for Former In-Patients	£354

Forecast Annual Costs for 2015-16	£
Forecast annual cost of inpatient provision 2015-16	£11,422,000
Forecast annual cost of community services	£9,518,000
Forecast annual cost of individual Support Packages for former inpatients/those at risk of admission	£6,592,000
Total Forecast Costs for 2015-16	£27,531,000

Status & Priority Workstreams

- Sussex is on target for in-patient bed stock
- Agreement to work collaboratively across Sussex
- TCP Plan & Financial/Activity Plans submitted
- No plans for pooled budgets at this stage

<u>Work Streams</u>

1. Workforce Development, Training & Education
2. Improved Proactive Case Management & Crisis Prevention
3. Specialist Care & Treatment (more local in-patient services)
4. Improving Proactive Planning of Transition
5. Personalisation and Personal Health Budgets
6. Data Capture

Case Study - Ben

- Ben has a learning disability, autism and sensory impairment.
- Ben has challenged services when his complex needs are not effectively met. These challenges can manifest themselves in the form of serious violence and sexual assaults.
- Ben has spent a number of years in a Specialist Hospital. The hospital Clinicians determined that Ben would continue to require specialist support in an environment tailored around his needs.
- Discharge Planning over 2 years.

Ben – Key Challenges

- Model of Support – single person service
- Housing – lack of suitable and sustainable options in the City, cost of adaptations needed. Housing pathway unclear.
- Support Provision – specialised training and communication, requires frequent rotation of staffing, adding to cost.
- Organisational and Statutory Barriers – cross border funding, Deprivation of Liberties, Capital costs
- Service cost £545,000 per annum

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Sustainability and Transformation Plan - update

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 12th July 2016

1.3 Denise D'Souza, Director Adult Services, BHCC
Dr. Christa Beesley, Chief Clinical Officer, CCG

2. Summary

2.1 The Sustainability and Transformation Plan (STP) is a new planning framework for health and care services. It is based on a regional footprint.

2.2 The Health and Wellbeing Board have received regular updates during the development process and have asked that this is a standing item on the agenda.

2.3 This report provides the latest updates in the process.

3. Decisions, recommendations and any options

3.1 That the Board notes this report.

4. Relevant information

4.1 Since the last Board the following actions have been undertaken.

4.2 Planning sessions have continued and various work streams have continued to meet.

4.3 A stakeholder event at Crawley on 27th June 2016 was held for our sub regional foot print area.

4.4 A local stakeholder event in Brighton on 30th June 2016 hosted by our CCG. Both events were well attended.

4.5 There is an STP communications and engagement work stream. This is working with local communication leads. They are working on an e based web page / link that we can all access to get up to date information via each organisation within the sub regional footprints websites. They are also looking at other media approaches.

4.6 The developing action plan has been sent to NHS England on 30th June for their comments. This is part of the on going evaluation and feedback process.

4.7 Before our next Health and Wellbeing Board meeting in September we hope to get feedback on the action plan to help with the on going planning.

4.8 It is anticipated that the sub regional meetings will continue throughout the summer.

4.9 Denise / Christa do you want to put any other key meetings that you happy to go in the public domain

5. Important considerations and implications

5.1 This report contains no legal implications as the report is an update report.

Lawyer consulted: Natasha Watson Date: 30.06.16

5.2 This report contains no financial implications as the report is an update report

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Finance Officer consulted: Neil J Smith Date: 30.06.16

5.3 This report contains no equalities implications as the report is an update report

Sustainability:

5.4 This report contains no sustainability implications as the report is an update report

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

5.5 None identified

6. Supporting documents and information

6.1 None included

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Sugar Smart Brighton: Debate and Action Plan

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

1.2 This paper is for the Health & Wellbeing Board meeting on the 12th July.

1.3 Author of the Paper and contact details:
Katie Cuming, Consultant Public Health Medicine, Brighton and Hove City Council.

Email: Katie.Cuming@brighton-hove.gov.uk

2. Summary

This paper outlines the case for taking action to support residents to achieve a healthy weight and for taking action on sugar to help to achieve this. It summarises the activities and headline results from the citywide sugar smart debate and provides an overview of the actions being taken to reduce sugar consumption in the city

3. Decisions, recommendations and any options

This paper is being presented to the Health and Wellbeing Board for information.

4. Relevant information

4.1 One in four children leaving primary school in Brighton and Hove is already overweight or obese.[1] Healthy weight is an issue of inequalities with twice the rate of obesity in the most deprived decile (tenth) of the population when compared with the least deprived. Obesity rates in adults have been rising dramatically over the past few decades and national projections suggest that if the current trends are not halted 60% of men and 50% of women will be obese by 2050[2]. Locally one in two adults are already overweight or obese. Obesity is a risk factor for heart disease, Type 2 diabetes and certain cancers. It causes and exacerbates musculoskeletal disease and affects mental health. Treating diet related diseases costs the NHS in Brighton and Hove £80 million / year.

4.2 Sugar as part of our diet has an important role to play as a risk factor for obesity but there are additional consequences with approximately 300 children in the city admitted to hospital each year for dental surgery.

4.3 In July 2015 the Scientific Advisory Committee on Nutrition published the report Carbohydrates and Health. The Committee found that most people are eating at least twice as much sugar as they should, with children and young people eating up to three times more than the recommended amount. Amongst teenagers and young people 30 to 40 % of sugar consumed comes from sugary drinks. Higher sugar intake is associated with increased energy intake, increased weight gain and an increased risk of developing Type 2 Diabetes. [3]

4.4 The Committee proposed new national recommendations include limiting free sugar[4] intake to 5% of total energy intake and limiting sugary drink intake, particularly amongst children and young people. These new recommendations included limiting sugar intake to just 5

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[1] National Child Measurement Programme
[2] Government Office for Science Foresight report Tackling obesities future choices 2007
[3] Scientific Advisory Committee on Nutrition Carbohydrates and Health 2013
[4] Free sugars are defined as sugars that have been added by a food manufacturer, cook or consumer to a food and include those sugars naturally found in fruit juice, honey and syrups. It doesn't include sugars naturally found in milk, and milk products and intact fruit and veg.

cubes or 19g daily for children aged 4-6, 6 cubes or 24g for children aged 7-10 and 7 cubes or 30g daily for adults and children over 11.

4.5 It is hard to reduce or limit sugar intake when there is so much high sugar food promoted in the food environment through advertisements and promotions, till and end of aisle displays in the shops and vending machines filled with high sugar options. Hidden sugars are also sometimes hard to detect with many processed savoury foods and ready meals and foods promoted as healthy or low fat containing a significant proportion of the recommended daily sugar intake.

4.6 In Brighton and Hove a 'Sugar smart' public health debate was held during October and November 2015 asking 'Should we be taking action on sugar?' Target audiences included:

- Local residents
- Schools including pupils, staff and parents
- Food outlets including cafes, bars restaurants, takeaways and other outlets

The aim was to raise awareness of sugar intake and the implications for health as well as introduce the new recommendations from the Scientific Advisory Committee on Nutrition.

4.7 A partnership including Brighton and Hove City Council public health team, including the public health schools programme, Jamie Oliver Food Foundation and the Brighton and Hove Food Partnership worked together on planning and delivering the debate and developing the action plan with a varied group of stakeholders.

4.8 The purpose of the debate was to generate discussion and to consider a range of possible actions that could be taken in different settings to reduce sugar intake for the consumer. For example in food outlets this could include offering tap or bottled water as an alternative to sugary drinks, as well as reviewing recipes, promotions and menus to reduce sugar. Taking up the option of introducing a voluntary sugary drinks levy is an action promoted by the Jamie Oliver Food Foundation working in partnership with Sustain.[5] For schools examples of suggested actions included introducing sugar smart snack policies and projects to support Sugar smart growing, cooking and eating projects in schools.

4.9 The debate was launched in the first week of October with a press launch, followed by 2 months of online and paper based survey responses

[5] Children's Health fund. For more information see http://www.childrenshealthfund.org.uk/about/

alongside a youth debate, focus groups and school and outlet based activity. There were lively debates and discussions during the events and online. Brighton and Hove's decision to debate possible actions against sugar including a voluntary levy generated great interest in both local and national press and media at a time when the issue was of national policy interest (see appendix 1)

4.10 The debate resulted in 1136 citywide responses to an online and paper based survey with over 120 responses from food outlets to the survey and phone calls. A youth debate involved over 70 young people, parents and others who raised questions and comments for a panel of experts including food business owners, school head teachers and health professionals. Focus groups and discussions with families and food business owners were held in a variety of locations across the city, detailed results in Appendix 2

4.11 Headline results include 82% of respondents to the survey agreeing that action should be taken to help residents reduce sugar intake (see appendix 1. On the type of action 87% felt that food outlets should make healthier options more available and more attractive; 80% that schools should reduce sugary drink intake; 77% that there should be fewer sugary drinks in leisure and shopping centres; and 72% that there should be limits to sugary snacks in primary schools 87% agree or strongly agree

4.12 In October 2015 Public Health England published an evidence review 'Sugar Reduction: the evidence for action'.[6] Recommendations included actions from advertising and marketing to reformulation, sugar taxes, information training and education and the implementation of government standards across local and national government and the NHS. These evidence based recommendations are being used to inform action in the city.

4.13 A local action plan informed by the results of the debate and the evidence for action on sugar reduction has been developed, see appendix 3, with the aim **to reduce sugar intake across all ages,** to contribute towards a longer term improvement in healthy weight and a reduction in diet-related ill health and dental caries.

The reduction in sugar intake will be achieved through raising awareness, increasing skills and knowledge and changing our environment to support

[6] Public Health England Sugar reduction the evidence for action October 2015

healthy choices in a range of settings from schools to workplaces, to local authority, food outlet and community settings. (see action plan attached)

4.14 Actions already underway and completed by April 2016 are represented in appendix 4. This includes ongoing awareness raising with activities in over 30 primary schools; 70 food outlets signed up to sugar smart commitments, sugary drink levies introduced in the cricket club and university of Brighton and work underway to start improving the food and vending offer in leisure and hospital settings.

4.15 In March 2016 the Chancellor announced a national tax on sugary drinks as part of his budget. The debate and discussion in Brighton and Hove played its role in this national policy decision. The delayed national childhood obesity strategy is expected to include further announcements on measures to reduce sugar intake.

5. Important considerations and implications

Legal:

5.1 There are no relevant legal implications.
It should be noted that it was announced in the latest Queen's Speech that a national tax on sugary drinks will feature in the 2017 Budget with a view to implementation in 2018.

Lawyer consulted: Judith Fisher Date: 28.6.2016

Finance:

5.2 There are no direct financial implications arising from the recommendations in this report. Costs associated with the Sugar Smart debate were met from within the ring-fenced Public Health grant and any costs incurred in delivering the action plan will need to be met from within available budget resources.

Finance Officer consulted: Mike Bentley Date: 28.06.16

Equalities:

5.3 A full EIA has been carried out. Equalities implications for healthy weight and diet have been considered with age, ethnicity and

disability being characteristics by which dietary habits and healthy weight outcomes particularly differ. The results of the debate survey have been analysed by protected characteristic group to help inform the action plan and engage those in the different protected characteristics groups to improve the chances of better outcomes across the whole population

Sustainability:

5.4 There are no significant sustainability implications. If in the longer term there was an impact on sugary drink purchase and consumption in the city with a shift to tap water this has the potential to impact positively on drink container use and refuse.

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

5.5 As outlined above, a reduction in sugar intake leads to a reduction in energy or calorie intake and a reduced risk of being overweight or obese. In the medium and longer term this could reduce the risk of obesity related health and social care consequences and costs from type 2 diabetes, cardiovascular disease, some cancers, musculoskeletal disease and other physical and mental health problems related to being overweight.

6. Supporting documents and information

Appendix 1 Link to full electronic debate report
https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/SUGAR%20SMART%20Report%20of%20the%20debate%20and%20action%20plan.pdf

Appendix 2 Sugar smart action plan

Appendix 3 Infographic: Sugar smart city: What's happened so far?
https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/5759%20sugar%20whats%20happened%20so%20far%20v2.pdf

Sugar Smart City:

Report of the debate and action plan

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Acknowledgements

Our thanks go to the following people that took part and supported the debate:

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- Jamie Oliver Food Foundation: Jo Ralling
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- Primary school pupils and teachers across the city, including Balfour Primary school and St. Mary's Catholic Primary School
- Jamie's Italian Brighton for hosting the youth debate and a number of subsequent events
- Members of Brighton & Hove Youth Council and their support staff
- Other youth debate panel members not previously mentioned: Sarah Clayton, Karl Jones, Kevin Berry, Andy Winter and Andrew Kay

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THE DEBATE: A summary

Aim and objectives

The aim of the Sugar Smart City Debate was to raise awareness of sugar in food and drink and to ask residents whether, and how, we should take action to reduce sugar intake in the city.

The objectives were to:

- Increase awareness of sugar, particularly hidden sugars in everyday food and drink, and ways people can modify their intake
- Engage local schools, food outlets, retailers and others on sugar reduction
- Obtain views on where, and how, action on sugar should be taken, exploring actions for the general population, schools and food outlets
- Engage residents and outlets in the conversation about a sugar levy

Methods

Mixed methods were used to raise the debate, including an online survey, a shorter postcard survey, focus groups, targeted events and media and social media campaigns.

Surveys

The city-wide survey received **1136** responses. The online survey link was promoted internally and by a range of partner organisations. **5000** copies of the postcard survey (Appendix 1) were mailed out to general practices, dental practices, Healthy Living Pharmacies, children's centres, libraries and food outlets across the city. Change4Life information materials (Appendix 2) were also included in the mail out to provide context.

A tailored survey was sent to food outlet owners. This included an extra question about a voluntary sugary drinks levy. **654** outlets including cafes, restaurants, takeaways and pubs were sent the postcard survey and campaign information via a targeted mail-out. A further **477** cafes, restaurants, takeaways and pubs were sent the information via email. In total, **53** outlets completed the survey and a further **78** outlets fed back in other ways such as via email or phone.

Focus groups and events

Four events were held between 5th October and 30th November. These included the press launch, a live youth debate, event for school teachers and a healthy catering training session for food outlets.

