Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 10 July 2018, starting at 4.00pm. It will last about two and a half hours.
There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

What is being discussed?

There are 5 main items on the agenda

- Caring Together: Moving Towards Integration
- Additional Targeted Funding to Reduce Rough Sleeping
- Vernon Garden Extra Care Scheme
- Food Strategy and Food Action Plan Update
- Pharmaceutical Needs Assessment

Health & Wellbeing Board
10 July 2018
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

Voting Members: Cllrs Karen Barford (Chair), Clare Moonan, Dick Page, Nick Taylor and Andrew Wealls; Dr David Supple, Chris Clark, Lola Banjoko, Malcolm Dennett, and Dr Jim Graham (Brighton & Hove Clinical Commissioning Group)

Non-Voting Members: Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Social Care; Pinaki Ghoshal, Statutory Director of Children's Services; Alistair Hill, Director of Public Health; Graham Bartlett (Brighton & Hove Safeguarding Adults Board); Chris Robson (Local Safeguarding Children Board) Pennie Ford (NHS England); and David Liley (Brighton & Hove Healthwatch).

Contact: **Tom McColgan**
Secretary to the Board
01273 290569
tom.mccolgan@brighton-hove.gov.uk

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 2 July 2018

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 **9 - 20**

The Board will review the minutes of the last meeting held on the 12 June 2018

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 **21 - 22**

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board by 12 noon, 4 July 2018. Please contact barbara.deacon@brighton-hove.gov.uk

18 Formal Member Involvement **23 - 24**

The main agenda

19 Caring Together: Moving Towards Integration **25 - 48**

Contact: *Barbara Deacon* *Tel: 01273 296805*
Ward Affected: *All Wards*

20 Additional Targeted Funding to Reduce Rough Sleeping **49 - 54**

Contact: *Sue Forrest* *Tel: 01273 292960*
Ward Affected: *All Wards*

Health & Wellbeing

21 Food Strategy and Food Action Plan update **55 - 106**

Contact: *Katie Cummings* *Tel: 01273 296565*
Ward Affected: *All Wards*

22 Vernon Gardens Extra Care Scheme **107 - 112**

Contact: *Christian Smith* *Tel: 01273 296353*
Ward Affected: *All Wards*

23 Pharmaceutical Needs Assessment **113 - 116**

Contact: *Nicola Rosenberg* *Tel: 01273 574809*
Ward Affected: *All Wards*

24 Items Referred to Full Council

WEBCASTING NOTICE

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

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.
Electronic agendas can also be accessed through our meetings app available through www.moderngov.co.uk

For further details and general enquiries about this meeting contact Democratic Services, 01273 2905696 or email democratic.services@brighton-hove.gov.uk

Health & Wellbeing

Public Involvement

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

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

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

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

Fire / Emergency Evacuation Procedure

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

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

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

Health & Wellbeing

1. Procedural Business

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

(b) Declarations of Interest:

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

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

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

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

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

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

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 12 JUNE 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Cllrs Karen Barford (Chair), Clare Moonan, Dick Page, Nick Taylor and Tony Janio; Dr David Supple, Chris Clark, Lola Banjoko and Malcolm Dennett (Brighton & Hove Clinical Commissioning Group)

Also in attendance: Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Social Care; Pinaki Ghoshal, Statutory Director of Children's Services; Alistair Hill, Director of Public Health; Graham Bartlett (Brighton & Hove Safeguarding Adults Board); and David Liley (Brighton & Hove Healthwatch).

PART ONE

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

1(a) **Declarations of substitutes**

1.1 Councillor Janio was in attendance as a substitute for Councillor Wealls.

1(b) **Declaration of interest**

1.2 There were no declarations

1(c) **Exclusion of the press and public**

1.3 There were no Part 2 items on the agenda.

2 MINUTES

2.1 **RESOLVED:** That the Board agreed the minutes of 6 March 2018 meeting to be a correct record.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair welcomed the new members of the Board Councillors Wealls and Moonan, and Dr Jim Graham and thanked the outgoing members Councillors Yates and Barnett, and Dr Sikdar. The Chair also congratulated Alistair Hill on his appointment as Director of Public Health.

3.2 The Chair stated:

"**The first Health & Wellbeing Board in the Integration Shadow Year**

Welcome to everyone. As the new chair of the Health & Wellbeing Board I am delighted to welcome you to the first meeting of the Board in its shadow year as we work to integration of key health and social care services.

This year is going to be very busy as we work towards integration. Over the year there will be a number of reports coming to the Board that will be putting clarity and shape into what integration means for the city and services to residents. One of the reports today, covering the Market Position Statement is an example of this.

We are integrating services to maximise provision in the city as well as responding to what people say: that services are fragmented, the frustration of repeatedly telling their stories to professionals. This is what we are trying to change. It is going to be a journey and the standing agenda item Caring Together: Moving Towards Integration is going to be key in keeping us up to date with the changes as well as introducing the context to some of the reports that will come to each Board. I have therefore asked for a more detailed discussion on this item at our next Board.

Older Peoples Festival

Each year the City holds an Older Peoples Festival. This annual event has grown in years and we are currently planning this year's programme for the 24th September to 5th October. This year's theme will be Aging Well in Brighton & Hove. A wide range of services are involved in getting this event underway and it is funded from the Public Health services within the Council.

As we get the planning for the current year underway it is worth seeing the impact of lasts year's event with this short video.

https://youtu.be/sZiNBnYNT6E

This video was made by an amazing young woman who was using the services at the Young Peoples Centre. The Young People's Centre is a safe space for young people to come and relax, chat to people and access good food, activities, counselling, life coaching, information and support for overall health and well-being. Information, advice and guidance on a range of issues as well as low-cost counselling and life coaching services. The Young Peoples Centre found out she was studying film and was looking for projects. We hope you like this result.

Healthwatch

https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2018/02/FINAL-Report-PDF-1.pdf

In February 2018 Healthwatch published a report titled: Personal Independence Payments and Employment Support Allowance. Examining the impact of PIP and ESA assessments on vulnerable people in Brighton and Hove.

The report collated evidence from a number of local organisations about their experiences of supporting people through Personal Independence Payments (PIP) and Employment Support Allowance assessment (ESA) interviews. It included a sample of the individual case studies and supporting organisational data that Healthwatch was provided with. It highlights the general issues that emerged from this research, and provides recommendations to the assessing organisations. Healthwatch wished to bring this report to the attention of the Brighton and Hove Health and Wellbeing Board. The link to the report will be in the full minutes for people to read.

Care Quality Commission

At a time when people often hear only negative headlines about care providers it was great to get very positive feedback at the recent Annual Social Care event. Held in April the inspirational seminar talk by Andrea Sutcliff CBE (Chief Inspector of ASC CQC) provided some very positive comments about the city's current CQC status.

Some headline information:

Nationally:
2% of all CQC registered providers currently are have an overall CQC rating of 'Outstanding'
79 % of all CQC registered providers currently have an overall CQC rating of 'Good'

It was mentioned that **Brighton & Hove**, is currently **ahead of National averages** for **overall 'Good'** ratings, and **the city is** ahead **of national average of overall 'Outstanding'.**

Andrea shared there are currently 348 overall 'inadequate' providers nationally none of these are in the city.

This is really great news for registered providers within the City and for everyone (professionals) that works tirelessly supporting all care providers. Something everyone should be proud of.

Walking out of Darkness

On 24th June there is a Walking out of Darkness sponsored walk event. This event is an opportunity to bring the local / regional community together in order to raise mental health awareness and suicide prevention. The one things shared by all is 'Wellbeing' and the Walking Out Of Darkness event highlights 'Collaboration, Communication and Consideration'; which is all important in 'Wellbeing'. Therefore, any charity or business in the Brighton and Hove region and even the Pier is invited to participate to raise mental health awareness and suicide prevention on the day.

Further details can be found at details are available at www.walkingoutofdarkness.com (this links through to an Eventbrite booking page)

In addition to the Caring Together: Moving Towards Integration update at the next Board there will be an update on dementia and what the city is doing and what more we could do to help people with dementia and their carers."

3.3 The Chair invited the Executive Director, Health & Adult Social Care and Chris Clark to update the board on the progress of integration. They stated that the Council and the CCG were starting from a positive place of established integrated working practices. The integration of health and social services could be an exciting turning point of the city as both the Council and CCG knew well the frustrations of services users when services were delivered in a disparate way. Going forward the Board would consider complex and challenging issues and it was vital that service users were kept at the forefront of everyone's mind as it was their outcomes that mattered.

4 FORMAL PUBLIC INVOLVEMENT

4.1 The Chair noted that two questions from members of the public had been received. In Mr Scott's absence the Chair read his question:

"At what time do you believe the intervention of support services should be no longer necessary regarding a typical case of a homeless individual under the age of 25 (starting from the point of need)?"

4.2 The Chair responded:

"People up to the age of 25 in Brighton & Hove can access services through an advice and mediation hub, which offers support to young people and their families to prevent homelessness. Support ranges from one-off advice to casework lasting a period of months, and young people can return to the service at any time should they again be in need of support. Those unable to remain in the family home are assisted to secure their own tenancy, or if vulnerable and in need of support, referred for supported accommodation.

Those entering the accommodation pathway will move into 24-hour intensive support or lower support semi-independent accommodation based on which service will bets meet their needs. The time spent in services will vary. The majority of young people accessing services have complex and multiple needs; support is tailored around individual goals, and is only curtailed following disengagement or risk to others.

Current figures indicate an average of 75% of service users move on from each tier within 2 years. Most service users leaving high support will move onto the lower tier, others to independent tenancies. After securing a tenancy, individuals may also receive floating support for up to 9 months or on an ongoing basis, which will be based on their individual support needs and circumstances.

Please follow the link for more details on the HUB
https://www.ymcadlg.org/support-advice/youth-advice-centre-yac/"

4.3 The Chair asked Mr Kapp to put his question to the Board:

"Why do statements of the Council budget not include the health budget devolved to the CCG?"

4.4 The Chair responded:

"The Statement of Accounts do show both council and CCG contributions to both the Better Care Fund and S75 Partnerships (see page 105 and 106 of the unaudited 2017/18 accounts which are now available for public inspection here: https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/BHCC%20Unaudited%20Statement%20of%20Accounts%202017-18_0.pdf "

4.5 Mr Kapp stated as his supplementary question that his original question was in fact referring to the £400 million Government grant to the Brighton & Hove CCG. This budget was not factored in to the budget which was quoted by the Council leaflets distributed with the annual council tax bill in April. As the Council and CCG were now integrating health and social care and jointly commissioning and managing contract the entire budget which both organisation controlled should have be quoted.

4.6 The Chair stated that she would provide a full formal written response to Mr Kapp and invited the Chief Executive to respond on her behalf.

4.7 The Chief Executive stated that a statement of the total combined budget may come in time but the formal integration process had only started in May 2018 and there was a need to clarify what budgets the Health & Wellbeing Board had influence over.

5 FORMAL MEMBER INVOLVEMENT

5.1 The Chair noted that David Liley had submitted a question on behalf of Healthwatch and invited him to put it to the Board:

"Healthwatch understand that the NHS have decided to cease funding for the 'Take Home and Settle' service provided by the Red Cross in Brighton and Hove including the food parcel service that provides essential supplies to vulnerable people on discharge from hospital. Healthwatch also understands that this decision involved no consultation with service users, their families and carers. There seems to be an emerging pattern of NHS investment and disinvestment decisions being made with no reference to the people who use the services, or this Health and Wellbeing Board.

What assurance can the NHS give that patient and public voices will influence this decision and other similar decisions."

5.2 The Chair responded:

"The decision to not extend this pilot service was made following six months of engagement between clinicians, GPs, commissioners, providers and stakeholders. However, we recognise we could have done more to actively involve potential service users within this engagement. We are acutely aware and fully committed to our duty to involve, engage and inform service users, their families and carers in decisions that we make where appropriate and over the last year we have put significant focus, time and resources into looking at improving how we can do this. Along with the local authority, the CCG carried out the most intense period of public engagement we have ever done during a six month period last year as part of the Big Health and Care Conversation and we are currently looking at how we can build on this and embed ways of working that better involve patients, the public, carers and stakeholders in our work. As part of this, we are developing a clear communications and engagement approach to any difficult decisions that we may have to make in the future about services and we will be able to share this widely soon."

5.3 As his supplementary question David Liley asked the Council and CCG to provide assurances that future decisions on service changes will only be taken after meaningful engagement with a range of stakeholders including service users and potential service users rather than a consultation focused on professionals.

5.4 The Chair invited Chris Clark to respond. He stated that the CCG recognised that it needed to involve patients and patient experts in decisions in a meaningful way and that they were committed to doing this. In the case of the 'take home and settle' programme more should have been done to consult service users. Chris Clark also stated that there were ongoing discussions with the 'take home and settle' provider around potentially retaining aspects of the service.

6 EFFECT OF SOCIAL CARE BUDGET REDUCTION RESPONSE

6.1 The Executive Director, Health & Adult Social Care and Dr David Supple introduced the report which provided a full response to the deputation presented at the last meeting of the Board. In the context of a diminished national grant the Council's budget had been rebalanced to support adult social care. While more resources would be welcome the Council and CCG always sought to use resources in the most efficient way possible. The deputation had stated that GPs found it difficult to make referrals into social care but the GPs that Officers had spoken to seemed to understand the pathways and were aware of the information published by the council. A potential future consideration would be whether a single point of access for health and social care would be the most effective way to meet the needs of patients and service users.

6.2 Councillor Page stated that he was concerned that only around a quarter of referrals to adult social care actually resulted in further interaction. This meant that the vast majority of patients GPs were referring were not being taken on by social care services. He stated that his understanding of the GP survey data presented in the deputation was not that GPs did not understand the pathway it was that patients were not being taken on by adult social care and that this was resulting in unnecessary hospitalisations.

6.3 The Executive Director, Health & Adult Social Care responded that there was a national framework for eligibility which was applied to all referrals. If an individual did not meet the criteria for adult social care they were signposted to alternative services provided by the Council or by community and third sector organisations.

6.4 Councillor Taylor stated that he was pleased to see the increase in funding for adult social care and welcomed the option for councils to levy the social care precept. He stated that he was concerned about the high number of referrals from the police which suggested a need for increased preventative work to stop individuals reaching crisis point where police involvement was necessary.

6.5 The Chair responded that despite the additional revenue generated by the social care precept 40% of the Council's general fund was spent on adult social care which was not a sustainable financial position.

6.6 The Executive Director, Health & Adult Social Care agreed that the number of referrals from the police was high and that work was being done to investigate this. It may be that this was a result of the nature of the demographics in the city with a high number of young people and homeless individuals being referred.

6.7 Councillor Moonan stated that it may be worthwhile to cross reference where a referral was from and the reasons for referral as this may highlight where resources should be allocated and where more joint working would be possible.

6.8 **RESOLVED**: That the Health & Wellbeing Board note the contents of the report

7 BETTER CARE PLAN

7.1 Chris Clark introduced the report and stated that the Board would be receiving regular reports on the Better Care Plan. The report detailed services largely around supporting patients leaving hospital. The Better Care Plan had robust governance arrangements with a steering group jointly chaired by the CCG and Council which was accountable to the Health & Wellbeing Board. There had been a relatively small overspend in the previous financial year which was due to an overspend on community equipment. Potential efficiencies in the service were now being investigated including increasing the rate of equipment recycling.

7.2 Councillor Taylor stated that he was surprised that recycling equipment was not already a core part of the community equipment service but was glad that this was now being looked at. He also asked if officers could provide details of how the overspend was split between the Council and CCG per the section 75 agreement.

7.3 Chris Clark responded he would be able to provide the details of how the overspend was divided to Councillor Taylor and the other members of the Board in writing.

7.4 Officers responded that the contract for community equipment already required the provider to recycle equipment but there was additional work that could be done around managing service users' expectations when they were prescribed equipment; that it did not belong to them and that it would be collected when they no longer required it.

7.5 Councillor Taylor stated that while it was good that delayed transfers of care were not increasing he had noted that they were also not improving and ask what steps were being taken to move forward. He also asked if comparator data could be provided as the data for the city out of context was difficult to evaluate.

7.6 Chris Clark responded that delayed transfers of care had declined from 11% under the old system to 4% but this was over the NHS national target of 3.5%. Compared to other areas Brighton & Hove had moved from being an outlier to the middle of the pack but there was certainly aspirations in the city to move ahead and take delayed transfers of care below 3.5%.

7.7 Councillor Janio stated that he was concerned that the KPIs that were reported did not correlate to a spending item and so it was difficult to know what was affecting performance and what the impact would be of a change in budgets.

7.8 Chris Clark responded that while it was correct that the KPIs were impacted by multiple factors when considering potential impact of changes in budget KPIs are combined with performance intelligence around the most common problems. There was a process of continuous assessment.

7.9 Councillor Page stated that the Better Care Fund had had a substantial pooled budget for a number of years and that it was fair to say that the city benefited from a fairly strong re-ablement service. He asked what officers felt the impact on the service would be if the Better Care Fund was discontinued.

7.10 Chris Clark responded that the Fund was an early example of integrated funding and whether or not it continued the integrated working practises would continue.

7.11 Malcolm Dennett stated that he felt the report represented a dramatic step forward as the previous year the Board had just been considering financial information and it was positive to see performance metrics to show what had actually been done.

7.12 **RESOLVED:** That the Health & Wellbeing Boarded noted the contents of the report.

