



Health & Wellbeing Board
10 September 2019
4.00pm
Council Chamber, Hove Town Hall

Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 10 September 2019, 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

- Sussex Health and Care Strategic Plan
- Better Care Fund Planning 2019/20
- Winter Care Planning to Support the Health and Care System
- Future Use of Knoll House Resource Centre
- Brighton and Hove Healthwatch Annual Report



Who is invited:

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

CCG Members: Dr David Supple (Deputy Chair), Lola BanJoko, Malcolm Dennett and Dr. Jim Graham

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

Contact: **Penny Jennings**
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AGENDA

Formal matters of procedure

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

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12 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.

13 MINUTES

9 - 22

The Board will review the minutes of the last meeting held on the 23 July 2019, decide whether these are accurate and if so agree them.

14 CHAIR'S COMMUNICATIONS

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

15 FORMAL PUBLIC INVOLVEMENT

23 - 28

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

(a) Petitions - to consider any petitions received by noon on 4 September 2019;

(b) Written Questions - to consider any written questions received by noon on 4 September 2019;

(c) Deputations - to consider the Deputation in respect of "Mental Health Pledge" forwarded from Full Council on 25 July 2019 (copy attached)

16 FORMAL MEMBER INVOLVEMENT

Please Note: Following consideration of the preceding items 12-16 inclusive, a formal callover will take place in respect of the remaining items on the agenda.



- 17 SUSSEX HEALTH AND CARE STRATEGIC PLAN - TO INCLUDE THE BRIGHTON AND HOVE WORKING RESPONSE**
- Joint report of Executive Director, Health and Adult Social Care and Chair of Brighton and Hove Commissioning Group (to follow)
- This formed the subject of a briefing session that which took place on 28 August to which all Health and Wellbeing Board and Health Overview and Scrutiny Members were invited.
- 18 BETTER CARE FUND PLANNING 2019/20** **29 - 50**
- Joint report of Executive Director, Health and Adult Social Care, Ashley Scarff, Director of Partnerships and Integration, CCG and Andy Witham Head of Adult Social Care Commissioning (copy attached)
- Contact:* Rob Persey *Tel:* 01273 295032
Ward Affected: All Wards
- 19 WINTER PLANNING TO SUPPORT THE HEALTH AND CARE SYSTEM** **51 - 74**
- Joint report of the Executive Director, Health and Adult Social Care and Lola BanJoko, Interim Managing Director Brighton and Hove CCG (copy attached)
- Contact:* Rob Persey *Tel:* 01273 295032
Ward Affected: All Wards
- 20 FUTURE USE OF KNOLL HOUSE RESOURCE CENTRE** **75 - 84**
- Report of Executive Director, Health and Adult Social Care (copy attached)
- Contact:* Rob Persey *Tel:* 01273 295032
Ward Affected: All Wards
- 21 BRIGHTON AND HOVE HEALTHWATCH ANNUAL REPORT 2018** **85 - 124**
- Joint Report of Executive Director, Health and Adult Social Care and David Liley, Chief Executive Healthwatch (copy attached)
- Contact:* Rob Persey *Tel:* 01273 295032
Ward Affected: All Wards

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

Public Involvement

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

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



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



1. Procedural Business

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

(b) Declarations of Interest:

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

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

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

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

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

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

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 23 JULY 2019

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Moonan (Chair); Appich (Deputy Chair), Shanks (Opposition Spokesperson), Bagaeen (Group Spokesperson), Nield, Brighton and Hove Clinical Commissioning Group (BHCCG): Dr David Supple (Deputy Chair), Lola Banjoko, Ashley Scarff and Malcolm Dennett

Also in Attendance : Geoff Raw (Chief Executive), Rob Persey (Statutory Director, Adult Social Care), Pinaki Ghoshal (Statutory Director, Children’s Services), Alistair Hill (Director of Public Health), Graham Bartlett (Brighton and Hove Safeguarding Adults Board), David Liley (Brighton and Hove Healthwatch) and Liz Culbert, Head of Legal Services

PART ONE

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

1(a) Apologies

1.1 No Apologies for absence were received.

1(b) Declarations of Substitutes, Interests and Exclusions

1.2 There were none.

2 MINUTES

2.1 **RESOLVED** – That the Chair be authorised to sign minutes of the meeting held on 19 March 2019 as a correct record.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair opened her communications by stating how delighted and honoured she was to have been appointed as Chair of the Board. There were many exciting opportunities ahead including:

- There was an ambitious Health and Wellbeing strategy to be implemented; this would have a real impact on the health and happiness of residents throughout their lives;
- Also, a new NHS Long Term Plan with a real focus on prevention and integration with the Board at the forefront of its implementation.

3.2 The Chair, wanted to stress the critical nature of the partnership with health colleagues, resident groups and other partners and how important it would be to work together to address the health challenges we had in the city. She welcomed new and existing members and gave them the opportunity to introduce themselves.

At the last Board meeting it had been agreed to review the Board's terms of reference and membership. In view of the work coming forward it was very important that membership of the Board reflected that and that it was focusing on the right issues. The Chair wished to reassure Board members that the next steps in commencing that work would be starting very soon and that members would be kept fully informed.

Length of Chair's Communications

3.3 The Chair explained that a great deal of information was placed into Chair's Communications. Whilst this information was welcome and it was important to keep people informed about what was going on, the amount of information seemed to be growing at each meeting. She wanted to see if it would be useful to reduce these at the meeting, but to send a summary newsletter following each Board meeting providing detail on items from both the Council and CCG. This would be trialled over the summer to enable Board members to provide their views and in the meantime she was seeking to reduce the content that was verbally updated at the meeting.

3.4 The Chair provided an update in respect of the following:

Equalities Lead

3.5 Councillor Grimshaw had been appointed Lead Member for Equalities. This was very welcome as the equalities agenda was vital to ensure inclusion and representation of all groups with protected characteristics. In order to support her the Chair would be focusing on Mental Health and Councillor Appich would be providing a focus on Learning Difficulties and Disabilities. The most important message that they wanted to get across was that the council was inclusive and here to support the city's most vulnerable residents and the providers who supported them and she was sure that health partners were in agreement with those aims.

Carers Festival

3.6 A very successful carers festival had taken place. This had been well attended and the Chair had asked for a report on the event and its outcomes. An updated Carers Strategy which would build on the Health and Wellbeing Strategy 4 Wells, was scheduled to come to the November meeting of the Board.

Disability Pride

- 3.7 That years Disability Pride event had also taken place recently. However, notwithstanding that it had been well attended it was intended to engage the Board in supporting the event earlier next year in order to ensure that this event received the support it needed.

What's Out There

- 3.8 On 18 July more than 240 people had come along to the biggest free event in the city for people with learning disabilities or autism to see for themselves what was on offer in Brighton and Hove. This had been a great example of collaboration between the council, CCG, Amaze, Speak Out and the Carers Centre. Around 50 local organisations had showcased the advice/support they provided around health, housing, education, employment, money and more. There had also been activities to try out including dance, sketching, hula hooping and badminton.

Pride

- 3.9 The Chair had been asked to provide information about how everyone could support the NHS during Pride. Brighton Pride was the biggest summer festival in the city that saw hundreds of thousands of local residents and visitors flocking to the streets to enjoy the celebrations. The local NHS was pleased to support Pride in the city. With so many visitors and locals out enjoying the festivities it was more important than usual the everyone had access to local health services, receiving the right care, in the right place at the right time. Alternatives to A&E for urgent care when it was not an emergency, included the NHS www.nhs.uk and pharmacists could also help by offering treatment advice and recommending remedies.
- 3.10 The Local NHS was calling on everyone to support ensuring that Pride visitors accessed non-emergency care offered in the city, freeing up emergency services for those who needed them most over Pride weekend by using the materials in the toolkit a link to which would be provided in the minutes. Members support in spreading the messages of this campaign would be greatly appreciated and would help to ensure that the local NHS emergency department was free to treat those in most need first during Pride 2019.

Strategy

- 3.11 The Health and Wellbeing Strategy covered a huge number of areas and impacted on a lot of the council's business not all of which came to the Board, so the Chair highlighted a few items which had been considered sat other committees:
- Safeguarding in the Night Time Economy had provided an update on the services that were available to help people in the city at night <http://phantom-brighton-hove.uk/ieDecisionDetails.aspx?Id=5488&LLL=0>
 - The Cycling and Walking Infrastructure Plan <http://phantom.brighton-hove.gov.uk/mgAi.aspx?id=74060&LLL=0>. Both of these supported the Living Well agenda. People were encouraged to have a look.

Pharmacy

- 3.12 One of the key responsibilities of the Board was to oversee the Pharmaceutical Needs Assessment of the city to ensure residents had access to pharmaceutical support. NHS England been informed that Boots in London Road was relocating to 5-8 London Road. This was only 100 metres across the road and would not have a detrimental impact in the community as the level of service and opening hours would not be changing. As there was no gap in provision created by this relocation, the HWBB did not need to make any representations to NHS England about the move.

Suicide Prevention

- 3.13 Recently an update had been received in respect of the council's suicide prevention strategy. Brighton and Hove had a higher than average suicide rate and the Chair was very pleased to announce that confirmation had recently been received that, following submission of a bid earlier in the year, the Sussex and East Surrey STP had been awarded £687,000 Suicide Prevention Transformation Funding by NHS England. Funding had been awarded initially for one year. This initiative would complement the local authority led local Suicide Prevention Strategy agreed by the Health and Wellbeing Board earlier in the year.
- 3.14 Additionally, the Chair was pleased to report NHS Brighton and Hove CCG and Brighton and Hove City Council had been awarded a five-year "Community Roots" contract to local housing, care and support provider, Southdown, to transform non-clinical mental health services across the City. The first of its kind in Sussex, the City-wide contract which would start in October 200119 would bring together 15 separate organisations to strengthen, develop and integrate mental health support for different levels of need.

Homelessness and Rough Sleeping

- 3.15 At Full Council on Thursday 25th July it was hoped that the proposal to consolidate homelessness and rough sleeping issues into one committee, the Housing and New Homes Committee would be approved. This would improve consistency and clarity around decision making on this very important policy area. Therefore, papers and public engagement on these issues would be forwarded to that committee rather than come forward to the Board. The Chair wanted to assure everyone however, that committee papers would still have input the Health and Adult Social Care directorate and relevant lead members as necessary to ensure that the very best, evidence based decisions were arrived at.
- 3.16 **RESOLVED** - That the content of the Chair's Communications be received and noted.

Callover

- 3.17 The Chair stated that there were two late reports. She had taken the decision as Chair to accept them on this occasion. However, as reports were usually planned well in advance of each Board meeting there was generally little reason for delay and late reports might not be accepted in future.

3.18 The following items on the agenda were reserved for discussion:

- Item 6: Adults with Multiple Long-Term Conditions – Joint Strategic Needs Assessment;
- Item 7: Moving Forward Together in Partnership – Presentation;
- Item 8: Brighton and Hove Health and Wellbeing Strategy 2019-30 Delivery Plan;
- Item 9: Better Care Plan;
- Transition to New Children’s Safeguarding Arrangements

3.19 The following item was not reserved for discussion and was therefore taken as received and the report recommendations agreed:

- Item 11: Commissioning of Sexual Health Services.

4 FORMAL PUBLIC INVOLVEMENT

Written Questions From Members of the Public

4.1 The Chair informed the Board that one public question had been received from Mr John Kapp. The Chair invited Mr Kapp to put his question:

“Does the Board agree that health inequalities and the crisis in primary care would be reduced if a new social prescribing system were co-created with complimentary therapists, by which they would be paid as pharmacists are paid for drugs, and if so, what plans has the Board to use their budget of £540mpa to implement this new system.”

4.2 The Chair thanked Mr Kapp for his question and explained for the benefit of the public who were present that Social Prescribing is a way of enabling healthcare professionals to refer patients to a link worker to co design a non clinical social prescription to improve their health and wellbeing, in ways that address the environmental, social and economic determinants of health and wellbeing. It works holistically and flexibly in a person centred way to understand people’s issues and find and connect them to services and/or activities that will support and help them. Most issues at the centre of Social Prescribing and its approach included: loneliness, housing, work/skills and finance/debt.

4.3 The Chair stated that she considered that it was important to highlight that this was not an alternative to clinical/medication intervention and did not include counselling. The detailed written response which was provided and is set out below response provided information about the NICE guidance and the national picture which helped with the understanding of the anticipated provision.

“Social Prescribing in Brighton and Hove.

Brighton and Hove Impetus have been the provider of Social Prescribing (SP) within primary care through “Community Navigation” for approx. 5 years, growing from a 16 practice pilot to a city wide model. The service developed to cover all GP “clusters”, however approx. half of the GP practices in the city either do not use the service or have a very low level of referral. Referral is currently by GP or practice nurse; the service is

working with the “Cluster”/PCN 6 pilot to trial referral by District Nurses, and is also working with Adult Social Care to explore referral.

Impetus are one of 23 organisations to bid successfully for additional funding for SP, which is match funded by the CCG; this funding facilitates specialist SP for Gypsy, Roma and Traveller communities, Transgender people and people with an overseas language need, support in the Whitehawk area – recognising its particular health inequalities, and support for cases which are particularly complex.

The Impetus service underwent a Public Health led rapid evaluation in late 2018; this, plus the introduction of PCN Link Workers and associated national guidance is forming the basis of a review in Brighton and Hove. An options paper will be produced to outline potential modelling which encompasses both the existing service and PCN Link Workers, and develops the service further in line with guidance and best practice.

Early conversations with PCNs are taking place, and PCN Clinical Directors were invited to a workshop in June 2019 to overview SP and to gather feedback to inform local principles and options development.

Services people have been signposted to include:

Befriending;

Day activities;

Self-run older people’s groups;

Information advice and guidance services;

Advocacy services;

Carers Centre support;

Adult social care”

- 4.4 The Chair invited Mr Kapp to ask a supplementary question and he referred to details in relation to “Possibility People” which had been considered at the Health, Overview and Scrutiny Committee recently.
- 4.5 In response the Chair confirmed that she was aware that a report and also questions at the Health Overview and Scrutiny Committee (HOSC) the previous week had covered that area. In addition, she was mindful that there could be further activity at HOSC. The council tried to ensure that there was to put one report to one committee unless a matter was referred elsewhere. This issue had not been referred to the Board for consideration. However, she would ask officers to place the link to the HOSC meeting in the minutes (see below) so that people could access that information should they need it.

[[https://present.brighton-hove.gov.uk/Published/C00000911/M00009737/AI00074082/\\$PPdisabilityadvicecentrecoverv4.docxA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000911/M00009737/AI00074082/$PPdisabilityadvicecentrecoverv4.docxA.ps.pdf)

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- 4.6 **RESOLVED** – That the position be noted.

5 FORMAL MEMBER INVOLVEMENT

Written Questions from Members

5.1 The Chair invited Councillor Nield to put the following question:

“In the light of the proposed merger of Matlock and Beaconsfield GP surgeries, and with 10 GP practices closing in Brighton and Hove since 2015, we have an ongoing situation of small local GP surgeries being absorbed into bigger hubs, which may offer patients better facilities, but at the expense of proximity and accessibility to those patients. What forward plan can be put into place to mitigate the effects of the loss of primary care to our residents, many of whom may be elderly or otherwise vulnerable and for whom travel is often difficult? Could we have more branch surgeries so that older and frailer residents don't have to make these longer journeys when they are ill?”

It seems that this is a trend which is going to continue, and the problems it creates are going to get worse as our population ages. What is the plan for how to keep primary care within reach of those who need it?”

5.2 The Chair thanked Councillor Nield for her question and gave the following written response which had been agreed in consultation with the CCG:

5.3 “The CCG are committed to ensuring local people have access to GP surgeries and every effort was made to support GPs in the city. The proposed merger of the two practices was not the result of any changes to levels of CCG funding or reorganisation plans.

The plan to merge the practices had come from partners in the two surgeries. As the lease of Matlock Road Surgery comes to an end next year, the existing partner GP, Dr Allen felt he was unable to commit to a new lease following a number of unsuccessful attempts to recruit a new partner.

The CCG were notified by the partners at Matlock Road Surgery and Beaconsfield Medical Centre of their plans to come together to form a single larger partnership, offering greater stability and sustainability for local general practice services for the future. The CCG has worked with them to inform and consult with patients and other stakeholders. The surgery partners have told us they have come to the decision to merge practices to ensure their future sustainability, and their ability to provide high quality care to their valued patients. The business plan they have presented proposes that they will come together in early 2020, but patients will be consulted on their views before a final decision is made by the CCG whether to agree to the proposed merger.

We would like to stress that there is no need for patients registered at either surgery to do anything to get a new GP, as they will automatically transfer to the new practice. All Matlock Road staff, including Dr Allen, will be moving to the new surgery so there will be no reduction in the overall workforce in the city. In addition, Matlock Road patients will have access to a range of primary care services not currently provided by their smaller surgery. Beaconsfield is the nearest practice geographically to Matlock Road. However, recognising there is no direct bus route linking the two sites, the CCG will be writing to all patients advising them of other practices which may be more directly accessible by public transport, and how to register with them.

As Chair I am aware that the workings of general practices, who are independent contractors, can be complex and I have asked the CCG to provide a paper to the Board which explains what happens when these proposals come to the CCG, who has the decisions etc., for information.”

5.4 Councillor Nield did not have a supplementary question but thanked the Chair for her response, which accorded with what she believed to be the case in respect of this matter and for the opportunity to raise it in a public forum. Councillor Nield was pleased to note that a report would be brought forward to the Board considering that this would be helpful and informative.

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

6 ADULTS WITH MULTIPLE LONG-TERM CONDITIONS - JOINT STRATEGIC NEEDS ASSESSMENT

6.1 The Board considered a joint report of the Head of Public Health Intelligence, the Consultant in Public Health and Brighton and Hove CCG setting out the Joint Strategic Needs Assessments (JSNAs) in respect of adults with multiple long-term conditions.

6.2 It was explained that JSNAs provided a comprehensive analysis of current and future needs of local people to inform commissioners and providers regarding how they could improve outcomes and reduce inequalities. The Health and Social Care Act 2012 required the function of preparing a JSNA and a Joint Health and Wellbeing Strategy to be discharged by the Health and Wellbeing Board. From April 2013, local authorities and Clinical Commissioning Groups had equal and explicit obligations to prepare these to reflect local' population health needs.

6.3 An in-depth needs assessment of adults with multiple long-term conditions had been published in February 2019 as part of the JSNA programme. It provided a comprehensive analysis of current and future needs of local people, and provided the underpinning evidence of the need for integration of health and social care and recommendations for commissioning and provision of services. The paper before the Board was intended to provide an overview of the key findings from the needs assessment for it to note summarising progress which had been made so far. There were over 51,000 adults aged 20 years or over living in Brighton and Hove who were recorded as having multiple long-term conditions (two or more) as at March 2017 (22% of adults) and around 8,000 with five or more conditions. These figures were similar to estimates published by Public Health England based on a large scale study in Scotland. There was a significantly higher estimates prevalence than the South East for all age groups under 85 years but because the city's population was younger our overall estimate was lower that for the South East (23%) as opposed to 21%.