- **48** people attended the press launch including Public Health colleagues, health professionals, food outlet owners, teachers and representatives from partner organisations.
- **78** young people and parents attended the live youth debate, which was held in partnership with the Brighton & Hove Youth Council. The debate posed the question "Children and young people should be allowed to drink as many sugary drinks as they like. Do you agree?" Audience members were encouraged to ask questions and make comments to an expert panel that included food outlet owners, catering managers, head teachers, nutritionists and health professionals. Watch a summary film of the youth debate.
- **41** teachers from **19** primary schools attended an event to hear about food education support on offer to Brighton & Hove schools. Support includes the Kitchen Garden Project, sugar smart assemblies and challenges and Healthy Choice Awards for breakfast clubs.
- **8** independent food business owners attended a Healthy Choice training session which covered measures to reduce the fat, salt and sugar content of meals and ways to market healthier options to customers.

Two semi-structured focus groups were held and **5** participants of the Food Partnership Shape Up programme attended each. Sugar resources were displayed at **6** parent/child sessions across **3** different Children's Centres; over **100** people were engaged by this activity of which **38** took part in semi-structured one-to-one discussions.

News and Media

The debate achieved significant local, regional and national interest following a partnership with the Jamie Oliver Food Foundation and the promotion of Sustain and Jamie Oliver's Children's Health Fund and a voluntary sugary drinks levy.

News articles appeared in the Guardian, Independent, Argus, Latest and Brighton & Hove News. There were national TV interviews and segments on ITV's Good Morning Britain and BBC's The One Show. Regional coverage included pieces on BBC SE and ITV Meridian. The debate received national radio coverage, including interviews on Radio 2 and Radio 5 Live, and received regional coverage on Juice FM and Heart FM.

Three #hashtags (primarily #SugarSmartCity, but also #SugarSmart and #SugarSmartBrighton) were used by over **100** organisations and individuals and there were over **200** tweets during the debate. Those that tweeted about the debate had a combined following of of over **1,000,000**. Facebook posts reached up to **3700** people and generated conversation.

The 'Balfour Sugar Detectives' film was made with pupils from Balfour Primary school, and Jamie Oliver put together a short film pledging support for the initiative. Both films were utilised by the press and to enhance campaign reach on social media.

The media campaign generated a total of **2331** visits to the Sugar Smart webpage by **1790** users during the debate.

SUGAR SMART CITY DEBATE 1 October – 30 November 2015

SUGAR SMART

Aimed at residents, schools and outlets across Brighton & Hove

What We Did

1136 responses to online and postcard survey

168 people attended focus groups and events

131 food outlets Contributed

schools contributed

NEWS & MEDIA

The campaign achieved local, regional and national interest

News articles in the Guardian, Independent, Argus, Latest and Brighton & Hove News

National TV interviews and regional coverage on ITV & BBC

National & regional **radio coverage**

ORGANISATIONS THAT tweeted about the campaign had a combined following of over **1,000,000**

200 tweets during the debate

#sugarsmartcity was used by over **100 different** local, regional, national and international organisations and individuals

Facebook posts reached up to **3700** people

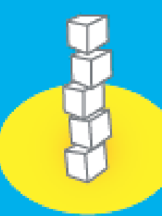
Media campaign and targeted promotion generated a total of **2331 website visits** by **1790 users** during the debate

Sugar recommendations

Energy intake from sugar
(no more than 5% of our total energy intake should come from sugar)

1 cube = 4g of sugar

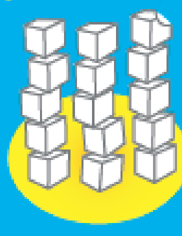
Children aged 4 - 10 years



Recommended intake 5 cubes

Average intake 14.5 cubes

Adults & children over 11 years



Recommended intake 7 cubes

Average intake 22 cubes

Source: SACN 2015. Carbohydrates and Health. London: TSO

Contribution of sugary drinks to added sugar intake of young people

Teenagers 11-18years 40%

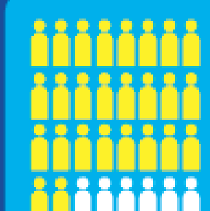
Children 4-10years 30%

Children 1.5-3years 27%

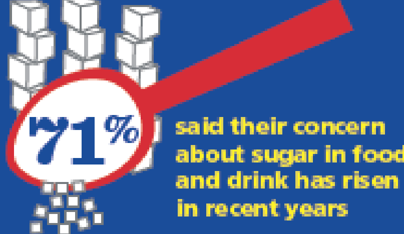
Source: National Diet & Nutrition Survey, rolling programme 2008-12

Headline Results

Concern about sugar



81% reported that they are **'concerned about sugar in food and drink'**



71% said their concern about sugar in food and drink has risen in recent years

Taking action on sugar

82% said **action** should be taken to help people in the city reduce their sugar intake

71% reported that they would like to **reduce** their sugar intake

21% secondary school age pupils in Brighton & Hove reported drinking **sports/energy drinks** at least **once a week**. Among some population groups this figure rises to 46%.

29% primary school age pupils reported drinking **fizzy drinks** at least **once a week**; (13% reported drinking fizzy drinks at least once a day)

Source: Brighton & Hove Safe and Well at School Survey (2015)

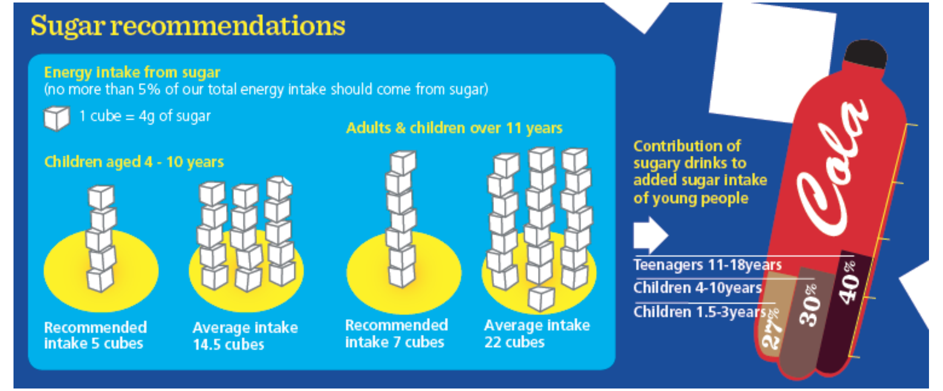
BACKGROUND

One in four children are already overweight or obese by the time they leave primary school in Brighton and Hove[1] and just under half of the population of the city are above a healthy weight[2]. Individuals in the most deprived areas are more likely to be obese than those in the most affluent and there is a significant cost of obesity to the NHS in the city (estimated to be £78.1 million annually[3]). Improving diet remains a key public health priority; our Healthy Weight Programme Board oversees the delivery of an action plan for the improvement of health and wellbeing and this includes activities to transform local environments to make it easier for residents to make healthier food and drink choices every day.

Why sugar?

Sugar has a role to play in weight management as, on average, we're consuming too much. The Scientific Advisory Committee on Nutrition [SACN] published new recommendations on carbohydrates, including sugars and fibre, in 2015.[4] A new definition for the term 'free sugars' was adopted; 'free sugars' includes all sugar added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. SACN recommended that the average population intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards, and that the consumption of sugars-sweetened beverages should be minimised in children and adults.

All groups consume more free sugar than is now recommended, most notably children and young people aged four to 18 years who consume around three times the amount they should. Soft drinks are a significant source of free sugars for children aged 11 to 18 years.[5] In Brighton & Hove, a recent survey found that 21% of secondary age pupils report drinking sports/energy drinks at least once a week and this figure rises to 46% among some groups. 29% primary school age pupils report drinking fizzy drinks at least once a week with 13% saying they drink them once a day.[6]



SACN refers to evidence that rising sugar intake increases overall energy intake. There is some evidence that sugar-sweetened beverages are linked to weight gain and there is consistent evidence that the consumption of sugar is associated with increased risk of dental caries. A high intake of sugary drinks is also associated with an increased risk of Type 2 diabetes.[7]

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[1] National Child Measurement Programme (NCMP) 2016 update
[2] BHCC, 2012. Health Counts in Brighton & Hove. http://www.bhconnected.org.uk/sites/bhconnected/files/Health%20Counts%20Report%201992-2012%20FINAL.pdf
[3] BHCC, 2013. Brighton & Hove JSNA http://www.bhconnected.org.uk/sites/bhconnected/files/jsna2013.pdf
[4] SACN, 2015. Carbohydrates and Health Report, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf
[5] PHE, 2014. National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310995/NDNS_Y1_to_4_UK_report.pdf
6 BHCC, 2016. Brighton & Hove Safe and Well at School Survey. Link TBC
[7] SACN, 2015. Carbohydrates and Health Report, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

Taking action on sugar

Public Health England [PHE] published *Sugar Reduction: the evidence for action*[8] in 2015. The report highlighted the change in our relationship with food over the last 30 years including how we shop, where we eat and how food and drink is produced. The review drew conclusions about actions that could be implemented to change our sugar intake. Actions included: transforming the environment that influences our food choices including pricing, promotions and marketing; a gradual sugar reduction in everyday food and drink products; and continued awareness raising.[9] The report emphasised that no single action will be effective in reducing sugar intakes but that any progress would yield benefits. It was recommended that programmes use a range of levers.

Taxes

The introduction of a price increase of 10-20% on high sugar drinks and snacks, through the use of a tax or levy, was one of the eight key recommendations made by PHE. This was based on the emerging evidence of the impact of such measures in other countries such as Mexico. Following the introduction of a 10% tax on sugar sweetened drinks, the country saw an overall average 6% reduction in purchases of such drinks in 2014.[10] The case for a focus on sugary drinks is clear given the evidence linking consumption to weight gain[11] and as sugary drinks are the primary source of free sugars among children and young people[12] this measure could be effectively targeted at reducing overall sugar intake among young people.

In recent months, calls for a 'sugar tax' have grown. The Children's Health Fund was set up by Jamie Oliver and Sustain in August 2015. In the absence of legislation at the time of the launch, the aim was to encourage restaurants to voluntarily add a 10p levy on non-alcoholic soft drinks that contain added sugar. This money is paid into the independent Children's Health Fund to support programmes aimed at improving children's health and food education. The Faculty of Public Health13 and British Medical Association14 have been among those suggesting a sugar tax should be included in any plan to reduce sugar consumption. However, industry representatives tend to favour a reduction in portion size and reformulation over a tax. We wanted to utilise the opportunity of a local debate on sugar to find out what residents and food outlets think about a sugar tax.

Since the debate, the UK government unveiled plans for a sugar tax on the soft drinks industry in the Budget. The levy is aimed at high-sugar drinks, particularly fizzy drinks and it will be imposed on companies according to the volume of the drinks they produce or import. There will be two bands – one for total sugar content above 5g per 100 millilitres and a second, higher band for the most sugary drinks with more than 8g per 100 millilitres. It is suggested that they will be levied at 18p and 24p per litre.

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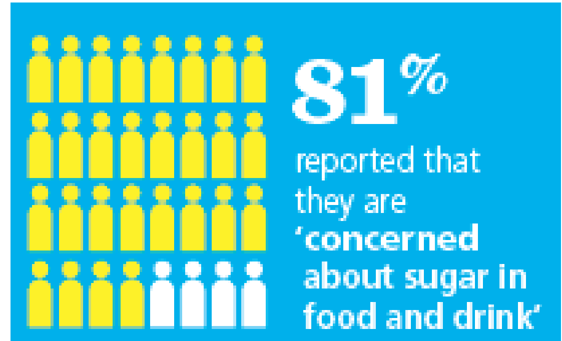
8 PHE, 2015. Sugar Reduction: the evidence for action. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf
9 PHE, 2015. *Ibid*
10 Cornelson, L and Carriedo, A., 2015. Health related taxes on food beverages. Available at: http://foodresearch.org.uk/wp-content/uploads/2015/06/Food-and-beverages-taxes-final-amended.pdf
11 SACN, 2015. Carbohydrates and Health Report. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf
12 PHE, 2014. National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012, Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310995/NDNS_Y1_to_4_UK_report.pdf
13 Position statement: http://www.fph.org.uk/uploads/Position%20statement%20-%20SSBs.pdf
14 Position statement: http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a21_1/apache_media/7CY7PA145G9D95CXKXVPKPYBP7JS6I.pdf

RESULTS

Are residents concerned about sugar?



81% of people that replied to the survey said they are 'concerned about sugar in food and drink' and for the majority (71%) their concern has risen in recent years. Asked 'Are you particularly concerned about the amount of sugar in any of the following foods and drinks' the top three ranked options were cereal (27.1%), processed foods and ingredients (25.6%) and soft drinks (15.2%).

Few people that attended focus groups or took part in discussions at parent groups were aware of the new sugar recommendations, though nearly all were clear about the impact of sugar on health including weight gain and tooth decay. Several parents said that they had become more aware of sugar since they began weaning their child(ren) and this often prompted them to reduce their own intake.

There was much debate about the justification for targeting sugar in the commentary underneath media articles and social media posts. Some commented that, in the past, people ate whatever they wanted without fear, however others argued that changes in food industry and our environment mean we are consuming more sugar and more often, sometimes without realising. Others refuted the role of food and nutrition in tackling overweight and obesity at all.

> *"I've eaten shed loads of sugar for 20 years. I only put on weight when I stopped cycling everywhere. #cyclesmartcity beats #sugarsmartcity."* [Comment on media article]

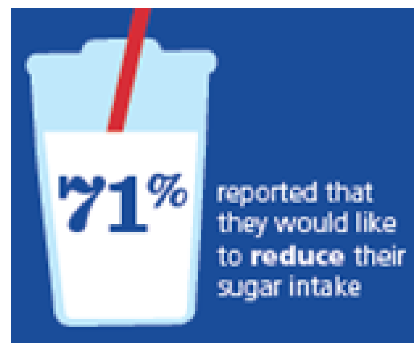
There was discussion about the cost of taking action versus taking no action (i.e. the cost of an initiative to tackle sugar versus the cost of ill-health and diet-related disease). Some stressed that other local issues were more important and should be targeted first, including bike racks, litter, recycling, alcohol and drugs, gambling and stress.

The debate survey results suggest that the availability of healthier food and drink, and practical information about how to spot these options, would be more helpful in reducing sugar consumption than knowledge about the health impacts of high sugar intake. More than three quarter of respondents (77%) said 'more information to help me spot the healthier food and drink options' was one of their top three preferences for helping them to reduce their sugar intake; more than double than the percentage that said 'knowing more about the impact of sugar on the health of my teeth (28%) and nearly double than those that said 'knowing more about the impact of sugar on my weight' (40%). Three out of five (60%) also said that 'knowing that healthier food and drink options are available' was one of their top three preferences.

