Who are we?

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

Where and when is the Board meeting?

Please Note: In response to current Central Government Guidance it is envisaged that this meeting will be "virtual", webcast live and accessible by skype. Public Speaking and engagement opportunities will be available. The meeting will be held on Tuesday 9 June 2020, starting at 4.00pm and it will last about two and a half hours.

What is being discussed?

There are 3 main items on the agenda

- Presentation - Covid 19 Update
- Public Health Annual Report
- Better Lives, Stronger Communities

Health & Wellbeing Board
9 June 2020
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

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

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

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

Contact: **Penny Jennings**
Secretary to the Board
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Date of Publication - Monday, 1 June 2020

This Agenda and all accompanying reports are printed on recycled paper

AGENDA

Formal matters of procedure

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

Page

1 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

2 MINUTES **7 - 34**

To consider and approve the minutes of the meetings held on:

(a) 28 January 2020 (copy attached); and

(b) Special Meeting, 6 February 2020 (copy attached)

3 CHAIR'S COMMUNICATIONS

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

4 FORMAL PUBLIC INVOLVEMENT

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

(a) Petitions – to consider any petitions by noon on---- 2020;

(b) Written Questions – to consider any written question received by ---- 2020;

(c) Deputations – to consider any Deputations received.

5 FORMAL MEMBER INVOLVEMENT

6 PRESENTATION - COVID 19 , UPDATE

Health & Wellbeing

Joint Presentation in order to provide up to date information.

7 PUBLIC HEALTH ANNUAL REPORT **35 - 68**

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

8 BETTER LIVES, STRONGER COMMUNITIES **69 - 82**

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

WEBCASTING NOTICE

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

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Electronic agendas can also be accessed through our meetings app available through www.moderngov.co.uk

For further details and general enquiries about this meeting contact Democratic Services, 01273 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.

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

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

Health & Wellbeing

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

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

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

Health & Wellbeing

1. Procedural Business

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

(b) Declarations of Interest:

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

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

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

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

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

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

HEALTH & WELLBEING BOARD	Agenda Item 2 (a) Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

4.00pm 28 JANUARY 2020

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Moonan (Chair), Appich (Deputy Chair), Shanks (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Nield
Brighton and Hove CCG: Dr Andrew Hodson (Chair of the CCG and Co-Deputy Chair), Lola Banjoko, Malcolm Dennett and Ashley Scarff

Also in Attendance: Geoff Raw, Chief Executive; Deb Austin, Acting Statutory Executive Director, Children's Services; Rob Persey, Statutory Director for Adult Social Care; Alistair Hill, Director of Public Health and David Liley, Brighton and Hove Healthwatch

PART ONE

38 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

38(a) Apologies

38.1 Apologies were received from Graham Bartlett, Brighton and Hove Local Safeguarding Adults Board and Chris Robson, Brighton and Hove Local Safeguarding Children Board

38(b) Declarations of Substitutes, Interests and Exclusions

38.2 There were none.

38c Exclusion of press and public

38.3 28.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

38.4 It was noted that Item 47 contained exempt information which would have needed to be considered whilst the press and public were excluded from the meeting. It had been agreed however that in view of the late release of this item it would now be considered at a special meeting of the Board the details of which would be confirmed as soon as possible.

38.5 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

38.6 The Chair explained that this meeting although being webcast would not be available to watch live, although once uploaded would be available for repeated future viewing.

39 MINUTES

39a Minutes of Special Meeting, 5 November 2019

39.1 **RESOLVED -** That the Chair be authorised to sign the minutes of the special meeting held on 5 November 2019 as a correct record.

39b Minutes of Meeting, 12 November 2019

39.2 **RESOLVED -** That the Chair be authorised to sign the minutes of the meeting held on 12 November 2019 as a correct record.

40 CHAIR'S COMMUNICATIONS

Better Care Fund

40.1 The Chair, Councillor Moonan, explained that she wished to update the Board on one item which did not require a formal report that day. The Better Care Fund included a section 75 agreement which supported the joint working. In September we had been informed that the agreement would need to be formally extended when the funding had been agreed with national government. The Chair was able to confirm that this agreement had now been formally signed off and a formal report on the targets and outcomes would come to the Board's next scheduled meeting in March.

Draft Sussex Health & Care – Response to the NHS Long Term Plan

40.2 The draft Sussex Health & Care response to the NHS Long Term Plan had been presented to the November special meeting and it was understood that the draft response had now been submitted. Whilst there had been some feed back this had not been finalised as yet. Work had started on the delivery plan to support the response. The scrutiny of the NHS Long Term Plan would sit with the Health Overview and Scrutiny Committee.