6.4 Councillor Shanks stated that this was a useful document whilst it included a lot of information which members were already aware of or suspected it served to highlight the issues being addressed to ensure that a holistic approach was being adopted. Councillor Shanks enquired regarding the means by which data was shared and how it would be identified for example that an individual had mental health needs as well as physical ones.

- 6.5 Malcolm Dennett responded on behalf of the CCG stating the that analysis undertaken had shown that this was more significant than had originally been thought and further work was being undertaken with partners and it was anticipated that in consequentially that could lead to some fundamental changes in future. There were two schools of thought on information sharing whilst is was important for partners to be in possession of germane information in some instances there might be safeguarding issues to be addressed. By sharing information appropriately arrangements could be put into place to ensure that those suffering longer term conditions would have arrangements for specialist nursing and medical care in place when they needed them. This would be a “longer” journey but would result in more tailored care.
- 6.6 The Executive Director, Health and Adult Social Care explained that this work would also link into and guide the strategy in place to address the “Four Wells” from March 2020 in order to improve health outcomes in the city. The Director of Public Health confirmed that this work had also been reflected in the forward planning process for the “Health and Wellbeing Action Plan” going forward. This work had been well received locally and further afield.
- 6.7 The Deputy Chair, Councillor Appich, concurred that much of the information which had been drawn out. The key lay in prevention and it was important to ensure that funding was in place to ensure that services were delivered. It was confirmed that the council would continue to lead on wellbeing and it was anticipated that a report considering the needs of carers who themselves had multiple needs would be available for the Board’s September meeting.
- 6.8 Councillor Bagaean considered it unfortunate that homelessness and the multiple health issues that could give rise to would be considered by the Housing and New Homes Committee in future. Those who were homeless often had complex health and mental health conditions. Ms Banjoko, CCG, explained that there was awareness of these issues and measures were being put into place to effectively address the needs of this group.
- 6.9 The Chief Executive confirmed that stakeholder meetings occurred regularly to ensure that effective support mechanisms were in place for this group and that they were dealt with sensitively and were not criminalised.
- 6.10 **RESOLVED** – That the Board note the findings and recommendations of the needs assessment to improve the prevention of multiple long-term conditions and the care of those with long-term multiple conditions.

7 MOVING FORWARD TOGETHER IN PARTNERSHIP - PRESENTATION

- 7.1 The Board received a presentation in behalf of the Executive Director, Health and Social Care and the Director of Partnerships and Integration at the CCG. The purpose of the presentation was to provide an update on system wide developments in the NHS and how these would support working with partners in a more collaborative approach moving forwards with a focus on:
- Key structures;
 - National direction; and

- What that meant for Brighton and Hove.

7.2 The Board Members noted that since the 2012 Health & Social Care Act had been brought into being the national health system had been subject to a number of systematic changes. New Members of the Board had been apprised of them at their induction training which had taken place in June. At that time the CCG had provided the Board with an update on current structural changes to the NHS and how it was envisaged that working closely with local government and other system stakeholders these would support further collaborative working. Further reports would be provided to future meetings as the national direction and local response to it took shape.

7.3 In answer to questions by Councillor Nield, Mr Scarff, CCG, explained that whilst it was acknowledged that there was still a lot of work to be carried out with a view to transforming care provision/packages in the medium to longer term, progress was being made and things were moving forward.

7.4 Councillor Bagaeen stated that the information provided in the slide pack was helpful and informative, particularly that setting out details of the budgetary implications and details of how the NHs was paid for.

7.5 In answer to questions by Councillors Appich and Shanks regarding the range and level at which these discussions were taking place, the Chief Executive explained that in depth discussions were taking place about the Integrated Care Partnership including all players to ensure that an integrated strategy was developed. By using that approach it was hoped to avoid unintended impacts on partners or on the voluntary sector and to move towards the alignment of budgets. The intention was that the process was transparent and that a 10 Year Plan was devised. Discussions would take place at different levels at different times.

7.6 Mr Dennett, CCG, explained that their decision making meetings met in public as did the Board and information about where money would be spent was readily available.

7.7 Councillor Bagaeen stated that it would be very useful to have detailed breakdowns of how monies were to be allocated and where they would be spent, for example, how monies for GP practices would be funded and where those monies would come from. It was explained that it was anticipated that a paper detailing this would be brought forward to the next scheduled meeting of the Board.

7.8 **RESOLVED** – That the Board agrees to note the content of the presentation.

8 BRIGHTON AND HOVE HEALTH AND WELLBEING STRATEGY 2019-30 DELIVERY PLAN

8.1 The Board considered a joint report of the Director of Public Health, Health Executive Director, Adult Social Care and the Deputy Managing Director, South, Brighton and Hove Clinical Commissioning Group which set out the Brighton and Hove Health and Wellbeing Strategy 2019-2030 Delivery Plan.

8.2 It was noted that one of the key duties of the Health and Wellbeing Board was to prepare and publish a Joint Health and Wellbeing Strategy to meet the needs identified

in the Joint Strategic Needs assessment (JSNA). The new Strategy had been agreed unanimously at the Board's meeting in March 2019. This was the overarching strategy for the Board which set out how the organisations represented on the Board, along with partner organisations and communities would improve the health and wellbeing of people in Brighton and Hove. The strategy vision was that everyone in Brighton and Hove would have the best opportunity to live a healthy, happy and fulfilling life. This paper described the process for developing the Health and Wellbeing Plan to deliver the aspirations of the strategy and how Board Members would provide system leadership to enable delivery of the Plan and have oversight of its implementation.

- 8.3 The Director of Public Health and Executive Director, Adult Social Care explained that the strategy had built on work carried out earlier in the year intended ultimately to align services and delivery and to feed into the key areas identified for each life stage, the four "wells", starting well, living well, ageing well and dying well. The next step would be to develop an overarching Health and Wellbeing Plan detailing how these aspirations would be delivered.
- 8.4 Councillor Shanks referred to the links between poor diet and health enquiring regarding strategies in place to address this and enquiring to what extent this was within the control of local partners. It was explained there were various strategies in place, including measures such as "Poverty Proofing the School Day" and health education to give tips for providing healthy and nutritious meals via various initiatives around the city and via the produce provided at the city's food banks.
- 8.5 In answer to further questions of Councillor Shanks, the Chief Executive explained that Officers and Councillors would be fully involved in dialogue via the appropriate Committees and in implementation of the strands of work identified in the strategy going forward. Work was being carried out through existing groups and bodies in concert with the CCG to that end.
- 8.6 Councillor Bagaeen considered the information provided and set out in the strategy was helpful asking how the work to be undertaken as part of the strategy was measured. It was explained that the strategy was a "living" document and that performance against the benchmarks set was measured using a traffic light system of red, amber and green. Ms BanJoko, CCG explained that a number of initiatives underpinned the four wells, for example, a dementia friends scheme sought to meet national and local targets. A considerable amount of data was available already and was being used as a tool for future delivery and to ensure that it linked into the strategy.
- 8.7 Councillor Nield, referred to "dying well" stating that this appeared to be the least developed of the strategies. It was confirmed that a lot of work was being undertaken in this area and that the outcome of the work being undertaken currently and arising from dialogue with partners would be announced later in the year. There was a need for decisions to be made in the light of fully rounded conversations having taken place and a need for all parties to contribute. The process needed to be cross-working and collaborative.
- 8.8 Councillor Bagaeen referred to the role that utilisation of the city's open spaces could play and to the need to target available resources appropriately in order to move the strategy forward.

- 8.9 Councillor Appich, concurred agreeing that there was lot of green space within her own ward which appeared to be under-utilised. Encouraging better community use would be cost effective and provide beneficial health benefits.
- 8.10 The Executive Director, Families, Children and Learning, explained that discussions were taking place within the schools' sector and with other partners in order ascertain how these spaces could be best used.
- 8.11 The Chair, Councillor Moonan, that it was very important for the Board to be engaged with and for members' input to be built into the process. Periodic reports would be brought back to the Board as integral to its role in monitoring that process.
- 8.12 **RESOLVED** – That the Board approves the establishment of the process to develop the Health and Wellbeing Plan.

9 BETTER CARE PLAN - FUND DASHBOARD

- 9.1 The Board considered a report of The Executive Director of Health and Social Care and the Director of Partnerships and Integration at the CCG providing a progress update on the Brighton and Hove Better Care Fund Programme for 2018-19. The report included a general update on the most recent financial and performance indicators agreed within the Better Care Fund Plan and performance dashboard. Members were invited to review the dashboard and to consider the key performance indicators and financial performance. Whilst the report and its contents were for note they would be used to inform planning for future years.
- 9.2 Councillor Shanks stated that she found some of the information confusing, more in depth information regarding how monies were to be spent would be welcome. Mr Scarff, CCG , explained that although the national picture on funding and its impact locally was still evolving, more information was available than 18 months or so previously and it was on that basis that the dashboard system being used in moving the Better Care Fund onto the next phase.
- 9.3 In answer to questions it was explained that in the absence of a statutory instrument in order to do so, entry into a S75 Agreement enabled partners to pool their funding; there was no other mechanism which allowed that to happen. The Executive Director explained that the mechanisms currently in place had in reality been a blunt tool aimed at forcing the NHS and council's to work together. In Brighton and Hove however, partners had worked well towards the next phase of supporting a wider system which would enable access to better care. Mr Scarff concurred.
- 9.4 Councillor Appich enquired regarding the eligibility criteria referred to in Appendix to the report. The Executive Director, explained that referred to the statutory responsibilities of the partners stating that he would provide a fuller description and explanation for Board Members in future reports.
- 9.5 **RESOLVED** – That the Health and Wellbeing Board note the content of the report.

10 TRANSITION TO NEW CHILDREN'S SAFEGUARDING ARRANGEMENTS

- 10.1 The Board considered a report of the Executive Director, Families, Children and Learning which summarised the proposed changes to children's safeguarding arrangements in line with new legislation under the Children and Social Work Act 2017 and subsequent revisions to Working Together to Safeguard Children, 2018.
- 10.2 It was noted that the paper submitted to the Board was submitted as a collaborative paper between the three statutory partners, the Local Authority, the CCG and the Police and followed the consultation which had taken place with existing Local Safeguarding Children Board (LSCB) members. The purpose of the new arrangements was to satisfy statutory requirements and to set out the governance, strategic aims, scrutiny and structure which would support this. The Executive Director explained that in order to meet the timescale set by the Department of Education it had been necessary to submit this document to them by 29 June. Whilst that had been done on the basis that any comments received from the Board could be forwarded subsequently, it was hoped that the Board would approve and note the contents of this document
- 10.3 The Executive Director further explained that the new primary responsibility for safeguarding children had now been placed with three named safeguarding partners, the Local Authority, the CCG and the Police, the LSCB would then cease to exist. There was the expectation however that local partners would continue to contribute to safeguarding and would continue to be named as "relevant agencies"; these were as set out in the report. The new arrangements needed to provide for independent scrutiny and this would be carried out by a strategic steering group led by safeguarding partners who would oversee delivery via an operational board and subject specific sub groups. This structure was designed to ensure that strategy and policy were delivered in key areas. Timescales for implementation were detailed in the report; there was also a requirement for an annual report to be produced which would set out how effective the new arrangements had been in practice.
- 10.4 The Chair, Councillor Moonan, stated that it was important to note that the changes made had been dictated largely by national guidance and that there was little that local partners had the ability to change.
- 10.5 Mr Bartlett, Safeguarding Adults Board stated that the arrangements being put into place would mirror those which existed to safeguard vulnerable adults and that close parallel working would continue.
- 10.6 Councillor Shanks referred to the arrangements for oversight and scrutiny of the new arrangements and it was explained that the arrangements to be put into place were considered to be the most appropriate in order to effectively safeguard the children of the city. It was important to note that the arrangements put into place, would be subject to review after twelve months.
- 10.7 Councillor Appich stated that it was helpful for Board members to be made aware of the arrangements to be put into place and welcomed the fact that the views of young people themselves were being sought.
- 10.8 Councillor Bagaeen referred to the role of the steering group and to the need for the effectiveness of the arrangements in place to be capable of being measured against

their impact on policy, for example on homelessness and mental health, it was important that this was monitored. It was explained that this role was very new, with arrangements to be in place by the end of September 2019. In consequence of the consultation and review processes it was hoped to drill down into the arrangements put into place. It was intended that the scrutiny process would challenge, where necessary, the structures which had been put into place and to identify areas of inherent danger too. It would be appropriate to combine consideration of issues across the broader local authority and to pass them to the steering group and to assess the impact on safeguarding overall. It was intended to work closely with housing and the relevant chair's and to carry out case reviews.

- 10.9 **RESOLVED** – That the Health and Wellbeing Board note and approve the New Safeguarding Arrangements and reporting structure.

11 COMMISSIONING OF SEXUAL HEALTH SERVICES

- 11.1 **RESOLVED** – (1) That approval be given to seek a two year extension of the current contract for the provision of statutory sexual health services required under the Health and Social Care Act 2012 and Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

(2) That the Health and Wellbeing Board note the new requirements to adopt a co-commissioning model and to jointly develop a local sexual health plan.

The meeting concluded at 6.40pm

Signed

Chair

Dated this

day of



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:	Mental Health Pledge	
	Extract from the proceedings of the Council meeting held on the 25 th July 2019	
Date of Meeting:	10 September 2019	
Report of:	Executive Lead Officer for Strategy, Governance & Law	
Contact:	Lisa Johnson	Tel: 01273 291228
Email:	lisa.johnson@brighton-hove.gov.uk	
Wards Affected:	All	
FOR GENERAL RELEASE		

Executive Summary	
1. SUMMARY AND POLICY CONTEXT:	
1.1	To receive the following deputation referred from the full Council meeting held on the 25 July 2019.
2. RECOMMENDATIONS:	
2.1	That the Board responds to the deputation either by noting it or where it is considered more appropriate, calls for an officer report on the matter which may give consideration to a range of options and writes to the deputation spokesperson setting out the committee’s decision(s).
3. DEPUTATION	
3.1	To receive the following extract from the minutes of the full council meeting held on the 25 th July 2019 setting out the deputation and any supporting papers.
	(1) Deputation concerning the Mental Health Pledge Spokesperson Talia Fogelman
	Supported by:

Frida Gustafsson
John Lewry
Olivia Canham
Caroline Davis
Martin Poole

Ward(s) affected: All

BRIGHTON & HOVE CITY COUNCIL

COUNCIL

4.30pm 25 JULY 2019

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Phillips (Chair), Robins (Deputy Chair), Simson, Allcock, Appich, Atkinson, Bagaeen, Barnett, Bell, Brennan, Brown, Childs, Clare, Davis, Deane, Druitt, Ebel, Evans, Fishleigh, Fowler, Gibson, Grimshaw, Hamilton, Heley, Henry, Hill, Hills, Hugh-Jones, Janio, Knight, Lewry, Littman, Lloyd, Mac Cafferty, Mears, McNair, Miller, Moonan, Nemeth, Nield, O'Quinn, Osborne, Peltzer Dunn, Pissaridou, Platts, Powell, Rainey, Shanks, C Theobald, Wares, West, Wilkinson, Williams and Yates

PART ONE

17 DEPUTATIONS FROM MEMBERS OF THE PUBLIC.

- 17.1 The Mayor reported that four deputations had been received from members of the public.
- 17.2 The Mayor said that the first deputation concerned the Mental Health Pledge, and invited Ms T Fogelman as the spokesperson to come forward and address the council.
- 17.3 Ms Fogelman thanked the Mayor and said that the deputation was a request for the Council to commit to collaborating with us to create a pledge to young people in Brighton and Hove, that will outline the experience they can expect when engaging with Mental Health Services in our city. We are asking for this issue to be referred to the Council's Health and Wellbeing Board, which would allow us to start a working relationship with the relevant health organisations that would allow us to create this pledge. The pledge would be a document of accountability of Mental Health Services in our city. It would aim to ensure a consistent and person-centred approach was offered to young people at every point of access and set a minimum standard to be adhered to when engaging with young people around mental health. The pledge would be young person centred and designed by listening to the voices of young people of Brighton and Hove, and written in conjunction with the CCG, Primary Care Trust, local mental health charities and other relevant health authorities. The pledge would be created in partnership with service providers and lead by the young people of our city. This would

involve focus group sessions with schools, youth groups, after school clubs and the universities. In working in conjunction with health organisations and the young people of our city we can ensure that the pledge is practical, informed by real lived experiences and can be implemented by relevant health services.

17.4 Councillor Moonan, Chair of the Health & Wellbeing Board said that the deputation addressed a very important issue. A pledge such as this would need to be agreed by all the parties and would be happy to receive the deputation at the next meeting of the Health & Wellbeing Board at its meeting on 10 September 2019. All members of the Deputation would be invited to the meeting.

17.5 The Mayor thanked Ms Fogelman for attending the meeting and speaking on behalf of the deputation. She explained that the points had been noted and the deputation would be referred to the Health & Wellbeing Board for consideration. The persons forming the deputation would be invited to attend the meeting and would be informed subsequently of any action to be taken or proposed in relation to the matter set out in the deputation.

DEPUTATON:

(1) Deputation concerning Mental Health Pledge

Our deputation is a request to Council to commit to collaborating with us to create a pledge to young people in Brighton and Hove, that will outline the experience they can expect when engaging with Mental Health Services in our city.

We are asking for this issue to be referred to the Council's Health and Wellbeing Board, which would allow us to start a working relationship with the relevant health organisations that would allow us to create this pledge.

What should the Pledge look like?

The pledge will be a document of accountability of Mental Health Services in our city. It will aim to ensure a consistent and person-centered approach is offered to young people at every point of access and set a minimum standard to be adhered to when engaging with young people around mental health.

The pledge will be Young Person Centred and designed by listening to the voices of young people of Brighton and Hove, and written in conjunction with the CCG, Primary Care Trust, local mental health charities and other relevant health authorities.

How will the Pledge be created?

The pledge will be created in partnership with service providers and lead by the young people of our city. This will involve focus group sessions with schools, youth groups, after school clubs and the universities. In working in conjunction with health organisations and the young people of our city we can ensure that the pledge is practical, informed by real lived experiences and can be implemented by relevant health services.

Thank you for your consideration.

Spokesperson

Talia Fogelman, Student at Sussex University



10% of children and young people in the UK have a clinically diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. Imagine if you had a health problem and it took years to get the help you needed. You would think it was unacceptable, and that something had to change. And you'd be right.

Brighton and Hove Citizens is an independent membership alliance of civil society institutions acting together for the common good of our city. Our membership organisations reach over 25,000 of Brighton and Hove's citizens - pupils, teachers, parents, students and workers of all faiths and none.

In the spring of 2019 our membership organisations held listening campaigns across our city to understand what key issues affect people living in Brighton and Hove. Speaking to the young people of our city the message was loud and clear: we need better, consistent and early access to support for mental health needs.

In April 2019 we held an Assembly with over 200 members of our community and the three leaders of the Labour, Conservative and Green groups in Brighton and Hove Council. At this assembly a young person and a parent spoke about their personal experience manoeuvring the mental health services in Brighton and Hove, and their fight to access the support they needed.