8 SECTION 75 AGREEMENT REVIEW BETWEEN BRIGHTON & HOVE CITY COUNCIL (BHCC) AND SUSSEX PARTNERSHIP FOUNDATION TRUST (SPFT)

8.1 Officers introduced the report which proposed moving from a single section 75 agreement to two section 75 agreements. This would allow greater focus on both services and improved governance.

8.2 Councillor Taylor stated that he would like papers which recommended delegating further decisions to officer to include more detail about what the expected outcomes of the contracts or agreements would be.

8.3 The Executive Director, Health & Adult Social Care responded that he would share the schedules of the section 75 agreements once they had been drafted and the Chair could a make decision about whether it would be appropriate for a full report to be brought back to the Board.

8.4 David Liley welcomed the Executive Director's response as he felt it was important draft specifications were made available for comment to a variety of stakeholders including service users.

RESOLVED:

1. That the Board notes the update in relation to the existing s75 arrangements between the Council and Sussex Partnership Foundation Trust (SPFT) in relation to integrated Mental Health and Learning Disability Services as set out in this report.

2. That the Board authorises the Executive Director Health and Adult Social Care, following consultation with the Council's Monitoring Officer, to finalise and enter into two new Section 75 Partnership Agreements for the provision of:

    - Mental Health Services; and
    - Specialist Health Related Learning Disability Services

    for persons over the age of 18 for a period of three years, with the option to extend the agreements for a further two year period.

9 APPROACH TO COMMISSIONING

9.1 Officers introduced the report which gave context to the three procurement reports on the agenda.

9.2 **RESOLVED:** That the Health & Wellbeing Board noted the report

10 THE COMMISSIONING OF MENTAL HEALTH SUPPORT SERVICES

10.1 Council and CCG officers presented the report which asked members to approve a tender for Non-Clinical Mental Health Support Services and to note the proposed single provider model.

10.2 Chris Clark welcomed the report and stated that it was important to be able to respond to a broad range of needs in the city and to recognise that medication is not always the answer to mental health.

10.3 The Director of Public Health stated that mental health support services were a priority for the city and welcomed the focus on support around personality disorders of which there was a high prevalence among individuals who were homeless or at risk of being homeless.

10.4 In response to Councillor Page, Officers stated that the budget was the same as the existing budget with a slight increase in suicide prevention funding.

10.5 Councillor Janio stated that he was dubious about single provider models as he felt that it would create unnecessary bureaucracy and discourage the existing providers creating an environment that did not encourage new idea or ways of working.

10.6 Officers responded that they were working with existing to providers to encourage them to build partnerships to allow them to work towards bidding for the new contract. The contract would look to commission based on a broad range of outcomes and wouldn't specify a model. Officers stated that they would welcome a change in delivery to better deliver the outcomes however the contract would require the consent of commissioners before a provide changed models.

10.7 In response to Councillors Moonan and Taylor, the Chair stated that once KPIs had been drafted the Board could have a report back.

10.8 **RESOLVED:**

1 The Health & Wellbeing Board are requested to note the proposed model for future Mental Health Support services and the recommended delivery model for a lead provider to oversee service provision.

2 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for a Non Clinical Mental Health Support Service with a term of four years.

3 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

11 COMMISSIONING OF AN INTEGRATED ADVOCACY HUB

11.1 Officers introduced the report which request delegated authority to commission an Integrated Advocacy Hub. Advocacy services had been jointly commissioned with East and West Sussex for the last four years.

11.2 In response to Councillor Page, Officers stated that the co-location of advocates and service providers was something that had worked well with the placement of mental health advocates in Mill View. The advocates would still be independent of the service but it had been found that co-location had increased referral rates.

11.3 In response to Councillor Page, Officers stated that the decision to not commission a specific older people advocacy followed consultation with older people who felt that they needed advocacy for specific issues but not general advocacy related to their age.

11.4 Chris Clark stated that the £50,000 which had been withdrawn from the navigator role had been reallocated within the service area and was not an overall saving.

11.5 David Liley stated that he hoped the specification for health complaints advocacy included working with Healthwatch. He added that Healthwatch looked forwarded to working with the new advocacy system.

11.6 **RESOLVED:**

1 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for an Integrated Advocacy Service with a term of four years.

2 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term with the potential to extend the contract a further two years if it's deemed appropriate and subject to budget being available.

12 COMMISSIONING A BRIGHTON & HOVE AGEING WELL SERVICE

12.1 Officers introduced the report which sought to commission a redesigned aging well service. The service would be open to any resident over the age of 50 but would target those most at risk of decline in independence and wellbeing.

12.2 Councillor Page stated that he was concerned that this was another service that was being asked to make a substantial saving and that he hoped the service would be able to continue despite the cuts.

12.3 Councillor Janio was concerned that the harder to reach people will not necessarily be the ones who engage with the service and stated that he felt reaching these people should be at the heart of what is asked for from a provider.

12.4 Officer stated that they agreed with Councillor Janio's concerns and that they wanted the service to target people who had never engaged with the ageing well service before. They were seeking a city wide approach and for providers to demonstrate how they had carried out successful outreach previously. Officers felt that the peer mentoring aspect of the service was key to encouraging engagement.

12.5 In response to Councillor Page, Officers stated that the option to extend the contract based on performance was built into the procurement process and allowed the Council flexibility. The contract would also have break clauses which could be used if the Council felt it necessary to end the contract early.

12.6 **RESOLVED:**

1 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for a Brighton & Hove Ageing Well Service with a term of four years.

2 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

13 INTEGRATED COMMISSIONING STRATEGY

13.1 Officers introduced the report which built on the previous market position statement produced in 2014. The new market positioning strategy would be produced in partnership with the CCG and would allow the development of a wider commissioning strategy.

13.2 David Liley asked how a new commissioning strategy would align with NHS arrangements, the CCG alliance and the STP.

13.3 Officers responded that the strategy was separate from policies which already existed and laid out how services would be procured in the city by the Council and CCG. The scope of the document would have to be very clear.

13.4 **RESOLVED:**

1 That the Board requests officers produce a report that sets out the principles and approach (as set out within the Policy Framework) for the development of a commissioning strategy linked to the development of the integrated commissioning function to be presented to the Health and Wellbeing Board in autumn 2018.

The report will aim to:

- Define the scope and purpose of the new strategy including individual services
- Identify key stakeholders including internal and external providers, residents and other interested parties
- Review and analyse current commissioning practice identifying strengths, weaknesses and areas for improvement
- Investigate best practice in commissioning and make recommendations for adoption
- Identify and understand key providers markets
- Review and analyse the use and role of technology

The meeting concluded at 6.21pm

Signed Chair

Dated this day of

PUBLIC INVOLVEMENT

(B) WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

The following written questions have been received for the Health & Wellbeing Board meeting to be held on the 10 July 2018

(I) Submitted by Sophie

"Why has the St Mungo's contract for outreach services been extended without the authority of Councillors (contrary to advice from the Council's auditors) and without an examination of effectiveness, results, value for money, or competence of work prior to March 2018?"

(II) Submitted by Nichole Brennan

"At the Committee meeting held 13.6.18 the Chairperson stated "We are proposing to recommission SWEP provision this year and a timetable is currently being drawn up by our procurement department based on available resources."
What progress has been made and what measures have been taken to ensure the process is transparent and accountable?"

(III) Submitted by Dr Tredgold

"How many hospital admissions in Brighton and Hove might have been avoided with more support in the community?"

(C) DEPUTATIONS FROM MEMBERS OF THE PUBLIC

MEMBER INVOLVEMENT

WRITTEN QUESTIONS FROM MEMBERS OF THE BOARD

The following written questions have been received for the Health & Wellbeing Board meeting to be held on the 10 July 2018:

(I) Question submitted by Councillor Page

"There have been recent local press releases concerning significant saving having to be made by our local CCG. Are these total proposed savings not more or less cancelled out by the prime minister's announcement this week of extra funding for the NHS?"

(II) Question submitted by Councillor Mac Cafferty

"Can the Chair of the Health and Wellbeing Board tell me if they believe this Council practices effective partnership work with the Clinical Commissioning Group when funding was suddenly cut to the counselling services at the Brighton Women's Centre. Shouldn't effective partnership working mean such cuts to contracts won't come as a surprise to important providers, this council or our city?"

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

Title:	**Caring Together – Health and Wellbeing Strategy, Integration and New Models of Care**
Date of Meeting:	**12 June 2018**
Report of:	**Rob Persey, Executive Director of Adult Social Care and Health** **Chris Clark, Director of Commissioning, Brighton & Hove CCG** **Dr Andy Hodson, Executive Clinical Director, Brighton & Hove CCG**
Contact:	**Barbara Deacon** **Tel: 01273 296805**
Email:	**Rob.Persey@brighton-hove.gov.uk** **c.clark6@nhs.net**
Wards Affected:	**ALL**

1. Decisions, recommendations and any options

1.1 That the Health & Wellbeing Board notes the report which provides an update from the Health and Social Care Integration Board.

2. Relevant information

Update on Health and Social Care Integration

2.1 We are now in our shadow year of integration in Brighton and Hove. We have now begun an important journey for our city and the people that reside here. Over the course of the coming period we will need to consider the key steps which lead us on our journey towards an integrated CCG and Council Partnership, a model of integrated health and care for our population, and ultimately to delivering our Health and Wellbeing outcomes by 2030.

2.2 The Health and Social Care Integration Board (HSCIB) has met on several occasions since the last Health and Wellbeing Board. In addition to this a number of public engagements, through the Big Health and Care Conversation, have taken place, as well as two key stakeholder conferences hosted by Brighton and Hove City Council. These were the 'Our Fair and Collaborative City: Reflection and Learning Event' on 24th April and the Health and Social Care Integration Leadership Workshop on 1st May 2018. The culmination of these have drawn focus and energy to moving the Integration Programme from a conceptual to a delivery phase, including a timeline to achievement.

2.3 Whilst the HSCIB will continue to develop options and proposals for corporate and financial governance of integration to be considered via the Health and Wellbeing Board by the Council and CCG Governing Body, the programme is now expanding to explore what integration means for health and care commissioning, service delivery and most importantly for the people that we serve.

2.4 Integration of Health and Care services has the potential to be one of the most important and innovative developments in the history of our city. Our engagement with our residents through the Big Health and Care Conversation, has revealed a breadth of challenges and successes across our local health and social care system. These are challenges that it is our duty and responsibility to address and improve, and successes that we must preserve and build upon, much of which can be achieved through partnership working. This also highlights the absolute need for us to continue to engage with the people in our city, and ensure their voices are heard as we reshape and redesign the future services in Brighton and Hove.

2.5 We have explored through our stakeholder events the need for real collaboration, and selfless leadership to bring our city on a journey of integration. We have recognised the need to overcome corporate and institutional boundaries to work together towards a 2030 vision for health and social care, reaching beyond conventional ways of working, spanning all provider sectors, and forming real links between the wider social aspects of good health and care, including housing, education and employment. As individuals and as organisations, it will take the best version of ourselves to deliver a successful and high quality integrated health and care system for our city and put the needs of the people we serve above all else.

Integration: The Future of Commissioning and Delivering Care for our City

2.6 The presentation accompanying this report covers three objectives within the Integration Programme:

1. The path to design and deliver the Health and Wellbeing Strategy for the City as part of the 2030 vision.

2. Integration of CCG and Council Health and Social Care Commissioning

3. The development and delivery of a new model of health and care for our city, focusing on integrated and partnership working to deliver holistic care designed around individuals.

2.7 The report begins to build an indicative timeline for these objectives, and highlights where we will need to ask questions, but also involve our population along every step of this journey. Whilst both the Council and the CCG have accountabilities to government departments, our collective accountability is to our residents and is our statutory duty to engage and consult with all our population.

3. Important considerations and implications

Legal:

3.1 At this stage there are no specific legal implications arising from the proposals for joint working set out in the recommendations. However, the legal implications of any future governance arrangements that come back to the Board will need to be addressed at that stage.

Lawyer consulted: Abraham Ghebre-Ghiorghis Date: 01/07/2018

Finance:

3.2 There will be significant financial implications for all partners resulting for the proposals outlined in this paper. Where appropriate, budgets will be aligned during the shadow year commencing 1st April 2018 and there will be ongoing work to identify potential areas for pooling resources where this is deemed beneficial and desirable. Robust financial governance arrangements will have to be agreed within the partnership that will give flexibility to ensure optimum us of resources while allowing each organisation to maintain its statutory and constitutional financial obligations. There is a possibility that these proposals could expose the Council to financial risks. Further analysis of the budget areas to be aligned would need to be undertaken to ascertain the likelihood and level of these risks.

Finance Officer consulted: David Ellis Date: 02/07/2018

Equalities:

3.3 This report provides an update to the integration of health and care services in Brighton & Hove. This is a significant piece of work which has been reported to the Board through regular updates under the standing agenda item of Brighton & Hove Caring Together. This report does not specify any service changes. Equality Impact Assessments will be developed in relation to individual commissioning processes or service change carried out as part of integration.

Supporting documents and information

Appendix 1: Presentation:

Appendix 2: Timeline

Appendix 3: Health Services Journal - Matthew Swindells

Appendix 4: Stakeholders

NHS
Brighton and Hove
Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove
City Council

Caring Together Update: Integration and New Models of Health and Social Care

Dr Andy Hodson, Executive Clinical Director, Brighton and Hove CCG

Rob Persey, Executive Director of Health and Adult Social Care Brighton and Hove City Council

Alistair Hill, Director of Public Health Brighton and Hove City Council

Our Drivers for Integration of Health and Social Care

- **National** steer towards local health and care systems working more closely together, with early examples of success in areas such as Manchester and Glasgow

- Joint commitment of **Brighton and Hove CCG and Local Authority** to build on existing joint working, remove organisational barriers and transform health and care together to deliver better and more joined up services for the people we serve focusing initially upon primary, community and social services for children, young people and adults.

- **Our population**: We want to see our valued public services protected, whilst improving how we access good quality care. We want to be engaged with, and participate in redesigning services that come together around individuals

A Joint Vision

- **Refresh** our **Joint Health and Wellbeing Strategy** – a vision for 2030 to deliver improved population health and wellbeing outcomes

- **Integrate** our **Commissioning Teams** and functions, working together to design and commission **integrated health and social care services for Adults, Children and Families**

- **Engage** with our **population and partners** to design and **deliver** truly **integrated good quality care** for the people we serve

What it will take to get there

- Integration of Health and Social Care has the potential to be one of the most important and exciting opportunities to improve health and wellbeing in the history of our city

- Together we will face many complex challenges in a dynamic and changing landscape. This includes the need to respond to increasing demand and difficult financial challenges in an ever evolving policy framework

- For us to be successful we will need to bring the best version of ourselves on this journey and collaborate to overcome organisational boundaries and cultural differences

- Most importantly, throughout this journey we must show resilience and resolve remembering at every step of the way why we are doing this: for the people we are here to serve.

Our Journey So Far: Where We are Starting From

Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

The Sussex and East Surrey Sustainability and Transformation Partnership

- 24 Stakeholders within the Sussex and East Surrey **Sustainability and Transformation Partnership (STP)**. Historically there has felt to have been a lack of trust, direction and clarity around the STP.

- New leadership in place with the appointment of Bob Alexander as Executive Chair. This is an important opportunity to reset and develop plans together, with a public voice.

- STPs are not all the same and some vary significantly in their role across the country. Our partnership represents a way for local health and care organisations to work closer together to enable services to better meet the changing needs of our populations. The STP does not have statutory duties, it is not a single plan, and it is not an Accountable Care System

Our Journey So Far: Where We are Starting From

NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

The Sussex and East Surrey Sustainability and Transformation Partnership

- Matthew Swindells, NHS National Director of Operations:

'STPs are not the centre of gravity for everything…When we look across the best systems around the country… what we see is that they have turned the concept of the STP upside down.

They are starting not with a top-down bureaucracy, 'how do I sort out the governance'… they are thinking about the local areas, neighbourhoods, networked GPs coming together to address long term conditions and care management and prevention, and delivering extended access and support for care and nursing homes, and focusing on how do we make people who work in primary care and community services' lives better and more productive.

These networks are coming together at a place level – usually around the boundaries of a local authority - a footprint that makes sense to local politicians and local communities.'

From *HSJ Online* 13th June 2018. A full transcript of this article is included within the report appendices

Our Journey So Far: Where are Starting From

NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

The Central Sussex and East Surrey CCG Commissioning Alliance

- Brighton and Hove NHS Clinical Commissioning Group is one of 5 CCGs that have come together to form the **Central Sussex and East Surrey CCG Commissioning Alliance**.

- This brings CCGs working more closely together to bring efficiency and consistency to large programmes across the region such as acute hospital commissioning and wider health strategy. CCGs retain their local membership and governance.

- In Brighton and Hove we look forward to the CCG being a key voice in programmes across Sussex and East Surrey, whilst continuing to work in partnership with the City Council to design and deliver local health and care priorities for our residents.

Our Journey So Far: Where are Starting From

NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

Caring Together: Integrated Transformation

- Brighton and Hove City Council and the CCG are now 1 year in to our commitment to joint transformation through **Caring Together**, which brings **local** health and care priorities together across 5 partnership care programmes

- This includes our continued commitment to genuine and meaningful patient and public participation through **The Big Health and Care Conversation** and formal public involvement in decision making.