Flu Jab/Vaccination

40.3 The Chair also wished to highlight that that it is not too late for anyone to receive a Flu Jab. Many people often thought that as it is after Christmas and in new year it was too late to bother but locally we were only just starting to hit our peak levels.

Wuhan Novel Coronavirus

40.4 The Chair stated that everyone was aware of the novel coronavirus which had been identified recently which appeared to have originated in Wuhan, China. This situation was evolving rapidly and was being monitored carefully, but based on the available evidence, Public Health England had advised that the current risk to the UK population was low. The BHCC Public Health team were liaising closely with Public Health England and CCG colleagues to ensure that we were able to respond appropriately and quickly to any situational changes. NHS England had cascaded detailed information on managing suspected cases to all front-line NHS staff. The link to the latest information is set out below:

Based on the available evidence, Public Health England advise that the current risk to the UK population is low.

Re-procurement of Substance Misuse Service

40.5 contracts for:
(i) In-patient detoxification; and
(ii) Community recovery service

It was noted that at the meeting of the Board held on 29 January 2019 delegated authority had been granted for the Executive Director of Health and Adult Social Care (HASC) to undertake procurement by tender and award of contracts for substance misuse services for a term of five years with the provision for a further two year extension. The The re-procurement process is now complete and the contracts have been awarded as follows:

For Lot 1: inpatient detoxification services, the contract has been awarded to Vale House Stabilisation Services.

For Lot 2: community recovery service, the contract has been awarded to Change, Grow, Live (CGL)

The contract documents were now in preparation and the planned start date for the new services was 1 April 2020.

Deferral of Consideration of Consideration of Report(s) 47 and 50 – Commissioning of a Supported Living Service for People With Cognitive Impairments

40.6 The Chair explained that after consulting with colleagues and other members of the Board she had taken the decision to hold back the report(s) on commissioning a supported living service for people with cognitive impairments. Once the existing service provider had given notice everyone had known that fulfilling the required procurement process and mobilising a new service to protect service users would be extremely

challenging. We had also had to compare the preferred bid accurately with an in-house offer. As a result this report could not fit neatly into the timings of the Board meetings which were set a year in advance.

40.7 Members considered that they had, had insufficient time to read through and fully understand the implications of the report in time to make a considered decision that day. The Chair went on to explain that the decision could not be delayed for long in view of the need to protect as the wellbeing of the existing service users and the timescales to award the contract. Her preference was for this report to be brought back to a special meeting of the Board the following week, the timings for which were to be confirmed. The recommendations for the Board remained that the service be outsourced to an external provider who could provide a high quality specialist service for the best value to the council.

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

40.9 All items on the agenda were reserved for discussion with the exception of Item 46, details as set out below:

Item 46 – "Annual Review of Adult Social Care Charging Policy 2020"

40.10 The officer recommendations set out in the above report were agreed without debate.

41 FORMAL PUBLIC INVOLVEMENT

41a Petition(s)

41.1 There were none.

41b Written Question(s)

41.2 It was noted that five written questions had been received, four of which related to the roll-out of 5G technology and the other to social prescribing. Three of those who had submitted questions were not in attendance at the meeting, the Chair confirmed however that details both of the question(s) themselves and the responses given would be set out in the minutes. The questions submitted and the responses provided by the Chair are set out below:

Accountability for Future Health Issues Related to 5G – Mr Manderlay

41.3 The Chair, Councillor Moonan, invited Mr Manderlay to put his question which is set out below:

"Who is going to be held accountable for any future health issues in either individuals or groups of people related to 5G?

Is it not true that the person or persons held responsible will be the one (or ones) whose signature (or signatures) appear on the permits?"

41.4 The Chair, responded in the following terms:

"The report which the Board is considering today sets out the role of the Council in relation to the roll-out of 5G in the context of its planning powers. The Council should follow the National Planning Policy Framework when considering planning applications and this states that local planning authorities should not "set health safeguards different from the International Commission guidelines for public exposure." The Council is therefore expected to rely on the International Commission guidelines which have been reviewed by Public Health England (PHE). Further, in most cases, as set out in the report no planning applications are required because of permitted development rights and the Council therefore has limited powers in dealing with proposals to which these rights apply."

41.5 Mr Manderlay had given prior notification of a supplementary question and this is set out below:

"In your "response to petition to halt the roll-out of 5G" you state that you (and the government) take the advice from Public Health England. On their website PHE refer to research and studies regarding the safety of RF, including Non-Ionising Radiation. My question is, what are these researches and studies and, most importantly, who conducted them? Thousands of doctors and scientists the world over have drawn attention to hundreds, if not thousands, of peer reviewed papers to the total lack of independent studies about the long term effects of non-ionising radiation in humans (not to mention wildlife). If PHE claim the studies have been done, they need to state who did them and why as well as their lengths and specific remits. Shouldn't a decision which potentially affects the health and wellbeing of many generations to come be based on thorough, independent research and studies?"