The leaders of Labour, Conservative and Green groups at the assembly all agreed to work with us to tackle this and improve the support for young people in our city. We now ask Council to begin working with us to tackle this issue and create a mental health pledge that sets out what young people can expect when in need of support.

This work will be comprehensive and inclusive and involve relevant mental health services and charities across our city. Crucially, the work will be led by young people from across Brighton and Hove. As an alliance we build and support people in our city to change issues that matter. In creating this pledge, we will support the young people of our city to lead the change and improvement of mental health services.

<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

Deputation

Deputation from Brighton and Hove Citizens to create a Mental Health Pledge for young People in Brighton and Hove

Spokesperson

Talia Fogelman, student at Sussex University

Deputation wording

Our deputation is a request to Council to commit to collaborating with us to create a pledge to young people in Brighton and Hove, that will outline the experience they can expect when engaging with Mental Health Services in our city.

We are asking for this issue to be referred to the Council's Health and Wellbeing Board, which would allow us to start a working relationship with the relevant health organisations that would allow us to create this pledge.

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Signatures of support for the deputation – names & addresses:

1. Frida Gustafsson
2. Talia Fogelman
3. John Lewry

4. Olivia Canham

5. Martin Poole



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: Better Care Fund planning for 2019 -2020

Date of Meeting: 10th September 2019

Report of: Rob Persey, Executive Director of Health and Social Care and
Ashley Scarff, Director of Partnerships & Integration, CCG,
Andy Witham, Head of Adult Social Care Commissioning.

Contact: Barbara Deacon

Email: barbara.deacon@brighton-hove.gov.uk

Wards Affected: ALL

FOR GENERAL RELEASE

Executive Summary

This report has been prepared for the Health and Wellbeing Board to provide an update on progress towards 2019-20 Better Care Fund submission and to agree delegated authority to the Executive Director of Health & Adult Social Care to sign off the final submission on behalf of BHCC

At the last Board meeting in July 2019, the Board were informed that the planning guidance for the 2019 – 2020 Better Care Fund had just been received, several months into the financial year. As a result of the late guidance the BCF largely consisted of a rollover of the previous years priorities and projects, with minimal changes.

It was agreed that the Board would have an update paper that outlined any changes and the timeline that we have to work to meet the national reporting and review requirements. The Oct Performance and Information Group will look at the BCF submission, budget and performance in detail and a further report on the BCF 2019-20 will come to the November HWB

This report also includes the most up to date BCF performance dashboard



Appendix 2. to follow

Glossary of Terms

BCF - Better Care Fund
CCG – Clinical Commissioning Group
DTC - Delayed Transfers of Care
IBCF – Improved Better Care Fund
NHS – National Health Service
BHCC – Brighton & Hove City Council

1. Decisions, recommendations and any options

1.1 That the Health and Wellbeing Board note the report.

1.2 That the Board give delegated authority to the Executive Director of Health & Adult Social Care to sign off the final plan on behalf of BHCC.

2. Relevant information

- 2.1 The Better Care Fund (BCF) has been in place since 2015. The BCF is a mechanism for joint health and social care planning, service commissioning and delivery of activity to patients/service users. BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.
- 2.2 Each year the planning guidance is issued from central government and the CCG and Council work together to produce a robust delivery plan which has to go through various stages. The slides (see appendix 1) outline the timeline and key stages that we will have to deliver to.
- 2.3 With the planning guidance there is also an indication of the funding that will support the plan in our area if it meets the requirements.
- 2.4 There are four national conditions that have to underpin our plan:
1. Plans to be jointly agreed
 2. NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
 3. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
 4. Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DTC), encompassing the High Impact

Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.

- 2.5 There is an expectation that the submission will include:
- a) New focus on link to the NHS Long Term Plan
 - b) Allocations have been agreed with a slight increase (5.3%) in funding allocation from NHS England
 - c) Additional funding in line with the guidance,
- 2.6 The BCF has been the lever for a number of shared CCG and Council achievements:
- Increasing volumes getting home from hospital through Discharge to Assess (Home First)
 - Improvements in overall Delayed Transfers of Care
 - Development of Carers Hub –a single point of access for carers services
 - Homelessness- GP services (primary and secondary care); engagement workers; care planning and education and training to frontline health staff.

These achievements, and the BCF overall, support the delivery of the Health & Wellbeing Strategy: in particularly Living Well and Aging Well. Given this we will not be seeking to make substantial changes to the submission.

- 2.7 The management of the BCF locally has three strands:
1. The BCF has a Section 75 pooled budget agreement in place and the 2019 – 2020 BCF plan (when approved) will be added to this agreement.
 2. Cross agency BCF delivery board that meets regularly to review performance and highlight any changes that need to be made.
 3. National reports on performance and spend come to HWB for information and approval.
- 2.8 It needs to be noted that there is no current information about BCF funding post 2020.

3. Important considerations and implications

The CCG must report progress with the BCF programme to NHS England on a quarterly basis as part of a national assurance process. The BCF reporting cycle has been designed to align to the national reporting process, although the Health and Wellbeing Report contains more detailed local metrics and is refreshed on a bimonthly basis.

3.1 Legal:

The Governance arrangements in relation to the BCF S75 Partnership Agreement include oversight by the Health and Wellbeing Board through quarterly performance reporting, and this report forms part of that process.

The Terms of Reference for the Health and Wellbeing Board includes reference to the Board's function to oversee and performance manage the planning as well as the practical and financial implementation of the BCF.

Lawyer consulted: Nicole Mouton

Date: 16/06/2019

3.2 Finance:

The Better Care Fund is a section 75 pooled budget which totals £31.488m for 2019/20, including the £1.229m Winter Pressures Grant. The CCG contribution to the pooled budget is £19.500m (increased by £0.510m since 2018/19) and the Council contribution is £10.759m (increased by £1.571m since 2018/19) which includes the iBCF temporary funding. The final plan detailing the budgets for each workstream still needs to be confirmed through planning and Better Care Steering Groups.

Finance Officer consulted: Sophie Warburton

Date: 16/08/19

3.3 Equalities:

This report provides an update to the Better Care Plan report which came to the Board in November 2018. As stated then Equality Impact Assessments will be developed in relation to individual commissioning processes carried out under the projects as they arise. An equalities impact assessment has not been completed on the running BCF programme within the last 12 months. **This has been added to the 2019/2020 BCF Steering Group work plan.**

Date: 16/08/19

3.4 Sustainability:

All BCF funds come from recurrent funding resources and some projects within the Better Care Plan are expected to deliver sustainable savings.

Supporting documents and information

4. Appendices

Appendix 1: Slide Pack

Appendix 2: Performance Dashboard (to follow)

Better Care Fund 2019/20



**Brighton & Hove
City Council**

What is the Better Care Fund?

The Better Care Fund (BCF) has been in place since 2015.

The (BCF) is a mechanism for joint health and social care planning, service commissioning and delivery of activity to patients/service users.

In 2019/20 BCF funding includes £22m of existing funding, £8m iBCF funding and £1m winter pressure funding (final figures to be confirmed through planning)

BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.



Brighton & Hove
City Council

Better Care Plan 2017-19

The most recent Better Care Plan 2017-19 outlined activity under the following workstreams:

- Increasing System Capacity
- Integrated Discharge Planning
- Protecting Social Care
- Supporting Recovery & Independence
- Person Centred Integrated Care
- Dementia Planning
- Homelessness



What BCF has helped us to achieve?

Key achievements:

- Increasing volumes getting home from hospital through Discharge to Assess (Home First)
- Improvements in overall Delayed Transfers of Care
- Development of Carers Hub –a single point of access for carers services
- Homelessness- GP services (primary and secondary care); engagement workers; care planning and education and training to frontline health staff.



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Management and Reporting

- Section 75 pooled budget agreement agreed at March 2019 HWB (approved 2019/20 BCF Plan will be added to this agreement).
- Cross agency BCF delivery board to review performance
- National reports come to HWB for information and approval
- BCF supports delivery of the Health & Wellbeing Strategy



Changes to BCF for 2019/20

- National guidance for the 2019 / 2020 year arrived very late (July 2019)
- New focus on link to the NHS Long Term Plan
- Allocations have been agreed with an increase (5.3%) in overall funding allocations from NHS England
- Any additional funding allocations will be decided during the planning process and highlighted to the Board as necessary.
- Otherwise we are not making major changes to the plan



BCF 2019-20 4 national conditions

- (i) Plans to be jointly agreed
- (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- (iv) Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.



Brighton & Hove
City Council

BCF Performance

- Beyond these conditions, flexibility in how Fund is spent but need to evidence how spending will improve performance
- Need for ambitious targets and improvement plans against following four BCF 2019-20 metrics:
 - Delayed Transfers of Care
 - Non-elective admissions (General and Acute)
 - Admissions to residential and care homes
 - Effectiveness of reablement.
- Performance information will be part of the next Board update.



Timeline -not good fit with HWB dates!

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercaresupport@nhs.net	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent to BCST	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments and NHSE	5 – 15 November
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November
All Section 75 agreements to be signed and in place	By 15 December

Board Requirements

- Rollover year
- Minimal changes
- Requesting delegated authority for DASS to sign off of final plan



Brighton & Hove
City Council

Further Information

Any queries and concerns contact BCF Lead Ashley Scarff,
ashley.scarff@nhs.net

Links to key documents:

Policy Framework:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794552/better-care-fund-policy-framework-2019-to-2020.pdf

Planning Guidance:

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

Minimum allocations <https://www.england.nhs.uk/publication/minimum-allocations-for-the-better-care-fund-from-ccgs-for-2019-20/>

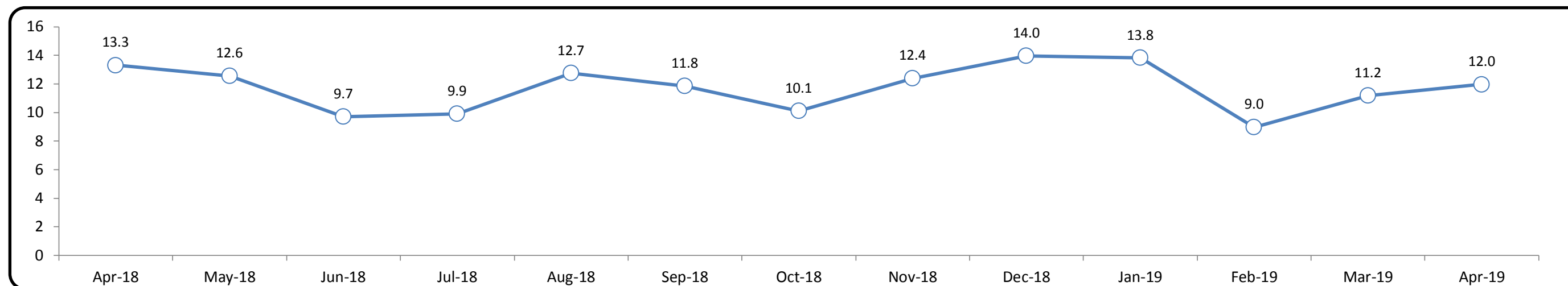


Better Care Fund Performance Metrics

1. Performance figures reports are most recent data for each indicator
2. Latest performance is presented against planned performance as an indication of variance from target and a comparison is given to previous year
3. Regional or National benchmark data is provided where available, dependent on the indicator

Delayed Transfers of Care (DToC) beddays per 100,000 adult pop per day

Latest data available Apr-19	12.0	Vs same period last year Apr-18	13.3	Latest full quarter available Jan-Mar 19	11.4	Vs BCF plan Jan-Mar 19	9.1
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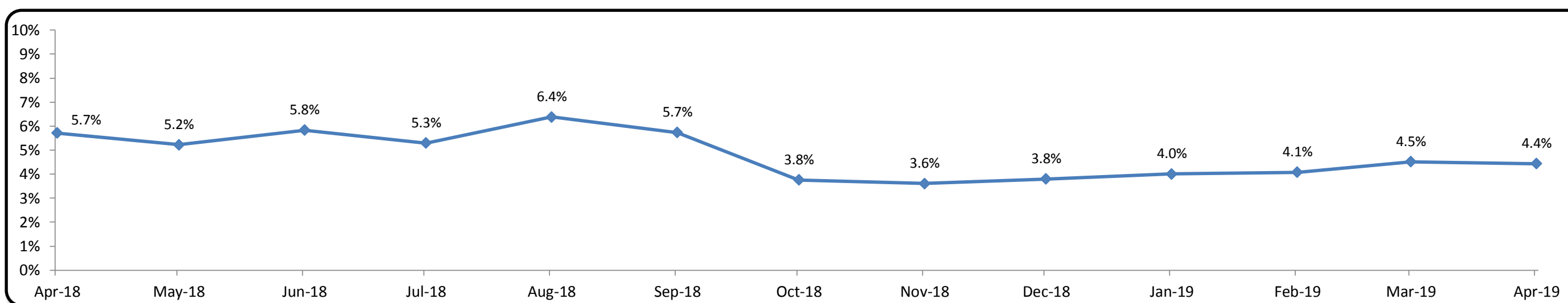


Source: NHS England Statistics

In Apr-19, the number of Delayed Transfers of Care beddays per 100,000 Brighton and Hove population per day, has decreased against the same month last year, 12.0 in Apr-19 vs 13.3 in Apr-18. In 18/19, we saw winter pressures on the health and care system with delays peaked at 14.0 in Dec-19. There is an overall improvement in the number of delayed transfers although performance is still not at the desired standard set by the system and so continues to be a major focus for the care system and the Better Care Fund.

% of beds occupied by Delayed Transfers of Care (DToC) patient at Brighton & Sussex University Hospital

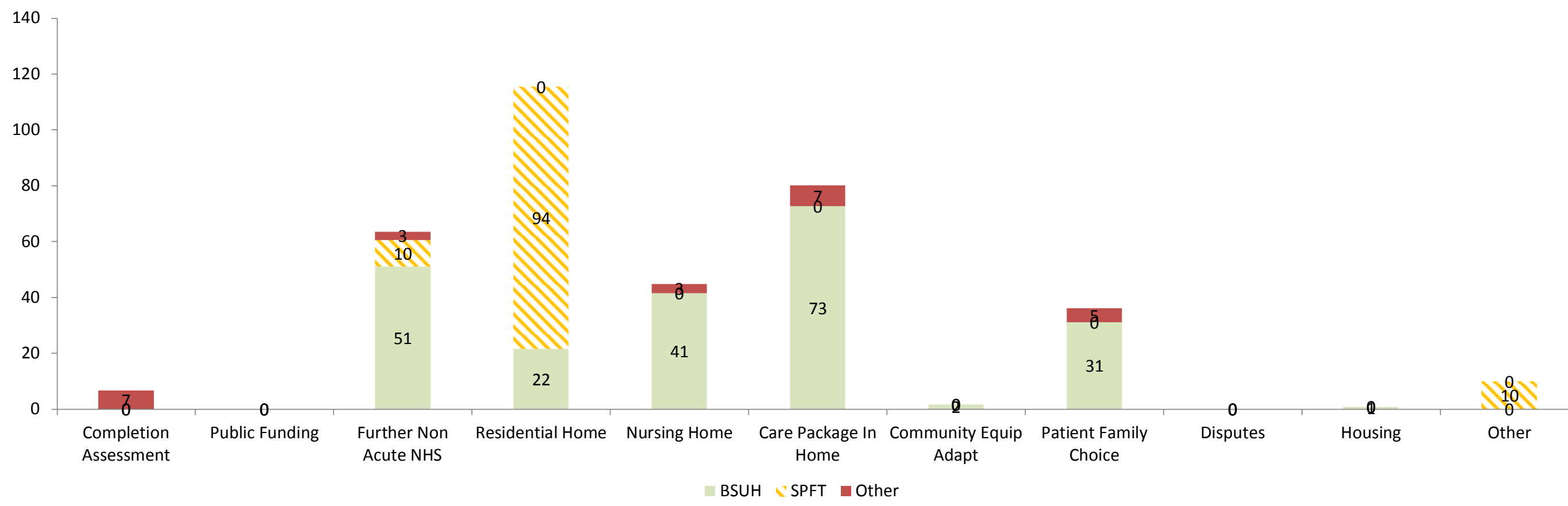
Latest data available Apr-19	4.4%	Vs same period last year Apr-18	5.7%	National standard	3.5%
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Source: NHS England Statistics

The number of beds occupied by a delayed transfers of care patient at Brighton and Sussex University Hospital has decreased year on year, 4.4% in Apr-19 vs 5.7% in Apr-18. This metric has a direct relationship with the number of delayed bed days per 100,000, thus the performance improvement is in line with that described above. However delayed discharges are still c.1% point above the desired system target of 3.5%.

Total Brighton and Hove Unitary Authority area - Delays by reason per 100,000 - Apr-19

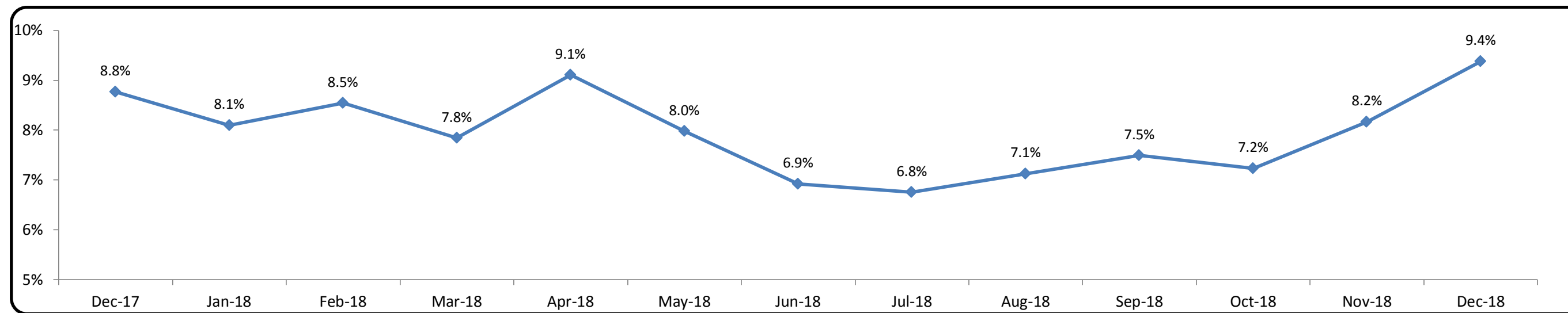


Source: NHS England Statistics

The top reason for delays for Brighton and Hove Unitary Authority area per 100,000 population is finding Residential Home placements. The top reason for delays for England is further non-acute NHS with 19.6% of the delays and 19.2% for care package in home.