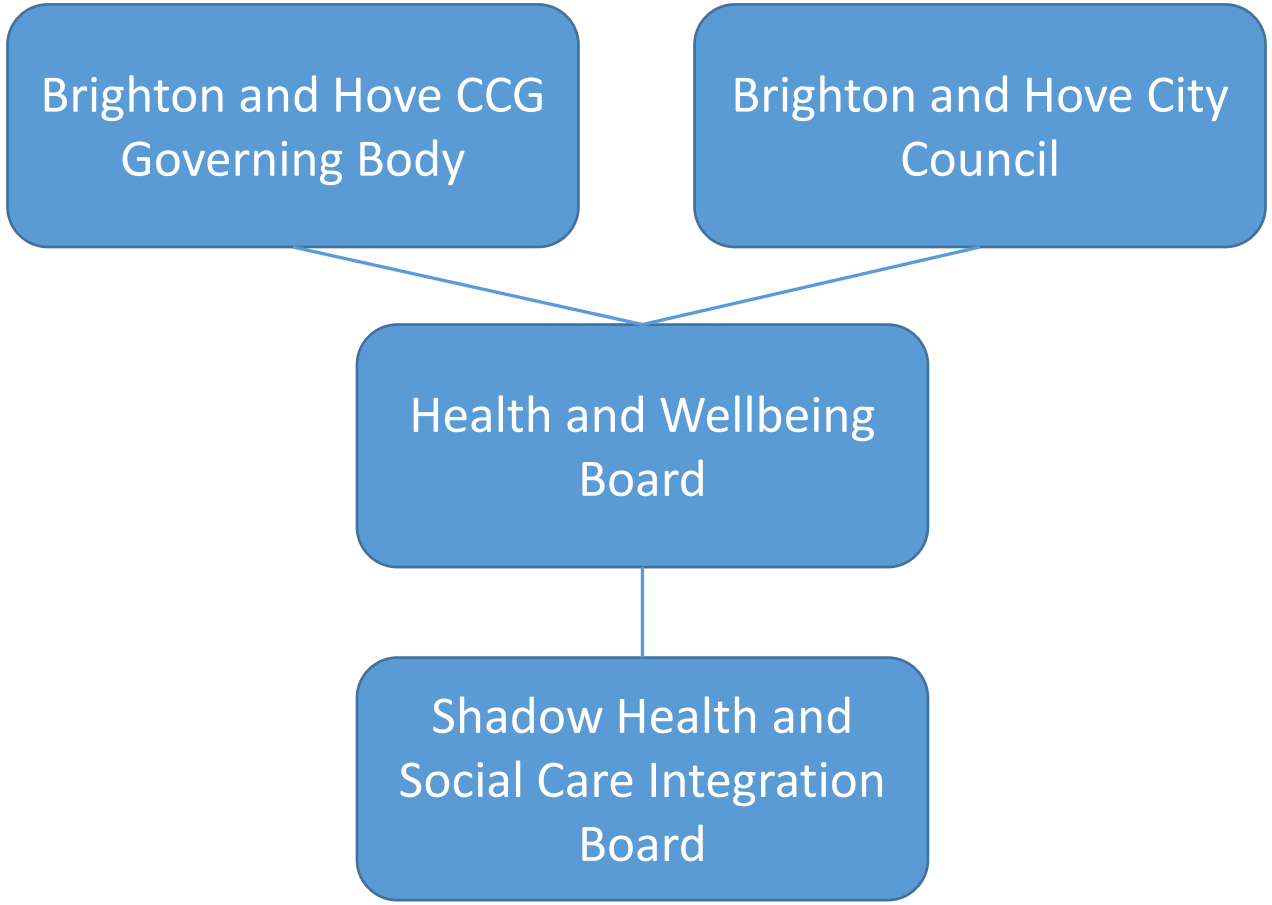
- Now is an important turning point where we bring integration and transformation together into one programme to deliver the Health and Wellbeing Strategy

Integration: Beginning in Shadow

Our Shadow Form

- We want to design and provide a democratic and clinically-led health and social care commissioning system with a preventative focus

- We will need to build on existing good practice to ensure robust governance and responsible financial accountability



Integration: How Can We Get There?

NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

- Working together in 2018-19 in a ‘Shadow’ form to build on current good practice to develop new proposals to take forward through integration
- Refresh our **Health and Wellbeing 2030 Strategy**, with whole-life measures
- Consider how we bring our own teams closer together towards building a **health and social care commissioning partnership**
- Ensure we have **robust and transparent democratic, clinical and financial governance** to develop **effective policy** and **leadership** of transformation
- Continue with our **Big Health and Care Conversation**, so that our population have meaningful opportunities to participate in designing the future of their services
- Develop a model of care that brings existing organisations together, focusing on **personalisation of care** and **improving health outcomes**

Integration: What Could it Look Like?

- An **integrated workforce**, with a strong focus on partnerships spanning local primary, community, mental health and social care, with partnership links to secondary care

- Taking a **whole-systems approach** by linking **housing, employment, education and social welfare** with Health and Care,

- Making **accessibility**, **inclusion, diversity and difference** the forefront of how we provide services with equality in Brighton and Hove that our residents would be proud of.

- A combined focus on **personalisation of care** with **improvements in population health and social wellbeing outcomes**

- Aligned **clinical and financial drivers** through a unified, capitated budget with appropriate **shared risks and rewards** and

- Provision of care to a **defined, registered population** ranging from local **primary care clusters** to **city-wide working**

Integration: What Could This Mean for Our Population?

NHS Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

Personalisation of Care and Priorities for our Population

- Emerging themes from **The Big Health and Care Conversation** so far, as well as our **public health data**, show us there are priorities emerging where integration will provide **significant and rapid benefits to our population** and **improvements in experiences** of using health and social care services. The prioritised areas are:
    - Continuing Healthcare
    - Mental Health community and crisis services
    - Community-based support for older people
    - Children, Young People and Families
    - Integrated Urgent and Primary Care

- Integration should bring organisations together to enable personalised care, with services deploying multi-disciplinary teams to wrap around patients and service users

What do we do next?

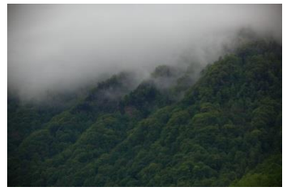
Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

Key Next Steps

- Plan how we engage with our stakeholders and our residents to deliver our Health and Wellbeing Strategy for 2030
- Continue to talk with our residents about how they want to see health and care improve and how they would like it to look in the future
- Agree our early priorities for integration of services
- Continue to explore in our shadow year how to bring our teams closer together and consider how good local governance should look as we continue towards integration

Integrated Health & Social Care: Do not go where the path may lead, go instead where there is no path and leave a trail …….

What we are committed to	We will have achieved by end of Shadow Period	From now → 2/3 years	Medium to Long term delivery plan	Vision
 START and early stages	 …base camp with the mountain still to climb..	 … misty with some patchy fog…	 …foggy – some of it thick!…	 End State -continually evolving…
• April 18 – Shadow Integration between Brighton and Hove Clinical Commissioning Group & Brighton and Hove City Council. • Agreed focus upon primary and community health & social care for children, young people and adults. • Promote and apply parity of esteem across physical & mental health. • Working better together to meet our city's health and social care needs with a high priority on wellbeing and prevention. • Local people able to better access advice and information and exercise more choice about their health and care. • Shared expertise and capacity to improve long term health and social care particularly engaging with the Voluntary and Community Sector and other key stakeholders. • Engagement process established with key stakeholders and the general public in Brighton & Hove building upon the initial success and learning from the Big Health and Care Conversation.	• Refreshed joint Health & Wellbeing Strategy providing policy framework and key outcomes set within the 4 Wells; Starting, Living, Ageing and Dying. • Integrated Commissioning Strategy including a refreshed Market Position Statement outlining a 4/5 year approach linked to delivering the Health and Wellbeing Strategy. • Agreement to an integrated staffing structure with a plan to implement. • Joint performance dashboard and an approach to Business Intelligence working together on the use of predictive analytics to better predict and manage demand. • A pragmatic approach shared by both organisations to financial management and budget setting acknowledging different structural processes • Based upon existing governance arrangements agree accountability for both organisations within the defined legislative and statutory frameworks • Joined up approach to brokerage and contract management, with initial focus upon Continuing Health Care.	• The local interface with other organisations across the health and social care system with Alliance & STP. • National Policy announcements & the Green paper • Developing a shared cross organisational culture • Maximising population health and wellbeing outcomes within the available financial envelope • Developing in partnership and through meaningful consultation a model of care that supports the existing organisations and architecture in the city to work better together for the benefit of the patient/service user.	• **Future Governance**. • **Delivery Models** • **Managing Resources** • **Effective performance management**	• Improved health and social care population outcomes for the residents of Brighton and Hove. • Focus upon Prevention that reduces and delays need for clinical health & social care services. • For those that need services, health & care services delivered in or close to home where appropriate. • Integrated resources and service delivery. Maximising quality and efficiency whilst sharing data to better predict and manage demand.

Appendix 3

Matthew Swindells Speech

This speech is copied from HSJ Online 13th June 2018

'STPs Are Not the Centre of Gravity for Everything'

Matthew Swindells was speaking at the NHS Confederation conference today.

Mr Swindells, who oversees STPs and implementation of the Five Year Forward View at NHS England, said: "When we look across the best systems around the country… what we see is that they have turned the concept of the STP upside down.

"They are starting not with a top-down bureaucracy, 'how do I sort out the governance'… they are thinking about the local areas, neighbourhoods, networked GPs coming together to address long term conditions and care management and prevention, and delivering extended access and support for care and nursing homes, and focusing on how do we make people who work in primary care and community services' lives better and more productive.

"These networks are coming together at a place level – usually around the boundaries of a local authority - a footprint that makes sense to local politicians and local communities.

"And at that level we're seeing primary care, community services, mental health, [and] acute services trying to focus on the needs of a town or a borough, but we're also seeing with local government starting to come together around police and housing and education and social care.

"When I travel around talking about what systems and integration means now what I'm hearing is people talking about the Barnsley pound, the Bradford pound, the Blackpool pound."

He said this meant the role of the STP or integrated care system changed. Few STPs are coterminous with local authorities.

Mr Swindells said: "As they come together the role of an STP is therefore not to be the centre of gravity for every great piece of thinking but the coordinating and performance management of the strategic development, what do we have to do at a higher level that you can't do at the level of a borough?

"And how do we make sure that best practice is flowing, that we think about the biggest questions of population health, acute provider design, and community services design." Other things STPs might lead included workforce planning and IT, he added.

Appendix 4 stakeholders involved in the Surrey Sussex STP area

Brighton & Hove CCG	Eastbourne Hailsham Seaford & Hastings and Rother CCGs
Surrey & Sussex LMCS	Surrey and Sussex Healthcare NHS Trust
Brighton & Sussex University Hospitals NHS Trust	Surrey and Borders Partnership Foundation Trust
Healthwatch East Sussex (umbrella for the appropriate Healthwatch in the footprint)	SECAmb
Western Sussex Hospitals NHS Trust	Queen Victoria Hospitals NHS Trust
Surrey and Borders Partnership Foundation Trust	Horsham & Mid Sussex CCG
High Weald Lewes Havens CCG	High Weald Lewes Havens CCG
Western Sussex Hospitals NHS Trust	First Community Health Care
West Sussex County Council	East Sussex Healthcare NHS Trust
Sussex Partnership Foundation NHS Trust	East Sussex County Council
Sussex Community NHS Trust	East Surrey CCG
Surrey County Council	CSH Surrey
Crawley CCG	Brighton & Hove City Council
Coastal West Sussex CCG	

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

Title:	Additional Targeted Funding to Reduce Rough Sleeping
Date of Meeting:	10th July 2018
Report of:	Executive Director, Health & Adult Social Care
Contact:	Sue Forrest, Commissioning Manager Tel: 01273 292960
Email:	sue.forrest@brighton-hove.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

This paper is to inform the Health and Wellbeing Board about the new funding award from the MHCLG and seek authorisation to develop services in line with the proposal with the aim to reduce the number of people rough sleeping in the city by winter 2018/9.

Glossary of Terms

MHCLG Ministry of Housing, Communities and Local Government
HWBB Health & Wellbeing Board
H&ASC Health & Adult Social Care

1. Decisions, recommendations and any options

It is recommended that the HWBB grants delegated authority to the Executive Director for Health and Adult Social Care to:

1.1 procure and award contracts in accordance with the requirements of the funding allocation from MHCLG for the provision of services for rough sleepers;

1.2 vary the terms of existing contracts for the provision of rough sleeper services where permitted to give effect to the terms of the funding allocation from MHCLG for the provision of services for rough sleepers;

1.3 to procure and award a contract for the provision of and management of a Rough Sleepers Hub and subject to satisfactory performance and available funds to agree extensions of that contract;

1.4 to take all steps necessary to establish and manage a night shelter over the winter of 2018/9 with funding from the H&ASC Commissioning Budget.

2. Relevant information

2.1 Health and Adult Social Care commission a wide range of services. This includes the rough sleeper outreach, high, medium and low supported accommodation, psychological support, floating support, peer support, specialist mental health supported accommodation services, services for young people (night stop, family mediation, floating support targeting Young Persons in emergency accommodation, teenage parents, the foyer and supported accommodation such as Stopover, which is for high need young women), basic skills and work and learning services. There are 40 contracts and the budget is approximately £5m.

2.2 At the end of 2016, the team submitted 2 successful bids to the DCLG for funding to provide services for rough sleepers and entrenched rough sleepers (Social Investment Bond model). This totalled £1.3m.

2.3 In May 2018 Brighton & Hove City Council were approached by the Ministry of Housing, Communities and Local Government to develop a proposal to reduce rough sleeping by enhancing existing services quickly in order to make an impact by the coming winter.

2.4 The proposal asked for funding of £554,494.00. The final award has been confirmed of £495,107.00 for 2018/19.

2.5 This will fund additional outreach staff (1 post to work specifically with women), expand the psychological support service, provide 20 units of temporary accommodation, a post to support the Churches night shelter, an Occupational Therapist post and a floating support post to support people in emergency accommodation at risk of rough sleeping. Match funding from BHCC of £165,000.00 has been committed to develop a rough sleeper hub which will be a space for outreach staff to take rough sleepers to move them off the streets quickly and assess their support and accommodation needs.

2.6 In addition the council intends to open a winter night shelter to ensure that rough sleepers remaining on the streets have access to shelter over the winter period October 2018 to March 2019. Funds have been identified as available for this service from the H&ASC commissioning budget.

2.7 The rough sleeping estimate in November 2017 was 178. The outreach team worked with over 1500 people in 2017/8. The new funding aims to prevent over 300 people from rough sleeping and to move over 300 people off the streets and into some form of accommodation. The key KPI is a reduction in the 2018 rough sleeper estimate.

2.8 A proposal for continuation funding was submitted to the MHCLG for 2019/20 and this will be assessed in the next 3 months and the result of the application reported back to the HWBB.

2.9 This additional funding will reduce pressure on many of the services in the city which rough sleeper's access, improve joint working and care coordination and reduce the risk of deaths on the street.

3. Important considerations and implications

Legal:

3.1 The services to be provided for Rough Sleepers fall within Schedule 3 Public Procurement Regulations 2015 (PCR) and the procurement of such a contract is therefore subject to the Light Touch regime. The threshold above which Light Touch services are required to be advertised in the OJEU is £615,278.00. Sub-threshold services must be procured fairly and transparently and in accordance with council Contract Standing Orders. Contract variations must be agreed in accordance with the contract provisions and comply with the requirements of the PCR.

Lawyer consulted: Judith Fisher Date:14.06.2018

Finance:

3.2 The final award from the Ministry of Housing, Communities and Local Government following the service proposal, has been confirmed as £0.495m for the financial year 2018/19.
In addition, for the financial year 2018/19 £0.165m one-off Council funding has been allocated to support rough sleeping initiatives. Further funding has also identified within the Health & Adult Social Care Commissioning budget to develop a rough sleepers hub.
The services commissioned must be within the funds available.

Finance Officer consulted: Sophie Warburton Date: 22/06/2018

Equalities:

3.3 This funding will make a significant difference to people who are rough sleeping in the city, and who are some of the most vulnerable members of our community. Brighton & Hove has significant numbers of women rough sleeping and a dedicated post recognises this. The Hub offers a service model where outreach staff have a safe place to take people rough sleeping in order to properly assess them and link them into appropriate services. This will contribute to reducing health inequalities.

3.4

Sustainability:

3.5 The funding for 2018/9 is part year and we await a decision about funding for 2019/20.

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

3.6 Additional resources for rough sleepers will increase the capacity in the city to address the care and support needs of many people living on the streets, helping them to access appropriate services and move them into sustainable accommodation. This is likely to have an impact on the health and well-being of rough sleepers, who die on average age 47 years for a man and 43 years for a woman.

Supporting documents and information

Appendix1: The Rough Sleeping Strategy
https://www.brighton-hove.gov.uk/content/housing/general-housing/rough-sleeping-strategy
Rough sleepers and Complex Needs (Crisis)
https://www.crisis.org.uk/ending-homelessness/rough-sleeping/rough-sleepers-and-complex-needs/

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

Title:	Food Strategy and Food Poverty action plan	
Date of Meeting:	July 2018	
Report of:	The Executive Director, Health & Adult Social Care	
Contact:	Katie Cuming, Public Health Brighton and Hove City Council	Tel: 01273 296565
Email:	Katie.cuming@brighton-hove.gov.uk	
Wards Affected:	all	

FOR GENERAL RELEASE

Executive Summary

This paper is presented to update the Health and Wellbeing Board on

- progress against the Food Poverty Action Plan
- priorities for Spade to Spoon: Digging Deeper Food Strategy 2018-2023
- the bid for Brighton and Hove to become a Gold sustainable food city.