Comments underneath media articles and social media posts, and a discussion during the youth debate, suggested that education and awareness should focus on making it easier for people to find out how much sugar is in everyday food and drink products and to find healthier options. It was

frequently commented that we need to increase residents' understanding of food labels, raise awareness about the recommendations for sugar intake and promote ways people can avoid hidden sugars.

What contributes towards sugar intake in the city?



71% survey respondents stated they would like to reduce their own intake of sugar. We asked "Which foods or drinks do you think contribute most to your own sugar intake?" The majority (60%) felt that one of the three biggest contributors to their sugar intake is 'confectionary and biscuits'. Over a third of all respondents felt that alcohol was in their top three, and this was more common among adults aged 25-34 (47%) and 35-44 (46%). 'Soft drinks' appeared to be a much more significant contributor among younger people than other age groups; 37% of those aged 16-24 said it's in their top three with only between 7-17% of respondents in other age groups choosing this option. 'Processed foods and ingredients' also appeared to be a significant contributor with over a third (37%) of all respondents choosing this. We asked those with children under the age of 16 "Which foods or drinks do you think contributes most to your children's sugar intake?" Over two thirds (72%) said 'confectionary and biscuits' with 'cereal' and 'fruit drinks' being the next most popular choices (51% and 41% respectively). Respondents from BME groups were less likely to select 'cereal' as a top contributor (18%) but were more likely to choose 'soft drinks' (37% BME respondents selected this compared with 23% of all respondents) and 'energy drinks' (18% compared with 3% of all respondents).

We know from the aforementioned survey that pupil-reported sports/energy and sugar sweetened fizzy drink consumption is higher than the figures above suggest.

Should we take action on sugar?

82% said action **should** be taken to help people in the city reduce their sugar intake. More people agreed that action should target the sugar intake of young children (92.4%) and teenagers (85.1%) than adults (66.8%) and older people (43.3%). (NB respondents could select multiple options).

Respondents were asked about different types of action that could be taken. There was strong agreement across all areas; 87% agreed that food outlets should make healthier options more available and more attractive and 77% agreed that fewer sugary drinks and snacks should be available in facilities like leisure and shopping centres. 80% agreed that secondary schools and academies should act to reduce sugary drink intake among pupils and 72% agreed that there should be stricter rules in primary schools to limit sugary items in lunch boxes and snacks. Fewer people – though still over half of respondents – agreed that they need more information about how sugar affects their health (53%).

Children and young people

A recurrent theme throughout the debate was responsibility; whether it's solely the parents' responsibility to influence their child(ren)'s diet or whether we, schools or others have a role to play.

> *"The parents of children who need hospitalising for sugar-related dental surgery should be fined."* [Comment on media article]

> *"People are keen to place the blame with drinks companies and not the parents who feed their kids sugary drinks."* [Comment on media article]

Schools influence

An attendee of the youth debate commented:

> *"I don't really think they [schools] should be teaching it, I think parents should be teaching their children [about diet/sugar]…"*

Sarah Clayton, Head Teacher at St Marys Catholic Primary School and one of the members of the panel of experts at the youth debate, pointed out that schools and teachers work in partnership with parents, with some parents finding school "a useful back up" as they can use the school rules at home. Meanwhile several parents that took part in the one-to-one discussions at Children's Centres agreed that schools can support parents and families with fewer resources or less knowledge.

> *"Where parents may not have the knowledge to do the best thing, schools have a role."* [Participant of a one-to-one discussion at a children's centre]

The survey asked **"There should be stricter rules in primary schools to limit sugary items in lunch boxes and snacks. Do you agree?"** and 72% of all respondents agreed or strongly agreed. Female respondents were more likely to agree or strongly agree (77%) than male respondents (53%). The debate found a call for greater control on the amount of sugary food allowed in to schools. Some said that schools should ban sugary drinks (including fruit juice) and unhealthy snacks provided by parents for snack time and lunchtime.

> *"At school my daughter has a lunch box, and [the school doesn't allow] chocolate and I don't put crisps in either even though those are allowed."* [Participant of a one-to-one discussion at a children's centre]

School meals

There were many references about the sugar content of primary school meals, and in particular the provision of a dessert:

> *"My concern is school food & there should be strict sugar guidelines for school meals." AND "…taking the added and processed sugar out of the school meals sauces…"* [Open text responses on survey]

"Most people don't eat dessert with every meal, certainly not lunch. Is there a need for school dinners to include a pudding every day for lunch?" [Audience comment at the youth debate] *AND "No need for it and it is setting children up to get in the habit of having desserts"* [Open text response on survey]

Others commented on the positive benefit of school meals; one parent said that school meals provided a 'comfort' when their child was settling in to primary school, and others mentioned that the variation of the meals help children 'broaden their repertoire'.

The school meal contract caterers for Brighton & Hove – Eden Food Service – recently engaged in a sugar reduction project. From October 2015 all primary schools in Brighton & Hove are compliant with the School Food Standards Healthy Drinks List[15] which limits sugar through portion control, and all schools are compliant with the measure that states that confectionery is not permitted in schools. Furthermore:

- All desserts meet the School Food Plan recommended portion sizes[16] for primary schoolchildren
- All flour based desserts will be 25% wholemeal
- There will be no use of any icing or drizzles on cakes and desserts
- All desserts will be 'low' or 'medium' sugar content, with the exception of some fruit based desserts

Out-of-home food supply

Respondents suggested that people know what they **should** be doing and just need to act on it. However, as they are faced with constant temptation as well as unclear information and confusing messages, 'acting on it' is not always easy.

"Outlets and manufacturers should label food and drink more clearly". [Participant of a one-to-one discussion at a children's centre]

Some commented that when it comes to choosing products for their children, they assume that companies are responsible and don't add salt and sugar which means they don't need to check the labels. However, others said they are more likely to look at the labels when shopping for their child(ren) than when shopping for themselves as they are more concerned about their intake.

A common theme displayed by parents that took part in discussions, particularly working parents, was that time constraints sometimes mean relying on convenience foods but that these pose a concern in terms of sugar – and salt and fat – content. Parents, and others that attended the youth debate, also mentioned that online grocery shopping makes it more difficult and time consuming to read food labels and compare the nutritional content.

Some suggested that shops and outlets should ban or restrict certain products, such as energy drinks. However, a strong theme emerged from the youth debate event that we should refrain from banning and saying 'no', but rather emphasise education and information so that young people understand the impact of their diet on their healthy and can make more informed choices.

The survey asked **"Secondary schools and academies should act to reduce sugary drink intake among pupils. Do you agree?"** and 79% of all respondents agreed or strongly agreed. Those under the age of 16 were significantly less likely to agree (49%) than other groups such as those aged

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[15] DfE, 2014. School Food Standards. Available at:. http://www.schoolfoodplan.com/wp-content/uploads/2015/01/School-Food-Standards-Guidance-FINAL-V3.pdf. Accessed 10 May 2016

[16] DfE, 2014. Portion sizes and food groups. Available at: http://www.schoolfoodplan.com/wp-content/uploads/2014/06/Portion-Tables-1406161.pdf Accessed 10 May 2016

25-34 (85%). Female respondents were more likely to agree (88%) than male respondents (59%). This suggests that pupil themselves, and particularly male pupils may be less likely to be concerned about their sugary drink intake, posing a greater challenge to behaviour change.

The food environment

Most of us know what we need to eat to have a healthy, balanced diet. However, on average people still consume too much saturated fat, added sugars and salt and not enough fruit, vegetables, oily fish and fibre[17]. This is because our food choices – what and how much we eat – are under a range of other influences including cost, availability, our family and peers, advertising and other point of sale information.

Sugar Reduction work in the 'out of home' sector has largely focused on reducing portion size of pre-packaged products (such as confectionary), or by reformulating products to reduce the amount of sugar whilst often maintaining sweetness through the use of low/no calorie sweeteners. Despite some improvement, average sugar intakes remain high[18]. Some debate respondents presented strong views about stepping up reformulation efforts with calls made for the government to set stronger sugar reduction targets for industry. There were discussions about the role of sweeteners too; that we need to adjust our taste for sweetness rather than simply switching sugar for sweeteners. Although sweeteners are certified as safe[19] some respondents remain concerned about their use and about the potential health impact. While we have little influence over reformulation locally, we can take action on the food environment in other ways. We can encourage cafes, restaurants and takeaways to make commitments such as removing unlimited soft drinks refills, removing high sugar drinks from children's menus, offering and promoting free drinking water, limiting the portion size of higher sugar foods and drinks, promoting healthier 'meal deals' and buying in prepared foods and ingredients that are low or lower in sugar content.

Survey respondents were more supportive of measures to promote and encourage healthier choices than to restrict availability of high sugar products. We asked **"Food outlets should make healthier options more available and more attractive. Do you agree?"** and 87% agreed or strongly agreed. Despite support still being strong, fewer respondents agreed or strongly agreed that **"fewer sugary drinks and snacks should be available in facilities like leisure and shopping centres"** (77%). Food outlets were asked to respond to these same statements and presented similar views. This view was supported by comment and debate generated by media articles and social media posts. Many were adamant that the government should subsidise healthier products (rewarding healthier choices) and that both retailers and outlets should rebalance the type of food they offer – increasing the amount of healthy products and reducing the number of unhealthy choices. There were also suggestions that retailers should offer more promotions on healthier products, such as fruit and vegetables, rather than high sugar products such as biscuits and cakes.

Throughout the debate, outlets were asked for their views about the viability of various 'sugar smart' actions. In regard to taxes, outlets were concerned about the impact of this on their sales but also about the impact on their customers - *"people round here are already pushed to the limit"*. Asked about reducing the price of healthier options or offering promotions on healthier options, outlets were less worried but still concerned about the impact of this on their profits.

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[17] PHE, 2014. National Diet and Nutrition Survey: results from Years 1 to 4 (combined) of the rolling programme for 2008 and 2009 to 2011 and 2012, Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310995/NDNS_Y1_to_4_UK_report.pdf
[18] PHE, 2014. *Ibid*
[19] Website: http://www.nhs.uk/Livewell/Goodfood/Pages/the-truth-about-artificial-sweeteners.aspx

Other barriers to action included management structures, such as franchises or a chain tied in to national menus.

> *"I will say it sounds like a great idea, however we are tied into national menus under the…franchise so to swap items out I believe wouldn't be possible."* [Food business owner]

Outlets were also concerned about competition and felt that customers will go elsewhere if they stop selling certain products.

> *"They can just go next door if they can't get it here"*. [Food business owner]

Some mentioned that they tend to stock items people want or expect. *"It's not my place; I don't want to tell people what they should do".* Finally, the measures which were considered to be easier to implement (low effort) where also thought to have a lower impact.

The steps most commonly taken by outlets include:

- Promoting healthier options such as whole fruit and water (for example including these in 'meal deals')
- Tap water being freely available (however, not often actively or prominently promoted)
- Providing information (posters about healthy eating, and in some limited cases, nutritional information on menus)
- Choosing not to stock certain products (such as energy drinks)
- Not offering fizzy drinks with children's set menus, (including juice, juice drinks or no-added sugar squash for a set price instead)
- Using ingredients perceived as 'alternatives' to sugar (e.g. Agave or honey) in recipes or drinks or offering sweeteners as alternative to sugar

> *"…we are very conscious of the dangers of high consumption of sugar. As such we do not (stock) beverages containing sugar, only sweetened with agave nectar and natural fruit juices."* [Food business owner]

Sugar tax

Food outlets were asked **"I would support a voluntary 10p levy on sugar sweetened drinks. Do you agree?"** and 31% of those that replied agreed or strongly agreed, 50% disagreed or strongly disagreed, and the remaining 19% neither agreed nor disagreed. Despite some sign up by independent food outlets in the city, businesses raise a range of barriers. One of the most significant was the practicalities involved in implementing and monitoring it, such as a lack of appropriate equipment (EPOS tills), a lack of time to set the scheme up, a high turnover of staff and concerns about how to communicate the measure to customers.

The fact that over 130 restaurants have signed up nationally, most of which are chains, suggests that it could be more straightforward for large operations to implement, roll out and monitor than for small independent and local outlets.

Location of outlet

“In an area of low income I am not comfortable with imposing a tax or levy as a first step to better dietary choices. I would rather that was an option that was looked at after the other steps had been tried, and after healthier choices were available.”

Belief around the culture of eating out

“We believe that eating out at a restaurant is a treat for anybody and feel like it should not be restricted unless necessary…would not be willing to add an additional fee to anything else at the venue.”

Communicating the measure to customers

“How can we let customers know why some products are more expensive than others?”

“Who is profiting from the measure – the council, the business”

Target audience of outlet

“As we don't really serve children or have much in the way of fizzy drinks, we're probably not able to help…”

“…the restaurant does not operate a children’s menu…”

Practical barriers: time, equipment

“We have been thinking about the 10p tax, and I believe that at this stage it wouldn't be practical for to implement it, since it's a small team, and we are very busy with the current workload”

BARRIERS TO THE ADOPTION OF A SUGAR LEVY

Residents displayed a range of views in response to the sugary drinks levy. Some felt the Children’s Health Fund presents a useful *“double whammy”* as it helps to raise awareness and provides ring-fenced funds to promote health and food education. Some felt it could be an *“easy”* step that will have some positive impact.

Some questioned whether the Children’s Health Fund levy focuses on the correct targets – sugary drinks, outlets and their customers. As people tend to know that sugary drinks contain a lot of sugar, should we use a tax to raise awareness about products containing hidden sugars? Should manufactures be targeted, taxing the raw ingredient rather than the end product? Views against the levy included scepticism about where the money

raised would go – that shops, outlets or Local Authority would profit from the scheme. Some mentioned the voluntary aspect could have an impact of competition:

> *"Shop keepers who don't add this will be looking forward to increased sales..."* [Comment on media article]

It was suggested that 10p isn't enough and that it won't change behaviour: *"people will still buy what they want".* There was some comparison to the rise in price of tobacco and the view (by some) that this hasn't worked to reduce smoking levels.

> *"I live a healthy lifestyle and am aware of what I eat and drink. It's down to people themselves. I drink Coke when I want and would pay whatever the price is regardless. It's about healthy education."* [Focus group participant]

Finally, some were concerned that a tax would unfairly impact on those with less money, and others were frustrated that they would be affected despite what they perceived as their own responsible consumption.