41.6 The Chair's response is set out below:

"I will need to refer you to Public Health England as they are the lead body on reviewing the evidence base from all areas. They provide the guidance which local bodies then use. I should stress that Public Health England is different from our local public health team. Public Health England (PHE) is an executive agency of the Department of Health and Social Care (DHSC) which is the expert national public health agency.

Refusal of Major Insurers to Insure Their Policies Against Negative Health Impacts of wi-fi Technologies Including 5G- Ms Hidalgo

41.7 Ms Hidaglo was invited to put her question which is set out below:

"If 5G is so safe, how come that leading insurers the world over, including Lloyds of London refuse to insure in their policies against any negative health effects caused by wi-fi technologies including 5G"

41.8 The Chair, responded in the following terms:

"insurance companies operate as independent commercial entities, unlike Council's which are required to follow the International Commission Guidelines. I cannot comment on the stance taken by insurance companies but I would like to reiterated that the

Council will always carefully consider any planning application which does come forward that relates to 5G and there is the opportunity for people to put forward their comments in relation to those applications which will be given careful consideration in each case."

41.9 Mr Hidaglo had given prior notification of a supplementary question and this is set out below:

"What about the increasing number of people already sensitive to EMF? I know someone who is and their life has exponentially got worse ever since the launch of 3 and 4G. Nausea, headaches, dizziness and nerve pain on a daily basis. With 5G on top of this life will become intolerable to these people. And, as I have said their numbers are increasing."

41.10 The Chair, responded in the following terms:

As I have set out above, any concerns or objections that are raised in relation to individual planning applications will be carefully considered, including any health concerns."

Classification of Impact on Wildlife as an Emerging Issue- Ms Blosse

41.11 The following question had been notified by Ms Blosse:

"The European Commission's Scientific Committee on Health, Environmental and emerging Risks (SCHEER), assessed potential effects on wildlife from increases in electromagnetic radiation. 5G technology was classified as an "emerging issue" and given the highest ranking as an environmental hazard. It highlighted the concern that since health and safety issues remain unknown, it leaves the possibility of unintended biological consequences to the environment. The EKLIPSE report "The Impacts of EMR on Wildlife" confirms the harm from EMR on wildlife. Bees are at greater risk and in decline. What is the Health and Wellbeing Board planning to do to protect our city?"

41.12 The Chair's response is set out below:

"The County Ecologist has been consulted on this issue. None of the main government departments and agencies (The Environment Agency, DEFRA, Natural England) and or leading advocacy groups (RSPB and Bug Life) have information or guidance on this issue and do not direct us to any research. However, the issue was raised in the House of Commons' during questions and at that time (June 2019), Margot James gave the following response on behalf of the Government:-

"Electromagnetic radiation (EMR) has the potential to impact the movement of insects and some species of animals, but there is currently no evidence that human-made EMR, at realistic field level impacts on (a) plants, (b) animals or (c) insects."

The guidance we do have is that there is no known impact on human health (the remit of Health and Wellbeing Board) and, as we have already heard, there are planning and legal limitations on how the city council can act as a local planning authority. As I have set out above, any concerns or objections that are raised in relation to individua planning applications will be carefully considered and if there is guidance or relevant

research that comes forward this can considered alongside those concerns and objections."

Limitations of ICNIRP-Ms Gomez/Ms Edgell

41.13 The following question had been notified by Ms Gomez/Ms Edgell:

The ICNIRP does not guarantee the correctness, reliability, or completeness of the information published on its website for guideline purposes. The content is provided for information only. ICNIRP do not assume any responsibility for any damage, including direct or indirect loss suffered by users or third parties in connection with the website and the information it contains including any technical data, recommendations, or specification available and an insurance company (Swiss Re) has listed 5G as a "high impact risk". Their white paper wording as follows:

"existing concerns regarding potential negative health effects from electromagnetic fields (EMF) are only likely to increase. An uptake in liability claims could be a potential long term consequence. https://es-ireland.com/2019/06/17may-2019-swiss re-classifies-5g-as-high-impact-emerging-risk-in-whitepaper/

Therefore if an insurance company will not take the risk then why would Brighton and Hove risk the health and lives of the residents of Brighton and Hove. Who is taking responsibility for damages caused by forcing me to be tortured by 5G pollution against my will?"