The board is asked to be a signatory to the food strategy action plan and decide on the level of oversight required.

Glossary of Terms

Spade to Spoon: Brighton and Hove Food Strategy

1. Decisions, recommendations and any options

The Health and Wellbeing Board is asked to:

1.1 Note the progress on and the success of the citywide strategic approach to addressing food poverty

1.2 Agree that the Health & Wellbeing Board / Performance and Information Group receive a report of progress against the Food Strategy Action Plan as necessary.

1.3 Include in the formal action plan a request for officers to undertake a further investigation into the nutrition and hydration needs of older people in the city, as part of a citywide preventative approach to spot malnutrition earlier and reduce avoidable hospital admissions & readmissions.

1.4 Approve the bid for Brighton and Hove to continue to lead the way nationally by becoming a 'Gold Sustainable Food City.'

2. Relevant information

2.1 Food and what we eat is an important determinant of our health and wellbeing. **The Spade to Spoon: Digging Deeper Food Strategy** sets the strategic direction for food work in the city from 2012 to 2032 and its action plan is a key component in the delivery of the Health and Wellbeing Strategy, currently being revised.

2.2 Diet related disease costs Brighton & Hove £80 million each year[1] and whilst local data is not available it is estimated that nationally 70,000 deaths per year could be avoided if diets matched nutritional guidelines[2]. Dietary salt raises blood pressure resulting in a higher risk of heart disease and stroke. Only 30% of adults aged 19-64 years in the UK eat the five portions of fruit and vegetables recommended daily[3] with those in lower income groups having lower consumption. Eating fruit and vegetables helps prevent heart disease, some cancers and provides essential vitamins and minerals for a balanced diet[4]. Most of us are eating twice as much sugar as we should be with children and young people eating up to three times the recommended daily intake. This increases the risk of becoming overweight, developing type two diabetes and other health problems. Our food poverty work has helped highlight the challenges faced by some of our residents in affording a healthy balanced diet in our current climate.

2.3 Nutrition is an important determinant of our health through the life-course. With regards to Starting Well which will be a key component in the revised

[1] Global Health Data Exchange. Global Burden disease 2015
[2] Cabinet Office. Food matters: Towards a strategy for the 21st Century. London: Cabinet office; 2008
[3] Public Health England. Food Standards Agency. National diet and nutrition survey
[4] World Health Organisation. Healthy Diet Fact Sheet No 394

Health and Wellbeing Strategy as one of the four wells, the city already has good breastfeeding rates with 88.2% of mothers initiating breastfeeding, however by the end of primary school one in four of our 11 year olds[5] are overweight or obese, and by adulthood this has risen to half. The risk of being overweight are significantly higher for those from certain ethnic groups and those living in more deprived areas of the city. Poor nutrition is a key contributor to health inequalities.

2.4 We do not have accurate data on undernutrition or malnutrition amongst older people in the city. Nationally, it is estimated that one in ten older people either suffer from or are at risk of malnutrition. If this was applied locally it would equate to approximately 3800 people. Good nutritional care is not always prioritised by either older people or health professionals. The Food Partnership has highlighted that older people are increasingly at risk of food poverty, skipping meals and eating unhealthily. Eating well and maintaining a healthy weight will support good physical and mental health into older age and can influence outcomes for those with long term conditions, being admitted and discharged from hospital and those requiring social care. Adult social care teams are required to consider any care and support needs in relation to eating, drinking, managing and maintaining nutrition when undertaking a Care Act assessment.

2.5 Brighton and Hove has been helping lead the way with food policy and strategy work, as well as developing and adopting new initiatives to help combat diet related disease. For example Sugar Smart was first developed in Brighton and Hove as part of a whole system approach to start addressing obesity, and is now a national initiative. New work to increase vegetable consumption in the city is being developed under 'Peas Please', a programme led by the Food Foundation.[6] We are encouraged to see levels of obesity amongst 11 year olds in the city are starting to decrease, in contrast to national statistics. The 'Healthy Ageing and Food' report published in 2016 focussed on what an Age Friendly City might look like through the lens of food. [7] Challenges include the pace of progress on improving the healthy food and drink retail offer, including sugar sweetened drinks, at some local NHS provider sites.

2.6 Brighton and Hove was one of the first cities to develop a Food Poverty Action plan and one of the first cities to achieve silver Sustainable Food City status. City wide and 'whole system' food and health work is critical to build on these signs of success and prevent avoidable poor health for current and future generations.

[5] National Childhood Measurement Programme
[6] Peas Please https://foodfoundation.org.uk/peasplease/
[7] Brighton and Hove Food Partnership https: //bhfood.org.uk/wp-content/uploads/2017/09/010916-Older-people-and-Food-final.pdf

2.7 The first **Brighton & Hove Food Poverty Action Plan** (FPAP) 2015-2018 was delivered by over 50 partners and coordinated by Brighton and Hove Food Partnership (BHFP). The action plan has been successful in raising awareness and galvanising cross sector action on an issue which many in the city feel strongly about but could not address as a single organisation or stakeholder. The 'joined-up approach' addresses not just emergency or 'crisis' food poverty (i.e. food bank use) but the more widespread and long -term issue of household food insecurity. It focuses on prevention and addressing the underlying causes of food poverty

Food Poverty Outcomes

2.8 The Brighton & Hove Food Poverty Action Plan (FPAP) 2015-18 final progress report June 2018 is attached at appendix 2.

2.9 The plan sought to measure progress against four outcomes:

(1) Reduction or slower growth in emergency/crisis food poverty.
(2) Reduction or slower growth in long term food poverty/household food insecurity.
(3) Food poverty awareness embedded in policy and service planning.
(4) Becoming 'The city that cooks and eats together'.

2.10 In relation to food poverty outcomes 1 and 2 there has been reasonable progress but with more still to be achieved. Other cites do not monitor household food insecurity making it hard to measure comparative success but the introduction of regular monitoring is an achievement of our city-wide approach. Other areas are keen to learn from Brighton and Hove's approach, with the national Food Power programme which funds areas to take a similar approach to food poverty, requesting advice on programme design and mentoring from the Food Partnership for other areas.

2.11 Outcome 3 with respect to raising awareness has shown significant progress. Of 78 cross-sector actions within the plan there was progress on more than 90% and good progress on 58%. These ranged from the integration of food bank support and information with other financial, housing and health advice to the promotion of healthy start vouchers to support families on low incomes (see report). Food poverty issues have been considered in housing, in the approach to Welfare Reform and transport provision and development of the economic strategy.

2.12 There has also been significant progress on Outcome 4 with BHFP recently opening a community kitchen to encourage 'cooking together' activities, a much higher profile for the role of shared meals such as lunch clubs to tackle both isolation and nutrition, an expansion of holiday clubs in some schools and community settings to address school holiday hunger; and the development of casserole club addressing nutrition and social isolation for vulnerable people living alone.

2.13 The Board are now asked to sign up as partners in the next phase of this approach, which will re-integrate food poverty into 'Spade to Spoon' the city-wide food strategy for a 'healthy sustainable and fair food system' and put food poverty and food inequality at the heart of a new five-year action plan. The Health and Wellbeing board did not exist when the food strategy and its previous five-year plan was agreed, so are not currently listed as partners.

2.14 **The Spade to Spoon: Digging Deeper Food Strategy** sets the strategic direction for food work in the city from 2012 to 2023 (see appendix 2) The vision is a healthy sustainable fair food system for Brighton and Hove with benefits for health, the economy, community, and the environment. [8] The new Spade to Spoon action plan 2018-2023 is being coordinated by the Brighton and Hove Food Partnership, with the initial development funded by the Esmée Fairburn Foundation and the food poverty component by Food Power. Progress will be reported annually overseen by the Food Partnership, supported by a cross sector expert panel, which will meet approx. 3 times per year.

2.15 The Spade to Spoon action plan is currently being drafted, based on substantial consultation, including a stakeholder event focussed on food poverty, a round table on Food Waste, a workshop on healthy and sustainable diets, a survey of residents, a survey of food businesses, and targeted focus groups and case studies. Details of all those consulted and stakeholder workshops can be seen in appendix 5.

2.16 A draft action plan will be complete by the end of July and BHCC actions will go for approval to the Health and Wellbeing Board in November 2018. The following elements will be integral:

- An approach that recognises good food is crucial to health and wellbeing, and access to good food should be at the core of health, social care and education services.
- A continued focus on FPAP aims including 'Every child and every vulnerable adult can eat one nutritious meal a day' and 'Becoming the City that Cooks and Eats Together'.
- City wide cross sector campaigns e.g. Sugar Smart, the new 'Veg City' campaign to increase vegetable intake (in which Brighton & Hove are a pioneer city).
- A focus on food inequalities including access to healthy food for people with disabilities, for people with long term health conditions, younger people, BME people, those leaving hospital, and those at risk of malnutrition. The Health and Wellbeing board are invited to discuss whether they may like to lead on one or more of these areas, perhaps taking a task force approach.
- A continued focus on prevention and upstream solutions.

[8] Spade to Spoon

- A strategic approach, bringing together the 'Healthy' 'Sustainable' and Fair' elements.
- An emphasis on innovation, on partnership working and on excellence.

2.17 The Brighton and Hove Food Partnership is coordinating a city-wide bid for the new Sustainable Food Cities Gold Award (see appendix 4)

3. Important considerations and implications

Legal:

3.1 Becoming a "Gold Sustainable Food City" does not constitute a legally binding commitment. The proposals in the report are consistent with the Council's powers, including the power of general competence.

Lawyer consulted: Abraham Ghebre-Ghiorghis Date: 02/07/2018

Finance:

3.2 There are no direct financial implications as a result of the recommendations of this report. The food strategy and food poverty work being carried out by the Brighton and Hove food Partnership is being independently funded by Food Power and Esme Fairburn Foundation. The strategy, however could influence a varied group of stakeholders involved in food related activity in the city. This may have potential, future implications for council funding as there are a wide range of contracts with food components.

Finance Officer consulted: Katy Humphries Date:11/6/18

Equalities:

3.3 This paper and the city's food strategy both clearly identify barriers and opportunities in relation to improving outcomes for people sharing specific characteristics. The equality analysis that informed the strategy was robust and means that age, ethnicity, disability and other factors are considered as they impact upon food, nutrition and health. The Task Force approach (suggested in 2.12) provides an opportunity for focused interventions and monitoring of impacts in relation to people sharing a legally protected characteristic who experience the greatest food inequalities.

Equalities Officer consulted: Sarah Tighe-Ford Date: 13/06/2018

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

3.4 The paper has been prepared by the Councils Health and Adult Social Care team, with the implications for health of both diet and food poverty covered within the paper.

Supporting documents and information

Appendix 1 Food poverty action plan and Food Strategy:

http://bhfood.org.uk/wp-content/uploads/2017/09/FINAL_Food_Poverty_Action_Plan_2015.pdf

https://bhfood.org.uk/wp-content/uploads/2017/09/Spade-to-Spoon-report-interactive-PDF.pdf

Appendix 2
Brighton & Hove Food Poverty Action Plan Final Progress Report 2015-18 (The Food Poverty Action Plan is the report of the Brighton & Hove Food Poverty Partnership. The does not form part of the Council and the report is not a report of Brighton & Hove City Council)

Part One Available online: http://bhfood.org.uk/wp-content/uploads/2018/06/B-Hove-Food-Poverty-Action-Plan-FINAL-Report-on-3-years-June-2018.pdf

Part Two Copy Attached

Appendix 3 Examples of Food Poverty action plan initiatives

Appendix 4 Consultation for Brighton & Hove Food Strategy Action Plan 2018-23

Appendix 5 Consultation Questions for 2018-22 Food Strategy Action Plan Refresh & Bid for Gold standard

PART 2: DETAILED FOOD POVERTY ACTION PLAN PROGRESS REPORT

(updates in this section date from March 2018 unless otherwise stated)

The Big Roast 2018, sponsored by First Base

Abbreviations used in this report	
ASC	Adult Social Care
BHCC	Brighton & Hove City Council
BHESCo	Brighton & Hove Energy Services Co-op
BHFP	Brighton & Hove Food Partnership
BHT	Brighton Housing Trust
CCG	Clinical Commissioning Group
DWP	Department for Work and Pensions
NEA	National Energy Action
RSLS	Registered Social Landlords
TDC	Trust for Developing Communities

Key	
	Minimal/no progress
	Some progress
	Good progress
(Y.1)	Year 1 (2015-16)
(Y.2)	Year 2 (2016-17)
(Y.3)	Year 3 (2017-18)

Aim 1: Tackle the underlying causes of food poverty in the city

1A. Actions which address the broader or underlying causes of food poverty

	Action		Progress
1A.1	Provide information relating to 'solutions', including a web page plus non-digital resources (e.g. leaflets) to guide both people experiencing food poverty and those who advise them.		BHFP's information and advice page[5] for people experiencing food poverty continues to be well used. Food Bank referral page has developed into a directory and on-line map and is also well used. 'Eating well on a Budget' leaflets (with signposting info) produced and reprinted twice and widely distributed

[5] http://bhfood.org.uk/how-to-hub/food-poverty-advice/

1A.2	Better integrate food poverty into money advice programmes: • See where food can add value to advice or engage people e.g. food as a 'safe' way to talk about budgeting • Include food ordering/ budgeting/ preparation in other financial capability training sessions, digital inclusion programmes etc. *(See also 3A.)* • Explore how lunch clubs /shared meals *(as well as food banks – see 4A.)* can become a site for money advice	There has been progress on integrating food with money advice, and including BHFP in the Moneyworks Partnership. Links between advisers and food banks are stronger (see Aim 5) Good progress in linking digital inclusion via Digital Inclusion partnership with food, especially with including food ordering in online training
1A.3	*Paradoxically many people experiencing food poverty are working in the food industry, yet food has huge potential as an employment option. Explore the following opportunities (see also 1B for broader employment actions):*	
1A.3 (A)	Better/fairer paid staff e.g. good practice on tipping in restaurants; reduced use of zero hours contracts; supermarkets becoming living wage employers	There has been interest in this, but no real progress specific to a local level (though nationally this has moved up the agenda and some supermarkets have committed to paying the living wage).
1A.3 (B)	More apprenticeships with a food element	Plumpton College have extended their apprenticeships programme to include baking and processing and is offering apprenticeships at all levels from entry to degree and intend to work with 40+ apprentices each year from Sept 2018.
1A.3 (C)	Primary and Special School Meals Service becomes a Living Wage Employer as a beacon for other large catering employers	Fully achieved - paid to all staff from April 2018 and is included as a requirement in the new school meals contract.
1A.3 (D)	A role for new apprenticeships e.g. in social care which include cooking skills (double win – increase employment in a shortage area/better care for vulnerable people - *see also 1B below for broader employment actions*)	There has been interest in this, but no real progress at a local level. **Challenges:** less private sector engagement in the plan. Potential for this & the related economic/apprenticeship actions to be picked up via Economic Strategy

1A.4	Reduce the impact of benefit issues, which currently contribute to a large proportion of food bank use[6]/crisis food poverty • When there are delays/refusals/ sanctions, DWP automatically gives information about what the issue is and clear guidance on how to resolve it. DWP also provides information on hardship payments e.g. short-term benefit advances; and signposting to advice services and other support in the city • DWP to run awareness sessions on understanding hardship routes for advice and food bank workers & volunteers, so they can better advise their clients	**(Y.1&2)** DWP delivered awareness sessions on hardship routes to food banks and others at Brighton Job centre. It is hard to tell whether the situation with delays/refusals/sanctions has improved or not as a result, however local food bank use figures that year record this as less of an issue than nationally. The Fairness Commission recommendations include reducing delays in the benefit system for taking forward. **(Y.3)** Regarding Universal Credit, food banks have suggested good information provided on short term benefit advance may have helped to reduce the impact of universal credit in the area. **Challenges:** Although there has good progress against specific actions, this has been marked amber as more still needs to be done around benefits. The impact of Universal Credit is not likely to be felt until later in 2018
1A.5	Raise awareness in frontline workers and volunteers via food poverty awareness training/ sharing information. Also encourage two-way process where 'intermediary' organisations share their information on food poverty issues with BHFP	BHFP were commissioned to deliver food poverty awareness training to housing workers. Moneyworks helpline workers trained by BHFP. Several organisations have included 'food poverty' questions, notably BHCC housing *(see also 1A.6)*. BHFP online food poverty resources are well used. BHFP receive regular information on food poverty challenges and the two stakeholder events relating to this plan provided useful info.
1A.6	Given the synergies with the Housing Strategy and the Food Poverty Action Plan, run a workshop with BHCC housing staff and BHFP to scope how to make the most of the overlaps in this work.	Workshop with senior BHCC housing staff and BHT took place led to changes in BHCC working practices, including inclusion of food poverty questions in STAR tenancy survey. This revealed high levels of food poverty in council tenants (see intro to this report). A pre-tenancy workshop with BHFP and BHT was piloted. Sheltered housing has championed food poverty initiatives.