> *"Don't punish all consumers because some can't manage own gluttony"* [Comment on media article]
> *"Why should we pay tax on fizzy drinks, just because other people are being reckless?"* [Audience question from the youth debate]

It was emphasised by a panel member at the youth debate event, that a tax now could save us all in taxes in the future:

> *"A tax on sugary drinks now, as your kids, may save you extra tax when your older and have to bolster a national health service which is absolutely dying on its feet"* [Andrew Kay, The Latest, panel member at the youth debate]

DEBATE CONCLUSIONS

Sugar Smart City launched in October 2015 with a debate to raise awareness of sugar intake and to ask whether and how to take action to reduce intake. This aim and the associated objectives (page 3) were achieved. The debate received significant media coverage with support from Jamie Oliver and as a result of this partnership there was a clear focus on the idea of a 'sugar tax'.

The debate found high and recently increased levels of concern about dietary sugar intake with a significant number stating action should be taken to help residents reduce their intake. This provides a clear mandate for local action. Views on action for primary school sugary snacks and sugary drinks in secondary schools are instrumental in informing our Public Health Schools Programme. Improving the accessibility and attractiveness of healthy options in food outlets, leisure and sports facilities provides challenges but is central to the development of a Sugar smart action plan.

Restriction and education

The debate found a need for continued awareness raising particularly about the recommendations and, practically, how people can reduce their intake or avoid 'hidden' sugar. Respondents were also more in favour of encouraging and supporting healthier choices than removing or restricting choice. Education and information will enable particularly young people as they grow and gain more freedom to make their own choices outside of the school and home setting.

Responsibility and free choice

A clear theme throughout the debate was 'responsibility': individual responsibility versus the impact of our environment on our food and drink choices, and parental responsibility versus that of schools. Going forward, Sugar Smart City will aim to support **all** settings to take joint responsibility.

"We all have responsibility for each other" [Andy Winter, Youth Debate]

Linked to this was the view held by some that we, the council, should not intervene in such issues, that people should be entirely 'free' to make their own food and drink choices. The survey asked **"Customers should be free to choose and no action should be taken to restrict or influence food and drink choice. Do you agree?"** Almost a third of respondents agreed or strongly agreed and just over a half disagreed or strongly disagreed. It's clear that there is a myriad of influences over our food and drink choices – from cultural or religious practices, cost, availability, advertising and point of sale information to social considerations such as friends and family[20] – so it could be argued that we are never truly free from influence. As well as supporting changes that create a healthier food and drink environment, Sugar Smart City will aim to provide people and organisations with the information and skills they need to make more *informed* choices every day.

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[20] Food a Fact of Life, 2009. Factors affecting food choice. Available at http://www.google.co.uk/url?url=http://www.foodafactoflife.org.uk/attachments/62029e59-7833-453add321bf8.ppt&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwj5xuibps3MAhVoKsAKHdGZAJAQFggUMAA&usg=AFQjCNFG415b90-8bSchYE3uTml9oHBycg. Accessed 09/05/16

Actions on the local food environment

Actions we promote to independent food outlets and local retailers need to be viable for business. Outlets often view the responsibility as ultimately lying with the consumer:

> *"They say they want healthier options but then they don't sell and we have waste"*. [Food business owner, Healthy Choice workshop]

This debate goes a long way to demonstrate to outlets that there is customer demand for action, and we will need to engage a significant number of outlets to create a level playing field. A voluntary levy on sugary drinks is just one action in a whole range we're advocating and is one that will suit some businesses more than others. As PHE's evidence review states, no single action will be effective.

> *"I don't have a problem with [a sugar tax], but I do have a problem with a one dimensional approach to obesity."* [Commentator to media article about the debate]

SUGAR SMART CITY: What's happened so far?

December 2015 – March 2016

Primary schools

30 held a sugar assembly and promoted the SUGAR SMART challenge

have had cookery lessons for parents

24 have achieved the healthy choice award for their Breakfast Club

FOOD Partnership

26 primary schools have signed up to the

Jamie Oliver's kitchen garden project

Eden have reduced sugar in school meals

2 events have been held to help schools take a whole school approach to Food Education

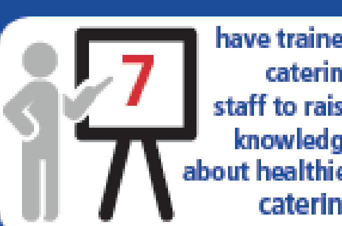
Food outlets and catering

150 food outlets been in contact and **70** of these are making one or more SUGAR SMART Commitments, including:

59 are promoting **free** drinking water

13 are altering recipes to contain less sugar

24 are using pricing and promotions to influence healthier choices, such as adopting the CHILDREN'S HEALTH FUND levy



have trained catering staff to raise knowledge about healthier catering

29 are offering healthier options

are reducing soft drink portion sizes

14 promoting SUGAR SMART to customers

We're also starting work across the city in venues, sport and leisure settings, hospitals, secondary schools, colleges and universities.

Keep up to date at www.brighton-hove.gov.uk/sugarsmart

Spotlight on action

Sussex County Cricket Club

Raising awareness:
Adding a 20p levy to the cost of sugary drinks with funds raised going to the Sussex Cricket Foundation

Changing the food environment:
Introducing healthy and low sugar children's lunch packs

Educating:
Promoting SUGAR SMART messages during school Match Visits

SUGAR SMART ACTION PLAN

WHAT YOU SAID	HOW WE'RE HELPING
Action on sugar More than 8 in 10 respondents agreed action should be taken to help people in the city reduce their sugar intake	We've developed a city-wide Sugar Smart action plan that aims to reduce sugar intake across all ages. We hope this will help improve the proportion of people in the city with a healthy weight, improve dental health and reduce diet-related ill health. We will do this by: • Raising awareness • Increasing skills and knowledge • Changing our environment to support healthier choices
Schools and young people The majority said action should target the sugar intake of young children (92%) and teenagers (85%) 8 in 10 people said that secondary schools should act to reduce pupils' sugary drink intake and more than 7 in 10 agreed that there should be stricter rules in primary schools to limit sugary items in lunch boxes and for snacks	We will continue to deliver the Healthy Choice Award in early years settings and offer Sugar Smart training to staff. Activities will be offered to all primary schools in the city, including assemblies, challenges and workshops for parents, and schools will be encouraged to adopt a Sugar Smart snack policy. Information events, focusing on sugary drinks, will be delivered in secondary schools, colleges and universities, and we will work with young people to develop age-appropriate and relevant information materials.

Food outlets and shops	
Almost 9 in 10 people agreed that food outlets should make healthier options more available and more attractive Almost 8 in 10 people agreed that fewer sugary drinks and snacks should be available in facilities like leisure and shopping centres	Outlets, such as cafes, restaurants, takeaways and those in leisure facilities and hospitals, will be encouraged to make Sugar Smart Commitments including promoting tap water, changing recipes, putting up sugary content information, promoting healthier options and adopting a sugar levy. We will develop and pilot activities, such as healthy food promotions and Sugar Smart checkouts, with at least one key retailer in the city
Information and support More than three quarter of respondents (77 per cent) said 'more information to help me spot the healthier food and drink options' was one of their top three preferences for helping them to reduce their sugar intake	Change4Life Sugar Smart materials for families and young children will be made available in a range of settings and at events. This includes sugar swap ideas and information about the Sugar Smart app to find out how much sugar food and drink products contain. A booklet aimed at adults will be developed by the Food Partnership and Sugar Smart messages will be included in all Food Partnership cookery and nutrition programmes. Booklets will be made available in a range of settings and at events. All resources will be available on the Sugar Smart City webpage: www.brighton-hove.gov.uk/sugarsmart

[INCLUDE SUGAR SMART LOGO]

On average people consume too much sugar and this is increasing levels of tooth decay, obesity and Type 2 diabetes. Sugar Smart City is a joint initiative from Brighton & Hove City Council, Brighton & Hove Food Partnership and Jamie Oliver Food Foundation that looks at what we can all do at home, in schools and in shops, restaurants, cafes and takeaways to tackle this.

SUGAR SMART Action Plan

Aim: To reduce sugar intake across all ages

Outcome/impact: To contribute towards an improvement in healthy weight and a reduction in diet-related ill health and dental caries
- **Healthy weight:** Further improvement in the proportion of children with a healthy weight (81.1% of 4-5 year olds, 71.9% of 10-11 year olds)
- **Dental caries:** Improvements in children's dental health with reductions in hospital admissions (289 under 18s admitted for dental caries in 2011/12)

Tools:
- **Raise awareness**
- **Increase skills** and knowledge
- **Change our environment** to support healthier choices

Settings and actions	**Timescales**	**Lead(s)** Support(s)
Education		**Louisa Scanlon**
Early years All early years setting invited to a nutrition workshop including Sugar Smart information	July 2016	Jo Lewin
Primary schools A. Sugar Smart activities delivered by Public Health Schools Programme or partners in all 52 primaries, promoting messages to pupils, parents and staff B. Share good practice, developing a Sugar Smart snack policy template C. 10 parent workshops	July 2016	- - Jo Lewin

[Include partners logos – BHCC, JOFF, FOOD PARTNERSHIP]

<u>Secondary schools</u> A. Deliver information events in four secondary schools B. Develop age-appropriate materials with input from pupils <u>Higher education</u> A. Deliver information events in both Universities and in at least 2 colleges B. Develop age-appropriate materials with input from students C. Support changes to catering environment for healthier food and drink choices	January 2018 January 2018	- - Harriet Knights - Harriet Knights
Catering and Outlets Sugar Smart workshop for Good Food Procurement Group (15 organisations serving more than 40,000 meals a day) All cafe, restaurant and takeaway owners to be invited to a Sugar Smart workshop Set up 'Refill' initiative encouraging outlets to offer and promote free drinking tap water to customers 100 outlets making Sugar Smart Commitments including promoting tap water, changing recipes, putting up sugary content information, promoting healthier options and adopting a sugar levy.	 July 2016 July 2016 January 2017 July 2017	**Harriet Knights** Chloe Clarke - - -
Retailers Pilot local activities such as awareness raising, Sugar Smart checkouts and healthy promotions with at least one key retailer in the city	 July 2017	**Harriet Knights** Jo Ralling
Communities Change4Life Sugar Smart information, and One You materials, shared and events delivered	 Ongoing	**Vic B. / Jo L.** Harriet Knights

[INCLUDE SUGAR SMART LOGO]

Sugar Smart adult information booklet developed by Food Partnership Sugar Smart messages included in current Food Partnership programmes including Shape Up, cookery classes, healthy weight clinics and Eatwell workshops Four public Sugar Smart information events delivered	July 2016 July 2016 July 2017	- - Harriet Knights
Workplaces Promote the Healthy Choice Award Develop four Sugar Smart challenges, and pilot in at least one organisation Deliver workplace information events and challenges in a further four organisations	 Ongoing July 2016 July 2017	**Jannette Smith** Harriet Knights Jo Lewin Jo Lewin
Council Sugar content posters to be displayed in existing council staff canteens New café at Hove Town Hall to adopt Sugar Smart Commitments Staff rewards (promotions) to consider health and wellbeing	 July 2016 January 2017 Ongoing	**Harriet Knights** **-** **-** **-**
Hospitals Support changes to catering environment for healthier food and drink choices in three Hospital sites RVS to pilot new healthy café model in Brighton & Hove	 January 2017 January 2017	**Katie Cuming** Harriet Knights Jo Ralling
Sport and leisure Council leisure provider to survey members about vending machine provision	 July 2016	**Tory Lawrence** -

[Include partners logos – BHCC, JOFF, FOOD PARTNERSHIP]

[INCLUDE SUGAR SMART LOGO]

Council leisure provider to display sugar content information on vending machines At least 10 park cafes, three outlets in sport and activities centres, two library outlets and two independent cinemas to make Sugar Smart Commitments	July 2016 July 2017	- Harriet Knights
Events and tourist attractions All key tourist attractions invited to Sugar Smart catering workshop Healthy food concessions at one 2016 city event and Sugar Smart information at two 2016 city events Healthy food concessions at two 2017 city events Sugar Smart information at three 2017 city events	 July 2016 July 2016 July 2017	**Harriet Knights** Chloe Clarke Jo Lewin / Jo Ralling / Louisa Jo Lewin / Jo Ralling / Louisa

[Include partners logos – BHCC, JOFF, FOOD PARTNERSHIP]

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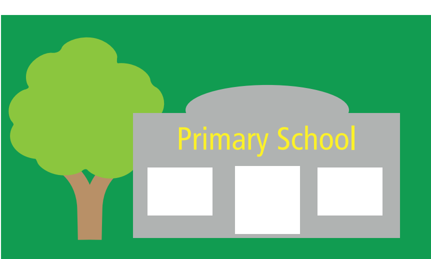

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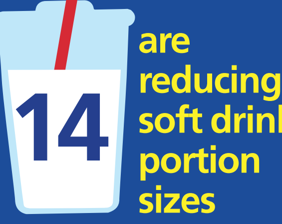

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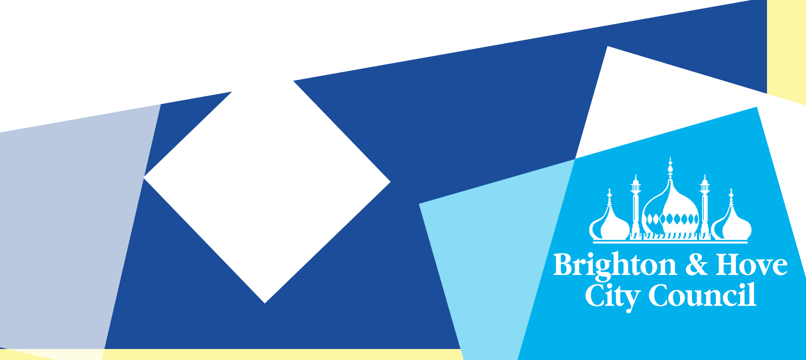

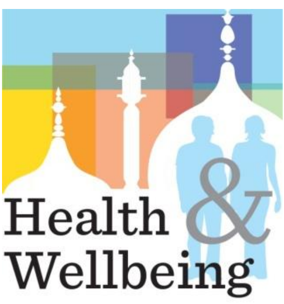

1. Brighton & Hove Rough Sleeping Strategy 2016

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

1.2. This paper is for the Health & Wellbeing Board meeting on 12 July 2016.

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

1.4. Report of: Executive Director Health Wellbeing & Adults and Acting Executive Director Economy Environment & Culture.

2. Summary

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

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

2.3 On 15 March 2016 the draft strategy was presented to the Health & Wellbeing Board as part of the consultation process. Consultation feedback has helped shaped this final strategy which was approved by the Housing & New Homes Committee on 15 June 2016.