41.14 The Chair's response is set out below:

"Again I refer back to my previous responses and to the information set out in the report. I cannot comment on the position taken by insurance companies but the Council is clear about its responsibilities in relation to determining planning applications in accordance with the National Planning Policy Framework. This does require policies citing the International Commission guidelines to be treated as material when considering electronic communications development proposals. Once again I would like to reiterate that much of the development connected with the roll out of 5G will benefit from permitted development rights. The Council will carefully consider every individual planning application that it does receive, including any objections or comments received."

Social Prescribing – Mr Kapp

41.15 The Chair, Councillor Moonan, invited Mr Kapp to put his question which is set out below:

"Why isn't improvement in health included in the Council's 3 year plan (published in the "Argus" on 18 January 2020), when £454 million of public money is devolved from central government to the Clinical Commissioning Group this year, which together with £126mpa makes £580mpa for health and social care, which will probably rise next year to £600mpa, the dispersion of which should be decided by all councillors at the budget meeting on 27 February 2020?"

41.16 The Chair thanked Mr Kapp for his questions and responded in the following terms:

"I would like to correct you as the Council Plan has several pages covering "A Healthy and Caring City". However, the Council Plan is the Council Plan covering the things it can control. While it does include working with partners, such as the, pages covering "A Healthy and Caring City" the CCG while a partner is also an entity in its own right with its own control over its finances and priorities. The Council and the CCG have both agreed the Joint Health and Wellbeing Strategy to which we are both joint partners and is focused on health improvement for the city. We will continue to work with the CCG on joint priorities but there would need to be a significant change in national legislation for your proposal to be allowed in law."

41.17 Mr Kapp was invited by the Chair to ask a supplementary question if he had one and this and the Chair's response to it is set out below:

41.18 "We had information given to the July Board about social prescribing but not the detailed funding as to how it works. I have had similar emails from people who run various things like Nordic Walking wanting to know how they can get funding to run such services. However the Board is not the funding controller for social prescribing nor is the CCG – this comes from the national pocket. Will the Health and Wellbeing Board agree to take a paper raising the question of whether or not licensed social prescribing providers should be paid as pharmacists are paid for drugs?"

41.19 The Chair responded as set out below:

"At the outset I should explain that Social Prescribing is not the same as prescribing medication. NHSE had a detailed webpage covering which I would encourage people to look at. It is. however far too detailed to report all the information to you today so I have been selective but have attached the link to the detail and this will go in the minutes.https://www.england.nhs.uk/personalisedcare/social-prescribing/

Social Prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on "what matters to me" and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Funding for the new social prescribing link workers became available to primary care networks (PCNs) from 1 July 2019 when the reformed GP contract began. This is the biggest investment in social prescribing by any national health system, and legitimises community-based activities and support alongside medical treatment as part of personalised care."

41.20 **RESOLVED –** That the questions submitted and the Chair's response to them be noted and received.

41c Deputations

41.21 There were none.

42 FORMAL MEMBER INVOLVEMENT

42a Petitions

42.1 There were none.

42b Written Questions

42.2 A question had been circulated by Councillor Nield. The text of which is set out below:

"I have been contacted, as I think all Members have, by a resident who wants to know why as a transgender man he is having to wait years to access hormone treatment in Brighton and Hove. His mental health is suffering as he waits.

He says:

"Brighton is a beacon of hope for transgender people across the UK in terms of social acceptance, but this doesn't appear to be reflected in the NHS services provided. We need hormone treatment provided in a reasonable timescale."

I am very interested to see this same issue raised in the Local Term Plan:

4.2.6 local priorities: trans locally commissioned service in primary care. Responding to issues raised by our population there is a recognised gap and level of need in services for supporting our transgender population. An audit of local GP practices showed there were significant difficulties for transgender and non-binary patients such as long waits to receive prescribed hormone treatment. Brighton and Hove CCG are developing initial service costings and plans to initiate a three-year pilot service to fill this gap and improve the services for this population cohort. If we succeed, we would be proud to be the first CCG to do this in the country."

"I would very much like to know more about these plans: particularly how soon we can expect this pilot to begin, and what will be its scale and scope."

42.3 The Chair, Councillor Moonan, responded in the following terms:

"Thank you for this question and for raising it on behalf of other members of this Board.

I have a response from the CCG. I should highlight that this response does not go into the details of the individual concerned as that would not be appropriate although I have been assured that provision is arranged. Before I give the CCG response, it is worth noting that the board and also HOSC have been aware of waiting times for referral to specialist gender identity services at Charing Cross hospital are long. We are also aware that all GPs do not have the experience required to intervene in ways which would mitigate the negative impact of the long wait for a specialist referral (e.g., by prescribing hormones).