[6] Perry, J., Sefton, T., Williams, M. and Haddad, M. (2014) Emergency Use only: Understanding and reducing the use of food banks in the UK. . http://www.trusselltrust.org/resources/documents/press/foodbank-report.pdf

1A.7	Raise awareness of food poverty issues and this plan in other strategies, and in policy service planning – especially in housing, fuel poverty/affordable warmth, Public Health, social services, and hospital care and discharge		Whilst progress has been slower in some areas than in others, feedback from the 2018 stakeholder event indicated that food poverty has increased profile and moved up agendas, as reflected in this progress report. There was a suggestion at the One Year On event that BHFP should engage with the housing committee however there wasn't capacity to take this forward ***Challenges:*** *BHFP & BHCC resources. Additionally, BHCC staff turnover and health service restructures means engaging with different staff/partners*
1A.8	Raise awareness and seek to engage further partners in development of this action plan, especially those who work with the groups identified above as most vulnerable to food poverty		New partners have engaged throughout the process and further partners have come on board for the next stage. Financial Support secured through Food Power to understand more about food poverty in the most vulnerable groups with the 'least heard' voices including rough sleepers. BHFP/Red Cross 2018 case study of leaving hospital showed importance of food support at hospital discharge. Migrant needs assessment 2017-18 looked at food need although the report only addressed food bank use not day to day food security – researchers have been asked to go back to (extensive) data to see if more info; and VIE who work with migrants without recourse to funds have also agreed to host a focus group CCG engagement research in 2017 looked at food and food access in 'less heard' groups – see intro for a summary by BHFP
1A.9	Share the learning from developing this plan locally and nationally, and respond to both national and local campaigns and consultations		Achieved via case study, webinars and hearing through the sustainable food cities network. BHFP input into design of national 'Food Power' programme to

			tackle food poverty using a city-wide approach and are delivering mentoring support to other areas through that programme. Evidence has been submitted to national consultation and a parliamentary inquiry into food poverty. Plan and learning from it seen as influential nationally.
1A. 10	Submit the evidence which has informed this action plan to the Fairness Commission. Continue to liaise with Commissioners to ensure that food poverty is fully integrated as an issue		Evidence submitted. BHFP then met with BHCC to discuss how food poverty can be included in the 'Poverty Proofing the School Day' audit resulting from the Fairness Commission.

1B. Broader 'bigger picture' actions – influencing elsewhere to ensure that people have an adequate income in relation to their household expenditure.

1B.1	Promote Brighton & Hove as a 'Living Wage City' at the level calculated by the Living Wage Foundation; Encourage larger employers including national ones to sign up		The Brighton & Hove Living Wage Campaign continued to build and has now signed up 370 employers with 3064 salaries raised as a result of the campaign. Employers have pledged to pay their staff £8.75 per hour or more, which is the rate calculated by the Living Wage Foundation based on the true cost of living in the UK (2018).
1B.2	Via delivery of Economic Strategy and Learning and Skills work, develop a thriving economy with secure, living wage employment opportunities. Ensure people can develop the skills needed to access good employment – including disabled people and other 'at risk of food poverty' groups listed above. Deliver a programme of work on apprenticeships as outlined in 1A.		Possability People have employment projects which are about getting people, who are the furthest away from the workplace into work. Some progress on apprenticeships & food agenda (see 1A) but nothing specifically in relation to disabled people. BHFP have been consulted on the new Economic Strategy and it is hoped some aspects will be taken forward through this.
1B.3	Via delivery of the key priorities of the Housing Strategy – improving supply, improving quality and improving support - deliver action to		This action was always 'bigger picture' although BHFP submitted to consultation on HMO (Houses in Multiple Occupation) standards in 2017.

	increase the affordability of housing, reduce failed tenancies and reduce fuel poverty (food vs fuel pay-off is a major cause of food poverty)- especially in the private rented sector.		***Challenges:*** *The lack of affordable housing and high levels of homelessness in the city is having a big impact on food poverty levels. Although there has been progress made against the actions the growing issues with homelessness in the city as reported by food banks and others mean this has been marked as red*
1B.4	Promote the local financial inclusion agenda and actions to tackle the 'poverty premium' whereby those on the lowest income end up paying the highest prices: • Advice *(see also 1B.5)*- including debt & benefit maximisation • Banking- access to cheaper means of payment e.g. direct debits • Credit- so people are not reliant on loan sharks or payday lenders, if an emergency occurs • Deposits- to allow a savings 'buffer' against things going wrong • Education including digital inclusion - to access food for home delivery and other goods at the best prices* *(see also 3A.3)* • Fuel poverty reduction/energy efficiency - keeping fuel bills low* • Food- uniquely, Brighton & Hove includes 'food' under financial inclusion **as food is the flexible item in people's budgets, reducing other outgoings helps to free up spend for food. Food and fuel poverty are interlinked.*		The financial inclusion agenda led to the creation of Moneyworks –to provide support to financially excluded and hard to reach groups by joining up the existing services throughout the area. Links between food and fuel poverty programmes have improved but could still go further. (See also elsewhere - Digital Brighton & Hove have championed inclusion of food shopping in digital inclusion courses.) ***Challenges:*** *Fuel poverty programmes tend to be funded year by year and change shape/staff, so it is difficult to embed food within them. The need for money advice (for example in food banks) is growing and funding opportunities for advice work not keeping up.*
1B.5	Identify those who will be most affected by future rounds of Welfare Reform and prioritise for support (all tenures i.e. private rented as well as social housing tenants). Share information about the impact of		**(Y.1&2)** BHCC Welfare Reform identified those most affected by benefit changes (the biggest impact being the benefit cap) and directly supported those

	benefit changes e.g. how the changes to working tax credit will affect eligibility for free school meals		households. They also produced a newsletter for people who work or volunteer with those who may be affected, to clarify the changes and signpost to support. **(Y.3)** Case working support for people identified as most impacted by welfare reform continues. In addition, a large-scale training programme has been undertaken by the Council's Welfare Rights team to provide front line workers and organisations including food banks with detailed knowledge about Universal Credit, which rolled out in the City at the end of 2017 and beginning of 2018. An up to date newsletter has also been produced to provide information about support for people on Universal Credit.
1B.6	Undertake research to better understand the poverty premium in terms of food shop ping (for example to include the price difference of healthy /unhealthy food) and the impact of local shops vs internet shopping / large retailers.		Food Matters have carried out research into the 'poverty premium' in relation to food in the city, and the cost of a healthy basket of food vs an unhealthy basket. This research is only available in draft format but expected to be expanded and repeated later in 2018.
1B.7	Ensure people can access advice about money at an early stage - before hitting crisis – including: • Benefit maximisation & debt advice • Building savings (to have a buffer in case of crisis) • Planning for later life (thinking now about how to have an adequate income in later years)		Moneyworks continue to coordinate money advice. Possability People have introduced a programme to better prepare people for retirement, involving financial advice & activities. *(See also 1B.4 & 1B.5)* ***Challenges**: This is a huge area, so although there has been progress, this will still need to go further.*

Aim 2: As a bare minimum, ensure that every child, and every vulnerable adult, can eat one nutritious meal a day

2A. There is more creative use of existing support to parents of under 5s including breastfeeding, food poverty advice and Healthy Start vouchers & vitamins

	Action		Progress
2A.1	Continue existing good practice in achieving high overall levels of breastfeeding with continued focus on deprived areas		(Y.1) In 2015/16, exclusive rate breastfeeding at 6-8 weeks was 57% – the highest rate in England. There were a range of initiatives in place focusing on areas and groups with lower rates in the city. In 2016/17, exclusive rate of breastfeeding at 6-8 weeks in B&H was 55.3%. This is a little lower than the previous year – but that figure was affected by an information system/data collecting change. The particular services that were in place in 2015/16 offering additional breastfeeding support in areas of the city that have lower breastfeeding rates (by definition more deprived areas) have ended. This is the result of financial challenge. However, Brighton & Hove continues to achieve overall high levels of breastfeeding. There is an aim to offer some additional support to areas of deprivation through the Healthy Child programme teams (HCP), and HCP Peer Support programme, including training to deliver early proactive contacts to mums. This work is also happening for groups with lower rates – such as young parents and travellers – through the Healthy Child Programme Healthy Futures team.

2A.2	Improve healthy eating advice to families with young children and link to cookery/shopping skills. Increase uptake of Healthy Start vouchers amongst eligible families, by ensuring they are included in conversations with Health Visitors		Children's centres have been proactive in bringing this agenda into their work including new cooking and eating opportunities for children and families. A new food poverty group led by the BHCC children's Centres and focussed on children, families and early years brings together public health, Welfare Reform, midwife services, health visitors, BHFP, Chomp and others has led on Healthy Start but also brought key people together over the wider agenda. A joint campaign was developed between Public Health, Children's Centres and BHFP to increase uptake of Healthy Start vouchers and vitamins, including local posters and work to improve knowledge amongst health professionals, with retailers and in community settings. *(Ongoing campaign see http://bhfood.org.uk/struggling-local-families-missing-out-on-thousands-of-pounds/).* The campaign has maintained (at 68%) the uptake of Healthy Start Vouchers, whilst take-up has fallen slightly elsewhere. Brighton and Hove now has the 3rd highest take up out of 68 regions in the South East (SE average is 60% and national average 65%) although other areas continue to do much better e.g. NE average is 74%.
2A.3	Increase uptake of healthy start vitamins • Clinical lead to provide teaching session to Children's Centre reception staff to increase awareness of importance of Vitamin D & Healthy Start scheme • Clinical lead to undertake audit of Health Visitor records to establish if Healthy Start vouchers and vitamins are being discussed • Guidance to be written for Health Visitors		Efforts have been focussed on healthy start vouchers rather than vitamins although there has been some progress and the BHCC food poverty group has meant the issue has stayed on the agenda. Data has shown that about 250 healthy start vitamins have been given out in the space of around 3 months from Children's Centres in Brighton & Hove (2018) *(See also 2A.2)* ***Challenges:*** *There has been a lack of data available from pharmacies regarding vitamin distribution. It has been suggested by local partners & in wider research*[7]

[7] McFadden, A., Green, J. M., McLeish, J., McCormick, F., Williams, V., & Renfrew, M. J. (2015). Healthy Start vitamins—a missed opportunity: findings of a multimethod study. BMJ open, 5(1), e006917.

	• Continue to work with Community Pharmacists and work towards distributing vitamins from them • Repeat update on vitamins (lunch-time seminar)		*that the current targeted system of providing free vitamin supplements for low-income childbearing women and young children via the Healthy Start programme is not fulfilling its potential to address vitamin deficiencies. There is wide professional and voluntary sector support for moving from the current targeted system to provision of free vitamin supplements for all pregnant and new mothers, and children up to their fifth birthday.*

2B. A greater number of families with children eligible for free school meals are accessing them. Schools embed initiatives which help to alleviate food poverty, including 'holiday hunger' schemes

2B.1	Provide information and training to schools about using breakfast clubs to alleviate food poverty. Share good practice information with learning mentors on using breakfast clubs to support learning. Support breakfast clubs to achieve the Healthy Choice Award to demonstrate that the food they are serving is healthy and age appropriate		1100 children attend a primary school breakfast club every school day in Brighton & Hove and 66% of the city's primary school breakfast clubs have been supported to improve the nutritional content of their breakfast provision through the Healthy Choice Award. BHFP produced a Primary School Breakfast Clubs in Brighton & Hove report and a good practice booklet for staff and volunteers working in breakfast clubs. Real Junk Food Project have improved links with schools and are developing a 'fuel for schools' project ***Challenges:*** *There seems to be a difference between free breakfast clubs and paid-for ones – potential to explore via the Poverty Proofing the School Day audit.*
2B.2	Continue to deliver Universal Infant Free School Meals (UIFSM) at Silver Food for Life standard. Keep prices of school meals for other age groups low by keeping uptake high. Arrangements for school meal provision when contract changes in 2017 to consider food poverty issues		The school meal service has continued to deliver universal infant free school meals at silver food for life and uptake remains high. The cost of meals was increased from September 2017 to cover the increased cost of the Living Wage Foundation living wage (higher than the government's living wage) from April 2018- this was the first increase since 2010.

2B.3	Increase uptake by those who are signed up for free school meals, but don't choose to eat one (both UIFSM and FSM)		BHCC School Meals Service supported Moulsecoomb's BEST Week. During this week parents were invited to come and enjoy lunch with their child. It was very well received and there is hope that it will have a positive impact on overall take up of UIFSM and FSM. *(See also 2B.2)*
2B.4	Maximise the number of eligible families who are signed up to receive free school meals, learning from any developments in best practice nationally		There were 75 families identified through the School Meals Service working in partnership with the Council Welfare Team and cross-checking records. This equated to around 90 children. There is a desire to be able to find a way that this identification process occurs on a more regular basis, to make it a less onerous task.
2B.5	Explore and share good practice on using pupil premium for healthy food related activity in schools		Public Health Schools Programme collates data (such as the Safe and Well at School Survey and IMD data on child poverty) to develop school profiles. Public Health also works with schools (and other partners) to develop priority initiatives such as healthy eating. Food and children continues to be a priority for Public Health, explored via the BHCC led food poverty group. Challenges: Schools are hard to engage with collectively and there has been less direct school involvement with this plan
2B.6	Raise awareness in primary schools of Chomp holiday lunch clubs for families, and improve referrals		**(Y.2)** There was a push on awareness about Chomp holiday lunch clubs. Leaflets were distributed in school bags in a partnership between BHCC & TDC, with information such as food poverty guidance and access to local resources including food banks, Chomp holiday lunch clubs and shared meals in local areas. TDC continue to promote Chomp and shared meals. Hangleton & Knoll Project have continued to promote CHOMP in the West via Facebook, leaflets at community buildings and targeted outreach to community groups.

			(Y.3) Chomp has continued to expand and referrals have greatly improved from some schools, although others are less engaged. Hangleton & Knoll Project co-delivered two Chomp sessions held in Knoll Park Pavilion during the summer holidays last year supported by their community development and youth workers, ensuring they were able to target those most in need through their existing work and relationships with local families and young people
2B.7	Pilot a holiday lunch club taking place on at least one school premises (ideally in Portslade or Hangleton) via existing Chomp model and/or in partnership with school meals service		**(Y.1)** A successful pilot partnership (combining Chomp with funding and staff from the School Meals Service) took place at West Blatchington Primary School. Hangleton & Knoll Project actively promoted CHOMP in the West via Facebook & leaflets at community buildings and targeted outreach to community groups. **(Y.2)** In 2017, 341 meals were served at West Blatchington primary school. The club also ran during October half term and Christmas. **(Y.3)** By 2018 3 successful school venues running Chomp - West Blatchington, Benfield, and St Marks in Whitehawk in partnership with the school meals team. Chomp is also piloting in Children and Family Centres in term times. Chomp served approx. 700 meals in total.
2B.8	Contact projects providing food for children during term time to see if they are interested in expanding holiday provision		Contact was made – however, there didn't prove to be a good way to find new venues, and meanwhile Chomp has expanded (see above) so this is unlikely to be repeated.

2C. Vulnerable adults have their food needs automatically considered during assessments. There is meal delivery provision for those who need it – but people are able to choose alternatives out of the home such as shared meals. *See also 2E for residential settings.*

2C.1	Explore if / how nutrition and hydration can be introduced to the checklist for Care Assessments as part of the Better Care agenda; and whether this can be an opportunity to give people info on 'shared meals' and other ways to access healthy food		As part of the CCG's current work, including The Caring Together programme – projects are currently being developed across the Central Sussex and East Surrey Commissioning Alliance, looking at a Community Aligned Short Term Services project. BHFP's input has led to one of the outcomes of projects being 'Increased access to good food and prevention of diet related ill health including under-nutrition and obesity, and the importance of hydration'. Once the Project Initiation Document is finalised (this is quite complex as involves 4 different CCG's), formal project groups will be set up to include partners across the community and voluntary sector.
2C.2	Develop possibilities of shared food in terms of Adult Social Care services e.g. whether people can eat with a neighbour/ friend/family member/ at a lunch club as part of a care package; and/or whether eating together might allow people to combine their care packages allowing more time with care worker and/or reducing social isolation		***Challenges:*** *There has been good progress in promoting lunch clubs and other opportunities to eat/socialise together including via Access Point, the council's single point of contact and sending a list of lunch clubs to former meals on wheels recipients (see below) however the actual reconfiguration of care packages to allow combining is still a work in progress – there is interest from the Central Social work team in taking this forward in 2018/19*
2C.3	Ensure that Community Meals are available, affordable and offer a range of options to meet and maintain people's nutritional needs. Explore options for April 2016 (current contract end date March 2016) to ensure further choice and control for people using the service. Ensure that people are also aware of the alternatives (such as shared meals) which reduce social isolation and engage people back in communities		When the RVS Community Meals (Meals on Wheels) contract ended, an independent review by ASC checked whether individuals had a new meals provision in place or had made alternative arrangements. The majority of people were happy with the outcome and some had found inventive, alternative ways of getting access to meals. ASC sent out a lunch club list, community transport pamphlet and casserole club leaflet for volunteers and diners to all former recipients There remains a gap left by the loss of the community meals service i.e. need for people to receive food help at home, and a pilot by Sussex homeless support will

			explore using the old RVS kitchen to deliver a limited number of meals to people who find it hard to get out and are at risk of malnutrition.
2C.4	Adult Social Care is currently re-commissioning the Home Care contract provision - meal preparation to be considered as part of this process		See 2C.7
2C.5	Take steps to make nutrition and hydration a priority by mainstreaming into thinking and across contracting. Initial meeting with CCG / BHFP to understand what information there is already available about the scale of problem/ budget implications (including possible cost savings from a preventative approach)		Healthwatch are looking at this area in relation to hospital discharge 1018-19 (see above). The NHS standard contract (2017-19), which was updated in January 2018, sets out certain rules for food standards. This includes ensuring that NHS providers provide and promote healthy food and drink; also, from the 1st July 2018, the NHS service providers must not itself sell any sugar-sweetened drinks. In addition, one of the Sussex Community Foundation Trust CQUIN (commissioning for quality and innovation) measures in 17/18 was Staff Health and Wellbeing: Healthy Food for NHS staff, visitors and patient[8]
2C.6	Invite BHFP to give a presentation to the Home Care Provider Forum on nutrition and preparation of nutritional meals for vulnerable people		BHFP attended a Home Care Forum to give a presentation to the Council's contracted home care providers (who provide the majority of the home care within the city) however this area does need more exploration

77

[8] Some of the changes proposed for this measure include:

a.) The banning of price promotions and advertisements on sugary drinks and foods high in fat, sugar or salt (HFSS) on NHS premises

b.) The banning of sugary drinks and foods HFSS from checkouts on NHS premises

c.) Ensuring that healthy options are available at any point, including for staff working night shifts

d.) 70% of drinks stocked on the premises must be sugar free, 60% of confectionery and sweets do not exceed 250 kcal.