2.4 This report presents the Rough Sleeping Strategy 2016 to the Health & Wellbeing Board for endorsement.

3. Decisions, recommendations and any options

3.1 That the Board endorses the Rough Sleeping Strategy 2016 (attached as Appendix 1).

4. Relevant information

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

People living on the streets	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Street service cases (financial year)	588	732	1,163	1,066	1,129	awaiting data
Official street count (people on a single night)	14 (Nov'10)	36 (Nov'11)	43 (Nov'12)	50 (Nov'13)	41 (Nov'14)	x
Street estimate (people on a single night)	x	76 (Nov'11)	90 (Mar'13)	132 (Mar'14)	x	78 (Nov'15)

Official street count: *uses official guidance however, this is widely believed to undercount due to the strict criteria required*
Street estimate: *people sleeping rough known to local services on a particular day*

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

4.3 Supported accommodation is generally prioritised for those in need with a local connection[1]. As of the May 2016, the city has 272 hostel

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

beds and 25 mental health hostel beds which are full. There are 215 clients on the waiting list for supported accommodation (82 of which are considered a high priority):

- 151 for hostel places with 24 hour support (43 high priority)
- 24 for young people's services with 24 hour support (20 high priority)
- 40 for mental health accommodation (19 high priority)

4.4 Information is not available for many of the hidden homeless in our city that may be living in squats, sleeping on sofas, and staying with friends and family.

4.5 Rough sleeping is rarely a lifestyle choice, but usually driven out of desperation, poverty and ill health. Police, prisons and health service report high levels of service need caused by rough sleeping:

- People sleeping rough are more likely to be the victim of crime and also more likely to commit crimes
- The City's Joint Strategic Needs Assessment[2] highlights a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst people sleeping rough. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections
- Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64
- The average age of death for a homeless person nationally is estimated to be 47 years old compared to 77 for the general population.

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

- 83% were male; 17% were female
- 12% (136 cases) were aged 17-25; 7% (83 cases) were over 55
- 81% (917 cases) indicated that they were UK nationals
- 19% (212 cases) were not from the UK with the largest group from central or eastern Europe (86 cases, a 50% increase from this region on 2013/14)
- 39% (438 cases) had a local connection

[2] Joint Strategic Needs Assessment 2014: Rough Sleeping and Single Homeless: http://www.bhconnected.org.uk/sites/bhconnected/files/jsna-6.4.3-Rough-sleepers2.pdf

4.7 The council is facing significant budget reductions which have seen £77m saved in recent years and a further £68m needing to be saved between 2016 and 2020. The council budget for Housing Related Support linked to rough sleeping services is £4.3m for 2016/17. In addition there is £0.6m funding from Better Care, in partnership with the NHS. The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such as through volunteering.

Community Engagement & Consultation

4.8 The Rough Sleeping Strategy was developed in stages to give stakeholders opportunity to help shape the city's priorities and future action.

4.9 During the Position Paper consultation (Nov/Dec 2015), a stakeholder summit was held which had 78 professionals attend, and there was online consultation through the council's consultation portal which received 36 detailed submissions covering all aspects of our proposals. The council's website, social media and press engagement was used to promote the consultation.

4.10 The results of the Position Paper engagement were used to write our draft strategy which was published for additional consultation in March and April 2016. Again, this was promoted through social media, local organisations and councillors and MP's.

4.11 The draft strategy consultation saw 85 responses were completed on the consultation portal and we received some written responses concentrating on particular aspects of the strategy (from politicians, organisations and residents).

4.12 We particularly wanted to encourage responses from those with an experience of rough sleeping and St Mungo's held a draft strategy consultation exercise over 2 days at The Synergy Centre that involved more than 30 people sleeping rough. In addition, 30 of those responding on the portal had an experience of rough sleeping or insecure housing.

4.13 Officers attended a number of stakeholder meetings to raise awareness of the consultation, stimulate debate and seek feedback on the draft strategy including:

- Health & Wellbeing Board
- Homeless Integrated Care Board
- Strategic Housing Partnership
- Civil Military Partnership Board

- Sussex Homeless Outreach Reconnection & Engagement (SHORE)
- Equality & Inclusion Partnership
- Better Care Board
- Day & Street Services Working Group
- Homeless Operational Services Forum

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

4.15 There was overwhelming support for the proposed vision and priorities of the strategy, with many suggestions for improvements to the way we work. Many respondents highlighted the significant challenges faced by the strategy from the fundamental issues arising from the shortage of high quality affordable housing and budget pressures. Other responses to the consultation reaffirmed the need for the strategy to take into account the specialist needs of particular groups who may be more vulnerable and require a slightly different approach, such as young people, women and LGBT* people.

City's Vision

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

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

The City's Strategic Priorities

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

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

2. **Rapid Assessment and Reconnection** – outreach to assess the needs of people sleeping rough to plan support, and where

appropriate, reconnect people with friends, families and support networks, before they are fully immersed in street life

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

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

5. **Pathways to Independence** – making sure supported accommodation offers solutions appropriate to residents needs

Strategic Principle: Working together, a partnership

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

4.19 The city's strategy needs to harness this expertise, energy and goodwill to enable all those with a stake in the city to work together and deliver our shared vision in partnership to make sure our combined efforts are not keeping people on the streets, but are focussed on getting people off the streets.

What will our new strategy achieve?

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

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

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

3. Each person having their own **Multi-Agency Plan** that will outline who is responsible for co-ordinating their care, which

services are working with them and the support available. A key part of the Plan will be to outline the client's housing options to help them make an informed choice about their future.

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

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

5. Important considerations and implications

Legal:

5.1 It is good practice for there to be proper consultation when a new strategy is being formulated. Section 5 of the report sets out the extensive consultation which has taken place in the development of this Strategy.

5.2 There will be a significant portion of the cohort of street population who will have a range of issues which may then bring them under the umbrella of the Equalities Act and there may be some legal duties owed to them depending on their level of need. The Care Act may also apply in some instances. This should be noted in relation to the consultation process going forward. Reference to the Care Act is within the report – this creates a duty between bodies to co-operate where there is identified need.

5.3 The information in the report reveals groups covered by the Equality Act and in particular those within the LGBT umbrella, have been recognised. Their needs have clearly been identified and provision is being made for them. Ongoing monitoring for the life of the strategy will track the impact on these groups and consideration will need to be given on what actions are needed if this develops.

5.4 The proposals themselves are proportionate and reasonable in particular in relation to the financial background and in relation to the social / housing context within the city, which has been set out.

Lawyer Consulted: Abraham Ghebre-Ghiorghis Date: 2 June 2016

Finance:

5.5 Contained in the body of the report. Any housing related costs associated with implementation of this strategy are expected to be within the £0.002m funding available.

Finance Officer Consulted: Neil Smith Date: 24 May 2016
Finance Officer Consulted: Monica Brooks Date: 23 May 2016

Equalities:

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

Sustainability:

5.7 None directly arising from this report.

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

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

6. Supporting documents and information

6.1 Appendix 1: Brighton & Hove Rough Sleeping Strategy 2016

Brighton & Hove
Rough Sleeping Strategy 2016

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

About this Strategy

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

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

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

1. **Position Paper (Nov/Dec 2015):** This was published in November 2015 and summarised the city's current approach to rough sleeping. The Paper was used as the basis for consultation in December 2015 which included a stakeholder summit attended by 78 professionals from a wide range of services across the community and statutory sector representing specialisms such as housing, health, care, community safety and advocacy.
2. **Draft Rough Sleeping Strategy 2016 (Mar/Apr 2016)**: The results of the Position Paper consultation were used to write our draft strategy which was published for additional consultation.
3. **Final Strategy (June/July 2016):** This document. Stakeholders are encouraged to formally Pledge to the vision, aims and objectives of the strategy to ensure a unified and consistent approach across the city.
4. **Implementation 2016/17:** Delivery of the city's strategy and remodelling or redesigning services where necessary.
5. **Monitoring and review 2016/2020:** Action against the 12 goals within the strategy will be monitored and reviewed at regular interval to ensure that satisfactory progress is being made.

As the strategy has a far-reaching impact across all sectors, local people, and most importantly, those sleeping rough, it has been adopted on behalf of the city by:

- Brighton & Hove City Council Housing & New Homes Committee
- Brighton & Hove City Council Neighbourhoods, Communities & Equalities Committee
- Brighton & Hove Strategic Housing Partnership
- Brighton & Hove Health & Wellbeing Board
- Brighton & Hove Connected

Representatives and organisations from the statutory, community and voluntary sectors are encouraged to Pledge their commitment to working in partnership to deliver the vision of the strategy.

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Introduction from the Lead Member for Rough Sleeping

I would like to welcome you to our new Rough Sleeping Strategy 2016.

Whilst this strategy is giving us the opportunity to refocus and reprioritise services within the available funding to better meet the needs of those at risk, it is fundamentally about improving and saving lives. Those sleeping rough die, on average, 30 years younger than the rest of the population and we must take steps to prevent this happening in our city.

We have worked with partners across Brighton and Hove to develop the strategy and together we have agreed key priorities and goals that will build on the good practice we already have within the city. To make these goals a reality for people sleeping on our street we will need all the efforts of the council, NHS, police, voluntary and faith groups and local charities to put our plan into action. I am therefore delighted to see the endorsement of the strategy by so many of these key organisations.

Amongst the range of actions in our new strategy, we will see:

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

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

3. Each person having their own **Multi-Agency Plan** that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. A key part of the Plan will be to outline the client's housing options to help them make an informed choice about their future.

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

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

We are fortunate that Brighton & Hove is a caring city and I am constantly amazed at the kindness and generosity shown by local people to those in need. Residents that want to help can do so by:

- Letting services know where people can be found sleeping rough (through the StreetLink smartphone app, website or phone number)
- Donating money and useful items to a local charity
- Volunteering to work for one of the local charities

I urge you to pledge your support to this strategy and help people move away from the streets, making sure no-one has the need to sleep rough in Brighton & Hove by 2020.

Councillor Clare Moonan
Lead Member for Rough Sleeping

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1. The City's Strategy

Rough sleeping and the impact of the wider street population affect everybody in Brighton & Hove.

People sleeping rough die younger[1], suffer ill health and are more vulnerable to violence than those in the wider population. It impacts on businesses, residents and tourists through shoplifting, begging, street drinking and other anti-social behaviour. These place additional demands on the council, police and health services yet the cost of preventing rough sleeping or supporting someone back into independence is much less than the cost to the individual and society than a life on the streets[2].

The City's Vision

Through this strategy, all those with a stake in Brighton & Hove need to work together to prevent homelessness and rough sleeping, and to support those affected into regaining their independence so we can deliver our vision:

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

The City's Strategic Priorities

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

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

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

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

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

5. **Pathways to Independence** – making sure supported accommodation offers solutions appropriate to residents needs

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

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Our vision and priorities acknowledge that some people may initially choose to remain on the city's streets. We will make sure that services continually engage with all those sleeping rough to support them into a position where ultimately they do decide to move away from street life.

The City's Strategic Principle: Working together, a partnership

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

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

- Street Outreach Services (St. Mungo's)
- Brighton Housing Trust (including First Base Day Centre)
- Brighton YMCA
- St John Ambulance
- Community and Voluntary Sector
- Faith based groups
- Churches Winter Emergency Shelters
- Pavilions Drug and Alcohol Services
- Private landlords
- Brighton & Hove Business Crime Reduction Partnership (BCRP)
- Brighton City Centre Business Improvement District (BID) (City Centre Ambassadors)
- YMCA DownsLink Group
- Stopover (Impact Initiatives)
- Sanctuary Housing (The Foyer)
- Night Stop Plus
- Clocktower Sanctuary
- Emmaus
- Synergy
- Soup Run
- Sussex Armed Forces Network
- British Legion
- Help for Veterans
- Brighton & Hove City Council (BHCC) including Adult Services, Children's Services, Housing, CityClean, Community Safety, Public Health
- NHS organisations including Brighton & Hove Clinical Commissioning Group (CCG), Sussex Partnership Foundation Trust, Brighton & Sussex University Hospitals Trust, South East Coast Ambulance Service, Sussex Community Foundation Trust

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- Sussex Police (Street Community Neighbourhood Police Team)
- Kent, Surrey and Sussex Community Rehabilitation Company
- HM Prison Services
- Sussex Homeless Outreach, Reconnection and Engagement (SHORE) Partnership
- Homeless Link
- People with experience of sleeping rough
- The residents and visitors of Brighton, Hove, Portslade and Sussex

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

Implementing and Monitoring the Strategy

Whilst the strategy's success requires the commitment of a wide range of groups across the statutory, community and voluntary sector, ultimate responsibility lies with the council. Progress on implementing the strategy will be reported to the relevant Council committee(s).

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

Strategically, we will report on a number of indicators, including:

- Number of people sleeping rough
- Number of people sleeping rough (with a local connection)
- Number of people on the waiting list for supported accommodation

To help monitor and recognise the vast amount of work carried out by service providers and voluntary groups on a day to day basis, a number of workflow measures will be developed as part of the work to develop a Multi-Agency Protocol to support frontline services. This will include measures such as:

- Number of people prevented from becoming street homelessness
- Number of people sleeping rough worked with
- Number of rough sleeping cases
- Reconnections
- Positive moves from hostels

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2. Rough Sleeping in Brighton & Hove

What do we mean by People Sleeping Rough?

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

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

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

The City's Challenge

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

People living on the streets	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Street service cases (year)	588	732	1,163	1,066	1,129	Awaiting data
Official street count (people on a single night)	14 (Nov'10)	36 (Nov'11)	43 (Nov'12)	50 (Nov'13)	41 (Nov'14)	x
Street estimate (people on a single night) [3]	x	76 (Nov'11)	90 (Mar'13)	132 (Mar'14)	x	78 (Nov'15)

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

Supported accommodation is generally prioritised for those in need with a local connection[4]. As of May 2016, the city has 272 hostel beds and 25 mental health

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

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hostel beds which are full. There are also 215 local people on the waiting list for supported accommodation (82 of which are considered a high priority):

- 151 for hostel places with 24 hour support (43 high priority)
- 24 for young people's services with 24 hour support (20 high priority)
- 40 for mental health accommodation (19 high priority)

On average, it costs around £10,000 each year to support someone in a hostel, temporary accommodation or Housing First arrangement. We need services to focus on preventing homelessness and identifying housing solutions for those ready to move on from supported accommodation to increase throughput in the system and free up space for those newly in need where prevention has not been successful.