Emergency readmission rates (within 30 days) - All Ages

Latest data available Dec-18	9.4%	Vs same period last year Dec-17	8.8%	Latest full quarter available Oct-Dec 18	8.2%	Vs Oct-Dec 17 rates	8.5%
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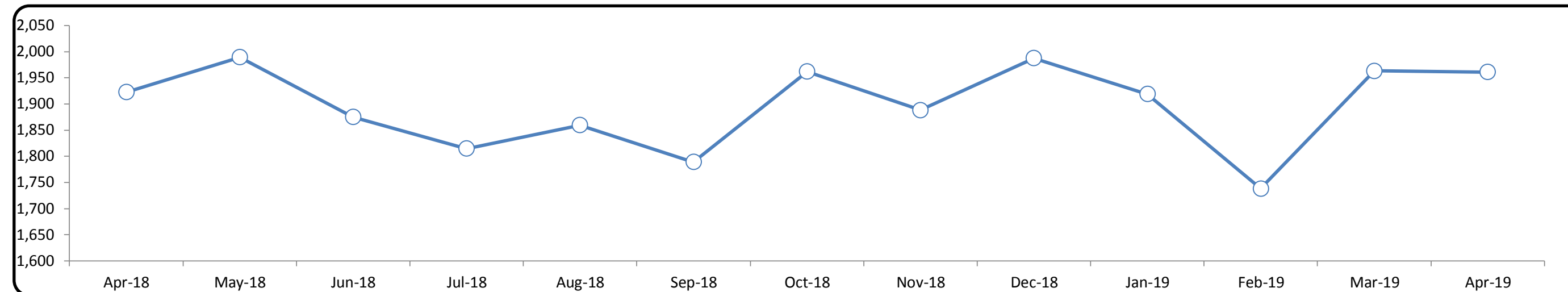


Source: Dr Foster

The percentage of emergency readmission rates (within 30 days) for Brighton and Hove CCG in Dec-18 (latest data) has increased against the same month last year, 9.4% in Dec-18 vs 8.8% in Dec-17. This demonstrates a need for further progress on work to target re-admission rates. The CCG is rolling out its Care Homes locally commissioned service and has put in additional services to support vulnerable people and reduce the chance of readmission. However this remains an area of concern for our system.

Total Non-Elective Spells (Specific Acute) - All Ages

Latest data available Apr-19	1,961	Vs same period last year Apr-18	1,922
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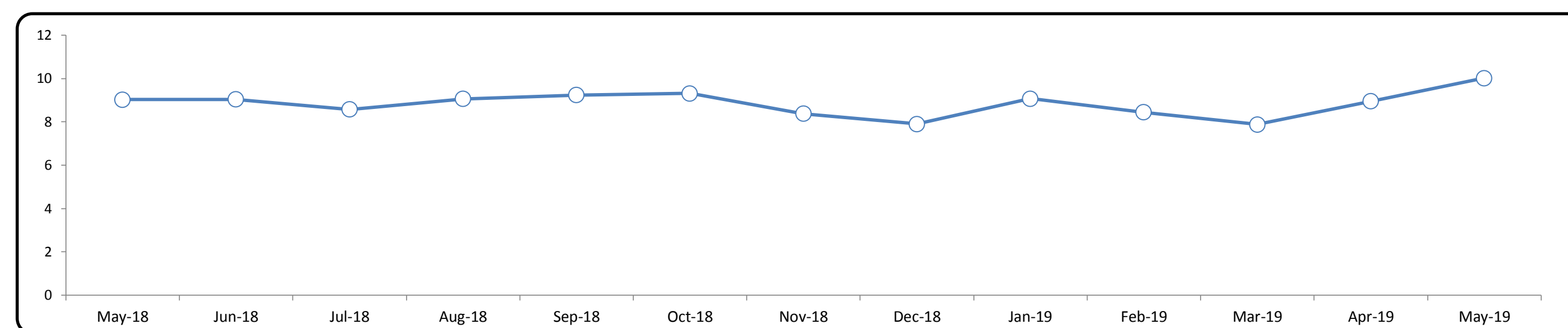


Source: SUS TnR / NHS England

The number of Non-elective spells for Brighton and Hove CCG in April 2019 has stayed virtually the same against the same month last year, 1,961 Apr 19 vs 1,922 in Apr 18. There is a complex range of variables that contribute to the number of emergency admissions to hospital. These can include an improvement in the way the population is cared for in the community with primary and social care. The CCG Care Homes locally commissioned service is also expected to have a positive impact on this activity.

Emergency average length of stay for patients aged 65+ (days)

Latest data available May-19	10.0	Vs same period last year May-18	9.0	Latest full quarter Jan - Mar 19 Avg.	8.5	Vs Jan - Mar 18 Avg.	8.4
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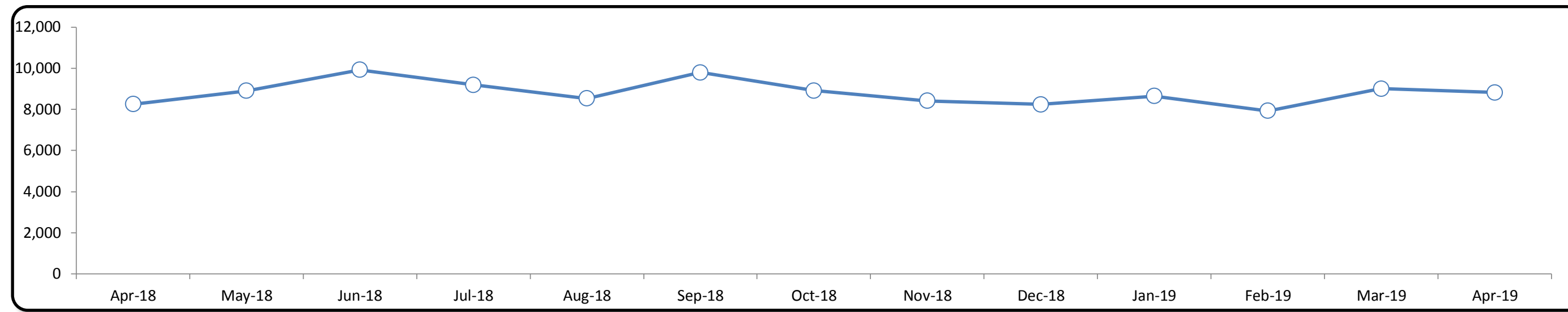


Source: SUS

The average emergency spells length of stay (days) for patients aged 65+ within Brighton and Hove CCG in May 2019, has increased slightly against the same month last year, 10.0 vs 9.0 May-18. The average length of stay is skewed upwards by a number of very long length of stay spells.

A&E attendances (Excluding planned follow ups) - All ages

Latest available data Apr-19	8,820	Vs same period last year Apr-18	8,246
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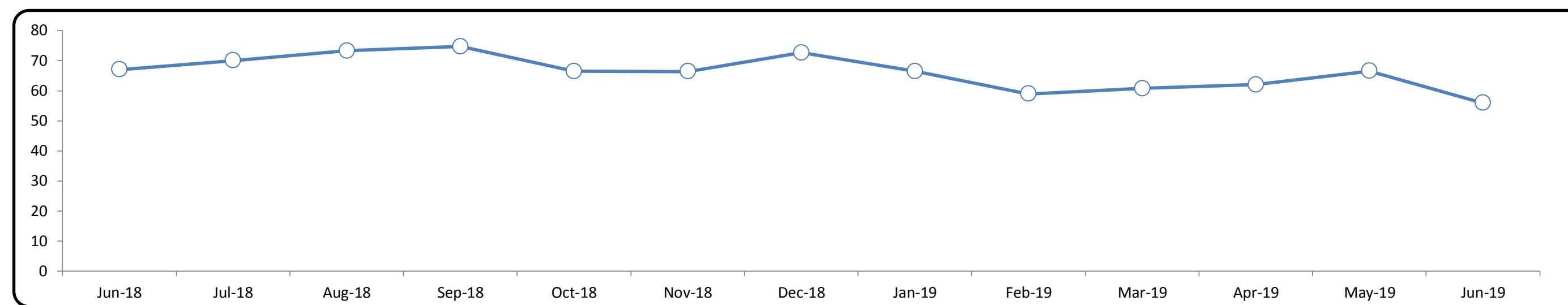
Source: SUS TnR / NHS England

The number of A&E attendances for Brighton and Hove CCG in April 2019 has increased against the same month last year, 8,820 in April 2019 vs 8,246 in April 2018.

*Type 1 definition - consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients. Type 2 definition - A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

Super Stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital (B&H CCG)

Latest available data Jun-19	56	Vs same period last year Jun-18	67	Quarter to date Apr - Jun 19 Avg.	62	Vs Apr - Jun 18 Avg.	72
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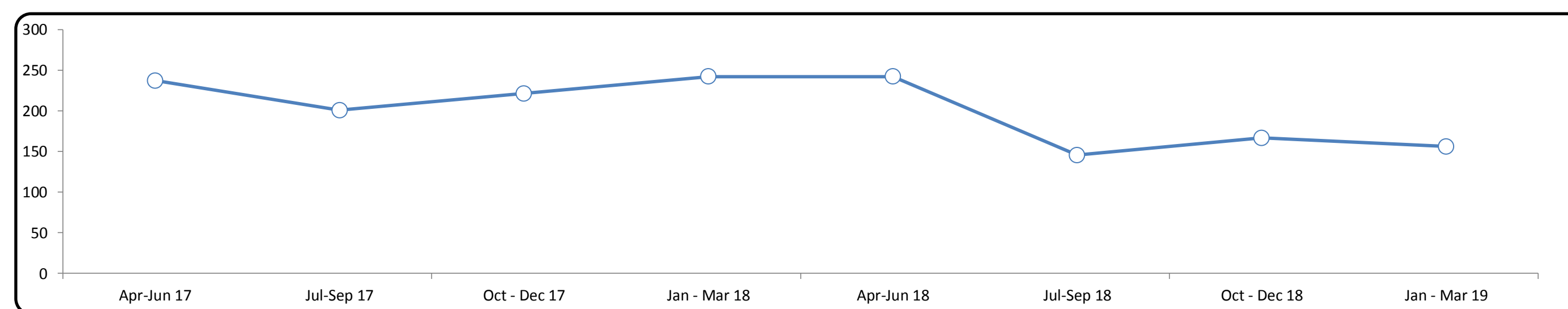


Source: BSUH Urgent Care pathway, B&H CCG only, Oct-18 not a full month

The average number of Brighton and Hove super stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital in April - June 2019 (latest data) has decreased slightly against the same quarter last year, 62 in Apr - Jun 19 vs 72 in Apr - Jun 18. This represents a small number of patients, however it is a poor patient experience for these individuals. This is an area of concern and a focus of partnership working between the hospital, CCG and Adult Social Care

New permanent admissions to nursing/residential care per 100,000

Latest available data Jan-Mar 19	156	Vs same period last year Jan-Mar 18	242
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Source: Brighton and Hove LA

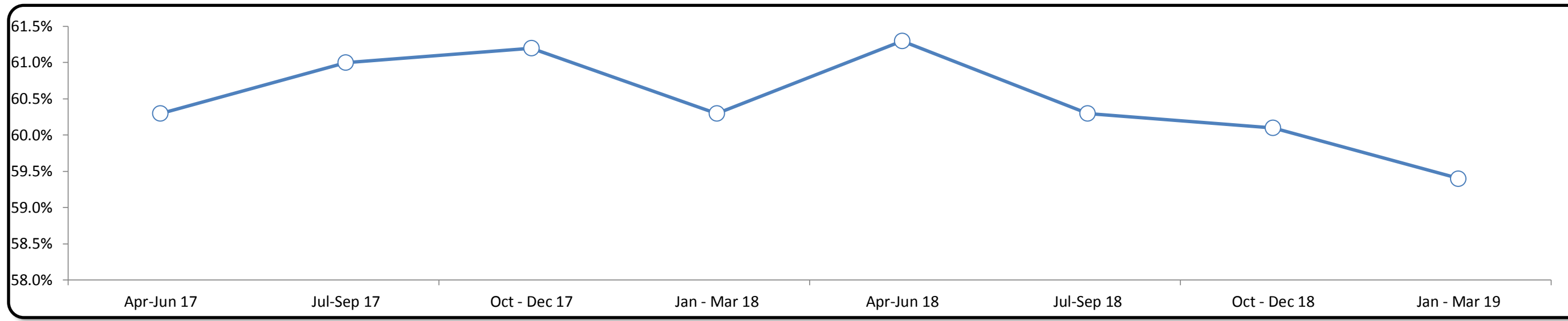
In the latest quarter Jan-Mar 19, the number of new permanent admissions to nursing/residential care per 100,000 has decreased against the same quarter last year, 156 in Jan-Mar 19 vs 242 in Jan-Mar 18. The actual number of new permanent admissions to nursing/residential care in Jan-Mar 19 was 60.

% of support plans with telecare as a component

Latest available data Jan-Mar 19	59.4%
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Vs same period last year Jan-Mar 18	60.3%
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Vs plan	60.0%
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Source: Brighton and Hove LA

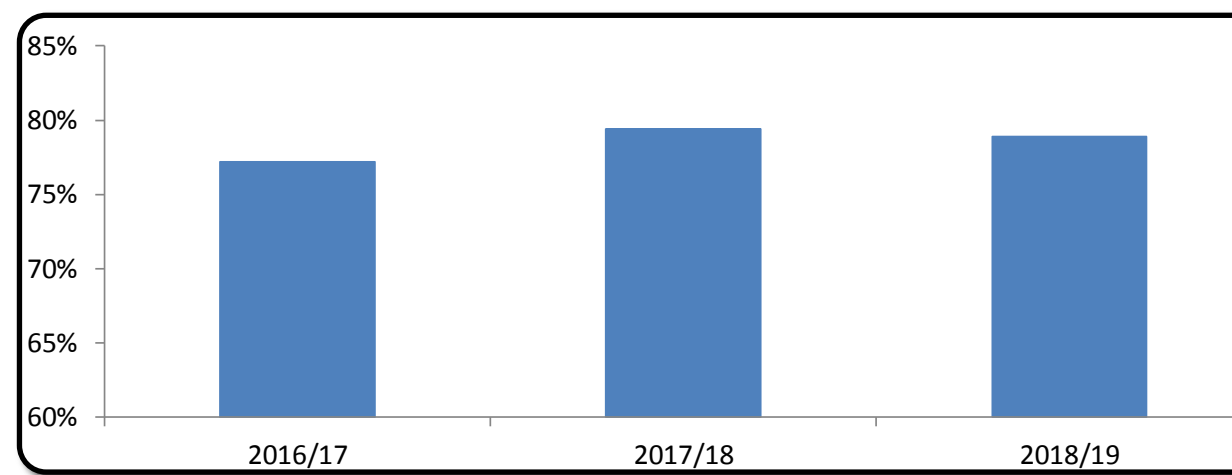
In the latest quarter Jan-Mar 19, the % of support plans with telecare as a component has decreased against the same quarter last year, 59.4% in Jan-Mar 19 vs 60.3% Jan-Mar 18.

% older people at home 91 days after discharge from hospital into reablement/rehabilitation services

Latest available data Year 18/19	78.9%
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Vs same period last year 17/18	79.4%
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Vs plan	82.1%
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Source: Brighton and Hove LA

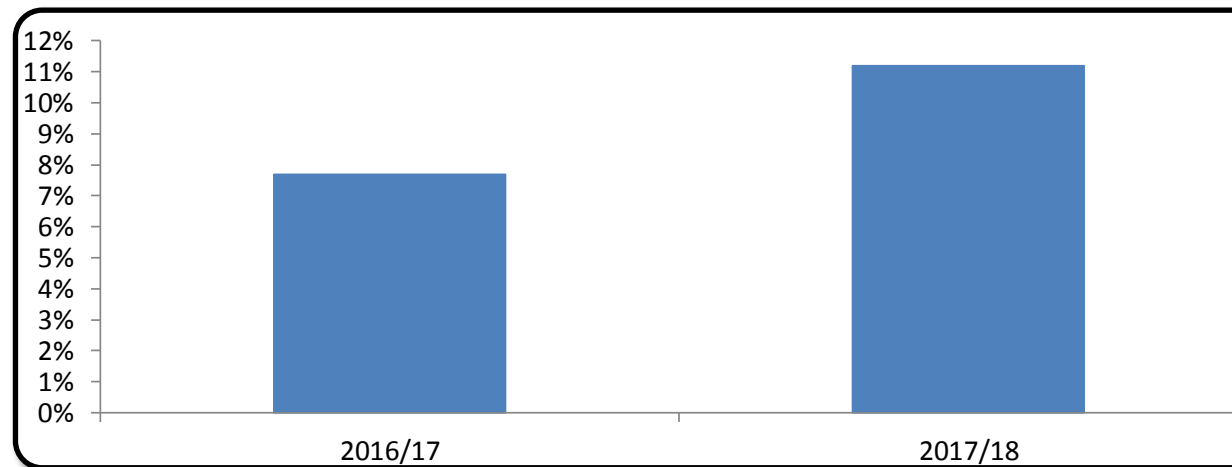
In the latest period 2018/19, the % older people at home 91 days after discharge from hospital into reablement/rehabilitation services has decreased against last year, 78.9% in 2017/18 vs 79.4% in 2018/19. Performance needs to be viewed alongside Part 2 of the indicator % of overall older people discharged from hospital within the period who go into reablement services. Taken together these indicators reflect both effectiveness and coverage of the service.

% older people discharged from hospital who go into reablement services

Latest available data Year 17/18	11.2%
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Vs same period last year 16/17	7.7%
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Vs plan	7.7%
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Source: Brighton and Hove LA

In the latest period 2017/18, the % older people discharged from hospital who go into reablement services has increased against last year, 11.2% in 2017/18 vs 7.7% in 2016/17. 2017/18 result is a high top quartile performance (Brighton and Hove ranked 1st of all England authorities).



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: **Winter Planning to support the Health and Care system**

Date of Meeting: 10th September 2019

Report of: Rob Persey, Executive Director of Health & Social Care, Lola BanJoko, Interim Managing Director Brighton & Hove CCG

Contact: Barbara Deacon

Email: barbara.deacon@brighton-hove.gov.uk

Wards Affected: ALL

FOR GENERAL RELEASE

Executive Summary

Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (01 December 2019 to 31 March 2020). The plan covers the whole health and social care system from preventing unnecessary admission to hospital through to supporting timely discharge home ensuring that access to services and patient safety is maintained.

The plan provides system assurance that service capacity across the health and social care system will be sufficient to meet forecast levels of demand and is able to respond quickly and effectively when there are exceptional surges in demand that require a rapid system response.

Whilst the winter plan covers the broader system that Brighton and Sussex University Hospital Trust serve the focus of this report is specifically on the Brighton and Hove element of the plan.

We are bringing this update to Health & Wellbeing Board for information



Glossary of Terms

LAEDB – Local Accident & Emergency Delivery Board
OCG – Operational Command Group
LGA – Local Government Association
NHS – National Health Service

1. Decisions, recommendations and any options

1.1 That the Board agrees to the following.

1.1.1 To note the Plan

2. Relevant information

2.1 Introduction

2.1.1 This plan supports Health & Wellbeing Strategy Living and Aging Well sections in particular.

2.1.2 Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (01 December 2019 to 31 March 2020).

2.1.3 The plan is being developed by the local system A&E delivery board (LAEDB), which has representation from all local system health and social care providers and commissioners (see Appendix 1 LAEDB Terms of Reference).