At least 60% of pre-packed sandwiches and other savoury pre-packed meals available contain 400kcal or less per serving & do not exceed 5.0g saturated fat per 100g

2C.7	BHFP to offer the learning from developing this action plan into the Home Care recommissioning process – e.g. the importance of including enough time for preparing a simple nutritious meal– not just microwaving/ 'taking off the foil'; and importance of paid care workers understanding nutrition & having cooking skills		Learning was shared but the recommissioning process did not include any extra time for meals - the new provider was appointed in 2016 for 4 years. Some training for paid care workers also provided (see below) Challenges: This has been flagged as amber as although the action was completed the need remains current
2C.8	Explore provision of training for paid care workers on both nutrition and cooking - explore the 'cooking together' model (carer and client learn together)		Paid care worker training on nutrition is provided on an annual basis via the BHCC training programme (1 course in 2017). Plus, BHFP have run sessions for private care providers in food and nutrition (3 courses in 2017) Challenges: This has been flagged as amber as although there has been some progress, the need remains current
2C.9	Ensure hospital discharge procedures include a 'nutrition and hydration' check i.e. that appropriate food arrangements are in place (e.g. someone will be able to help with shopping/cooking/special diet if needed). Ensure that hospitals provide information at discharge about food options including 'shared meals' such as lunch clubs and/or referral to befriending organisations if people need support to attend them		**(Y.1)** BHFP prepared a briefing and facilitated a conversion on hospital discharge and food. Partners agreed to take the questions & recommendations to their hospital, CCG and Adult Social Care senior contacts. BHFP contacted Healthwatch. **(Y.3)** Healthwatch project on hospital discharge and the elderly planned for 2018-19, which will look at nutrition and hydration. (in progress)

2C. 10	Explore whether 'food to go bags' can be provided to people who won't be able to immediately access support with shopping (if needed) when they are discharged from hospital, so they don't go home to an empty fridge.[9]		*(See also 2C.9)* BHFP facilitated a meeting on hospital discharge and food with follow up with frontline workers (see above). Moneyworks provided some funding for food bags for the Red Cross - this pilot was very successful, but the CCG have not taken on funding the bags on an ongoing basis as hoped. Brighton & Sussex University Hospitals (BSUH) hospital discharge lounges currently supply vulnerable patients with a food bag at discharge however the contents of this varies between wards and has not been standardised. The Trust has set up a 'Food Improvement Group' (attended by Healthwatch) and one project under this group is to agree the exact content of a discharge food bag (items to cater for the first 24 hours post discharge) from both a nutritional and food safety standpoint; and to agree some criteria to ensure access to these discharge packs is fair and equitable.
	Develop a trigger mechanism if a meal service for vulnerable people is under threat, i.e. ensure that a range of options is available so that people will have their needs met		BHCC have suggested that there are limited settings where meals are provided by the council, and that the process developed when the RVS Community Meals contract ended will be adapted for other contracts ending as necessary.
2D. Older people's experiences of food poverty are considered – including increased risk of malnutrition; and issues around food access. *For more detail see also Public Health/BHFP's Healthy Ageing and Food (2016)*[10]			
2D.1	Explore how older people can best be supported, especially at key 'transition times' including hospital discharge *(see also 2C)* and bereavement to prevent long term food issues / entrenched isolation developing		'Eating Well as you Age' booklet produced by BHFP in partnership and jointly funded by Age UK and the CCG to help prevent malnutrition in the community. Widely distributed Citywide Connect have coordinated better support at bereavement e.g. work with funeral directors on signposting. Healthwatch project on hospital discharge

[9] https://www.freshthinking.uhmb.nhs.uk/2015/03/23/local-hospitals-offer-patients-food-to-go-bags-when-they-are-discharged/
[10] http://bhfood.org.uk/wp-content/uploads/2017/09/010916-Older-people-and-Food-final.pdf

			and the elderly planned for 2018-19, which will look at nutrition and hydration (see also above). Public Health are recommissioning their Ageing Well programme activities for older people during 2018 for a 2019 start. The new service will focus on reducing social isolation and loneliness, promoting good health and wellbeing, preventing ill health, and enabling people to remain independent for as long as possible. Identifying older people at risk of food poverty and/or malnutrition and taking positive action will be a key performance indicator for the service. Challenge: As this is a huge and growing issue, it is flagged as amber even though progress has been made
2D.2	Fully embed the MUST (malnutrition screening) tool in hospitals and beyond e.g. in GPs, via health checks and in care homes (as many hospital admissions from care homes are related to malnutrition). Also engage with private sector home care agencies & discharge agencies around training/ embedding		The CCG recognises that more work needs to be done to bring together information derived from the MUST tool and that a wider and more consistent use of the MUST tool needs to be explored. For example, Primary Care uses the tool routinely on older, frail patients and this information could be used to map out areas where there was a greater prevalence of community malnutrition. A review of the use of the MUST tool took place in March 2018, with the following feedback: <u>Primary Care:</u> A training need has been highlighted. The lead dietitian is working with the Primary Care Workforce Tutor and the SCFT Clinical Skills Hub to help develop nutrition and hydration training, which would include the use of this tool. There is no MUST tool automatically built into Systm1 and Emis, but some surgeries may have loaded a MUST template onto their system. A longer term strategy would be to develop a template that would include MUST and link with our local guidelines. The Lead Primary Care Dietitian has undertaken training with District Nurses and Integrated Primary Care Team nurses at Brighton General Hospital, Hove Polyclinic, Conway Court, Portslade Health Centre and Moulsecoomb Health Centre and care homes about MUST.

		<u>CCG Medicines Management Team:</u> Local Oral Nutrition Support (ONS) guidance on the CCG website includes information on MUST scoring tool and the requirement to have the score at hand when initiating prescribing and subsequently conducting monthly scores to monitor ongoing benefit of oral nutritional supplements. The CCG would like, healthy as part of its 'Caring Together', to develop the consistent utilisation of the MUST tool. Relevant programmes are: • Programme 1 - Preventative Services & Community Care • Programme 3 - Access to Primary Care & Urgent Care
2D.3	Noting lower levels of internet access/confidence amongst some older people, ensure: • Digital inclusion courses for older people include food shopping *(see also 3A)* • Information is provided non-digitally –around changing nutritional needs with age, cooking in response to changed mobility, choosing a ready meal, home delivery of pre-cooked meals, how to find lunch clubs/ shared meals etc. *(see also 3A.3)*	Digital Brighton & Hove have championed inclusion of food shopping in digital inclusion courses. Possability People created an easier search function and a print button for the 'It's Local Actually' Directory, which made it easier to search for lunch clubs ASC organised the set up and control of 'My Life' portal. Casserole Club has been added to food section of My Life and Nutrition Course for Carers. There is also a link to the BHFP website. Non-digitally, Adult Social Care (ASC) has sent out a lunch club list, community transport pamphlet and Casserole Club leaflet for volunteers and diners to all food banks and lunch clubs as well in order for them to put up where people can see them and spread the information ASC ensured that the Carers Centre had information on the Food Nutrition Course for Carers & Casserole Club and provided leaflets and also shared within relevant adult social care teams.

2E. Food in residential settings such as hospitals and nursing homes is palatable and nutritious, and where possible sustainable: reducing levels of malnutrition and improving clinical outcomes

2E.1	Improve hospital food at Royal Sussex County Hospital in terms of nutrition, sustainability and palatability, exploring the potential to work in partnership with other local NHS Trusts around a joint catering production unit		**(Y.1)** The wording of this action was changed to "joint catering procurement" from "joint catering production unit". **(Y.2)** There was no progress on this at this point because there was no permanent Catering Manager employed within the Trust. A formal management restructure took place, potentially allowing for recruitment for this post. (Y3) The new catering managers are now in post and focusing on creating an allergen database and streamlining catering procurement and menus across the two main hospital sites (RSCH and PRH). Regular patient feedback on the hospital food comes from 'Patient Voice' questionnaires and through annual dietitian-led ward meal observation audits. The Trust 'Food Improvement Group' consists of members of the catering, dietetic and nursing teams as well as patient representatives. They meet quarterly to discuss patient comments on food and identify/implement/ monitor work streams to improve patient catering.
2E. 2	Adult Social Care and the Clinical Commissioning Group to work together to explore how nutrition and hydration can be improved in care homes		ASC and CCG carried out joint quality monitoring visits to nursing homes plus desk assessments, which take into account nutrition and hydration in relation both to individuals and the care home processes, and they have provided detailed info on these (see footnote for full update[11]).

[11] ASC and CCG have been carrying out joint quality monitoring visits to nursing homes. The care plans are checked and this can include a risk assessment about dehydration/malnutrition, if appropriate. If it is appropriate, the care plan should have a MUST assessment and weighing of the resident, as well as, monitoring sheets for food and fluids. At quality monitoring visits, there is a walk-around the property which includes observing if the residents have access to drinks in both their rooms and communal areas. The meal time can be observed and the chef can be asked about whose meals need fortifying.

			The CCG Lead Dietitian works with individual care homes, and they have provided detailed information about this role.[12] She has also been working with BHCC to improve the robustness of training offered to care home staff on the Food Safety, Nutrition and Hydration & make it more relevant to the attendees by targeting it towards the needs of the elderly at risk of malnutrition and dehydration. She is working with the Primary Care Workforce Tutor and the SCFT Clinical Skills Hub to help develop nutrition and hydration training.
2E.3	Deliver training on nutrition and cooking skills to staff in care homes via the BHCC core training programme. Undertake programme of work to encourage wider uptake of the training.		This training was successfully delivered (approx. once annually).
2E.4	Promote the Healthy Choice Award to encourage good practice in residential settings; include as part of Adult Social Care audit/review process; share good practice at relevant forums/through relevant communications. BHFP to give presentation at the city-wide Care Home Forum on the Healthy Choice Award.		This particular work has now ceased. Instead, the BHFP/Age UP publication 'Eating well as you age' was circulated across the city (~7000 copies). This is an information booklet aimed to raise awareness of malnutrition in the community.

We work closely with the Speech & Language team (SALT) about resident's swallowing difficulties and the correct food textures.
There is a three-monthly Nursing Home Professionals meeting which includes SALT and Community Dietitians to discuss the nursing homes in the city and any concerns.
ASC also undertake Desk Top Reviews (DTR) of care/nursing homes which would include looking at any concerns/complaints/incidents and safeguarding raised in the past year. This would see if any concerns about nutrition and hydration had been raised, which could lead to a focused visit.

[12] The CCG employs a Lead Dietitian Primary Care worker as part of the Medicines Management Team. The dietitian works with individual care homes –which either self-refer or are flagged up following intelligence, either visits or through meetings. Training offered can include MUST Screening, food fortification, adequate hydration, appropriate referral to Dietetic Services.
The Lead Dietitian for Primary Care has been in post since October 2017. She has been working with the council to improve the training offered to care home staff on the Food Safety, Nutrition and Hydration course to bring this in line with local guidelines and to make it more relevant to the attendees by targeting it towards the needs of the elderly at risk of malnutrition and dehydration. She spoke at the Sussex and Surrey Safeguarding conference to highlight the importance of nutrition and hydration, where she launched "Hydration Hints for Older People - https://www.gp.brightonandhoveccg.nhs.uk/files/hydration-hints-older-peoplepdf"
She is also working with the Primary Care Workforce Tutor and the SCFT Clinical Skills Hub to help develop nutrition and hydration training. The lead dietitian has been working directly with individual care homes to provide training in homes relating to MUST screening, food fortification, hydration, care planning and appropriate use of oral nutritional supplements. Care homes can contact the lead dietitian directly to arrange training, or she accepts referrals from the care quality team, the community dietitians at BSUH and GPs. She is also providing training sessions for community nurses (district nurses, responsive services)

Aim 3: Brighton & Hove becomes the city that cooks and eats together

3A. Brighton and Hove becomes 'The city that can cook': Part A *Skills*

	Action		Progress
3A.1	Expand the number of classes on offer in cooking and shopping skills, for both general public and specific groups e.g. people with learning disabilities; single men; older/bereaved men ('Old Spice') and the groups identified above as at risk of food poverty, including young working age people[13] Explore how budgeting, numeracy etc. can be embedded within cookery sessions Explore how cookery sessions can be better linked with community cookery/shared meals groups e.g. Chomp holiday lunch clubs for children and families		BHFP and others such as Big Fig and community centres have continued to offer cookery courses, plus cooking has been built into other activities e.g. Chomp have run sessions. BHFP have secured funding for a purpose-built community training kitchen to open in 2018. ***Challenges:*** *funding can be sporadic, including for courses that are seen as priority such as Old Spice.*
3A.2	Develop specialised training courses and/or written 'Tip sheets' – for people in particular circumstances (and those who support and advise them e.g. support workers, paid carers and family/unpaid carers) • Adapting cooking to disabilities/sensory impairments (plus how to access cooking equipment/ adaptations – *see 3B.1*) • Lacking cooking equipment e.g. in temporary accommodation or bedsits		A leaflet was produced by BHFP in partnership with CCG and BSUHT on older people's nutritional needs and identifying malnutrition. There is still a desire to produce some that include other tip sheets - in particular, on cooking with limited equipment, which has become even more relevant with the increase in use of emergency accommodation which often has poor kitchen facilities. ***Challenges:*** *BHFP have not had the capacity to produce all desired tip sheets.*

[13] https://www.independent.co.uk/news/uk/home-news/16-to-24-year-olds-spend-more-on-food-than-any-other-age-group-says-research-a6678596.html

	• Mental health condition (e.g. cooking in advance for bad days) • Cooking for one • Older people's nutritional needs (these change as we age) • Choosing a healthy ready meal in a supermarket/ options for home delivery (many people are reliant on pre-cooked meals)		
3A.3	Include food ordering/budgeting/preparation in financial capability training sessions. Also, in 'getting online' training e.g. how to set up a 'favourites list' for food shopping online		Digital Brighton & Hove have championed inclusion of food shopping in digital inclusion courses.
	3B. Brighton and Hove becomes 'The city that can cook': Part B *Equipment* (fridge/freezer/cooker/saucepans/storage)		
3B.1	Improve access to equipment that will help people with sensory impairments or other disabilities to cook, initially by exploring wider roll out of Independent Living Centre and/or re-ablement services similar to those available after a stroke		Possability People hasn't had the capacity to progress on this front. The Independent Living Centre has since closed.
3B.2	Explore whether Sheltered Housing refurbishments/developments can include a fridge/freezer rather than a fridge with icebox as this is important for budget cooking for one or two people		Sheltered Housing refurbishments will now include a fridge/freezer. In Sheltered Housing premises, shared meals have been set up and casserole club promoted, and other aspects of food such as food growing have also been encouraged.
3B.3	Encourage registered providers (social landlords) to ensure adequate kitchen provision in refurbishments/ developments i.e. • Appropriate kitchen space		BHFP submitted to HMO (Houses in Multiple Occupation) consultation in 2017 requesting this be incorporated in guidance (outcome unknown)

	• Appliances to enable budget cooking e.g. accommodation aimed at single people/couples, includes a fridge freezer (rather than a fridge with icebox)	BHCC have been proactive in promoting and have taken to private sector landlords' forum.
3C. Brighton & Hove becomes 'The city that eats together'. Shared meals are thriving, and people can find out about and get to them. Offers of new venues and storage spaces help keep costs low. *Sharing food is an effective means for people to eat well – including (but not only) those who are vulnerable e.g. don't have the mobility, equipment or skills to cook. They help strengthen community networks which are themselves a resource in hard times. Cost, access and (especially) transport are key factors in accessing them.*[14]		
3C.1	Recognise the role that shared meals e.g. lunch clubs are playing in improving the health, nutrition and mental health of the city; increase their role as a site to deliver advice or be a 'safe place' to raise other issues. Ensure that projects can keep up with increasing demand e.g. explore creative commissioning arrangements *(see also 'care packages' below)* and/or new micro funding to test new models of provision/ meet gaps /increase sustainability. *NB - gaps are at evenings/weekends and in the East and North of the City – 52% of people accessing shared meals live nearby (2015)*[8]	BHCC have funded some BHFP development support and training for shared meal settings. BHFP have included shared meals in the 'good food grants' programme to provide some limited funding. Casserole Club set up (see 3C.9). 'Shared meals' have had a higher profile and partner engagement e.g. Possability People made sharing food a discussion theme at a Citywide Connect event, leading to action plans around promoting Casserole Club and new shared meal settings. New models /pilots include Posh Club - http://theposhclub.co.uk/clubs/brighton/ Although this has been flagged green because of progress, sustainability is an issue. Mad Hatters in East Brighton has closed, as has Bluebird.
3C.2	Explore whether existing projects can add *cooking and eating together* to their existing services - e.g. community groups; school holiday activities such as Play bus; 'trusted' providers such as food banks *(see also Aim 4)*	Sheltered Housing have encouraged shared meals in Sheltered Housing premises. BHFP offer Good Food Grants and development support for shared meals settings (see above). Providers such as the Purple People Kitchen food bank have made a meal integral, and the Brighton Women's centre is looking at adding a meal to their food bank service.