Information is not available for many of the hidden homeless in our city that may be living in squats, sleeping on sofas, or staying with friends and family. Nationally one study has shown that of 437 single homeless individuals, 62% were hidden homeless and a quarter had never accessed any accommodation provided by a homeless or housing organisation.[5]

Local Inequalities

Rough sleeping is rarely a lifestyle choice, but usually driven out of desperation, poverty and ill health. As people become entrenched in street life and suffer the impact it has on their health and wellbeing, it becomes increasingly difficult for them to see or consider a viable alternative. Health services, police and prisons report high levels of service need caused by rough sleeping:

- People sleeping rough are more likely to be the victim of crime and also more likely to commit crimes.
- The city's Joint Strategic Needs Assessment[6] highlights a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst people sleeping rough. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections.
- Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64.
- The average age of death for a homeless person nationally is estimated to be 47 years old compared to 77 for the general population.

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

[5] Crisis, K Reeve with E Batty, The Hidden Truth about Homelessness – Experiences of Single Homelessness in England, May 2011

[6] Joint Strategic Needs Assessment 2014: Rough Sleeping and Single Homeless: http://www.bhconnected.org.uk/sites/bhconnected/files/jsna-6.4.3-Rough-sleepers2.pdf

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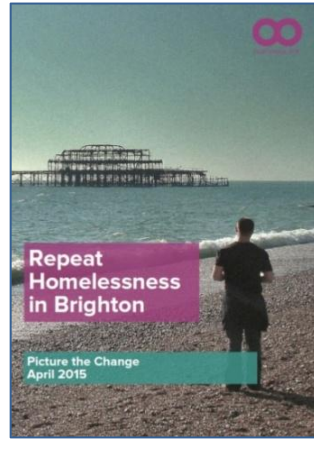
The rough sleeping and single homeless population is not representative of the wider city with the **2014/15 Rough Sleeper Annual Report** showing that of the 1,129 cases (involving 775 people):

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

Local Causes of Rough Sleeping

Homeless Link carried out a qualitative research project in partnership with the Coordinated Agency Interventions to End Rough Sleeping (CAIERS) group, who work with people sleeping rough in Brighton & Hove[7]. The research was based on 29 in-depth interviews with clients using the city's homeless services 2014.



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

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

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

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

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

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

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

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

The Stonewall Housing Finding Safe Spaces[8] project was commissioned by the Homelessness Transition Fund to understand the experiences of Lesbian, Gay, Bisexual and Trans (LGBT*) people who have been street homeless. Stonewall Housing spoke directly with LGBT* people who had experienced, or were experiencing, rough sleeping during summer 2014 in Manchester, Brighton and east London.

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

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

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

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

3. The City's Connected Approach

Care Act 2014

The Care Act 2014 [9] recognises housing as a health related service, and places a duty on local authorities to integrate care and support provision with health services and health related services. This strategy shows how the city's health, care and housing services are working together and in partnership with the wider statutory, community and voluntary sector to prevent and minimise rough sleeping and supporting those affected back to independence where possible.

Housing Strategy 2015 & Homeless Strategy 2014

The Housing Strategy 2015[10] is a key stand alone chapter of the city's Community Strategy[11], and through the strategy:

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

The Housing Strategy 2015 incorporates the priorities of the Homelessness Strategy 2014[12] to prevent homelessness through early intervention, and the timely provision of advice and support. When homelessness is unavoidable, there is a need to ensure that people receive appropriate housing, care and support, with a clear pathway towards living independently.

The Homeless Strategy 2014 has five strategic objectives:

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

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[9] Statutory guidance to support local authorities implement the Care Act 2014 (Section 15.5): https://www.gov.uk/guidance/care-and-support-statutory-guidance
[10] Housing Strategy 2015: https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Housing%20Strategy%202015%20%28FULL%20COUNCIL%20FINAL%29.pdf
[11] Brighton & Hove Community Strategy: http://www.bhconnected.org.uk/strategy/strategy
[12] Homelessness Strategy 2014-19: http://present.brightonhove.gov.uk/Published/C00000709/M00005185/AI00040396/$HomelessStrategy2014CommitteeVersion.docx.pdf

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Housing Related Support Commissioning Strategy 2015

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

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

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

Brighton & Hove Better Care Plan

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

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

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

The Board includes representatives from BHCC (adult social care, housing and public health), the CCG and NHS Trusts, a GP, community and voluntary sector, Sussex Police and service user representation. The Board has developed an integrated health and care model with a multi disciplinary team approach focussing on the single homeless people in the city that will be implemented in 2017.

Housing Related Support Cost Benefit Analysis

In 2009, the Department of Communities and Local Government commissioned Capgemini to produce a cost benefit analysis of housing related support services[13].

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

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In Brighton & Hove the local cost benefit analysis in 2013 showed savings of £4.90 for every £1 spent on housing related support services for single homeless clients.

The study found the financial benefits of housing related support to be:

- Costs relating to housing and homelessness are reduced, because the risks of sleeping rough and failure to move into settled accommodation are reduced
- Health service costs are reduced through improvements in the general health of clients. These result in fewer admissions to Accident and Emergency, lower use of GPs and community mental health services, and fewer admissions to hospital for physical and mental health problems
- Health and social services costs are reduced because of a lower incidence of drug and alcohol problems
- Crime costs are reduced as clients are given advice to help them avoid burglary and street crime, and through reductions in their own re-offending

They also found non-financial benefits which included:

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

Resourcing the Strategy

The council is facing significant budget reductions which have seen £77m saved in recent years and a further £68m needing to be saved between 2016 and 2020. This represents around 30% of the council's non-school funding and means that all services require a radical rethink to determine what services, and how they operate. Similarly, financial pressures are affecting health services, the police and the community and voluntary sector. This is at the same time as high housing costs, welfare reform and an ageing population are increasing demands for services.

The council budget for Housing Related Support linked to rough sleeping services is £4.3m for 2016/17. In addition there is £0.6m funding from Better Care, in partnership with the NHS. The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such as through volunteering. In addition to expenditure on services to prevent rough sleeping and support people back to independence, the Police, criminal justice system and NHS spend significant sums of money on dealing with the impacts of crime, poor health and substance misuse attributable to people sleeping rough.

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4. Strategy Consultation

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

- **Position Paper (Nov/Dec 2015):** This was published in November 2015 and summarised the city's current approach to rough sleeping. The Paper was used as the basis for consultation in December 2015.

- **Draft Rough Sleeping Strategy 2016 (Mar/Apr 2016)**: The results of the Position Paper consultation were used to write our draft strategy which was published for additional consultation.

Findings from the consultation and engagement carried out in December 2015 and spring 2016 have helped to develop this strategy.

Stage 1: Position Paper

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

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

The Position Paper consultation resulted in a number of changes to the suggested priorities for the city's strategy:

- **Street Triage** and **Reconnection** were merged into a new priority on **Rapid Assessment and Reconnection** which is developing Multi-Agency Plans for people sleeping rough, where professionals work together with clients to agree the most effective course of action.
- **Managing the Street Communities** received criticism, particularly as people sleeping rough are more likely to be the victims of crime and around half of those in the city's street communities are not sleeping rough. There were also opposing views on the balance between support and enforcement. This priority was been rewritten to focus on making Brighton & Hove **A Safe City** – for rough sleepers, residents, businesses and tourists – and recognises that a life on the streets is not appropriate and should not be supported.

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- **Working with the City** has been removed as a priority as it was very clear that partnership working needs to underpin the whole strategy rather than be a separate element. We recognise that not a single element of our strategy is achievable without the combined efforts of all those living and working in the city. **A Partnership Approach** is now the strategic principle of this strategy and underpins all of the work we do.

Stage 2: Draft Strategy

The results of the Position Paper engagement were used to write our draft strategy which was published for additional consultation in March and April 2016. Again, this was promoted through social media, local organisations, councillors and MPs.

85 responses were completed on the consultation portal and we received some written responses concentrating on particular aspects of the strategy (from politicians, organisations and residents). We particularly wanted to encourage responses from those with an experience of rough sleeping and St Mungo's held a draft strategy consultation exercise over two days at The Synergy Centre that involved more than 30 people sleeping rough. In addition, 30 of those responding on the portal had an experience of rough sleeping or insecure housing:

- 6 had been or were living in a motor vehicle
- 5 had been or were living in a tent
- 12 had been or were sleeping rough
- 23 had been or were sofa surfing
- 12 had been or were squatting

Officers attended a number of stakeholder meetings to raise awareness of the consultation, stimulate debate and seek feedback on the draft strategy including:

- Health & Wellbeing Board
- Homeless Integrated Care Board
- Strategic Housing Partnership
- Civil Military Partnership Board
- Sussex Homeless Outreach Reconnection & Engagement (SHORE)
- Equality & Inclusion Partnership
- Better Care Board
- Day & Street Services Working Group
- Homeless Operational Services Forum

A petition[14] was presented to Brighton & Hove City Council on 16 April 2016 in relation to Sussex Police, rough sleepers and begging. Whilst the petition is to the Police, there was a request that it be considered as part of the consultation on the draft strategy and passed to the Police & Crime Commissioner.

[14] http://www.thepetitionsite.com/576/913/589/sussex-police-stop-fining-rough-sleepers/

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Responding to the Findings

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

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

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

As a result of feedback on the draft strategy, we have refocussed our goals and strategic actions:

- **Preventing Homelessness and Rough Sleeping**: Whilst this document provides the vision and strategic framework, we need a more detailed review of the way statutory services and community and voluntary sector groups interact on a day-to-day operational level to prevent homelessness and support people to move away from the streets. Whilst there are a large number of organisations doing incredibly good work in challenging circumstances, some organisations may need support to refocus their efforts to achieve the best outcomes for those they work with. Consultation also highlighted the need for homeless prevention work to happen much earlier as professionals and support groups may spot the signs of risk in someone before they do themselves. We will make it easier for those at risk to get advice before they reach a crisis point.

- **Rapid Assessment and Reconnection**: There was support for the permanent assessment centre and multi-agency plan approach to assessing and supporting someone’s needs. Concerns were raised around the use of sit-up beds, how many, where and how long their can be used. This is being examined as part of the Integrated Support Pathway Review through 2016/17. Understandably, people were also concerned that those from outside Brighton & Hove may be reconnected either without effective support plans for their return or into a potentially dangerous situation. Through our strategy, reconnection is only to be used when a robust assessment of an individual’s needs and history has been made to provide the individual with a genuine and safe route away from rough sleeping.

- **Improving Health**: Respondents welcomed the multi-disciplinary approach to tackling health needs so that people do not get passed across services. Concerns were raised about the specialist GP practice provider giving notice on the contract and pressures on mental health and substance misuse services. Through the strategy, there is a commitment to a more proactive and integrated healthcare model to support homeless residents. In addition, the Brighton & Hove Health & Wellbeing Board has committed, through the Charter for Homeless Health, to ensuring that local health services meet the needs of people who are homeless.

- **A Safe City**: This priority received the most polarised responses, split between those who wanted the city to take a harder line with enforcement against anti-social behaviour and begging, and those seeking to understand the personal circumstances that may have driven people to the street community. This priority is about keeping everybody safe – those sleeping rough, those in the wider street community, businesses, residents and visitors. We want to work with the street community to encourage them to seek the support they need and make it clear that some behaviours are not acceptable. With half of those begging being housed, people wanting to help those sleeping rough are encouraged to volunteer or donate to charities.

- **Pathways to Independence**: Concerns were raised about the quality of the temporary accommodation used with suggestions that some people are choosing to return to the streets rather than stay in the accommodation offered. The council carries out regular inspections of premises and is working with providers to ensure they understand their responsibilities and can achieve the required standards. Residents are provided information on how to report issues with the management of the accommodation. Due to the strength of the concerns raised from a variety of sources, we are carrying our further reviews with stakeholders and will take any necessary action that results from this. Services also highlighted that some of those sleeping rough have been evicted from temporary, hostels or other supported housing, and whilst inappropriate behaviour, particularly that which puts others at risk cannot be tolerated. The council will review eviction protocols to make sure they are balanced with the right level of support.

The detailed consultation responses were shared with those responsible for the priorities within the strategy to develop the goals and strategic actions.

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Priority 1: Prevent Homelessness and Rough Sleeping

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

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

Average rents are above housing benefit limits putting them out of reach of those not working. In September 2015, just two shared properties were available to rent in Brighton & Hove on rightmove.co.uk within the local housing allowance limit for single people under 35. For those aged 35 or above, 14 properties were available within the 1 bedroom limit available, mainly bedsits and studio flats.[15]

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

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

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

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

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

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

Success in preventing homelessness and entrenchment depends on all service providers promoting the same consistent message; a single offer of support focussed on minimising the risk of those getting into crisis and spending time on the streets. All those involved with rough sleeping are asked to **Pledge** their support to the vision, partnership working and priorities of this strategy to move people away from the streets.

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

The Better Care programme to improve health and care services for homeless people (described in more detail under Priority 3) will also contribute to services adopting a consistent approach to preventing homelessness.

Goal 2: Improve housing options for single person households

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

It is imperative that those in need seek advice as soon as possible, however, it may be professional bodies that recognise this need before the clients themselves, for example, someone losing their job, the Police responding to a domestic incident, or a GP recognising that their patient is unable to cope. Many other groups, particularly in the community and voluntary sector may recognise these or other signs in the people they work with. We need to improve referral mechanisms to ensure advice is given at the earliest possible opportunity.