2.1.4 The plan for winter builds on learning from previous years as part of a continual improvement process

2.1.5 The final version of plan will be approved by the LAEDB at the end of September following assurance review by NHS England. The plan will also be considered for assurance by the B&H CCG Governing Body in September and individual providers will assure their own plans through their respective boards.

2.1.6 Whilst the winter plan covers the broader system that Brighton and Sussex University Hospital Trust serve the focus of this report is specifically on the Brighton and Hove element of the plan.

2.2 National Objectives

- To maintain patient safety and service quality at all times;
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls;
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed;
- To ensure the delivery of agreed improvement plans in respect of national NHS access standards including the 4 hour A&E standard, the 18 week referral to treatment standard and cancer waiting times standards;
- To deliver the national ambition to reduce the number of patients in an acute hospital bed with a long length of stay by 40% by March 2020 – It is well evidenced that patients with a long length of stay in acute hospital settings are at high risk of de-conditioning.
- To ensure system Delayed Transfer of Care are no greater than 3.5% of acute hospital beds.

2.3 Using our learning from last year

2.3.1 Last Winter was very challenging for Brighton and Hove system but the system was able to maintain a focus on patient safety. There are a number of lessons that have been identified that informed the development of the plan for this winter.

2.3.2 The LGA/NHS peer review has identified a number of opportunities to strengthen partnership working, all system partners are committed to this. An example of this learning is the development of a whole system approach to capacity and demand planning for winter will significantly strengthen our plans.

2.3.3 However it is recognised that the system remains a challenged system and there is an improvement journey that needs to be continued to deliver the best possible services to the residents of Brighton & Hove. It is also important that as a system we effectively support our staff during the challenging winter period

2.3.4 The slides attached (appendix 2) give the detail of mitigations

2.4 Managing the delivery of plan through winter

- 2.4.1 The Local monthly A& E Delivery Board will be the lead body managing delivery over the winter period. There will also be weekly face to face meetings of the senior system leadership at the Operational Command Group to support delivery and the option of daily escalation calls if necessary.

3. Important considerations and implications

3.1 Legal:

The Council's input into the production and delivery of the winter plan across the Brighton and Hove area is part of the Council's joint working arrangements with its partners for the improved delivery of care to Brighton and Hove residents. The goals of the winter plan are aligned to services to be delivered through use of the Better Care Fund.

The Health and Wellbeing Board is responsible for the co-ordinated delivery of services across adult social care, public health, and health and wellbeing of children and young peoples' services. This includes the function to oversee and performance manage the planning as well as the practical and financial implementation of the BCF.

Lawyer consulted: Nicole Mouton Date: 20/8/19

3.2 Finance:

Any additional costs resulting from the planning undertaken by the Local A&E Delivery Board should be met from current budget resources, including the winter pressure grant from Ministry of Housing Communities and Local Government in 2019/20.

Winter pressures causes significant financial strain across Health & Social Care. Current forecasting accounts for the additional funding and increased demand over this period.

Finance Officer consulted: Sophie Warburton Date: 21/08/2019

3.3 Equalities

This plan shows that partners are working together to ensure that a strategic approach to the reduction of excess winter deaths (EWDs) is taken across the local health and social care economy. The winter plan can help to reduce health inequalities, and as part of the planning all partners should consider how they might target high-risk groups and address the wider determinants of health.

Supporting documents and information

Appendix 1: Terms of Reference for the LAEDB

Appendix 2: Slides for the Board



Commissioning Alliance
(South Place)
Brighton and Hove CCG
High Weald Lewes Havens CCG

Brighton & Sussex University Hospitals Local Accident & Emergency Delivery Board

Terms of Reference

Authority

The Brighton & Sussex University Hospitals Local Accident and Delivery Board is being configured in response to the NHS England/NHS Improvement 16-17 “Strengthening financial performance and accountability” guidance issued 21st July 2016, and the CCG’s obligation to transform the System Resilience Group (SRG) into a board to focus solely on Urgent & Emergency Care

Purpose of the meeting

The Board is **accountable** for setting the strategic direction and delivery of the local health economy Urgent & Emergency Care, **to deliver and sustain the responsibilities around Urgent & Emergency Care deliverables** and therefore improve and maintain the quality of care for patients and the public.

The Board will be the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. This group will sign off implementation plans, regularly review the system improvement plan, address escalated issues and risks which cannot be resolved at an operational level. The board will make decisions, provide rigorous oversight of system pressures and enable collaborative approaches to solving them

Membership

LAEDB will be chaired by the Chief Operating Officer of Brighton & Sussex University Hospitals with the Director of Integrated Urgent Care, Brighton & Hove CCG as the Deputy Chair. The board will comprise each of senior members of the partner organisations within the BSUH system.

The membership of BSUH LAEDB will include executive level from the following organisations:

- Brighton and Hove CCG
- Horsham and Mid Sussex CCG
- High Weald Lewes Havens CCG
- Brighton and Sussex University Hospitals NHS Foundation Trust
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance NHS Foundation Trust
- Brighton and Hove City Council
- West Sussex County Council
- East Sussex County Council
- Integrated Care 24
- East Sussex Healthcare NHS Trust community provision
- Independent sector care home representative
- Healthwatch
- NHS England (specialist)
- NHS Improvement
- Primary care provider representation

In attendance:

NHS England South (South East) representative

NHS Improvement (South East) representative

Other directors and senior officers will be invited to attend the LAEDB as appropriate dependent on the issues being discussed.

Attendance and quorum

Unless on annual leave, all members will attend the BSUH LAEDB meeting.

The meeting will be deemed as quorum when over 50% of the members attend including the chair and or deputy chair

Frequency of meetings

Meetings will take place monthly. Agenda items from members should be sent to the chair and the PA at least 10 working days prior to the meeting. Papers, agenda and all other communication for the meeting will be circulated at least 5 working days before the meeting. Members should ensure that they provide relevant papers to enable this in a timely manner

Scope

The Delivery Board will span the Brighton and Sussex University Hospitals (BSUH) NHS Trust local health economy. The **Board will set the strategy, agree the whole system delivery plan and oversee its implementation.**

- Ensure that Urgent & Emergency Care national deliverables and the NHS long-term plan objectives are achieved
- Reducing and managing non-elective attendances
- Accident and Emergency streaming at the front door – to ambulatory and primary care
- NHS 111 - increasing the number of call transferred for clinical advice
- Ambulance Response Programme
- Improved flow e.g. implement SAFER to enhance patient flow
- Discharge e.g. implementing “Discharge to Assess” and “Trusted Assessor” type models
- Other best practice as identified e.g. Emergency Care Improvement Support Team (ECIST)

Specific duties and responsibilities

Strategic planning

- To set the strategic vision, identify and set goals for the local health economy
- To identify local priorities and funding
- To sign off and oversee the implementation of the delivery plan

Delivery

- Oversee and drive through delivery of the strategy by addressing risks and issues in a timely manner
- Develop and manage the process to ensure delivery of the NHS constitutional standards

Roles and Responsibilities

The Board will:

- Maintain an immediate focus on improving AE performance against the national 95% 4 hour standard including delivery of the agreed improvement trajectory
- Deliver the national A&E improvement plan locally with particular attention on Delayed Transfers of Care and super-stranded patients
- Where possible, provide executive/senior clinical and strategic leadership
- Develop comprehensive whole system operational resilience and capacity plan fulfilling national planning requirements and ensuring good system working. Plans should be aligned with the strategic direction established by the STP and the Urgent & Emergency Care Network
- Oversee the use of non-recurrent funds and marginal tariff and resilience funding
- Determine service needs on a geographical footprint, initiate the local changes needed and address the issues that have previously hindered whole system improvements
- Hold each other to account for the delivery of agreed work programmes to improve resilience across local systems
- Ensure appropriate integration and links with other related governance structures
- Be supported by a robust governance structure enabling the Delivery Board to be assured on delivery of work programmes without needing to stray into operational management
- Be supported by a Patient Safety Group that provides whole system oversight of patient's safety issues such as handover delays etc.
- Provide rigorous and on-going analytical review of the drivers of system pressures, so that solutions to these pressures may be developed with a collaborative approach
- Work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations
- Develop and agree new ways of working that are transformational in line with national and international best practice guidelines; learning from national vanguards and NHS England five year forward view, and the NHS Long Term Plan
- Ensure system wide participation in the planning and operations for local ambulance services and for NHS 111 services

Ways of working

BSUH LAEDB takes place at Hove Town Hall, CCG offices, unless otherwise stated.

The Chair will be responsible for the compilation of an agenda. All members of the Group will be contacted in advance and invited to raise items to be placed on the agenda.

The Group is accountable for agreeing the whole system plan and priorities, for ensuring implementation within and across organisations. The Board will receive recommendations for decision and escalation reports which require agreement at a system wide level.

Members are therefore expected to be able to make decisions on behalf of their organisation and are asked to nominate named deputies who are able to do so.

To ensure progress and delivery at pace the expectation is that there would be consistency of attendees and only by exception will the agreed deputy attend on behalf of the representative. For those who are unable to attend comments and completed/status updates on assigned actions and papers should be sent to the chair's PA at least 5 working days before the meeting.

The board is expected to be outcome focused with meetings reflecting progress and delivery of its objectives. To enable this if members are not able to attend they are expected to review the papers and work with the deputy attending on their behalf to ensure that their views feed into the meeting. Decisions made at the board meeting will be reached by consensus and will move all approved items to delivery.

Conflicts of Interest will be managed in line with the CCG's conflict of interest policy:

<http://www.brightonandhoveccg.nhs.uk/sites/btnccg/files/files/BH%20CCG%20Conflict%20of%20Interests%20%28v1%205%20Aug%202015%29.pdf> . A register of interest will be maintained by the delivery board and regularly updated.

All individuals must state at the meeting if an interest potentially conflicts with an item of business and have completed the necessary declaration form. The Chair (or their nominated deputy) will determine any action to be taken, with respect to the declared interest.

Sub-committees

The BSUH LAEDB is reported to directly from the LAEDB Delivery Working Group (previously known as CUCORG). This is the operational arm of the BSUH LAEDB and will focus on progressing all pertinent operational matters arising from LAEDB in agreement with the LAEDB members and in line with the System Improvement Plan

Administrative support

The Brighton & Hove CCG Urgent Care & Resilience Team will be responsible for compiling papers, taking notes and dissemination of all relevant subsequent material for the LAEDB meeting.

Accountability and reporting arrangements

BSUH LAEDB will report directly to the Aligned Incentive Contract (AIC) Joint Management Board by the chair for Performance and Transformational content. Individual members are expected to report in line with their respective organisational structure.

Issues from the LAEDB meetings will as appropriate be cascaded by all members of the LAEDB to their teams.

Monitoring effectiveness and compliance with terms of reference

The LAEDB will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis

Review of Terms of Reference

These terms of reference will be formally reviewed by the LAEDB in April of each year, and may be amended by the LAEDB at any time to reflect changes in circumstances which may arise.

Terms of Reference drafted:	01/07/2019
Date approved:	23/05/2019
Approved by:	Brighton Sussex University Hospitals Local Accident & Emergency Delivery Board
Next review date:	23/04/2020

**Health & Wellbeing Board – Winter
Planning
to support the Health and Care
system**

Introduction

- Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (01 December 2019 to 31 March 2020).
- The plan covers the whole health and social care system from preventing unnecessary admission to hospital through to supporting timely discharge home ensuring that access to services and patient safety is maintained.
- The plan provides system assurance that service capacity across the health and social care system will be sufficient to meet forecast levels of demand and is able to respond quickly and effectively when there are exceptional surges in demand that require a rapid system response.
- The plan is being developed by the local system Local A&E delivery board (LAEDB), which has representation from all local system health and social care providers and commissioners (see Appendix 1 LAEDB Terms of Reference).
- The plan for winter builds on learning from previous years as part of a continual improvement process
- The final version of plan will be approved by the LAEDB at the end of September following assurance review by NHS England. The plan will also be considered for assurance by the B&H CCG Governing Body in September and individual providers will assure their own plans through their respective boards.
- Whilst the winter plan covers the broader system that Brighton and Sussex University Hospitals NHS Trust serve the focus of this report is specifically on the Brighton and Hove element of the plan.
- We are bringing this update to Health & Wellbeing Board for information

Winter Plan 2019/20 Objectives

- To maintain patient and staff safety and service quality at all times;
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls;
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed;
- To ensure the delivery of agreed improvement plans in respect of national NHS access standards including the 4 hour A&E standard, the 18 week referral to treatment standard and cancer waiting times standards;
- To deliver the national ambition to reduce the number of patients in an acute hospital bed with a long length of stay by 40% by March 2020 – It is well evidenced that patients with a long length of stay in acute hospital settings are at high risk of de-conditioning.
- To ensure system Delayed Transfer of Care are no greater than 3.5% of acute hospital beds.
- To proactively prevent and manage infection control outbreaks issues such as influenza and norovirus.



Brighton and Hove
Clinical Commissioning Group



Brighton & Hove
City Council

Winter Plan 2019/20 key elements

- ✓ System capacity and demand plan to address the expected increased demand
- ✓ Primary Care
- ✓ Community Services
- ✓ Acute Hospital plans
- ✓ Social Care
- ✓ Mental Health
- ✓ 999 and 111
- ✓ Infection Control and influenza vaccination
- ✓ Business Continuity
- ✓ Severe weather planning
- ✓ Winter Communications and Engagement
- ✓ Enhanced capacity requirements to meet the Christmas and New Year period 24th December - 7th January 2020
- ✓ System Pressure monitoring and escalation response
- ✓ Risks to delivery and mitigating actions



Learning from Last Winter

What went well:

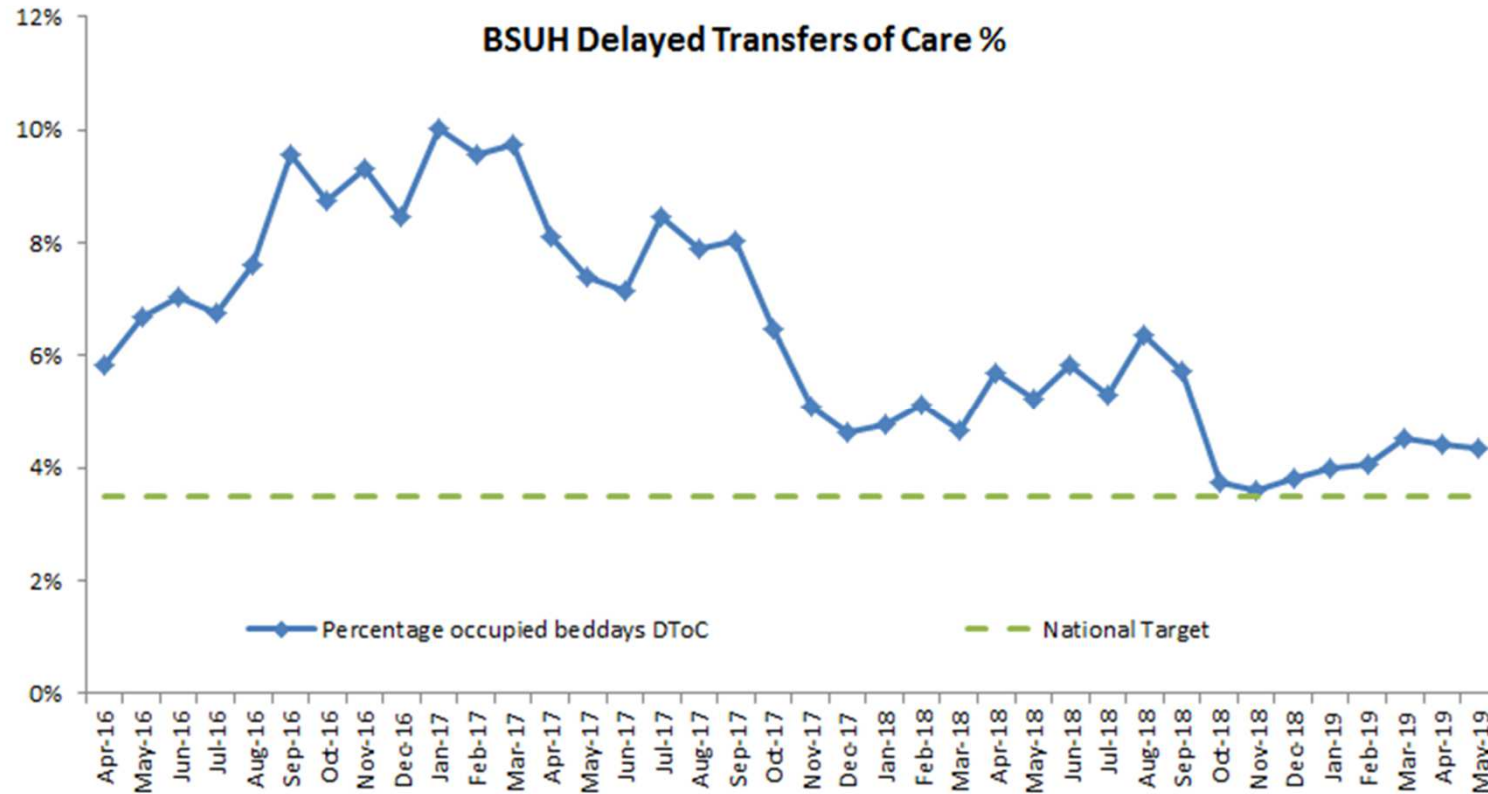
- Following action taken collectively by health and social care partners delayed transfers of care from Brighton & Sussex University Hospital decreased from 6.4% to 3.5% ahead of the winter period and were sustained between 3.5% and 4.1% after winter.
- Support from other local health and social care systems in response to pressure in the local system.
- Maintenance of patient safety in A&E during periods of sustained demand pressure.
- Ability of system partners to rapidly support additional capacity in response to system pressure.
- Mobilisation of additional care home clinical support ward rounds across the city.
- Introduction of mental health street triage services in Brighton and Hove from early December.
- Increase in the number of paramedics following a recruitment drive by SECamb.
- Single winter communications plan across Sussex and East Surrey aligned to the national NHS campaign.
- Increased provision of rehabilitation beds and home care hours over the winter period.





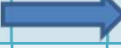

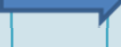




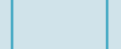
Learning from Last Winter

What went well:

- Overall reductions in DToCs



Learning from Last Winter

Area/Opportunity for Improvement		Action taken
The need for a whole system approach capacity and demand plan for winter		A whole system Capacity & Demand model is being developed
Improved utilisation of primary care, improved access		Direct booking digitally enabled via NHS 111 by Nov 19
Ambulance response times		Additional investment in SECAmb for 19-20
Ambulance handovers delays at RSCH		Agreed system ambulance handover improvement plan
Improvements to acute hospital flow		Increase in ambulatory same day emergency care and BSUH internal flow improvement programme
High number of patients in an acute bed with long length of stay (21 days+)		Long length of stay improvement programme
Limited community rehabilitation capacity		Commissioning additional capacity for 19-20 – Lindridge, Newhaven Downs
Levels of long term care home admission		Discharge to Assess (D2A) Improvement Programme
Care Home responsiveness in assessing new residents		Increased engagement with residential and nursing providers Care Matching task and finish group to maximise brokerage efficiency
Mental Health Capacity		SES STP MH Programme – Investment in Core 24, Crisis Response and Home Treatment Teams, Opening of new 24/7 Psychiatric Decision Unit.