The Council held a Trans Equalities Scrutiny Panel in 2015 and that Panel heard evidence and made recommendations on issues which do relate to the issues raised. Specifically, the Panel heard that there were long waits for referral to the Gender Identity Clinic at Charing Cross. The Panel did not make recommendations to improve the Gender Identity Clinic but did make recommendations for a much more robust

assessment of local need (via a Trans Needs Assessment and other measures) so that the local NHS was in the best position possible to manage demand.

The Panel also heard evidence about the issue of GP expertise in dealing with Trans health issues and made a number of recommendations, including a recommendation that the CCG explored the potential to pilot enhanced gender identity healthcare services at a central Brighton GP practice–i.e., so that local trans people had timely access to a more expert service than GPs can typically provide.

In short, I think that the Council has shown an interest in precisely the issues raised by the complainant: (a) excessive waits for GIC; and (b) the need to develop a level of local specialism that might mitigate (a). However, despite the Council making recommendations to the CCG in 2015 -and the CCG agreeing to implement the recommendations – the problems have continued.

The CCG has made a formal response:
Currently there are a range of support initiatives in place. There is also a guide for GPs/General practice available on the CCG website:

https://www.gpbrightonandhoveccg.nhs.uk/supporting patients -accessing-gender-identity-services;

https://www.brightonandhoveccg.nhs.uk/gp-guide-supporting-trans-patients-launched

Also, a screening document for trans people has been produced because when a person's record is changed to reflect their identity, they will not automatically be called for screening programmes, i.e., someone who is female to male will not be called for cervical or breast screening even if they still have cervical or breast tissue

https://www.brightonandhoveccg.nhs.uk/your-health/screening

There is a pilot in development that is in the scoping stages which will mean that there will be a local satellite service available in the city. This work is underway and the CCG will update the Board about progress with this shortly.

42.6 **RESOLVED –** That the content of the submitted question and the Chair's response be noted and received.

42c Letters

42.7 There were none.

42d Notices of Motion

42.8 There were none.

43 INTERIM RESPONSE TO PETITION TO HALT THE ROLLOUT OF 5G

43.1 The Board considered a joint report of the Director of Public Health, the Executive Director, Health and Adult Social Care and the Executive Director, Economy

Environment and Culture outlining the national guidance relating to the ability to the council to influence roll-out of mobile technology.

43.2 It was noted that at the meeting of Full Council held on 24 October 2019 a petition with 2,240 signatures had been presented requesting that the roll out of 5G technology be halted. A Green Group amendment recommending that the petition was noted and a report on the issue provided for consideration at the next available meeting of the Board was passed.

43.3 Public Health England (PHE) took the lead nationally and provided expert advice on public health matters associated with high frequency EMF and their recently updated guidance could be found in Appendix 1 to the report. The PHE's advice was based on comprehensive evidence reviews which had been prepared by expert scientists in the UK and around the world including the World Health Organisation (WHO) and the International Commission on Non-Ionizing Radiation Protection (ICNIRP). Their consensus was that there was no conclusive evidence of adverse health effects related to short term or long-term exposure to high frequency EMF or that EMF below certain safety thresholds was harmful to health.

43.4 The Assistant Director, City Development and Regeneration, Max Woodford, explained that the ability of councils to influence the roll-out of mobile technology was limited by central government regulations on permitted development rights (through the prior approval process) that allowed specified development to go ahead without planning permission. As a consequence planning policy could not be used to halt the roll out of 5G. The planning system did, however, require that any new installations were consistent with the international guidelines adhered to by PHE. Prior approval of the local planning authority was required for masts and certain other types of apparatus falling within permitted development rights, however, considerations were strictly limited to siting and appearance and the only applications refused by the council in respect of such equipment which had been successful at appeal had been on those grounds. Such applications had to be publicised and any representations received taken into account by the local planning authority in determining whether prior approval should be refused and planning permission required.

43.4 Councillor Nield referred to use of the "precautionary principle" referred to in the petitioners' submission, she understood that the council's powers under planning legislation were limited but sought clarification regarding any other powers which might be available.

43.5 The Head of Legal Services, Elizabeth Culbert, explained that there was no legal obligation or statutory duty for the local planning authority to apply the "precautionary principle". The Council as a local planning authority was in a different position to town council's that had expressed opposition to the roll out of 5G technology. All applications for planning permission needed to be determined on their own merits and the council would be open to allegations of predetermination if it adopted a policy position that the precautionary principle should apply as this would fetter the discretionary power of the local planning authority to grant planning permission. It was highly likely that any such approach would be challenged in the courts.

43.6 Councillor Bagaeen sought clarification in respect of any masts situated on council land/buildings and the powers available to it in such circumstances.