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

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

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

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

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

Strategic Action	Target	Resource Implication	Lead Partner
Goal 1	**Develop a consistent citywide approach to prevent homelessness and rough sleeping**		
Encourage all partners to Pledge their support to the vision, partnership work and priorities of this strategy	Sign up event July 2016	Shared commitment to improve joint working and resource use	BHCC Adult Services
Review routes in/out of street life and how organisations work together to prevent homelessness and move people away from the streets	Process mapping with statutory and third sector groups 2016/17 to inform the Protocol	Within existing budget plans to 2019	BHCC Adult Services & St. Mungo's
Develop a Multi-Agency Protocol for Brighton & Hove	Protocol agreed by March 2017	Protocol will promote more effective use of existing resources	BHCC Adult Services & St. Mungo's

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Strategic Action	Target	Resource Implication	Lead Partner
Ensure the Protocol is promoted and understood by staff, volunteers and residents	Roll out communications from April 2017	Communications Plan to be developed and costed (eg training, work shadowing, publicity etc)	BHCC Communications & St. Mungo's
Ensure a rolling communications programme on reducing rough sleeping that engages the general public	Roll out communications from July 2016	Media Campaign to be developed and costed	BHCC Communications & BHCC Adult Services
Goal 2	**Improve housing options for single person households**		
Publicise where to go for assistance and to seek help at an early stage	Incorporate into the Multi-Agency Protocol	Within existing budget plans to 2019	BHCC Housing
Develop an easy early referral mechanism so that other professionals (eg GPs, Police, social care) can direct clients to housing advice before crisis point	Review use of information prescriptions for housing advice	Within existing budget plans to 2019	BHCC Housing
All partners to be aware of the housing market and benefit rates	Circulate B&H Housing Market Reports to partners	Reports already produced and publically available	BHCC Housing & BHCC Adult Services
Investigate creative solutions to increase accommodation options (such as lodgers, temporary modular homes and rent deposit schemes)	March 2017	Subject to options developed	BHCC Adult Services & BHCC Housing
Improve access to housing information to raise awareness affordable housing options locally and in other parts of the country	IT approach to be developed	Within existing budget plans to 2019	BHCC Housing

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Priority 2: Rapid Assessment and Reconnection

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

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

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

Around 4 in 10 rough sleeping cases are people with a local connection to Brighton & Hove. Of those who do not have a local connection, they are split roughly evenly amongst people from the rest of the South East, those from the wider UK and those from overseas. Reconnecting people with safe and stable support networks such as friends, families and services can bring about a sustainable move away from street life. We recognise that this is not appropriate in all cases, particularly if someone has fled abuse or in some instances where there may be overriding health needs.

To provide rapid assessment and reconnection, the city will:

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

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

We will set up a permanent **Assessment Centre** with a number of **temporary (sit-up) beds** to enable professionals across a range of disciplines to assess the needs of people sleeping rough in a stable environment away from the chaos of the streets.

Each client will have their own **Multi-Agency Plan** that will outline who is co-ordinating that person's care, which services are working with them and what support is to be provided. A key part of the Plan will be to outline the clients housing options to help them make an informed choice about their future.

The **Street Outreach Service (SOS)** is contracted by the council and run by St. Mungo's to provide a rapid response and assertive outreach to people sleeping rough. This works through diversion and signposting, comprehensive assessment of individuals needs, reconnecting people sleeping rough to their place of origin in a structured way, and assisting people from homelessness into settled accommodation.

StreetLink is a website, mobile app and phone line which allows members of the public to send an alert with information about the location of someone sleeping rough. Once this alert is received, StreetLink will pass the information to St Mungo's Street Outreach Service to engage with the person sleeping rough. By providing a means to act when they see someone sleeping rough, StreetLink allows the local community to be part of the solution to homelessness.

As part of the St. Mungo's service, **No Second Night Out** targets those new to rough sleeping and offers them an alternative to a second night on the streets. This helps them move off the streets before they become entrenched. Sussex local authorities and their partners have come together to form the **Sussex Homeless Outreach Reconnection & Engagement (SHORE)** partnership to implement the No Second Night Out principles in Sussex to help those reconnect across the region.

If it is safe to do so, and provides the individual with a genuine route away from rough sleeping, those without a local connection[16] to Brighton & Hove are supported to reconnect to an area where they do have a local connection. This only used when a robust assessment of an individual's needs and history has been made. This strategy recognises that this is not appropriate in all cases, particularly if someone has fled abuse or in some instances where there may be overriding health needs. **First Base Day Centre** and **Project Antifreeze** reconnect clients that access their day centres which has seen the reconnection rate increase.

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

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

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

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

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

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

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

Stonewall Housing: Finding Safe Spaces

The council will implement the recommendations of the Stonewall Housing Finding Safe Spaces project:

1. Ask people about their sexual orientation and gender identity in an appropriate and consistent way
2. Never make assumptions on how someone defines their gender identity of sexual orientation
3. Be consistent in how you ask questions relating to gender identity and sexual orientation
4. Be able to provide safe spaces for LGBT* rough sleepers using your services and working with your staff
5. Know how many LGBT* people are experiencing rough sleeping in the area you work and are using your service
6. Be very clear about the long term harmful impacts of rough sleepers not being able to talk about their gender identity and/or sexual orientation
7. Make sure the first point of contact is trained with a clear awareness around LGBT* people's needs and experiences as rough sleepers
8. For all LGBT* organisations, who carry out needs assessments for support, to ask their service users about the security of their housing
9. A change in the verification protocol to fit the experiences of LGBT* people

[17] Finding Safe Spaces: Understanding the experiences of lesbian, gay, bisexual and trans* rough sleepers, Stonewall Housing, 2014: http://www.stonewallhousing.org/
[18] Trans Equality Scrutiny Panel: http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/trans-equality-scrutiny-panel-2013

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Supported housing needs to be sensitive to the needs of women; particularly those who may be fleeing domestic violence. Figures estimate that approximately 17% of rough sleepers are women. **Homeless Link**[19] found that, rather than sleep on the streets, many, especially women, described staying out of sight and moving around because they felt vulnerable. Many had been or knew someone who had been a victim of violence and/or abuse, including robbery, intimidation and rape.

Young people under 25 are one of the fastest growing groups of people sleeping rough. Consultation as part of developing this strategy has highlighted that it is felt that the **Young People's Accommodation and Support Pathway**[20] is working well but some services may not feel accessible to younger people where processes and procedures can seem off putting. Through the use of advocates such as **The Clocktower Sanctuary**, dedicated accommodation for young people at the new **Housing First** service, and crash pads to offer support in a crisis, young people are being helped to access the support they need.

The **Brighton & Hove Civil Military Partnership Board**, comprising Brighton & Hove City Council, NHS Sussex Armed Forces Network, Royal British Legion and other partners across has developed pathways that outline the support former service personal and their families can access by public, private and voluntary organisations. They include information on employment; social care; rough sleeping; physical health; mental health; housing and rough sleeping. These pathways are available on the **Sussex Armed Forces Network** website[21].

Strategic Action Plan: Priority 2: Rapid Assessment and Reconnection

Strategic Action	Target	Resource Implication	Lead Partner
Goal 3	**Provide rapid assessment, support planning and effective reconnection for those new to rough sleeping**		
Set up a permanent assessment centre(s) with temporary (sit-up) beds	Operational March 2017	Part of service recommissioning in 2016/17	BHCC Adult Services

[19] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf
[20] Brighton & Hove Young People's Accommodation and Support Pathway: http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwja-eqwvb3KAhUECBoKHenQB4MQFggmMAE&url=http%3A%2F%2Fpresent.brighton-hove.gov.uk%2FPublished%2FC00000709%2FM00004769%2FAI00036300%2F%2420130916144749_004725_0018502_HousingandSupportforYoungPeopleJointCommissioningStrategyFinalSept.docA.ps.pdf&usg=AFQjCNHg8aH3tU49dEAJCp5SvnfCMhsQzw&sig2=C0kbD4PnxIlyUurIwkGJGQ
[21] Sussex Armed Forces Network: http://www.sussexarmedforcesnetwork.nhs.uk/pathways/

Strategic Action	Target	Resource Implication	Lead Partner
Develop integrated and coordinated joint assessments and support planning across housing, care and health (including primary care, SCT, SPFT, BSUH and community & voluntary sector)	All clients to have their own Multi-Agency Plan. Pilot late 2016 to go live March 2017	Within existing budget plans to 2019	BHCC Adult Services, BHCC Housing, St. Mungo's, NHS partners
Share client information across all partner organisations to ensure a consistent approach and improve interventions / outcomes	March 2017	Multi-agency IT system being investigated	BHCC Adult Services
Ensure a swift response to enable a No Second Night Out approach	Incorporate into Multi-Agency Protocol	Accommodation demand exceeding supply with waiting lists at present	BHCC Adult Services & BHCC Housing
Work with providers and charities to ensure safe and sustainable reconnections	Memorandum of Understanding to be developed relating to good practice	Part of service recommissioning in 2016/17	BHCC Adult Services & SHORE
Goal 4	**Target people sleeping rough with complex needs to ensure there is an integrated plan to move people into accommodation**		
Provide temporary beds for those with complex needs to ensure engagement before reconnection assessment	Set up a permanent assessment centre(s) with temporary (sit-up) beds by March 2017	Part of service recommissioning in 2016/17	BHCC Adult Services
Implement a scheme to target those entrenched / complex rough sleepers based on bespoke responses to individual needs through a multi agency response	Scheme late 2016	Part of integrated joint assessments and support planning Possibly some resource implication regarding accommodation options	BHCC Adult Services & St. Mungo's
Goal 5	**Ensure services are sensitive to the needs of all vulnerable groups including LGBT* people, young, older, women and ex service personnel**		
Ensure providers implement recommendations of Stonewall Housing LGBT* report	Include recommendations in Multi-Agency Protocol	Within existing budget plans to 2019	BHCC Adult Services BHCC Housing St. Mungo's
Consult women and other groups about delivery of service which best meet their needs	Develop women only accommodation provision	Commissioning by March 2017	BHCC Adult Services

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Strategic Action	Target	Resource Implication	Lead Partner
Continue to develop the Young People's Accommodation and Support Pathway	Young people's bed spaces in the Housing First Jan 2016 (complete)	As per the 2013 Joint Commissioning Plan	BHCC Adult Services BHCC Housing BHCC Children's Services
Ensure Care Act assessments are carried out for older and frail people sleeping rough	Include in integrated joint assessments across housing, care and health March 2017	Within existing budget plans to 2019	BHCC Adult Services
Maintain commitments to ex-Armed Forces personnel through the Armed Forces Covenant	Monitoring and reporting of rough sleeping amongst ex-forces personnel	Regular liaison between BHCC and Armed Forces Network to agree appropriate action when necessary	BHCC Adult Services & Armed Forces Network

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Priority 3: Improving Health

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

Homeless people often face multiple disadvantages, including mental and physical health issues, drug and alcohol misuse and experience of violence and abuse while sleeping rough[22,23]. Physical and mental health issues can increase people's risk of homelessness, including rough sleeping, and can also be a critical factor preventing their recovery from this situation. Rough sleeping leads to deterioration in individuals' health and wellbeing.

To improve health, the city will:

- Goal 6: Improve health and care outcomes through the delivery of integrated and flexible services
- Goal 7: Ensure those on the streets continue to have access to emergency shelter during extreme weather

Goal 6: Improve health and care outcomes through the delivery of integrated and flexible services

Homeless people have often relied on unplanned care such as accident and emergency services. National evidence and best practice[24] has demonstrated the benefits of adopting a more proactive approach to improve health and support recovery from homelessness.

Longstanding specialist services include:

- The specialist GP practice, **Brighton Homeless Healthcare, Morley Street**, for those who are homeless and not registered with a GP.
- **First Base Day Centre,** which offers a range of services to support people who are sleeping rough or insecurely housed in the city move away from rough sleeping. Healthcare services include nursing, podiatry, optometry, oral hygiene,

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

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

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

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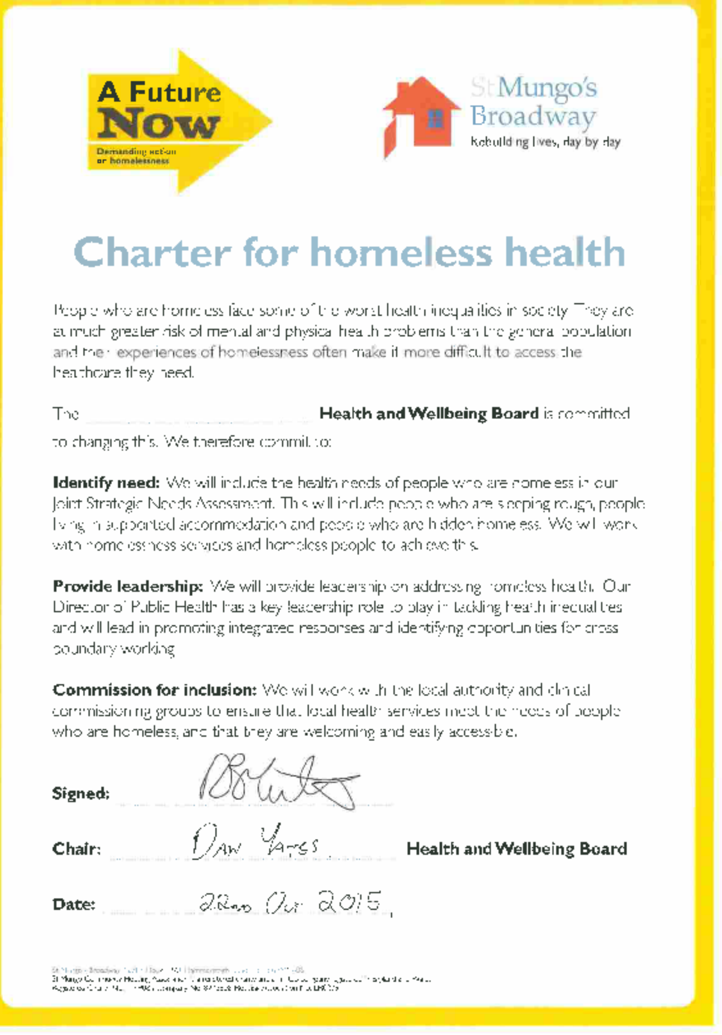
sexual health testing, a mental health worker and regular visits by St Johns Ambulance. First Base also provides employment and skills projects.

- More recently **substance misuse services** have been remodelled to be more recovery-focused. Access and Engagement workers are embedded within the **Pavilions** service to work with the street community, and to support them to enter into treatment services. Harm reduction support, as well as signposting to all relevant services, is essential, particularly for clients that are not currently engaged with substance misuse treatment providers. A hostel in-reach service aims to reduce the number of people leaving hostels through abandonment or eviction.

However, overall too many health and care services are organised around settings rather than individuals' needs.

The Brighton & Hove **Health & Wellbeing Board** has committed, through the **Charter for Homeless Health,** to ensuring that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

The local **Better Care Plan** sets out how health and care services for those with greatest needs (including vulnerable and/or frail) will help them stay healthy and well, will be more pro-active and preventative, and will promote independence. The needs of homeless people have been identified as key priority within the plan. The **Homeless Integrated Health & Care Board** has taken this work forward. The Board includes representatives of the CCG, GPs, Sussex NHS Partnership Foundation Trust (mental health services) , Brighton & Sussex University Hospital NHS Trust (hospital services), Sussex Community NHS Foundation Trust (community healthcare, including dental, services), housing, social care, public health and the third sector.