Winter plan key risks and mitigations

Risk	Mitigations
System Flow	<ul style="list-style-type: none"> • Additional community and Newhaven confirmed to come online Sept/Oct 19 • Establish multi agency agreement on standard operating procedure and escalation process and triggers for all community pathways • LLOS action plan in place, multi system engagement secured, regularly reviewed
Challenge with timely access to domiciliary care	<ul style="list-style-type: none"> • Local authority engagement with homecare provider market • Care Matching task and finish group to maximise brokerage efficiency
Workforce challenges across the system	<ul style="list-style-type: none"> • Prebooking block contracts with agency and bank staff • STP wide and local winter communications plan • Flu vaccine uptake by staff • Upskilling workforce to ensure flexibility across multiple areas • Preplanning rota fill across providers
Mental Health patient flow pressures	<ul style="list-style-type: none"> • STP Mental Health Programme Investments 19-20 • STP Executive escalation related to housing and accommodation risk identified. • Development of SES Mental Health escalation plan, triggers and related actions.
Low uptake of flu vaccine	<ul style="list-style-type: none"> • National and local campaigns • CQUINs in place to support uptake locally
Increased attendances / admissions from at risk cohorts i.e. frail elderly, respiratory, homeless	<ul style="list-style-type: none"> • Multi system core care plan access • Forum to discuss and plan for high intensity users • Robust community planning for same day service access e.g. respiratory • Streaming away from A&E to ambulatory and frailty units where appropriate • Robust admission avoidance pathways and full access/utilisation of available pathways
Brexit	<ul style="list-style-type: none"> • Coordinated no deal Brexit contingency planning through Sussex Resilience Forum

LGA/NHS peer review recommendations/actions

Overarching objective 'Put the patient and the wider population needs first'

Recommendation/Finding	Action
There is a lack of trust, respect and confidence between partners	New weekly face to face system operational executive meeting focused on leading improved system collaboration and delivery
Staff need the collective vision of the Home First philosophy to work to	Discharge to Assess improvement programme
The system needs a Demand and Capacity Plan which is dynamic and future proofed	Underway and coordinated by senior Operational Executive Group
Managers and staff need to be empowered to lead and act - too many system calls	Review of system escalation, triggers and actions
The focus on complex DToCs is distracting focus from the real cause of poor patient flow	Long Length of stay improvement programme, simplified out of hospital pathways, improved front door service model for rapid assessment and discharge and an integrated approach to discharge
An agreed model of care was not articulated or shared	Simplification of discharge pathways



Next Steps



	Action
Aug/Sep	NHS Review and Assurance process
September	Winter Plan covering entire BSUH Footprint to Local Accident and Emergency Delivery Board (LAEDB)
September	Process of stress testing plan
September	Final Plan submitted to LAEDB for approval
September	CCG governing body review and approval
Throughout Winter	Close monitoring of winter plan throughout the winter by all partners (via LAEDB Monthly and Operational Executive Group weekly)

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Conclusion

- Last Winter was very challenging for Brighton and Hove system but the system was able to maintain a focus on patient safety
- There are a number of lessons that have been identified that informed the development of the plan for this winter.
- The LGA/NHS peer review has identified a number of opportunities to strengthen partnership working, all system partners are committed to this
- The development of a whole system approach to capacity and demand planning for winter will significantly strengthen our plans
- However it is recognised that the system remains a challenged system and there is an improvement journey that needs to be continued to deliver the best possible services to the residents of Brighton & Hove
- It is also important that as a system we effectively support our staff during the challenging winter period



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

Title: **Future use of Knoll House Resource Centre**

Date of Meeting: 10th September 2019

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

Contact: Barbara Deacon

Email: barbara.deacon@brighton-hove.gov.uk

Wards Affected: ALL

FOR GENERAL RELEASE

Executive Summary

This report summarises for the Health and Wellbeing Board the recent background to the service remodelling that impacts upon the current use of Craven Vale and Knoll House. It explains the rationale underpinning the proposal to merge the revised service to operate from one site, which has BHCC cross-party and CCG support. Consultation with all staff working across both sites is nearing completion and the future delivery is expected to operate from Craven Vale.

This will release Knoll House for an alternative use. An initial desk top study has identified a number of potential uses for Knoll House, with the preferred use being retaining the site within Health and Adult Social Care and repurposing it to meet identified gaps in provision of services for adults with support needs.

HWBB members are asked to support the preparation of a fully costed business case to support the future use of Knoll House. This will identify how best to meet accommodation needs that are a priority for this city and will support managing future HASC demand and supporting the best possible outcomes for adults (with support needs) in Brighton and Hove.



Glossary of Terms

BHCC – Brighton & Hove City Council
BSUH – Brighton & Sussex University Hospitals
CCG – Clinical Commissioning Group
HASC - Health and Adult Social Care
HWBB – Health and Wellbeing Board
SCFT – Sussex Community Foundation Trust
KH – Knoll House
CV – Craven Vale

1. Decisions, recommendations and any options

1.1 That the Board agrees to the following:

1.1.1. That a business case and options appraisal be worked up for the use of Knoll House as;

a) High level supported step-down accommodation for adults with mental health needs

OR

b) Lower level supported accommodation for adults with a mental health condition to enable independent living

c) Both of the above options will be considered within the business case and options appraisal.

1.1.2. A recommendation based upon the business case and options appraisal is brought back to this Board for approval by January 2020

2. Relevant information

2.1 Knoll House and Craven Vale are two council owned and operated residential homes. Both are registered with the Care Quality Commission to provide residential care. In recent years both KH and CV has supported older people requiring ongoing therapy and rehabilitation following their discharge from hospital to enable as many people as possible to get back to their home. SCFT provide both nursing and therapy staff commissioned by Brighton and Hove CCG.

2.2 Feedback from staff and population health data shows that the health and social care needs of our local population are changing, with more patients now leaving hospital with complex and greater nursing needs.

2.3 This is evidenced by the increase in people being transferred to Knoll House and Craven Vale requiring increased levels of support and specialist nursing care.

2.4 In 2016 the CCG and City Council ran a procurement process to identify appropriate providers to deliver this care as existing contracts were reaching their end, and commissioners are obligated by national and international law to undertake competitive procurement when awarding public service contracts. Unfortunately the procurement process outcomes were such that commissioners in the CCG and City Council were not able to identify appropriate providers who could supply the necessary level of high quality care with value for money for our residents. In place of this, the temporary arrangement was agreed that in addition to the care provided in NHS community wards run by SCFT, services would continue to be located in Knoll House and Craven Vale, run by the City Council and supported with healthcare provided by SCFT nursing and therapy and GP medical support provide by Integrated Care 24.

The arrangements described above have been in place since and have until recently been able to provide an excellent level of care and patient experience. However, there have been a number of recent factors that have necessitated a review of these arrangements.

- Emerging NHS and public health data showing that the health and care needs of our local population have increased over the last few years,
- A recent report from Healthwatch Brighton and Hove, published in February 2019, revealed that patient experience of discharge from the Royal Sussex County Hospital is being negatively impacted by delays in finding suitable community care resulting in them being stranded in hospital even if they are well enough to be discharged from an acute setting.
- The increasing health and care needs of patients was also noticed and reported by staff working at Craven Vale and Knoll House during the previous winter and a question was raised amongst local system health and care leaders as to the sustainability of the current residential, social care community beds model in Brighton and Hove.
- Further to this in April 2019, Sussex Community Foundation Trust confirmed it would not be able to continue to provide a sustainable and safe model of community nursing and therapy at Knoll House and Craven Vale and felt that nursing staff had been providing significantly higher levels of care than had been commissioned. It was felt that the model of care needed should be in a setting where there is nursing care 24/7, whereas at Knoll House and Craven Vale this is only provided from 8am to 8pm.

2.5 In April 2019 BHCC was informed by SCFT of their intention to reduce their nursing and therapy services to Knoll House and Craven Vale.

2.6 Following this notice and with full priority given to patient safety and our duty of care to staff, BHCC amended the registered admission criteria for Knoll House and Craven Vale.

- 2.7 The revised admission criteria resulted in a significant reduction in occupancy levels in both Craven Vale and Knoll House; both sites are regularly at 50% or less occupancy.
- 2.8 People requiring more intensive and specialist nursing care when following hospital discharge access this via other provision commissioned by Brighton and Hove Clinical Commissioning Group. The overall number of community beds provided for Brighton and Hove and surrounding area residents will increase from 161 to 174 and this change will also involve the CCG increasing its investment in community beds. The detail concerning bed numbers and level of care is as follows:
- Between September and December 2019 the CCG has agreed with health and care partners an investment to mobilise 42 community rehabilitation beds (sometimes referred to as 'step-down beds') in sites in the East and West of Brighton and Hove. This is in addition to 12 nursing home beds in the city which the CCG commissioned as part of supporting hospital discharges. These nursing home beds are supporting patients who are non-weight bearing or have a diagnosis of delirium.
 - These additional beds replace the loss of capacity due to the limitations on accessing Knoll House and Craven Vale from hospital discharge, and account for the increase in community beds that are being provided to Brighton and Hove residents whilst we work in partnership to introduce more community services over the next two to three years.
 - These 54 beds in the city are in addition to the existing community hospital beds provided by Sussex Community Foundation Trust at sites in Lewes, Uckfield and Crowborough. In summary this means in 2019 we will benefit from a growth in community beds for Brighton and Hove resident from 161 to 174, with an enhanced health and care model to support the changing health needs of our residents.
- 2.9 An initial demand study has indicated that supporting the revised operational pathway will require a total of 24 beds social care community beds. These will be used for planned and emergency respite and lower dependency hospital discharge. Craven Vale, with its proximity to the RSCH site and existing capacity is the preferred site to operate from.
- 2.10 BHCC staff working from both sites have received regular updates over recent months though understandably the service changes have created considerable uncertainty. The Council, in its communications with staff and unions has clearly stated it will seek to avoid any compulsory redundancy in designing the new staffing requirements to support the service model out of Craven Vale. The Council is confident that this can be achieved and a

consultation process involving staff and unions commenced on 6th August 2019 and is expected to conclude in early September. The aim is to complete the merger to the Craven Vale site by 1st October.

3. Future use of Knoll House

- 3.1 Officers have carried out an initial options appraisal exercise to consider the possible future uses of the Knoll House site.
- 3.2 The planning use for the site is currently C2, provision of residential accommodation and care to people in need of care, and planning permission would be required for any change of use.
- 3.3 The options appraisal initially considered the following three high level options,
 - 3.3.1 Disposal - The site could be sold for alternative use. This could include use as a nursing or residential home, conversion to flats or redevelopment for housing (subject to receiving planning permission).
 - 3.3.2 Hand the property back to estates to be retained as part of the corporate property portfolio. - The site could then be made available for consideration of future uses including potentially meeting other housing based needs within the city.
 - 3.3.3 Reuse the facility to provide mental health step-down supported accommodation or as mental health residential accommodation.
 - 3.3.4. The option 3.3.3 was supported by HASC as both meeting an identified need in the city and supporting person centred outcomes maximising future independence of people on a recovery journey from moderate to serious mental health issues.
- 3.4 Between the last 2 performance years 2017/18 and 2018/19 there was an 81% increase in admissions to long term residential care for younger adults with mental health needs indicating an urgent need for further development of alternative accommodation and support for this group .In 2018/19 50% of all long term care admissions for 18-64 year olds were for people with mental health support needs..
- 3.5 Best practice suggests that young people with mental health problems need support to maximise independence. Our aim is to deliver this do this we need more supported and move on accommodation as part of the pathway to independence. The Supported Accommodation option has been shown to be an effective model in improving people's outcomes and supporting longer term independence.
- 3.6 Having decided on investigation the feasibility of retaining the site a further three possible uses were identified;
 1. Functional mental health residential accommodation

- 2. High level supported step-down accommodation
- 3. Lower level supported accommodation to enable independent living.

3.7 These three options were explored at a high level that included estimation of revenue and capitals costs and the potential benefits, risks and opportunities associated with each.

3.8 The full options paper was then discussed with the chair of the Health and Wellbeing Board and the lead member for Adult Social Care and it was agreed that, given evidence base and best practice the functional residential care would not be explored as the outcomes for the service users were not optimised and that the following options should be explored in more depth.

- a) High level supported step-down accommodation
- b) Lower level supported accommodation to enable independent living

3.9 The high level options appraisals are included as appendix 1.

3.10 Part of the business planning and process will include engagement with local residents.

4. Important considerations and implications

4.1 Legal:

The report highlights the need to review the use of Knoll House Resource Centre to improve performance and efficiency within Health and Adult Social Care. There are no legal implications arising immediately from this report. The business case may give rise to legal implications due to the level of capital expenditure and running costs, any building work or staff reorganisation that may be required in the adoption of identified options. These can be considered if and as they arise. (Nicole Mouton 14/8/19)

Lawyer consulted: Sandra O'Brien

Date: 14:08:2019

4.2 Finance:

There is the potential for financial efficiencies to be obtained by improving the pathway for clients with mental health needs and supporting longer term independence. As per paragraph 3.4, the number of admissions for younger adults with mental health needs is increasing and the average cost of an accommodation placement in the independent sector is £820 per week.

The high level calculations for the options outlined shows that there is a range of costs and potential net savings. Detailed modelling would need to be

carried out to ascertain the likely financial impacts from the implementation of the different options.

Finance Officer consulted: Sophie Warburton

Date: 16/08/2019

4.3 Equalities

There will be equalities implications to consider for each of the options outlined in 1.1.1. An Assessment of equality impact will be completed to analyse areas of potential impact – and areas where negative impact might be mitigated. The findings of EIA will be reflected and articulated in the proposed business case and options appraisal that is brought back to Health and Wellbeing Board for approval in January 2020.

Supporting documents and information

Appendix1:

	Option 1	Option 2	Option 3
Description of the Option <i>A brief description including what is in and out of scope</i>	Mental Health residential accommodation (Capacity 20)	Mental Health High level step down supported accommodation (Capacity 20)	Mental Health Low Level supported accommodation (Capacity 18)
Non-Cashable Benefits <i>Benefits such as efficiency savings</i>	Provides local accommodation for many individuals currently placed out of area.	Increased local provision	Increased local provision
Costs and resources Include capital and revenue costs Include staffing requirements	Operating costs will ultimately depend on the client group targeted Assume staffing costs circa £800k p.a.* Running Costs £80k p.a	Unlikely to be any need for significant capital costs however operational costs would be relatively high. Staffing cost Est £636K p.a * Running Costs est £80k p.a Housing Benefit Income est £203k	The current accommodation at Knoll House would need to be remodelled in order to provide 18 self-contained flats. Estimated capital cost £1m to £1.3m. (Estates) Staffing costs for this model would be modest at approximately £180k p.a * Running costs est at £48k Housing Benefit income est £183k
Cashable Benefits <i>High level benefits that will deliver savings against a specific budget code</i>	Assuming clients move from low level support in external placements: Ongoing benefit £0.037m	Assuming clients move from high level support in external placements: Ongoing benefit £0.665m	Assuming clients move from medium level support in external placements: Ongoing benefit - £0.739m Year 1 – Loss of £0.261m to £0.561m
Risks and Opportunities <i>High Level Risks and opportunities associated with this option.</i>	Once the site is full there is unlikely to be much turnover of places.	Could place a significant role in the mental health Pathway by providing support prior to move-on.	Danger that individuals in this type of accommodation become resistant to any further move-on. Provision of additional Supported

	<p>Risks associated with moving individuals with function mental health issues. e.g. Best Interest assessments / loss of familiar surroundings /</p>	<p>(provided suitable next step options are available) Provision of additional Supported accommodate should help to reduce the number of individuals needing residential care.</p> <p>Risks associated with moving individuals with function mental health issues. e.g. Best Interest assessments / loss of familiar surroundings / advocacy</p>	<p>accommodate should help to reduce the number of individuals needing residential care.</p>
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Note * costs are broad based estimates based on third sector operation.



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

Title: Brighton & Hove Healthwatch Annual Report 2018/19

Date of Meeting: 10th September 2019

Report of: Rob Persey, Executive Director Of Health and Social Care and David Liley, Chief Executive Healthwatch

Contact: Barbara Deacon
Email: barbara.deacon@brighton-hove.gov.uk

Wards Affected: ALL

FOR GENERAL RELEASE

Executive Summary

Healthwatch is the local independent consumer champion for health and care.

Healthwatch is a co-opted member of both the Brighton & Hove Health Overview & Scrutiny Committee (HOSC) and the Health & Wellbeing Board (HWB), and is this year presenting its annual report for 2018/19 to the Health & Wellbeing Board.

(Appendix 1).

Glossary of Terms

1. Decisions, recommendations and any options

1.1 That the Board agrees to note the Healthwatch annual report

2. Relevant information

- 2.1 The 2012 Health & Social Care Act required each upper-tier local authority in England to commission a local Healthwatch organisation to undertake the statutory responsibility for being the independent consumer champion for health and social care.
- 2.2 Originally Community Works was the successful bidder for the local Healthwatch contract, and Brighton & Hove Healthwatch became operational in April 2013.
- 2.3 Healthwatch B&H incorporated as an independent Community Interest Company (CIC) organisation with an asset lock on 14 October 2014. This meant that staff moved from Community Works to the new CIC and operated under the new company as of 01 April 2015. This is the current structure of Healthwatch.
- 2.4 The council as part of its statutory responsibility for performance management continues to monitor Healthwatch Brighton & Hove contract through its performance monitoring framework
- 2.5 There is no statutory requirement for Healthwatch to present its annual report to the HWB , but there are obvious benefits in Healthwatch sharing its intelligence with the Board.
- 2.6 The report will also go to the October HOSC meeting also to note.
- 2.7 The development of the Annual Report is based on Healthwatch's consistent approach to seeking to hear people's stories about their experiences of health and social care services, using these to develop an effective evidence base. They use their statutory powers to Enter and View any premises so that their authorised representatives can observe matters relating to health and social care services. They also gather information and insight through outreach and by sending trained volunteer representatives to a wide range of public meetings, specialist and strategic committees and decision making forums.
- 2.8 The report provides information on the range of consumer experience in the 2018/19 year and also highlights the future challenges for the 2019/20 year.

3. Important considerations and implications

3.1 Legal:

There are no legal implications to this report

Lawyer consulted: Nicole Mouton

Date: 12 August 2019

3.2 Finance:

There are no direct financial implications arising from this report.

Finance Officer consulted: Sophie Warburton

Date: 15/08/2019

3.3 Equalities

Healthwatch B&H updated their Equalities Impact Assessment when they became a CIC. Their reports and work include demographic breakdowns and try to reflect the profile of the city and its residents.

Supporting documents and information

Appendix1:

Healthwatch Brighton & Hove Annual Report 2018/19

Please note the Annual Report is marked as draft for the pre meeting as there may be final print changes. The final report will be available at the September Board meeting.