43.7 The Assistant Director, City Development and Regeneration, Max Woodford, explained that although the majority of mast sites in the city would be allowed under permitted development rights, there were currently eight mast sites on council land which were leased to operators who might look to use those sites for 5G technology outside of those rights. Two masts on top of council buildings were used for telecommunications equipment, there were also six council owned sites in more remote locations, used for transmitting and receiving television signals and these due to their locations might be unsuitable for 5G given the short wavelength of the signals. Even if these sites were used they would form a very small part of the equipment that needed to be installed across the city, most of which would be permitted under existing development rights. All other applications would need to considered and determined on their individual merits.

43.8 The Chair, Councillor Moonan, thanked officers for the report which set out clearly the council's position and detailed its limited ability to influence the roll-out of mobile technology and the reasons that was so.

43.9 **RESOLVED –** That the contents of the report be noted.

44 BRIGHTON AND HOVE HEALTH AND WELLBEING STRATEGY 2019-2030, DELIVERY PLAN

44.1 The Board considered a joint report of the Director of Public Health, the Executive Director, Health and Adult Social Care and the Executive Managing Director, Brighton and Hove Clinical Commissioning Group detailing the Brighton and Hove Health and Wellbeing Strategy 2019- 2030 and seeking approval of the initial Health and Wellbeing Strategy Delivery Plan which made recommendations for areas it would like to consider in the 2020/21 programme.

44.2 It was noted that Health and Wellbeing Boards had a duty to prepare a Joint Health and Wellbeing Strategy in order to meet needs identified in the Joint Strategic Needs Assessment. The Brighton and Hove Health and Wellbeing Strategy 2019-30 had been approved by the Board at its meeting in March 2019 and this paper presented an initial delivery plan to deliver the aspirations of the strategy. Board Members would provide system leadership to enable the delivery and further development of the Plan.

44.3 It was noted that the following amendment to the recommendations had been received from the Green Group proposed by Councillor Shanks and seconded by Councillor Nield.

"To add the recommendation 1.2:

That the Board agrees to invite relevant Heads of Service of the Council to attend the Board at different meetings throughout the year to report on how their department is fulfilling the Strategy and to explain their detailed plans to the Board, e.g., the Head of Transport to report on how the City's Transport Strategy will comply with the requirements of the Health and Wellbeing Strategy."

44.4 Councillor Shanks stated that she fully supported the Plan but considered that it was very important to ensure that there was effective reporting back on work to/of all partners in order to keep the strategy rolling forward. Councillor Nield also concurred in that view stating that she had seconded the amendment on that basis.

44.5 Councillor Bagaeen stated that he also supported the proposed amendment which would help to ensure that the cross-cutting approach advocated was carried forward effectively.

44.6 Councillor Shanks referred to the social prescribing which in cases where that was considered to be appropriate could ease the pressure on busy GP practices as did measures already in place to encourage earlier intervention and to enable patients to speak to/be seen by other suitably qualified staff other than solely by their GP.

44.7 Councillor Appich referred to the measures in place to ensure that those with learning disabilities were aware of and had access to a full range of services. Councillor Appich had attended a Partnership Board meeting at which these issues had been discussed the previous day and the available data was very worrying.

44.8 The Chair, Councillor Moonan, welcomed the proposed amendment which would help to ensure that the Board were kept updated regarding roll-out across council departments and the interface between that work its interface with other partners.

44.9 As no further matters were raised in respect of this item the Chair then took a vote on the proposed amendment. A vote was taken, the amendment was carried and was then voted on as a substantive repot recommendation.

44.10 **RESOLVED –** (1) That the Board approves the initial Health and Wellbeing Strategy Delivery Plan and makes recommendations for areas it would like to consider in its 2020/21 programme; and

(2) That the Board agrees to invite relevant Heads of Service of the Council to attend the Board at different meetings throughout the year to report on how their department is fulfilling the Strategy and to give the Board their detailed plans, e.g., the Head of Transport to report on how the City's Transport Strategy will comply with the requirements of the Health and Wellbeing Strategy.

NB: The Board were in agreement that the Strategy needed to be incorporated into all areas of council decision making, for other areas of the council to report back on issues relating to the Strategy (as referred to in 2 above); for feedback on progress to start with starting well and dying well and then to move on to the other two wells. Yearly updates on progress of the Plan will be given to the Board from June 2021.

45 PROPOSED FEES FOR ADULT SOCIAL CARE PROVIDERS 2020 -21

45.1 The Board considered a report of the Executive Director, Health and Adult Social Care setting out the proposed fees for Adult Social Care Providers 2020/21.