Charter for homeless health

People who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare they need.

The ______________ **Health and Wellbeing Board** is committed to changing this. We therefore commit to:

Identify need: We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.

Provide leadership: We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.

Commission for inclusion: We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

Signed: [signature]

Chair: Dan Yates **Health and Wellbeing Board**

Date: 22nd Oct 2015

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The Board reviewed current services and has developed a Hub and Spoke model that will provide a more proactive and integrated model of care. The key elements include:

- **A primary care led 'hub' with a multidisciplinary outreach team delivering services in a number of settings (or 'spokes') in the city**.
- Enhanced specialist primary care service for homeless people.
- Outreach, including street and day centre settings. Health professionals will work alongside related services, such as St. Mungo's Street Outreach Service, to deliver the city wide integrated approach to rough sleeping.
- Hospital in-reach to support care and discharge planning from hospital and mental health inpatient services.
- Proactive engagement model to support homeless people to access primary and community healthcare services and support care plans. Engagement workers will work alongside homeless clients and care managers to support care plans.

The model has been informed by a number of local pilot projects including:

- **Pathway Plus** has provided specialist care and discharge planning for homeless patients in Royal Sussex County Hospital delivered through GP in-reach, nursing, engagement workers and community transport.
- **Homeless Health Collaborative Project** (Sussex Community NHS Foundation Trust) has provided a specialist multi-disciplinary team to in-reach into the city's homeless temporary accommodation and hostel residents. In November 2015, the service extended its scope to include street settings.
- **Mental Health Homeless Team** (Sussex Partnership NHS Foundation Trust) service has provided a service to street homeless and those in emergency accommodation. In October 2015, a one year project was established to gain a greater understanding of mental health needs in hostels and consider how access to mainstream and specialist mental health services can be improved.
- **Multidisciplinary Team meetings for homeless people with complex needs ,** led by primary care, were established in June 2015. They consider the care of people who would most benefit from coordinated proactive management, including those rough sleeping. Initial evaluation of the impact of this way of working has been very positive.

The full service model will be commissioned in 2016/17 and will be fully established in 2017. This will involve procuring some new services[25] and redesigning other established services.

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[25] This will include primary care services. The Practice Group, the healthcare provider that manages Brighton Homeless Healthcare, Morley Street has informed NHS England that they wish to stop providing this service in January 2017. NHS England will now work with the CCG to carry out a procurement process to secure a contract with another healthcare provider for a new service.

In addition, local **supported accommodation services** (including hostels and mental health supported accommodation) are being remodelled in 2016-17, and will include a strengthened focus on supporting the health and wellbeing of homeless people.

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

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

The service follows government and Homeless Link guidelines to operate when there is a weather forecast[26] of three consecutive nights of temperatures of 0°C or below, including the coming night. The service continues until a forecast predicts two or more consecutive nights of a temperature of 1°C.

In addition, the council funds the service to operate beyond national guidelines when there is a relevant Met Office severe weather Amber or Red warning. The decision is made on a case by case basis and considers how likely the weather is to affect the Brighton & Hove area, if the type of weather presents a risk to life for those sleeping rough, and the amount of notice given combined with staff availability. Where possible, services target known sleep sites and advise rough sleepers of impending weather conditions and shelter availability.

Between October 2015 and March 2016, the city had a relatively mild winter that saw the service opened for a total of 12 nights providing 385 bed-spaces for 118 different people. Of those accessing the service:

- 108 were male
- 10 were female
- 2 were under 25
- 16 were EU migrants
- 1 was a non-EU migrant
- 1 had no recourse to public funds

The service costs around £1,600 per night to open which includes the provision of things such as sleeping bags and mats.

[26] The measurement is taken from the MET Office Website: http://www.metoffice.gov.uk/public/weather/forecast/brighton

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Strategic Action Plan: Priority 3: Improving Health

Strategic Action	Target	Resource Implication	Lead Partner
Goal 6	**Improve health and care outcomes through the delivery of integrated and flexible services**		
Commission services to deliver new integrated health and social care model for homeless	March 2017	CCG business case and NHS England primary care funding	Brighton & Hove CCG, BHCC Adult Services, BHCC Public Health
Review access and delivery to assessment (including Mental Capacity Act and Care Act) to ensure the needs of those who are sleeping rough, or at risk of rough sleeping, are identified	March 2017	Within existing budget plans to 2019	BHCC Adult Services, CCG and NHS Trusts (BSUH, SPFT, SCFT), Other services
Ensure professionals and staff are trained and skilled to deliver the model of care, including joint assessment and care planning	June 2017	Included in contracts and service plans	CCG and NHS Trusts, BHCC, Third sector providers
Align substance misuse services including co-location of workers, and joint assessments where possible	June 2017	Pavilions contract	Pavilions and Public Health
Goal 7	**Ensure those on the streets continue to have access to emergency shelter during extreme weather**		
Review Severe Weather Emergency Provision protocols	September 2016	Within existing budget plans to 2019	BHCC Adult Services

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Priority 4: A Safe City

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

People sleeping rough are more likely to be the victim of crime than the general population. 10 people sleeping rough have been murdered in the city during the past 13 years. Homeless Link[27] found that, rather than sleep on the streets, many, especially women, described staying out of sight and moving around because they felt vulnerable. Many had been or knew someone who had been a victim of violence and/or abuse, including robbery, intimidation and rape.

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

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

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

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

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

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

This strategy recognises that support focussed on the needs and complexity of the individual is more likely to result in an effective solution and sustainable move away from street life rather than the blanket use of enforcement.

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

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

Through the **Substance Misuse Service**, the **Equinox Drug and Alcohol Outreach Team** provide outreach and engagement, working with street drinkers and drug users to support people into treatment and reduce their street presence and any associated negative behaviours.

As a last resort, where a supportive approach has been unsuccessful in helping the individual and prevent anti-social behaviour, the local authority and police can use Criminal Behaviour Orders and Civil Injunctions to require the individual to engage with appropriate support services.

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

The council, police and support services have developed an Engagement and Move-On Protocol to remove tents and encampments where there is a detrimental effect on the wider community, prevent the lawful use of council land, or they pose a community safety or public health risk. This is not done lightly, but only after extensive engagement, with support services present to offer advice and guidance on welfare issues to those affected.

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Goal 9: Promote alternatives to discourage begging

The generosity of local people and tourists may provide limited help to those in need. It is estimated that half of those begging are not homeless and it has been suggested that some lucrative begging spots in the city can net hundreds of pounds a week for those individuals. Such spots see competition between 'professional' beggars and the local street population with the money often used to buy drugs. It is an offence to beg in a public place under Section 3 of the Vagrancy Act 1824.

Solutions are required that offer alternatives for those who wish to help such as by donating to one of the charities supporting the strategy in helping people move away from the streets. Donations can be made to support a range of practical activities in Brighton & Hove such as by providing:

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

Strategic Action Plan: Priority 4: A Safe City

Strategic Action	Target	Resource Implication	Lead Partner
Goal 8	**Focus on managing risks, preventing harm and promoting appropriate behaviour**		
Work with partner agencies to ensure they are not inadvertently entrenching the street community	Number of agencies who have been briefed	Capacity to brief, planned rolling programme	Adult Social Care Council Housing Communities Team Third Sector
Engage the street community to understand their impact on others	Reduced ASB reported perpetrated against, and by, street community people	Briefing to relevant staff. Capacity to monitor relevant data	Sussex Police BHCC Community Safety Team
Support people into appropriate treatment services where possible Give advice on harm reduction including safe disposal of drug litter	Number of street community people accessing treatment Reduction in drug litter in public places	Ensuring those most at risk access treatment services as appropriate	BHCC Public Health
Take action where necessary to reduce the risk and harm	Reduced ASB reported perpetrated against, and by, street community people	Identify those causing risk and harm through the High Impact Case Forum. Management of PSPO, dispersal powers and move on protocol	Sussex Police BHCC Community Safety Team

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Strategic Action	Target	Resource Implication	Lead Partner
Use tenant and resident support services where appropriate to manage behaviour on the street	Reduced ASB reported perpetrated against, and by, street community people	Specialist officer and legal officer time. Court costs	BHCC Housing BHCC Adult Services
Goal 9	**Promote alternatives to discourage street life and begging**		
Promote alternatives to giving to beggars focussed on helping people move away from street life	Use communications to sustain and embed alternative giving in the public psyche	Council Communications Team capacity	BHCC Communications Team

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Priority 5: Pathways to Independence

Making sure supported accommodation offers solutions appropriate to residents needs

Simply putting a roof over someone's head may not resolve their housing need. Physical health, mental health and substance misuse needs, and re-engagement with society through social skills, leisure activities, education and employment is needed to make sure the person is able to maintain accommodation and an active and engaged role in their community. Supported accommodation is generally prioritised for those with an identified need who have a local connection.

Homeless Link[28] found that there were particular barriers associated with the environment in hostel accommodation while trying to work, or if they were recovering from issues with alcohol or substance misuse. Other people spoke about the negative impact that living in hostel accommodation had on their health and wellbeing.

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

Improving health and care service pathways is also required to help support recovery and independence. The new homeless health and care service model described under Priority 3 will ensure that services provide an integrated response to clients' physical and mental health and substance misuse needs.

To support people sleeping rough into regaining their independence through effective treatment and life skills training, the city will:

- Goal 10: Have a flexible accommodation pathway that responds to changing needs
- Goal 11: Develop bespoke supported accommodation options where appropriate
- Goal 12: Ensure timely move-on to independent accommodation

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

Clients in need of supported housing may have to spend an initial period in **emergency** or **temporary accommodation** until a vacancy arises in a suitable

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

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hostel or other supported accommodation. The council has reviewed its emergency and temporary accommodation and carried out a large scale procurement exercise over the last two years to redefine standards of accommodation and management. However, this temporary accommodation is general needs emergency accommodation, and cannot provide the level of support available in supported accommodation. The city needs to focus on eliminating the waiting list for supported housing by creating opportunities for those to move on who are no longer in need of support.

Concerns about the quality of this accommodation have been raised and the council is working with providers to ensure they understand their responsibilities, can achieve the required standards and where they fall short, respond in a reasonable timeframe. There are regular inspections of premises to ensure compliance or identify where we need to raise concerns with providers. Residents are also provided with a pack of information including how to report repairs and how they report any failures to carry out reported repairs or issues with the management of the accommodation.

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

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

Eviction from temporary accommodation and hostels is a common cause of homeless clients returning to the streets. Whilst anti-social behaviour can not be tolerated, we need to review our eviction protocols to ensure that residents are getting the support they need and eviction is used as a last resort.

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

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Goal 11: Develop bespoke supported housing options where appropriate

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

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

The council will continue to explore options to develop the most effective type of supported housing and services appropriate to clients needs (for example, extra care housing for those needing support but too young for older people's housing, Housing First or other models). As a part of this the council will look internationally to the European Union and beyond to identify good practice, funding or other opportunities as we learn from areas responding to similar challenges and share our knowledge.

Goal 12: Ensure timely move-on to independent accommodation

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

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

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

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

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Strategic Action Plan: Priority 5: Pathways to Independence

Strategic Action	Target	Resource Implication	Lead Partner
Goal 10	**Have a flexible accommodation pathway that responds to changing needs**		
Ensure emergency, temporary and supported accommodation is safe and a suitable quality	Regular monitoring and inspections of accommodation with action plans where necessary	Within existing budget plans to 2019	BHCC Housing Services & BHCC Adult Services
Ensure emergency, temporary and supported accommodation supports wellbeing	Introduction of Psychologically Informed Environments in all hostels by March 2017	Will be done as part of retendering within existing resources	BHCC Housing Services & BHCC Adult Services
Review eviction protocols in emergency, temporary and supported accommodation	Eviction protocols reviewed by March 2017	Within existing budget plans to 2019	BHCC Housing Services & BHCC Adult Services
Allow flexibility for those with complex needs when making nominations to supported accommodation	Incorporate into the Multi-Agency Protocol	Within existing budget plans to 2019	BHCC Adult Services
Remodel and recommission supported accommodation within the integrated support pathway	Remodel and recommission 2016, mobilise 2017	Within existing budget plans to 2019	BHCC Adult Services
Implement findings of review Homeless Strategy Working Groups	Implemented by March 2017	Within existing budget plans to 2019	BHCC Adult Services & BHCC Housing
Recommission Peer Support services	By March 2017	Within existing budget plans to 2019	BHCC Adult Services
Commission Work and Learning services	By June 2017	Within existing budget plans to 2019	BHCC Adult Services
Encourage social enterprise solutions between the Third Sector and business community that provide work and learning opportunities for service users	To be discussed as part of consultation	Within existing budget plans to 2019	BHCC Adult Services, Third Sector, Business Community

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Strategic Action	Target	Resource Implication	Lead Partner
Goal 11	**Develop bespoke supported housing options where appropriate**		
Deliver new supported scheme for older people with complex needs	Accommodation to be sourced and developed March 2017	Government funding awarded December 2015	BHCC Housing
Commission Housing First accommodation with units for young people	Contract live January 2016 (action complete)	Within existing budget plans to 2019	BHCC Adult Services
Consult women and other groups about delivery of service which best meet their needs	Develop women only accommodation provision	Commissioning by March 2017	BHCC Adult Services
Explore options to develop the most effective type of supported housing or alternative solutions appropriate to clients needs	Ongoing review of local, national, government and international opportunities for good practice and funding	Subject to funding opportunities (whether BHCC, Third Sector, government, EU or other institutional funding)	BHCC Adult Services, BHCC Housing, BHCC Regeneration, BHCC International Team
Goal 12	**Ensure timely move on to independent accommodation**		
Ensure all those on the pathway to independence have a move-on plan developed at an early stage	Incorporated as part of the new model tender March 2017	Within existing budget plans to 2019	BHCC Adult Services
Work with third sector and landlords to source secure accommodation suitable for single people	Target to be developed in 2016	Within existing budget plans to 2019	BHCC Adult Services & BHCC Housing Third Sector
Ensure those ready for general needs accommodation are supported to manage their tenancy	Incorporate into the Multi-Agency Protocol	Within existing budget plans to 2019	BHCC Adult Services & Third Sector
Improve access to social housing where appropriate to meet needs of those ready	Allocations Policy Review in progress 2016/17	Social housing demand exceeds supply	BHCC Housing

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Connecting rough sleepers to local services

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