Healthwatch Brighton and Hove

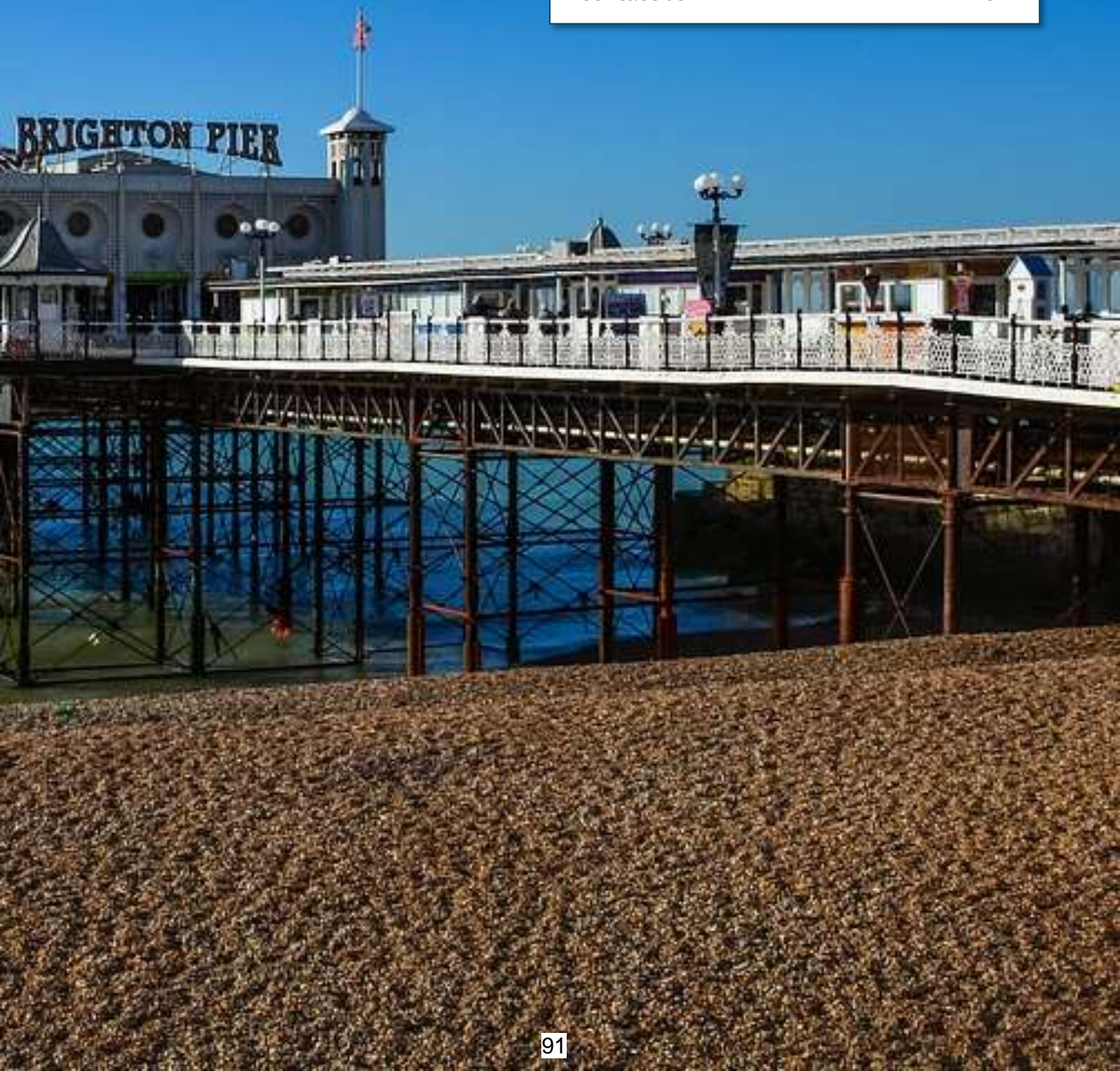
Annual Report 2018-19





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Message from our Chair

Healthwatch started in 2013 and became an independent, not for profit, organisation in Brighton and Hove in 2014.

In the last year our greatest achievement has been to reach out to more people than before - over 50,000 people have told us their personal stories or seen our reports.

NHS

The NHS Long-Term Plan, and integrating health and care services, will be the big challenge for next year. In 2018-19, NHS services improved in the City and we have many excellent community services, despite national funding for social care failing to meet demands. However, NHS national targets are not being met, for example it's more difficult than ever to get a GP appointment and young people find it difficult to get the emotional and mental health support they need.

Healthwatch are also concerned that funds for the voluntary and community sector will reduce in the next year. The NHS and Brighton and Hove City Council (BHCC) have limited funds and it is therefore more important than ever that people who use health and care services can directly influence how that money is spent.

New Directors

I am pleased to welcome two new people to the Healthwatch Brighton and Hove Board. **Howard Lewis** who lives locally and has been involved with Patient Liaison in the NHS for many years, he currently works for the General Medical Council (GMC). Also **Karen Barford** previously Chair of the Health and Wellbeing Board in the City and Chief Officer of a major local charity.

"It's been a great year but there are many challenges ahead."

The year ahead, 2019 to 2020

It's been a great year but there are many challenges ahead and providing a greater voice for service users, and tackling health inequalities in the City must be the highest priorities.

Finally, I would like to thank our volunteers, staff, and my fellow Board members for their selfless work over this last year - together 'we made a difference'.



Fran McCabe

Fran McCabe
Healthwatch Brighton and Hove Chair

You can learn more about the NHS Long Term Plan [here](#) and a great explanation of it by the King's Fund organisation [here](#).

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Brighton and Hove, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



A handwritten signature in blue ink, which appears to read 'Sir Robert Francis'.

Sir Robert Francis QC
Healthwatch England Chair



Highlights from our year



Practice visits and engagement leading to service improvement

We undertook **28** visits to health and social care services to talk to people about their experiences

We reached **727** people to hear their views about services



We conducted interviews with **81** patients at Royal Sussex County Hospital and at their homes to ask them about their experience of discharge from hospital and care at home

We conducted assessments of **9** home care providers by talking to **149** people in their homes

We undertook **16** environmental audits and Patient-Led Assessments of the Care Environment (PLACE) in Brighton hospitals



Communicating the voice of the patient through media



We did **57** interviews for local radio, newspapers and television



We produced **4** copies of the Healthwatch magazine, with **1,200** digital copies of each edition sent to subscribers reaching an estimated audience of **4,800** people across Brighton and Hove



We had **1,722** Twitter and **594** Facebook followers



Volunteer contribution



Our volunteers contributed many hours for service visits and strategic meetings attended by Healthwatch



Volunteers' contributed work worth a total of **£55,360** for an estimated total of **2,768** hours





How we've made

a difference

Changes made for our community

Sharing your views with your local Healthwatch has led to positive changes to health and social care services in Brighton and Hove. When people speak up about what's important, and services listen, care is improved for all.

Improving the A&E experience for adults and children

Two A&E reports resulted in 28 recommendations being acted upon by the Royal Sussex County Hospital (RSCH).

In 2018 we interviewed 89 people who attended the Accident and Emergency Department (A&E) or Children's Emergency Department (CED) at the RSCH.

We wanted to know why people came to the emergency departments rather than accessing other services, and about the quality of service they, or their child had received.

As a result of what patients and parents told us, we made 28 recommendations including:

- + Better promotion of alternative services to A&E and CED and clearer information about which services to use and when.
- + Improve service provision of the NHS 111 service and the walk-in centre.
- + Reduce waiting times by keeping patients and parents better informed using real time updates.
- + Improve access, especially by car.
- + More support for GPs to provide advice and deal with conditions that do not require people to go to CED or A&E.
- + More clinical support for staff on the NHS 111 service so they can provide advice on minor conditions, only referring to CED & A&E when appropriate.

"We can put trust in the A&E staff but more money needs to be put into the service."

A&E Patient



Impact from A&E and CED reports:

- + Influencing decisions made by Brighton & Hove Clinical Commissioning Group (CCG) and Brighton and Sussex University Hospitals Trust (BSUH) when making improvements in the RSCH.
- + Provision of the CCG's new service for providing GPs in A&E and promotion of the walk-in centre as an alternative to A&E/CED.
- + Influencing the Care Quality Commission (CQC) review of the RSCH, including A&E.
- + Improvements in patient communication and comfort in A&E and CED.

Check out the reports at: [Royal Sussex County Hospital A&E Review.pdf](#) and [Royal Alexandra Childrens Hospital Emergency-Department Report.pdf](#)

Improving the hospital discharge experience

“Why was Ernest admitted and why for so long?” Clarissa, carer and wife of Ernest.

In the summer of 2018, we visited 80 patients in hospital aged 65+ years and then re-visited them at home, following discharge from the hospital.

We wanted to find out whether they, their family and friends, felt prepared to go home, with enough information about what services they might expect to receive. Back at home, we asked them how things had worked out.

Clarissa was amongst the family members we spoke to and her story highlights some of the lessons that can be learned.

“Ernest has dementia and recently had a stroke. The ambulance were called and the crew resolved the stroke but still suggested he go to hospital for knee pain he was experiencing due to an operation on his leg he had had earlier this year.

His hospital visit resulted in a nine-hour wait in A&E, due to no bed being available and followed with a five week admission for Ernest.

The hospital admission has put us back six months in terms of Ernest’s ability to walk and in his confidence in general.

Walking is now limited, requiring constant help to move around our bungalow and he no longer enjoys sitting in the conservatory.

He lost a stone of weight while in hospital.”

“Healthwatch channels the voice of patients and the public to steer our commissioning and service delivery. In the last year, Healthwatch has worked with us to shape and guide current and future healthcare services aimed at improving patients’ experience and outcomes”.

Lola Banjoko, Interim Managing Director South, Brighton and Hove CCG

“Why was Ernest admitted and why for so long?”

Clarissa also had to reinstate the care support in place before Ernest’s admission. When we spoke to Clarissa, they had not received the physio requested by Clarissa in hospital.



Healthwatch made recommendations for a more joined up service between what is promised in hospital and what is received when patients return home. We also asked for a review of delayed discharges to ensure patients are not in hospital any longer than they need to be.

In direct response to our ten recommendations, the CCG and BSUH jointly wrote an action plan to improve hospital discharge. The Trust is shortly due to report on progress.

NHS Long Term Plan engagement

Healthwatch East Sussex, West Sussex and Brighton and Hove worked together from February to April 2019 to discuss the NHS Long Term Plan.

What people in Sussex told Healthwatch about their views on the NHS Long Term Plan.

648 people told their local Healthwatch what matters most to them about the NHS in Sussex.

This report is part of a national review requested by Healthwatch England and NHS England.

People commented on priorities for the NHS in Sussex at a time when plans are being drawn up by the NHS, County and City Councils.

Most people spoke about their individual experiences of NHS care and support, with some people talking about specific conditions.

Those conditions most commonly shared were people with:

- + Long-term conditions.
- + Mental health.
- + Cancer.

“Healthwatch in Sussex have worked hard to gain insight into what the public wants from the NHS of the future.

John Routledge
Director of Healthwatch East Sussex

What people said:

- + Experiences accessing cancer services were overwhelmingly positive.
- + Recognition of the benefits of diet and exercise in leading a healthy life and the need for individuals to take more responsibility of their own health as part of making the NHS more sustainable.
- + People spoke about a ‘more holistic approach’ to care, health and social care working closely together, plus the need and desire for more personalised care going forward.
- + Mental health support received most of the critical responses.



Young Healthwatch

Young Healthwatch is delivered on our behalf by our partners, YMCA Downlink, as part of their YMCA Right Here health and wellbeing project.

They spoke to 280 young people across 3 local schools. The school students made suggestions to improve the school environment, create better relationships with teachers, and suggested that information on improving emotional and mental health be embedded in the curriculum and learning.

The Young Healthwatch Report will help to improve the School Wellbeing Service and inform a Sussex wide NHS review of Children and Young People’s access to psychological therapies.



Young people sharing their views on mental health and wellbeing.



In September 2018 YHA volunteers met with Imelda Redmond, the National Director of Healthwatch England. Imelda consulted them about Young Peoples issues while enjoying a trip on the i360.

Our young volunteers heard from local children and young people who wanted to be better informed about keeping safe and Children’s Safeguarding.

As a result they designed information leaflets to help explain how to stay safe, using cartoons to help. They also designed similar information specifically for ‘Cared for Children’.



A Young Healthwatch volunteer at the Brighton i360 Healthwatch event.



Young Healthwatch volunteers at a community engagement event, supporting the recruitment of new volunteers.



Young Volunteers marching on World Mental Health Day to break stigma as part of #IAMWHOLE

Improving our hospitals

Every month over the last year our volunteers have conducted independent audits of our local hospitals.

Using our 'Enter and View' powers we've assessed whether wards and clinics at the BSUH were welcoming, safe, caring and well-organised, and provided recommendations to improve quality and safety.

We've designed our work around the NHS 15-Step Challenge and the Patient-Led Assessments of the Care Environment (PLACE). These survey tools measure good quality hospital environments.

Over the course of 2018-19 we carried out 10 separate visits covering over 20 wards and clinics; and we contributed to annual NHS PLACE assessment in May 2018.

Through our audit work we made **220** recommendations for ways to improve the physical environments of our hospitals and the Trust has been able to implement at least **75%** of these. We identified seven key themes.



"We would like to thank Healthwatch for the ongoing work undertaken by a dedicated team of Healthwatch volunteers who. These audits lead to recommendations and an action plan, which is re-audited at a later date. This work has been the catalyst for positive change."

Caroline Davies,
Nurse Director, RSCH

The 7 key themes identified:

- + Improving/identifying better storage facilities e.g. for linen and equipment.
- + Improving ventilation, heating and lighting on some wards e.g. maternity wards.
- + Ensuring consistently high cleaning standards
- + Improving aspects of ward security and safety e.g. always keeping fire doors shut.
- + Improving the standard of patient bathrooms.
- + Improving reception areas to ensure that patient privacy and dignity is maintained.
- + Ensuring the needs of dementia patients are met e.g. adopting dementia friendly colours in all bathrooms.

An example of our work in 4 hospital wards at the RSCH

In July 2018, our volunteers visited four wards in BSUH which provide care to elderly patients. After the visit we expressed significant concerns to the Trust. We revisited these wards in February 2019 and observed that 85% of our recommendations had been actioned. This was a perfect example of Healthwatch supporting our local Acute Hospital Trust to improve the hospital environment and demonstrates the excellent working relationship between our two organisations. The improvements in the NHS 15-Step scores are shown below:

Ward Names	'welcoming'		'caring'		'safe environment'		'well organised environment'	
	July 2018	Feb 2019	July 2018	Feb 2019	July 2018	Feb 2019	July 2018	Feb 2019
Chichester	7	8 ↑	7	9 ↑	4	8 ↑	5	8 ↑
Bristol	7	8 ↑	8	8	7	9 ↑	5	9 ↑
Jowers	9	8	9	9	9	10 ↑	9	10 ↑
Vallance	7	8 ↑	6	7 ↑	8	8	6	8 ↑

For an explanation of PLACE Assessments visit NHS Digital [here](#).

A voice for people receiving home care

Our volunteers give a voice to people with home care services provided by independent companies. The Lay Assessors Scheme is commissioned by BHCC and has been running for several years, but in September 2019 we took on the project.

The original LAS volunteers, joined by Healthwatch volunteers, visit people each month. We report our findings to the Council who shares them with the care providers to let them know what they are doing well, and where they need to improve their service.



"As I see her three times each week, we have become friends."

Our team have visited over 149 people across the city, from nine different Home Care providers. We have found that, overall the quality of service provided in our city is high. People particularly value having the same carers visit, with time to build friendly relationships and when visits are made at reliable fixed times in the day.

What they do well:

"She wanted me to tell everyone that she was absolutely delighted with every aspect with the service."

"He likes his carers and enjoys their visits, doesn't want to get up until they arrive."

"As I see her three times each week, we have become friends."

"No one knows how hard it is to hand over personal care to someone else. These are really good girls."

What they need to do more:

"Ensure carers arrive at the agreed time."

"Yes, can't fault them, but they sometimes have unrealistic travel."

"Sort out rotas so you know who is turning up. Need a weekly rota each week."

"Answer the office phones."

"Treat the carers better. Travelling time should be allowed. Too many calls to do."

"Ensure carers have proper training."



When asked about the Survey:

"It is so good to have someone listen for once about the issues."

"Excellent idea, people don't like to complain to the office."

Service Users

Smiling Matters

Oral care in care homes in Brighton and Hove

Early in 2019 Healthwatch visited twenty care homes across Brighton and Hove.

We spoke to care staff and to residents, including frail older people, younger adults, and people of all ages with long-term ill health, Learning Disabilities and mental health conditions.

We wanted to know how staff assessed residents for oral health, whether they assisted residents with cleaning their mouths, including teeth and dentures and whether residents had regular and easy access to a dentist.



We discovered:

- + 55% of homes have no visiting dentist but 91% of residents are not well enough to visit a dentist surgery.
- + 48% of care home staff do not carry out routine oral health checks on admission.
- + 37% of care home staff have had no training in oral health.
- + 41% of care home staff did not know if their care home had a policy covering oral and dental health.
- + Specialist training improves oral health, but the training is not compulsory.

"You can see a doctor, a physiotherapist, a chiropodist in the home, so why isn't it possible to see a dentist for a check-up?"

Care Home Resident

"We welcome this report from Healthwatch, which identifies recommendations - all in line with the council's approach to promoting oral health."

Rob Persey, Executive Director of Health & Adult Social Care,
and

Alistair Hill, Director of Public Health at Brighton & Hove City Council

Brighton and Hove provide an 'oral health promotion team' giving specialist training for care home staff.

20% of the homes we visited had benefited from that specialist training, provided by the SCFT.

Checking against four key quality measures all of these homes scored higher than Care Homes who had not received the training.

Healthwatch has made 18 recommendations to care home staff and management for improvements in routine checks and policy awareness and to commissioners for training to be considered as part of contract requirements.

"Oral health training while not mandatory, is recommended for all care home staff. The Special Dental Service recommends that new staff would benefit [from training and] ideally a yearly update."

Ali McNealy,
Oral Health Promotion Team Leader
Brighton & Hove City Council

Working to improve the local benefits system - impact update

In February 2018, we reported that vulnerable people were being treated unfairly when applying for Personal Independence Payments (PIP) and Employment Support Allowance (ESA).

Our report identified serious concerns and we made 10 recommendations to improve these assessments. Throughout 2018/19 we continued to bring these issues to the attention of providers, decision-makers and the public, achieving a number of successes.

“Some clients with mental health problems and other conditions that effective cognitive function experience problems with their memory, thinking and orientation, making it difficult to understand and talk about how their condition affects them on a daily basis.”

All our local MPs were interested in the issues we highlighted asking us to encourage people to contact them to share their stories; giving vulnerable people a stronger voice.

One MP was interviewed by our Board Member, **Geoffrey Bowden**, leading to our report being picked up by the local press and increasing media impact of the problems people faced.