[14] https://bhfood.org.uk/wp-content/uploads/2017/09/Eating-Together-Report-FINAL-1.pdf

3C.3	Explore in-kind support for shared meals e.g. use of council premises for shared meals and/or for storage of ingredients/ surplus food; Sheltered / seniors housing (for residents also for wider community); Schools and children's facilities (for family meals and/or holiday lunch clubs); Council storage spaces and community rooms e.g. in housing estates (especially ones with kitchens); Faith groups/ community groups/ facilities in private sector e.g. care homes	Whilst this could be more coordinated, there has been some progress e.g. Chomp have expanded onto school premises (see above). BHCC were unable to find premises for The Real Junk Food Project but they have secured a storage hub (see below). Sussex Homeless Support are looking at taking on the former RVS meals on wheels kitchen. St Vincent De Paul Society have taken on the former BHCC Tower House Day Centre to act as a lunch club. Mayfield Manor private care home have also set up a lunch club accessible by the community. This continues to be a priority going forward given the loss of some provision e.g. Mad Hatters & Bluebird lunch clubs and community facilities such as The Bridge in Moulsecoomb.
3C.4	Secure a premises so that a 'pay as you feel' meal is available 7 days a week - ideally own premises, but if shared then focus particularly on evenings & weekends (identified as a gap)	RJFP found premises to offer lunch 5 days a week, in different community venues, and secured a storage hub in Bevendean which includes a pop-up shop. They are still seeking a permanent café site.
3C.5	Explore whether BHFP can support shared meal projects with recruiting volunteers and/or other development support e.g. around management/fundraising	BHFP's work has included provision of development support in these areas (funded by BHCC) to shared meal settings although capacity is limited.
3C.6	Provide 3x initial training sessions – including food safety and creative cooking with surplus foods/cooking for groups - as a cost-effective way to support shared meal projects	BHFP coordinated several training sessions in food hygiene/safety for shared meal settings, and following further research into priorities for these groups, they also ran training sessions on mental health awareness and on boundaries
3C.7	Recognise the 'infrastructure' role of FareShare and grassroots surplus food distributors in supporting shared meal settings (plus food banks – *see 4A.2* – and other food services for vulnerable/ disadvantaged people) to keep their costs low and accessible –	BHCC have funded the Surplus Food Network and this has brought in additional funding through Sainsbury's and the People's Project. FareShare have also increased their infrastructure role through accessing national funding The wording was changed (see left) for this action in 2016.

	support via direct funding and/or in-kind support, especially storage facilities for surplus food *and/or strategic support [added 2016]*		
3C.8	Make information about shared meals more accessible via an easier search mechanism on the 'It's Local Actually' directory and by non-internet methods e.g. printed list/radio – promote in other settings (e.g. hospital discharge, care assessments, via GPs and other health professionals, Community Navigators).		Possability People created a 'lunch club' category in the on-line 'It's Local Actually' Directory, which made it easier to search for them. ASC organised the set up and control of 'My Life' portal. Casserole Club has been added to food section of My Life and Nutrition Course for Carers- there is also a link to the BHFP website. Non-digitally, ASC has sent out lunch club lists, community transport pamphlets and Casserole Club leaflets for volunteers and diners to all food banks and lunch clubs in order for them to put up where people can see them and spread the information. ASC ensured that the Carers Centre had information on the Food Nutrition Course for Carers & Casserole Club and provided leaflets. [see above/below]
3C.9	Support initiatives which encourage neighbours to connect, with potential to share e.g. 'Know my Neighbour Week' May 2016; Neighbourhood Care Scheme.		KMN Week in May 2016 was a collaboration of organisations including One Church picnic, BHFP, Brighton University, and Hop 50+. Time to Talk Befriending held events to bring neighbours together, generally around food. One Church passed the project (KMN) on to Impetus in early 2017. BHFP, Impetus and Bright Dials Digital Marketing set up Casserole Club to reduce isolation by encouraging neighbours to share a meal. This has been advertised in a number of ways including coffee morning packs.

3D. It becomes easier to access to low cost food in the city, whether this is ingredients or shared meals – making it easier to make healthier choices

3D.1	Explore options to increase access to fresh low-cost ingredients at a local level for example: • link existing local grocers van or with food banks, lunch clubs; community venues • encourage new individual or community run low cost food outlets in community spaces or sheltered housing (offering free use of space to keep costs down) e.g. low cost veg; bulk buying clubs or food co-ops *(see also 3A.3 for digital inclusion – improving access to home food delivery)*		The Surplus Food Network, and the increase of FareShare's capacity with a new focus on fresh food, has increased supply. ***Challenges:*** *Less progress has been made on community run co-ops or bulk buying clubs.*
3D.2	Deliver a programme of work with outlets to offer healthier options in restaurants, cafes and takeaways; including healthier cooking techniques and achieving the Healthy Choice Award		**(Y.2)** BHCC worked with restaurants and caterers on healthier options, as part of the Sugar Smart Campaign (which also ran much wider) and produced a guide to Healthy Choice catering. **(Y.3)** There are currently 103 Food Outlets who are part of the Healthy Choice (HC) scheme in Brighton & Hove. The scheme looks at preparation, purchasing cooking methods, choice, drinks and marketing of healthier options. The council offers HC training sessions, which usually take place quarterly. They also offer healthier frying catering training sessions.
3D.3	Explore how City Plan Part 2 and economic planning processes can encourage local shops and market stalls selling fresh ingredients; and encourage healthier takeaways		**(Y.2)** BHFP submitted a far-reaching submission to City Plan 2. **(Y.3)** BHFP have explored the possibility of supplementary planning guidance with BHCC.

3D.4	Recognise the role of community kitchens and venues in addressing the impacts of food poverty and explore protection through existing and future planning policy frameworks (e.g. City Plan Part 2)		**(Y.3)** A new policy had been drafted on 'Community Facilities' for City Plan Part 2, which protects against the loss of community facilities and sets out their importance in the city especially to vulnerable residents. Public consultation on the draft City Plan Part 2 is due summer 2018.
3D.5	Via Transport Strategy ensure accessible affordable public and community transport is promoted and provided, enabling people to travel to local and main shopping areas and/or access shared meal settings. Transport is an important factor in food poverty, especially to those with disabilities		The Local Transport Plan (March 2015)[15] stresses both connecting people with shopping areas, and the importance of local shopping centres in allowing access to food, as well as creating healthier environments that encourage walking and cycling to be used for food shopping journeys.
3D.6	Shared meal settings refer to the Fed Centre for Independent Living's 'Out and About' guide[16] for information about informal shared transport options and other useful examples and guidance on ensuring effective (free) insurance provision for volunteer drivers		Shared meal settings were referred to this in the shared meals survey undertaken by BHFP. Transport remains a barrier to people accessing support such as lunch clubs.

[15] https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/BHCC%20Local%20Transport%20Plan%204%20Document%20v260515.pdf

[16] https://www.possabilitypeople.org.uk/wp-content/uploads/2017/08/Out-about-guide.pdf

Aim 4: When prevention is not enough - ensure there is crisis and emergency support so that people do not go hungry

4A. Food banks are supported to operate effectively as an emergency option and to widen their services to help address underlying causes of food poverty – and they are not the only option in a crisis

	Action		Progress
4A.1	Advocate and provide planning options for the continuation of the Local Discretionary Social Fund (LDSF) or similar form of crisis support by a statutory organisation - so that people experiencing an emergency are not reliant purely on the voluntary/community or faith sectors. Options for continued funding are creatively explored before current provision ends in 2017		**(Y.2)** Although funding was reduced, BHCC continued to support the LDSF meaning that people experiencing an emergency are not reliant purely on the voluntary/ community sector. **(Y.3)** BHCC will continue to provide support through the LDSF in 2018/19. Challenges: This is marked as amber as there is always a question over funding.
4A.2	FareShare and other food surplus organisations continue to redistribute surplus food effectively, underpinning the work of food banks in the city. Focus on securing more fresh/healthy food & expanding to meet demand - whilst acknowledging that food waste is never the 'answer' to food poverty. The debate around food surplus issues to be explored via the Surplus Food Network and future city waste strategies *(NB affordable surplus food also supports 'shared meals' as well as food banks – see 3C.7)*		**(Y.2)** FareShare increased their volunteer number and their food supply, as well as their reach. They encouraged healthier food donations. Grassroots action to redistribute surplus food was enhanced with new peer to peer apps and platforms including Olio and Food Cloud (now called FareShare Go). Supermarkets including Lidl, Tesco and Sainsbury's were much more proactive at offering surplus. **(Y.3)** FareShare continues to recruit and support volunteers, including through provision of training: 17 have moved into employment so far in 2017/18. FareShare provision of surplus food to local charities continues to grow, with plans underway to significantly upscale operations. BHCC Public Health has committed funding for FareShare to continue to improve health outcomes until 2019. FareShare has worked closely with Surplus Food Network member Sussex Gleaning Network to

			rescue more fresh surplus produce from farms and get it to those in need. Two major supermarkets are coming on board with FareShare Go in 2018. The Surplus Food Network and a Food Waste Round table have explored issues including the 'value' of surplus food and the importance of quality donations.
4A.3	Food banks and emergency food providers ensure that people receive holistic support to tackle the underlying causes of the emergency, including access to the city's advice services (either on site or by referral). Advice services continue to better integrate their services with food banks		In 2016, food banks identified housing advice as a particular need – resources were shared on housing advice via the Emergency Food Network (EFN). Also, an adviser from BHCC visited several foodbanks. Food banks have continued to expand provision, including access to advice services and a focus on prevention. Moneyworks partners have worked more closely with food banks, with more advisors attending food bank sessions. An annual BHFP survey continues to identify food bank needs in relation to training and other services.
4A.4	Food banks continue to look at how they can offer longer term support which goes beyond emergency food & is preventative: • Digital access ideally with support • Shared meals / other 'longer term' options • 'Cooking and Eating Together' sessions and/or cookery classes • Access to low cost ingredients for cooking at home (e.g. food buying groups, link with local grocers) alongside healthier food within food banks		There has been continued progress, including a pilot digital access project with Brighton & Hove Libraries/ Digital Brighton and Hove. Several Food banks meals offer meals or refreshments e.g. at Purple People food Bank. There have been pop up cookery sessions using food bank ingredients by BHFP but this was quite hard to coordinate and not seen as priority going forward. The Emergency Food Network has continued to help build links with other services and support as have individual food banks. There has been less progress on looking at food banks as a place for 'bought' food at low cost/ links with grocers
4A.5	BHFP secures funding to develop its work to support food banks & emergency food providers; and continue the EFN as a collective space for food banks to work together and meet with advice providers and the City Council		BHCC has funded BHFP to support the EFN for 3 years from 2017.

Aim 5: Commit to measuring levels of food poverty so we know if we are being effective

5A. Existing monitoring mechanisms are used to gather better info on food poverty

	Action		Progress
5A.1	BHFP to continue to measure crisis or emergency food poverty by providing an annual snapshot of food bank use in the city		BHFP's annual survey [17] [18] [19] of food bank use continues to provide a useful insight (see intro to report)
5A.2	Continue to gather information on longer term or chronic food poverty in the city; also on national good practice/ 'solutions'		BHCC continue to ask a question about food/fuel poverty in the annual city tracker. (see below) Although BHFP have less funding for coordination on food poverty issues, new financial support from Food Power has allowed them to keep on top of national issues and good practice
5A.3	Explore how information from MUST (malnutrition screening) can inform understanding of food poverty in the city, in parallel with wider use of MUST outlined in Aim 2		The CCG recognises that more work needs to be done to bring together information derived from the MUST tool to inform a wide overview of food poverty and has committed to doing so (for more detail see aim two)
5A.4	Use breastfeeding rate data to track rates of breastfeeding, taking note of trends in more deprived wards		This data is still tracked *(see also 2A.1)*.
5A.5	Use child measurement programme data to track rates of childhood obesity in different income groups		This data is still tracked and still shows disparity between different income groups in relation to child obesity.

[17] http://bhfood.org.uk/wp-content/uploads/2017/09/Food-Bank-Survey-Snapshot-July-2015-v2.pdf

5A.6	Food banks commit to measuring the reasons people are accessing them, using 'Trussell Trust' categories so that the data can be compared		Several food banks have introduced the use of Trussell Trust Categories which has been useful both for understanding reasons for food bank use and comparing with national figures. ***Challenges:*** *not all food banks are using this method, but it was anticipated this would happen.*
5A.7	Organisations and services track food poverty levels amongst their service users using question(s) already piloted by BHFP or including the broader city tracker food/fuel question; or 'innovative' methods e.g. video/visuals - BHFP to collate data		Several organisations have included BHFP's questions in their monitoring and responded with answers. BHCC's Housing department found food poverty to be a surprisingly big issue. Other organisations have also found high levels of need. (see intro to report) ***Challenges:*** *It can be hard to get data back from organisations for collation*
5A.8	Universities strengthen their research partnership with BHFP and/or Food Matters, including at least one joint project around understanding or tracking food poverty or food prices/availability in the city *(see also 1A)*		Food Matters carried out research into the 'poverty premium' in relation to food in the city, and the cost of a healthy vs. an unhealthy basket of food. (see Aim 1) BHFP & Sussex University have strengthened joint working, with a joint event looking at tracking impact of food strategy, including the food poverty aspects, and Adrian Ely from Sussex University joining the expert panel for the food strategy refresh. BHFP and Brighton University have jointly applied for funding for a PhD student to track progress and impact.
5A.9	BHCC measures on-going levels of long term or chronic food and fuel poverty via a question in the annual weighted 'City Tracker' survey. CCG/BHCC explore whether contracts for health and social care services can help with measuring levels of food poverty (by requiring		BHCC continues to include the food and fuel poverty question in the annual 'City Tracker' survey. Although the sample is relatively small (1000 people) it has been consistent over four years so seems to provide a good picture.

[18] http://bhfood.org.uk/wp-content/uploads/2017/09/Food-banks-and-Emergency-Food-Network-report-2016-final.pdf
[19] http://bhfood.org.uk/wp-content/uploads/2017/09/Food-banks-and-Emergency-Food-Network-report-2017.pdf

	data collection); or whether they can share existing data e.g. from health visitor assessments		Although it is just one question (three or more would be much more effective) many cities are envious that we have anything. See intro for data. There has been less progress on bringing together other data sources and potential measurements e.g. Sharing health visitor assessment data not practical. BHFP have supported national campaigns around the need for a systematic Government-led means of tracking of food poverty.

Appendix 3 Examples of Food Poverty action plan initiatives:

- Chomp, who address 'holiday hunger' with activity and lunch clubs targeted at families who get free school meals in term times, have expanded and now operate on 12 sites across the city with 700 meals served p.a. Crucially they are now working in partnership with 3 schools and are piloting in children's centres.
- A successful city-wide campaign has maintained (at 68%) the uptake of Healthy Start Vouchers, whilst take-up has fallen slightly elsewhere. Brighton and Hove now has the 3rd highest take up out of 68 regions in the South East (SE average is 60% and national average 65%) although other areas continue to do much better e.g. NE average is 74%.
- A new food poverty group led by the BHCC children's Centres and focussed on children and early years brings together public health, Welfare Reform, midwife services, health visitors, BHFP, Chomp and others.
- BHCC Adult Social Care have reconfigured services to take into account food poverty (though there is still further to go)
- BHCC Housing have integrated awareness of food poverty into their services, particularly in sheltered housing, and now ask tenants about food poverty in their biennial survey, which has revealed alarmingly high levels. [ADD NUMBERS or refer to report?]
- Building on the existing work of the Brighton & Hove Emergency food network, food banks are increasingly integrated with money and other advice services, and with BHCC welfare support and the DWP. Many food banks now have advisers visiting and both the DWP & BHCC run training for food banks.
- The uniquely positive vision of the 'City that cooks and eats together' has led to initiatives such as Casserole Club, where neighbours cook an extra portion for a local vulnerable person; and a higher profile for lunch clubs and shared meals. One of the less recognised effects of food poverty is social isolation, and these projects help to address loneliness alongside healthy food accses.
- The support available for people experiencing food poverty, including a map and referral details for all the city's food banks, is on the BHFP website and is well used.
- The growth in food bank use has steadied – though there is still a steady increase in figures every year, and we do not yet have figures following the introduction of Universal Credit.