45.2 It was explained that the paper set out the recommended fee levels and uplifts to be paid to Adult Social Care Providers from April 2020. The services that were considered

in the report were integral to the proper functioning of the wider health and care system which included managing patient flow in and out of hospital. It was recognised that public finances were under increasing pressure but that this needed to be balanced with the need to manage and sustain the provider market to support the increasing complexity and demand to comply with the duties placed on the Council by the Care Act 2014 to meet the needs of those requiring care and support and to seek to ensure provider sustainability and viability. As there had been no uplift for the 2019/20 financial year supporting and sustaining the provider market was of particular significance for 2020/21 financial year.

45.3 Councillor Shanks noted that that the living wage was paid to those working for adult social care providers. Councillor Shanks enquired regarding mechanisms in place to ensure that was the case, any ongoing monitoring carried out to ensure that remained the case and, whether contracts entered into contained a specific clause/clauses requiring that to be the case. Councillor Shanks also enquired regarding whether a review process existed to check that provision was being managed in accordance with the contracts entered into and that staff were paid in line with what had been agreed, stating that she would have expected that to be evidenced. Councillor Shanks stated that she did not consider that the information provided was sufficient for her to agree the report recommendations. Councillor Nield concurred in that view.

45.4 Councillor Bagaeen queried why an uplift of 2% had been recommended in a number of instances, particularly as figures in relation to some provision appeared to change month on month. It was explained that this figure was in line with that for the general Council budget which ensured that the fees set could be paid from the budget provision available, plus any addition element which might also be payable.

45.5 Councillor Appich stated that she met with officers to discuss some of the figures provided in more detail and the approach which had been taken was a reasonable one in her view. It should be noted that a wider review of commissioning strategies currently in place was to be undertaken for the following financial year and would be reflected in the recommendations put forward then.

45.6 No further matters were raised and the Chair therefore moved on to the vote and the recommendations set out in the report were agreed on a vote of 4 with 5 abstentions.

45.7 **RESOLVED –** (1) That the Board agrees to the recommended fee increases as set out in the table below. The underpinning background to the fee changes is set out in the main body of the report.

Tables of Fees

Service	Current fee 2019-20	New fee 2020-21	% uplift
Care Homes and Care Homes with Nursing			
In city care homes – set fees per week	£571	£582	2%
In city care homes with nursing – set fees per week	£736.56 Includes FNC	£747.56 Includes FNC	2%

Service	Current fee 2019-20	New fee 2020-21	% uplift
	at £165.56	at £165.56 *NB this may change as 2020-21 rate not yet set by NHS*	
In city Learning Disability care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes with nursing not on set rates (individually negotiated)	Variable	Variable	Variable
Block Contract Arrangements	Variable	Variable	Variable
Out of City Care Home and Care Home with Nursing Placements			
Out of city care homes on set rates	Host Authority Rates	Host Authority Rates	• Match set rates for new placements. • 2% to existing placements
Out of city care homes with nursing on set rates	Host Authority Rates	Host Authority Rates	• Match set rates for new placements. • 2% to existing placements
Out of city care homes individually negotiated	Variable	Variable	Variable
Out of city care homes with nursing individually negotiated	Variable	Variable	Variable
Supported Living & Community Support: Learning & Physical Disabilities, functional mental health			
Supported Living for people with learning disabilities	Variable	Variable	2%
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	Variable
Community support for people with learning disabilities	Variable	Variable	2%
Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	2%
Community support for adults with functional mental health issues	Variable	Variable	variable
Home Care			
Home care main area/back up provider – core fee	£17.83	£18.19	2%
Home care main area/back up provider – enhanced fee	£19.83	£20.23	2%
Dynamic Purchasing System Approved Provider Packages	Variable	Variable	variable

Direct Payments			
Direct Payments Monday to Friday hourly rate for those employing	£10.80	£11.00	2%

Personal Assistants			
Direct Payments Weekend hourly rate for those employing Personal Assistants	£11.80	£12.00	2%
Other Direct Payment agreements	Variable	Variable	2%
Shared Lives			
Shared Lives Management Fee	Variable	Variable	2%
Shared Lives fee to carers	Variable	Variable	2% to care element
Day Support			
Day support for people with Learning Disabilities	Variable	Variable	2%
Day support for people with Acquired Brain Injury	Variable	Variable	2%

Note: Councillors Nield and Shanks wished it to be recorded that they had abstained from voting in respect of the report recommendations.