“I’ve had at least 3 of these [assessments] and each time I end up feeling worthless afterwards because they don’t look at me as a person, just firing off questions and cutting me off when I tried to qualify or elaborate.”

Nationally, our report was shared with the Parliamentary Select Committee Chaired by Frank Field reporting on PIP and ESA. We also sent a joint letter with the Chair of Safeguarding Adults Board to the Secretary of State at the Dept’ of Work and Pensions (DWP).

We used our influence to set up, for the first-time, meetings between DWP officials, representatives from ATOS (PIP assessment providers) and local charities and groups advocating on behalf of vulnerable adults.

This created direct routes of contact, provided ‘top tips’ for caseworkers, and better explained some application processes. We have been told that the PIP system is beginning to show signs of improvement.



Read the full report [PIP-&-ESA-Report-Feb-2018.pdf](#)

Representing the patient and public voice

Our volunteers and staff provide the patient and public voice on around 25 decision making Committees and consultation forums.

This includes:

- + [The BHCC Health and Well Being Board](#)
- + [The BHCC Health Overview and Scrutiny Committee](#)
- + [The Safeguarding Adults Board](#)
- + [Sussex and East Surrey Sustainability & Transformation Partnership \(STP\)](#)
- + The NHS A&E Delivery Board
- + The NHS Cancer and Planned Care Board
- + The NHS Primary Care Commissioning Committee
- + The NHS Mental Health Programme Board

Healthwatch Representatives:

- + make sure that the voice of patients and the public influence every aspect of how health and care services are provided, planned and paid for.
- + provide information to, and take advice from, local voluntary and community organisations and other local Healthwatch in East and West Sussex.
- + make sure decision makers keep their promises.
- + escalate issues to Healthwatch England and if necessary, to the Secretary of State for Health and Social Care.



Have Your Say

Share your health and social care experiences, what was good, what wasn't.

01273 234 040

office@healthwatchbrightonandhove.co.uk

www.healthwatchbrightonandhove.co.uk

BRIGHTON
PULSE

Or use our anonymous
[online survey](#)

Changes you wanted

Last year we heard from and reached 54,708 people, and many told us in detail about their experience of health and social care.

+ It should be easier to get a GP appointment



You told us how difficult it could be getting a GP appointment, so we've kept this issue in the public eye, reminding decision makers about your concerns in radio and newspapers interviews throughout the year.

The NHS now have a plan to improve GP recruitment in the City and to help GP's work in 'clusters' to share skills and resources

+ It should be easier to make a complaint or give feedback to Health and Care Services

Healthwatch volunteers support some NHS Patient Liaison Services (PALS) to improve the quality and content of their complaints response letters to patients.

In the coming year we will extend our remit to support local Mental Health Services deal with Complaints. We are investigating how local complaints systems across all NHS services can be improved.



+ People were concerned about new 'online' pharmacy services



When asked about online pharmacy services, 60 out of 91 people told us they had received marketing about them by post or leaflet. Many people found the marketing information confusing including use of the NHS logo in what was private business advertising.

When we passed on these concerns nationally, the ensuing social media discussions received 25,000 hits, more than any issue we've raised.

+ People should have a voice in decisions about Health and Social



648 people across the whole of Sussex told their local Healthwatch:

The NHS should give priority to:

- + Availability and timeliness of medical appointments.
- + Being able to see any medically appropriate health professional, whilst recognising the need for continuity of care.
- + More joined up understanding between physical and mental health.
- + Communication with patients, staff and between organisations needs to significantly improve.

+ People want good quality, safe and dignified care on discharge from hospital

Healthwatch volunteers interviewed 80 older frail people in hospital and followed up 49 after hospital discharge.

- + 41% of those who took part were over 80yrs old.
- + 59% people felt they were not involved or only partly in decisions about their care. Over half of these patients 53% felt they had not been asked for their opinion.
- + 39% of all patients felt the advice they had received while in hospital was not good enough to prepare them for being at home.
- + 44% of all patients felt they were either not ready or only partly ready to return home.
- + At the time we spoke to hospital patients, only 34% had received written advice on discharge planning, 11 people had received a hospital discharge letter, and only two people had received a written care plan.





Our plans for

next year

Our priorities for next year

- + Reach out to people and communities who find it difficult to speak up for themselves. Particularly in 'End of Life' Care.
- + Revisit services we have reviewed and check that our recommendations are being implemented and permanent improvements are in place.
- + Strengthen advocacy services in the City particularly Independent Health Complaints Advocacy.
- + Build community partnerships particularly with the Universities, Community Leaders and Housing organisations.
- + Help public and patient engagement in the plans to integrate Health and Social Care in the City.
- + Work closer with Healthwatch In East and West Sussex to provide joint projects across the whole of Sussex - sharing skills and resources on:
 - Improving A&E services.
 - Influencing NHS investment in Mental Health Services.
 - Assisting the NHS Review into Children and Young Peoples access to psychological therapies.



Our plans for next year

Healthwatch will:

- + Publish annual reports on our Hospital Environmental Visits, and Home Care visits.
- + Publish a 5 year review of NHS hospital PLACE reports for Brighton and Sussex Hospitals Trust and Sussex Partnership Foundation Trust, the mental health Trust.
- + Re-visit A&E departments to check improvements have been made.
- + Check that the City wide plan to improve hospital discharge and community support has been implemented.
- + Complete and publish our review of every GP practice in the City.
- + Publish briefing papers on 'Sexual Health Services' and another on 'Improving NHS complaints processes'.
- + Review the system for booking outpatient appointments in Brighton and Hove.

Young Healthwatch will continue to hold 'listening labs' all over the City and focus on:

- + Young people affected by cancer.
- + Sexual Health.
- + Minority Communities.



GP Review 2019 - Interim Results

Early findings from Healthwatch Brighton and Hove's GP Patient survey indicate longer waits to get a GP appointment.

These are interim results from an on-line survey, with 450 responses to date.

We found:

- + Fewer people are getting a routine appointment within three days (39% compared to 51% in 2017).
- + Fewer people getting an appointment the same day for an urgent problem (67% compared to 86% in 2017).

Waiting to see a GP at the appointment time

- + 84% saw GP within 20 minutes of scheduled appointment time (84% in 2017).

Overall satisfaction

- + 83% were satisfied with GP service (83% 2017).
- + 89% would recommend GP practice to a friend/family member (86% 2017).

Practice closure/merger

We asked people who had been affected by a GP Practice closure, merger or other change if they found their new surgery convenient:

- + 50% said 'yes' the new practice was convenient for them with 25% saying it was OK.

Opening hours

Satisfaction with hours when people could access a GP:

- + 76% were happy with the hours a GP was available (72% 2017).
- + Extended hours - 16% of people surveyed had used the Extended hours GP service and 72% of users were satisfied with the service.

Mental health

We asked about GP practices (doctors and nurses) responses to enquires at consultations about mental health or emotional wellbeing:

- + 33% of people surveyed had raised this kind of issue at a consultation.
- + 81% were satisfied with the response they received from the health professional.



The online survey will remain open until September 2019
[GP Patient Online Survey](#)



Our volunteers

Meet our volunteers

We asked four of our fantastic volunteers to tell us about their perspective on the work they do.

Lynne Shields

I have been involved in a variety of research projects, but the one I get a real kick out of are the hospital visits.

We have a checklist to record positive changes compared to the last visit. This gives me a great sense of achievement, as a volunteer.

I love working with the team, volunteers and staff. Most of all, I enjoy meeting patients.

Memorable moments are created any time I “bond” with a patient, gaining their trust and uncovering a nugget of information that clarifies the source of a problem.

This happens when you get beyond the set questions, and to the narrative of ‘tell me more’. It is satisfying when some solutions can be found relatively easily.

Healthwatch gets things done. Healthwatch research and reports regularly result in action. Even if the changes are sometimes small, they are changes for the better.



Adam Mason



In the last 22 years this amazing city has given me so much, that I wanted to give a little back. I’ve spent time with the team who are full of energy and passion about Healthwatch in Brighton. The flexibility around my availability is also helpful.

Since my time with Healthwatch, I have met staff and residents in a variety of residential homes, listening to their views on their own experience about local health services.

I recently met an amazing care home manager, a truly dedicated person and I could see she had made a real difference in the lives of the people she cared for. The staff and standards in the home were exceptional. This was a really inspirational experience about what a care home should be!

Volunteering for Healthwatch has given me a huge insight into the variety of health and social care services in our city, and the opportunity to get more experience in sectors I have not worked in before.

Being a volunteer, I am able to reach out to people in the community and ensure that their voice is heard.

Cindy Willey

My previous volunteering role with Macmillan brought me into contact with people who often had multiple health issues often relied on care. It was apparent that the services they received could have been more effective if a more integrated approach was adopted.

This led to my interest in the LAS, originally managed through Impetus, but I continued when it was transferred to Healthwatch. I felt it was critical that more attention be paid to a service that was increasingly in demand.

The project brings me into contact with a wide range of people who depend on their carers to bring support and stability to their lives. I enjoy this engagement with the community and it helps me to better appreciate the scale of the problem.

I find the experience of meeting people very humbling as in the main they remain positive and appreciative in spite of all their problems.

The thought that I can offer a voice for someone is very rewarding.



Neil McIntosh

I joined Healthwatch in 2014. Heading up mental health representation, means I participate in a huge variety of meetings.

These can be hosted by the mental health trust or local health and social care commissioners.



My job is to make sure that patient voices are heard. I am passionate about ensuring the needs of patients, their families and carers, are central to any decisions that are taken.

Hearing first hand from patients about their personal experiences, is at the heart of my role. It is also important to get the perspective from mental health staff and managers.

Playing a part in helping to strengthen mental health care across the city, is what motivates me.

Joining the CQC team on an inspection visit to a local mental health service, was a great opportunity to see at first hand the way our mental health services are evaluated and helped to improve.

Interested in volunteering?

We are always looking for more volunteers, so if you are interested please do get in touch and come in for a chat and find out how you can help.

healthwatchbrightonandhove.co.uk

01273 234 041

office@healthwatch.co.uk



Authorised Representatives

Healthwatch Brighton and Hove has 44 Authorised Representatives who review services, attended decision-making forums and speak up for patients and care service users. They include Healthwatch board members, staff and volunteers.

Adam Mason	Jacqueline Goodchild
Alan Boyd	Jane Gray
Allison Willmore	John MacKeith
Angelika Wydra	Karen Barford
Barbara Harris	Louise Spry
Barbara Marshall	Lynne Shields
Barbara Myers	Maureen Smalldridge
Bob Deschene	Mazzie Sharp
Carol King	Michael Doodson
Catherine Swann	Michelle Kay
Chris Jennings	Naomi Schubert
Christine D'Cruz	Neil McIntosh
Cindy Willey	Nicholas Gorvett
Dave Romaine	Nick Goslett
David Liley	Robin Guilleret
Denise Bartup	Roger Squier
Elaine Crush	Roland Marden
Elizabeth Kemp	Sophie Reilly
Francis McCabe	Sue Seymour
Geoffrey Bowden	Sylvia New
Hilary Martin	Tony Benton
Howard Lewis	Will Anjos



Our Board And Team



Chair & Directors



Frances McCabe
Independent Chair

Chair since 2013 and former Chair of Age UK B&H, working for over 40 years in health and social care.



Bob Deschene
Director

15 years of experience in senior NHS Management in a variety of roles across East & West Sussex.



Geoffrey Bowden
Director

Started a successful healthcare firm and is a former Councillor with significant experience of health & social care scrutiny.



Neil McIntosh
Director

Joined 2014 after a 30 year public sector career at a senior level in the Ministry of Justice, Dept of Health and NHS.



Catherine Swann
Director

Over 20 years' experience in national NHS and academia, a senior public health civil servant and chartered psychologist.



Sophie Reilly
Director

Since 2013, working locally and nationally, in the voluntary and statutory sectors to improve health and social care services.



Christine D'Cruz
Director

An international corporate background focused on service delivery with over 20 years volunteering in arts and hospices.



Karen Barford
Director

Former Chair of the City's Health and Wellbeing Board. Operational and leadership roles in adult social care.



Howard Lewis
Director

Over 20 years' experience of information provision, advocacy, patient engagement, and recently in medical regulation.

Board Advisors



Barbara Harris
Board Advisor

Head of Equality, Diversity and Human Rights for Brighton and Sussex University Hospitals NHS Trust since 2007.



Carol King
Board Advisor

Considerable years of experience in the NHS and Children's Services at Brighton & Hove City Council.



Tony Benton
Board Advisor

Our safeguarding expert, with 30 years' experience of working in social care and health.

Staff Team



David Liley
Chief Executive Officer

Over 40 years working in Health and Social Care. In 1980's set up NSPCC National Child Protection Helpline.



Roland Marden
Evidence & Insight Manager

Over 20 years' research experience, an academic social scientist, now working in charity project evaluation.



Michelle Kay
Project Co-ordinator

A project manager in academia and international development. Managed £130m government grant.



Alan Boyd
Project Co-ordinator

A background in mental & public health with 16-years' civil-service experience designing policy & running projects.



Will Anjos
Project Co-ordinator

An experienced business project manager, also set up local community fundraising charity, Brighton Soup.

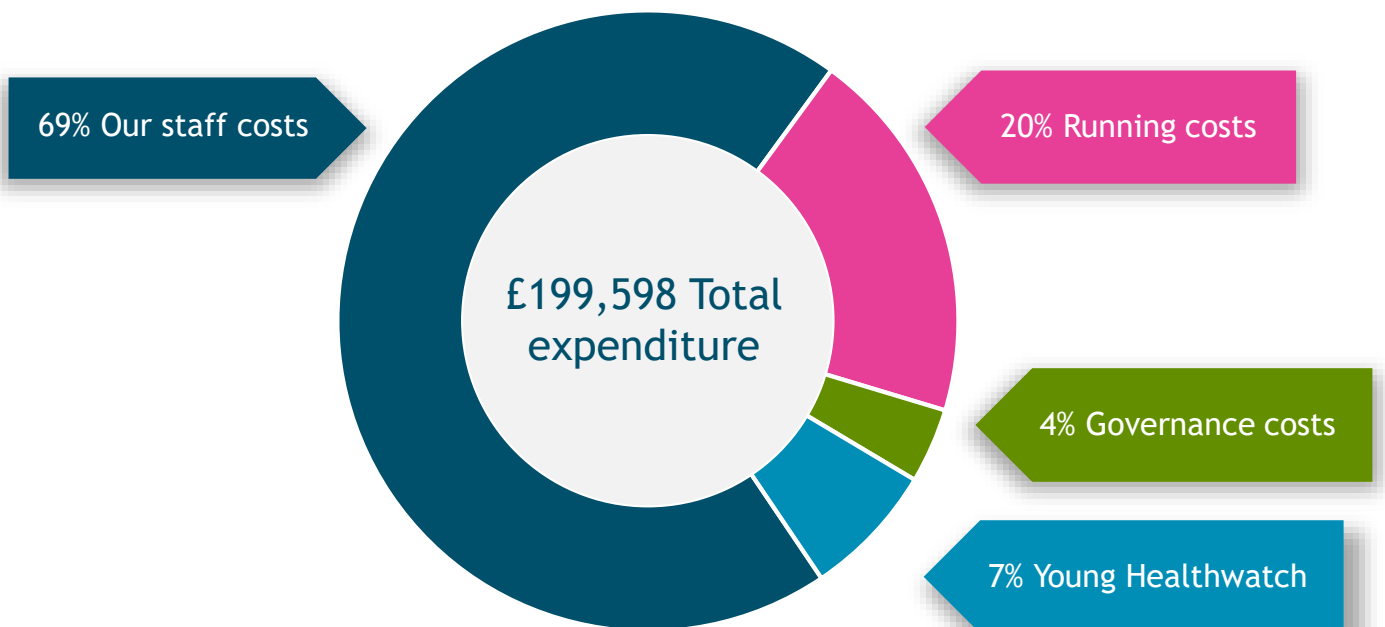


Our finances

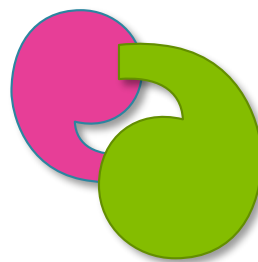
How we use our money

Healthwatch Brighton and Hove is commissioned by the city council and in 2018-19 we received £190,000, which represents a 5% reduction in funding from last year.

We also received £2,500 from Healthwatch England to engage local people with the NHS Long Term Plan and £5,300 from BHCC to review Home Care services.



Message from our CEO



Healthwatch Brighton and Hove has spent the last three years dealing with a series of major problems and issues in the NHS and local services.

From the failure of the Patient Transport Services to GP Practice closures, hospital services in special measures and concerns over safety and quality of care.

The good news is that this last year has seen more financial stability and some improvements in local services. People using health and social care services and people working in those services have regained pride in what we provide in Brighton and Hove.

In the last year Healthwatch Brighton and Hove has faced new challenges:

- + We have focused more than ever before on social care services - starting a new project checking on the quality of private sector Home Care Services in the City.
- + Our volunteers have been visiting Care Homes to check on oral and dental health helping drive local and national improvements in services alongside the CQC.
- + For the first time we worked alongside CQC Inspectors when they carried out a review of Mental Health Services provided by the SPFT.

We have recruited new volunteers and new Board members and Young Healthwatch has helped us reach school age children and cared for children.

With 75% of our recommendations being implemented by the City Council, the NHS, and other decision makers we know that Healthwatch is making an impact and improving local health and care services.

As an organisation we are financially stable and with a strong staff team. We can always use new volunteers and we want our Board, volunteers and the whole team to reflect the diversity and special nature of the City of Brighton and Hove.



David Liley
Healthwatch Brighton and Hove Chief Officer

"It has been great to see local hospitals come out of special measures, and recognised as providing outstanding care."

Thank you

We have to thank a lot of people for helping us do what we do, and the proof of that is in this report.

So thank you to everyone that has helped us put people at the heart of health and social care:

- + A massive thanks to our amazing volunteers and Board who are the engine room that delivers all of our projects and service reviews through the year.
- + Our staff team who all work much harder than we can expect, and for much less tangible reward than they deserve.
- + The health and social organisations that we report on, who work with us even when it may not be positive.
- + The voluntary organisations that have contributed to our work.
- + The many members of the public who gave their time to share their views and experience with us, even in what were sometimes difficult times.



Contact us

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Community Base

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BN1 3XG

+ 01273 234 041

+ office@healthwatchbrightonandhove.co.uk

+ healthwatchbrightonandhove.co.uk



Young Healthwatch Brighton and Hove

YMCA DownsLink Group

Reed House

47 Church Road, Hove

BN3 2BE

+ 01273 222 550

+ reed.house@ymcadlg.org

+ ymcadlg.org/what-we-do/support-and-advice/right-here



Independent Health Complaints Advocacy Service (IHCAS)

Brighton & Hove Impetus

65-67 Western Rd, Hove

BN3 2JQ

+ 01273 229 002

+ info@bh-icas.org

+ bh-impetus.org/projects/independent-health-complaints-advocacy-service-ihcas



Our annual report will be publicly available on our website by 30th June 2019. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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