Appendix 4: Consultation for Brighton & Hove Food Strategy Action Plan 2018-23

Expert panel (cross sector advice group	4 x meetings throughout process
Annual BHFP survey of food banks	July 2017
survey of individuals	Jan – Feb 2018
survey of restaurants and retailers	Feb- April 2018
survey/report on shared meals	Feb – April 2018
How to measure the impact of the food strategy consultation event (joint with Sussex University)	Sept 2017
Healthy & Sustainable Diets consultation event	Jan 2018
City wide connect board meeting consultation slot	Jan 2018
good food procurement group consultation slot	Feb 2018
Food Use Round table	March 2018
Food poverty Action Plan requests for updates/ report	Updates Feb - March 2018 Report May 2018
'Food Power' Food poverty stakeholder event	March 2018
Focus group with rough sleepers & case study for hospital discharge	March 2018
Numerous individual conversations with key organisations and individuals	Ongoing

Appendix 5 Consultation Questions for 2018-22 Food Strategy Action Plan Refresh & Bid for Gold

Questions for organisations:	**Specific/Additional Questions:**
1) How can you contribute to achieving this aim? 2) What barriers do you think need overcoming? 3) Do you have any other suggestions which should go under this aim?	When engaging with key stakeholders a briefing will include 1) Background info 2) some specific questions for that audience and/or 3) Suggestions or a 'menu' of things they can help with

Mix and match from the eight aims below:	***Nickname***
Champion healthy and sustainable food • Healthy eating/ healthy weight/ cookery skills information and support • Incentivising healthy food choices/ dis-incentivising unhealthy ones • Adding an extra portion of veg a day • Reducing sugar/ Reducing meat (or choosing grass fed meat) • Adding 'Sustainability' to existing healthy food initiatives (and vice versa)	healthy & sustainable
Tackle food poverty and ensure equal access to healthy food • Preventing food poverty in the first place • Addressing or relieving food poverty • Ensuring access to healthy food - especially veg - across the whole city • Access to healthy food for vulnerable people including those with health conditions • Poverty proofing the whole action plan (looking through 'Food poverty goggles')	food poverty
Nourish a vibrant, diverse and skilled community food sector • Training, information and support to community food groups and to community minded individuals • Networking opportunities & partnership working to encourage links between sectors • Encouraging wellbeing and 'green wellbeing' through community food and skills to 'grow your own' • Becoming "the city that cooks and eats together"	community food

Cultivate a vibrant and sustainable food economy
• Celebrating & promoting healthy/ sustainable/ fair food
• Encouraging diversity - independent/ culturally and economically diverse food businesses & social enterprises
• Ensuring mainstream retailers & restaurants have healthy fair & sustainable policies and practices
  ○ on food sourcing/ food packaging & disposables/ food waste
  ○ on fair employment e.g. living wage
  ○ via accreditation schemes e.g. Food for Life, Healthy Choice Award
• Encouraging connections between city/towns and farms/food producers
• Improving healthy/fair/sustainable food employment opportunities & skills e.g. training, business support, apprenticeships etc
	economy

Transform catering and food procurement
• Ensuring public organisations and caterers have healthy fair & sustainable policies and practices
  ○ on food sourcing/food packaging & disposables/ food waste
  ○ on fair employment e.g. living wage
  ○ via accreditation schemes e.g. Food for Life, Healthy Choice Award
• Improving healthy/fair/sustainable food employment opportunities & skills e.g. training, business support, apprenticeships etc
	procurement

Improve sustainability and security in food production Increasing food grown, produced & processed locally – urban, country & marine: • Sustainability in food production/ transportation • Biodiversity and pollinating insects (e.g. happy bees) • Food security post –Brexit	production
Reduce food waste • Innovative approaches in order to prevent food waste in first place – move to a 'Food use' not a food waste agenda • Better redistribution of surplus food to people (and if not people, then animals) • Failing that, more composting / anaerobic digestion	waste
Ensure healthy, sustainable, fair food is both embedded in policy, and has a high profile right across the city • Planning and policy documents include healthy/fair/sustainable food • Engaging with national campaign/ sharing what we learn nationally • Visibly a 'gold' sustainable food city – healthy, fair and sustainable food is high profile, and not just in the wealthy neighbourhoods • Culture of food activism – not dependent on institutions	Embedding


Health &
Wellbeing

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

Title:	Vernon Gardens Extra Care Home Care Contract
Date of Meeting:	10th July 2018
Report of:	Executive Director, Health & Adult Social Care
Contact:	Christian Smith, Commissioning Officer, Tel: 01273 296353 Brighton & Hove Council.
Email:	Christian.smith@brighton-hove.gov.uk
Wards Affected:	All Wards in the City

FOR GENERAL RELEASE

Executive Summary

In summary, this report seeks approval to reprocure and award a contract for a period of 5 years with an option to extend for up to an additional 2 years, for home care to support people living at Vernon Gardens Extra Care Scheme. Vernon Gardens has 10 flats and is currently fully occupied. The existing contract has run since 2011. It is the intention to procure a new home care support contract in line with home care support services in other Extra Care schemes in the city which will provide more flexibility for the tenants regarding how they would wish their care support to be delivered. The new contract will also provide better value for money for the Council.

Glossary of Terms

None

1. Decisions, recommendations and any options

1.1 That the Board grants delegated authority to the Executive Director of Health and Adult Social Care to:

(i) Procure and award a contract for home care to support people living at Vernon Gardens extra care scheme with a term of five years and;

(ii) Agree an extension (or extensions) of up to one year plus another year to the contract referred to in (ii) above if it's deemed appropriate & subject to the budget being available.

2. Relevant information

2.1 Vernon Gardens is an Extra Care Housing Scheme consisting of 10 self-contained flats for younger/working age adults with physical disabilities, which has been open since summer 2011.

2.2 There is an existing home care support service called the Retire & Rise Service which has supported the tenants at the scheme since it has been open and is delivered by Mears Care Ltd.

2.3 The home care contract is a joint agreement between the Council and Clinical Commissioning Group, as they have agreed to adopt a shared approach to purchasing services for care delivery at Vernon Gardens. The contract will include a commitment on the provider to pay the Living wage as recommended by the Living Wage Foundation.

2.4 The length of the contract will be 5 years with an optional extension(s) of up to 1 year plus another year subject to the budget being available.

2.5 The contract is due to commence on 4th February 2019 on expiry of the current contract.

2.6 The procured home care provider will be required to provide services between the hours of 7.00am & 11.00pm but will not be expected to maintain a continuous presence between these hours. There will be a continuous presence between the hours of 11.00pm and 7.00am to provide a waking on call service. Care support workers will provide care and support to tenants who have eligible needs as agreed in line with their individual care and suport plans.

2.7 The provider will be required to;

a. Be registered with the Care Quality Commission.
b. Meet the requirements of the specification.
c. Be able to demonstrate that they can provide value for money.

2.8 The tender process will be undertaken in accordance with the Public Contracts Regulations 2015, under the remit of the 'light touch regime'.

2.9 The tender will be conducted using the Council's e-procurement system, South East Shared Services and will be advertised on OJEU as well as Contracts Finder.

2.10 The contract will be awarded to the tenderer submitting the most economically advantageous tender based on a ratio split of 40% Price and 60% Quality. The pricing will be based on the lowest price for 2 elements:

- An annual lump sum of providing the on-call night service to all tenants
- An hourly rate for the provision of home care to service users

This represents a cost effective approach, where bidders will be encouraged to submit an economically advantageous tender, ensuring best value for the Council. The Council has a reasonably large number of home care organisations who could provide an effective and dynamic service at Vernon Gardens. Including a 40% Price weighting ensures the service will be competitively priced at a time of economic pressures, whilst ensuring that Quality remains the most important element in determining the successful bidder. This weighting is consistent with other recent tenders in the home care sector, which have delivered high quality services within a cost effective pricing model.

2.11 Potential providers will be required to maintain an active CQC registration, evidence their financial stablility and hold the required levels of insurance.

2.12 The value of this contract is likely to be in the region of £169,000 per annum or over the life of the contract (7 years) £1,183,000.

2.13 The Procurement Advisory Board was informed and advised of the re procurement of home care support services at Vernon Gardens on 30th April 2018.

3. Important considerations and implications

3.1 Legal:

3.1.1 The services required by the proposed home care contract fall within Schedule 3 of the Public Contracts Regulations 2015 (SI 2015/102) and the procurement of those services is therefore subject to what is frequently referred to as the "light touch regime". The value of the procurement exceeds the financial threshold (£615,278.00) which an advertisement is required to be placed in the Official Journal of the European Union (OJEU). The opportunity will therefore be advertised across the European Union satisfying the requirement to seek value for money. The procurement process is not unduly proscribed but must accord with the fundamental public procurement principles of transparency, fairness and equal treatment. The OJEU notice is a fundamental procurement document and it is important the notice reflects the extent to which variation of the contract over its life is permitted to reflect changing circumstances and developments in best practice and further the provisions relating to the requirement to pay the living wage and the potential for a TUPE transfer.

3.1.2 Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply in which case the provision of those Regulations must be complied with.

3.1.3 Consideration must also be given when letting service contracts to the provision of social value (Public Services (Social Value) Act 2012).

3.1.4 It is a function of the Health and Well Being Board to oversee and make decisions concerning Adult Social Care. Section 5 of the Care Act 2014 imposes duties on the Local Authority to facilitate and shape the market so that it meets the needs of all people in its area who need care and support, regardless of how it is arranged or funded. The duties imposed require the Local Authority to ensure the market provides diverse, high quality, sustainable options to meet needs now and into the future.

Lawyer consulted: Judith Fisher Date: 12.06.2018

3.2 Finance:

3.2.1 The value of the block contract is currently £0.141m per annum and there are 30 additional hours support per week at the core fee rate which totals £0.028m per annum. Therefore the total spend is currently £0.169m per annum.

Finance Officer consulted: Sophie Warburton Date: 12.06.2018

3.3 Equalities:

3.3.1 Work is ongoing into the Equalities Impact & Outcome Assessment.

3.4 Sustainability:

3.4.1 The Recommendations of this report are intended to support the care market to be sustainable by paying fees which are fair.

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

3.5.1 The Contract will be a joint Council and NHS Health Clinical Commissioning Group contract.

3.5.2 There will be no impact upon, nor are implications for established services in the city for Health, Social Care, Children's Services or Public Health.

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

Title: **Pharmaceutical Needs Assessment**

Date of Meeting: **10th July 2018**

Report of: **Alistair Hill, Director of Public Health on behalf of Brighton & Hove Pharmaceutical Needs Assessment Steering Group**

Contact: **Nicola Rosenberg 01273 296558**

Email: **Nicola.Rosenberg@brighton-hove.gov.uk**

Wards Affected: **All**

FOR GENERAL RELEASE

Executive Summary

The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a revised Pharmaceutical Needs Assessment (PNA) every three years. The PNA maps current pharmaceutical services, identifying gaps and exploring possible future needs. It's used by NHS England to decide upon applications to open new pharmacies and informs the commissioning of pharmaceutical services.

The most recent PNA was approved by the HWB in March 2018 and published in April 2018. This followed an extensive range of surveys with the public and professionals about the provision of local pharmacy services; as well as a statutory two month public consultation.

An application has now been received by NHS England from Paydens Ltd to consolidate two pharmacies (Paydens Ltd trading as Ashtons Pharmacy, 98 Dyke Road, Brighton, BN1 3JD and Canterbury Pharmacies Ltd, trading as Watt & Co Chemist, 110 Dyke Road, Brighton, BN1 3TE).

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013 Regulation 26A, the HWB is required to make a written representation to NHS England indicating whether, if the application were granted , the proposed

closure of the pharmacy and its removal from the pharmaceutical list would or would not create a gap in pharmaceutical services. NHS England must refuse an application if it would create a gap in pharmaceutical services and the HWB must publish a supplementary statement if the closure does not create gap in pharmaceutical services. This is to prevent future unsuccessful applications to replace the closing pharmacy – as there is no gap to be filled.

The purpose of this paper is to request for the HWB to make a representation to NHS England that the proposed consolidation of the two pharmacies would not create a gap in pharmaceutical services and to approve the process for delegating authority to the Director of Public Health, in liaison with the Chair of the HWB and PNA Steering Group, if requests for consolidation of pharmacies falls within a 45 day time period that the HWB is not meeting.

Glossary of Terms
Chapter 11 is a Table of abbreviations used in the report.

1. Decisions, recommendations and any options

1.1 That the Board agrees that the following representation should be made to NHS England:
The Board requests that NHS England ensures that the proposed consolidation of two pharmacies (Paydens Ltd trading as Ashtons Pharmacy, 98 Dyke Road, Brighton, BN1 3JD and Canterbury Pharmacies Ltd, trading as Watt& Co Chemist, 110 Dyke Road, Brighton, BN1 3TE) does not create a gap in pharmaceutical services; the Board would like assurance regarding the space available and if this is sufficient for the demand required by patients, details regarding the number of pharmacists available to provide services in the consolidated pharmacy in comparison to across both sites when open and whether the time to prepare and provide prescriptions will be increased.

1.2 If answers to the above issues are that that the consolidation of the pharmacy will not reduce service provision, the Board seeks assurances that the proposed consolidation of the two pharmacies would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need for pharmaceutical services, secure improvements, or better access, to pharmaceutical services.

1.3 The Board approves delegating authority to the Director of Public Health in liaison with the Chair of the HWB and the PNA Steering Group for sending representations to NHS England, if a request for a consolidation of a pharmacy happens within 45 days when the HWB is not meeting.

2. Relevant information

2.1 Paragraph 19(5), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England. Those representations must (in addition to any other matter

about which the Health and Wellbeing Board wishes to make representations) indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services. The Health and Wellbeing Board's representations should be sent 45 days following receipt of the letter. The letter from NHS England was received by the Health and Wellbeing Board Friday 8th June 2018, after having being sent to the incorrect address. The 45 day period officially started by NHS England on 27th April 2018. Considering the circumstances an extension has been given for the HWB to respond by 15th July 2018.

2.2 At the HWB meeting March 2018, the Board approved the process for supplementary statements delegating authority to the Director of Public Health working with the PNA Steering Group to identify and implement any future amendments to the PNA and to bring back a full revised PNA to the HWB in April 2021. As this consolidation of a pharmacy results in a closure this is being reported to the HWB. For future consolidation of pharmacies if these fall within a time whereby the HWB is not meeting, it is requested that approval for such a consolidation is delegated to the Director of Public Health in liaison with the Chair of the HWB and the PNA Steering Group.

2.3 The merger and consolidation of these two pharmacies will reduce the number of pharmacies in the city from 56 to 55 (including one distance selling online pharmacy). This translates to 19 pharmacies per 100,000 residents,[1] excluding the distance selling pharmacy compared to a range of 18 to 26 per 100,000 for our comparable local authority neighbours (where 2018 PNA data has been published) with a median of 19 per 100,000. This is the same as 19 per 100,000 for Kent, Surrey and Sussex and lower than 22 for England. The PNA Steering Group has previously concluded this number of pharmacies and pharmacists is sufficient to meet pharmaceutical needs of residents in Brighton and Hove. This due the proximity of pharmacies in the city and the increasing numbers of pharmacist roles (such as through the Better Care work) and the numbers of non-medical prescribers which supports increased access to pharmaceutical advice and support overall.

2.4 In terms of any loss of service provision resulting from this merger, the PNA Steering Group does not think a gap is being created because the remaining merged pharmacy (Ashtons Pharmacy, 98 Dyke Road) will continue to be open for 91 hours per week and will offer the same range of advanced and enhanced services, as well as those previously provided by the 40 hour pharmacy at Canterbury Pharmacies Ltd, trading as Watt& Co Chemist, 110 Dyke Road. The application confirms there will be no reduction of services offered or interruption to service provision. Chlamydia screening, condom supply and emergency contraception are the services that Ashtons was not providing and following this consolidation will start to provide. This change

[1] This is based on Office of National Statistics mid-year estimates 2016.

strengthens the opportunity for the pharmacy to better integrate services, offering a broader range of enhanced services within one location.

2.3 In terms of any loss of geographical access to pharmacy services, the PNA Steering Group does not think a gap is being created by this change. The two pharmacies proposing to consolidate are approximately 110m apart either side Seven Dials roundabout. There is also another Pharmacy (Charter) approximately 500m by road from Seven Dials roundabout.

2.4 The PNA steering group will continue to monitor impact on the capacity of all pharmacies in the city regarding workload.

2.5 Other changes to pharmacies since publication of the PNA are changes of ownership to Glenhazel Ltd for Healthy U Pharmacy, 59, Lustrells Vale, Saltdean and Traherne Pharmacy 13, Hove Park Villas and a change in hours for the Traherne Pharmacy from 8.30-6.30 pm to 9.00 – 6.30 pm.

3. Important considerations and implications

Legal:

3.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations") Regulation 26A set out the legislative basis and requirements of the Health and Wellbeing Board to review applications for consolidation of two or more pharmacies. The proposals set out in this paper are consistent with the requirements of the Health and Wellbeing Board as set out in the Regulations. The H&WB does not have the power to make a decision on the matter, but it can make representations to NHS England.

Lawyer consulted: Elizabeth Culbert Date 13th June 2018

Finance:

3.2 There are no financial implications as a direct result of this application.

Finance Officer consulted: David Ellis Date 12th June 2018

Equalities:

3.3 Equality Act 2010 requirements were incorporated within the full PNA document. During the PNA process we took into consideration protected characteristics and vulnerable groups at each stage of the process and details relating to how services affect different groups are detailed in the main report.

A review has been conducted regarding access issues relating to the consolidated pharmacy premises. The consolidated pharmacy premises at Ashtons Pharmacy, 98 Dyke Road will have wheelchair access and has a separate consultation room, which is the same level of access as the Canterbury pharmacy. An in-depth review will be undertaken to look at equalities issues relating to future supplementary statements and PNAs.

Equalities Officer consulted: Sarah Tighe-Ford Date 12th June 2018