46 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2020

46.1 This item was not called for discussion and the report recommendations were agreed without discussion.

46.2 **RESOLVED –** (1) That the Board agrees (with effect from 6 April 2020) that the council continues with the current charging policy for care and support services which includes an individual financial assessment to determine affordability and complies with the requirements of Section 17 of the Care Act 2014. The charging policy is set out at Appendix 1 to the report; and

(2) The Board agrees an increase of charges as shown in the tables of charges set out below that with effect from 6 April 2020:

Maximum Charges	2019-20	**2020 - 2021**
Means Tested Charges		
In-house home care/support	£25 per hour	**£26 per hour**
In–house day care	£39 per day	**£40 per day**
In-House Residential Care	£123 per night	**£126 per night**
Fixed Rate Charges		
Fixed Rate Transport	£4.00 per return	**£4.10 per return**
Fixed Meal Charge /Day Care	£4.80 per meal	**£4.90 per meal**

To agree an increase to Carelink charges as follows:

Standard Carelink Plus service	£18.90 per month	**£19.30 per month**
Enhanced Carelink Service	£22.70 per month	**£23.15 per month**

Exclusive Mobile Phone Service	£24.50 per month	**£25 per month**

To agree an increase to miscellaneous fees as follows:

Deferred Payment set up fee (see 2.13)	£523 one-off	**£533 one-off**
Initial fee for contracting non-residential care for self- funders	£276 one-off	**£281 one-off**
Ongoing fee for contracting for non-residential care for self- funders	£85 per year	**£87 per year**

To continue with the existing policy not to charge carers for any direct provision of support to carers.

47 COMMISSIONING OF SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENT (ACQUIRED BRAIN INJURY)

47.1 Consideration of this report was deferred, it would be the subject of a specially convened meeting for its sole consideration. The date, time and venue for that meeting to be confirmed as soon as possible.

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

48 FUTURE USE OF KNOLL HOUSE RESOURCE CENTRE

48.1 The Board considered a report of the Executive Director, Adult Social Care and Health relating to the future use of Knoll House Resource Centre.

48.2 It had been agreed at the meeting of the Board held on 10 September 2019 that a business case and options appraisal would be produced 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 would be considered within the business case and options appraisal. It was recognised that in Brighton and Hove too many people were placed in residential and nursing placements in comparison with comparable authorities and that in many cases this was due to a lack of suitable alternative accommodation/provision.

48.3 The outline business case was detailed in the report and had looked at the two groups requested by the Board but had also included a third group in relation to physical disabilities and acquired brain injury (ABI). Following consideration of all three options it was recommended that Option C be pursued for the reasons set out in the report, but that a final decision about whether to provide a Council run or outsourced service be made at the scheduled June meeting of the Board following

48.4 The Chair welcomed the report noting that the report to be brought forward to the June meeting of the Board would include detailed costings in respect of each option. The

Chair was also pleased to note that it was intended that a Guardianship scheme would be put in place at the property.

48.5 Councillor Shanks stated that she was satisfied that this further report provided a well weighted consideration of all the options, noting that residents' concerns had been addressed and a meeting held with the residents' association. It was confirmed that the meeting had been valuable as it had been possible to give reassurance regarding the available options and that being pursued which was preferred for the reasons set out in the report.

48.6 Councillor Bagaeen sought clarification of the running/staffing costs in respect of Option B.

48.7 Councillor Appich referred to the fact that there were currently 5 Court of Protection cases for this cohort where the Court had specifically asked the Council what alternatives were being commissioned locally to enable moves asking whether/what interim arrangements would be made to ensure that these individuals needs and vulnerabilities were protected.

48.8 It was explained that cases were referred to the Court of Protection where people, lacking mental capacity to make decisions about their care, objected to their current care arrangements, for example they may have been placed out of area or in a care home setting with people from a different age group or with different needs to them. The Council was frequently expected to explain to the Court what steps they were taking to improve local provision given its Care Act duty to promote a diverse market of care providers in an area and to provide choice to clients in need of care.

48.9 The Board then moved to the vote agreeing the recommendations set out in the report.

48.10 **RESOLVED –** That the Board agree:

(i) Option C: Supported Living Service for people with Physical Disabilities and Acquired Brain Injury is taken forward as the preferred option;

(ii) that a final decision about the model and whether to provide a Council run or outsourced service is made at the June Health and Wellbeing Board meeting once further detailed work has taken place to identify the viability and model for each option;

(iii) To consider Options A & B: Services for people with Mental Health needs within the Commissioning Strategy; and

(iv) To put in placed a Guardian Scheme at the property.

49 WHAT HAPPENS WHEN A GP SURGERY CLOSES OR MERGES OR THERE IS OTHER SERIOUS PATIENT DISRUPTION

49.1 The Board considered a report of the Clinical Commissioning Group (CCG), Director of Partnerships, detailing the arrangements put into place when a GP surgery closed or merged with another surgery or when there was other serious patient disruption.

49.2 It was noted that the report had been requested by Board Members at their meeting on 10 September 2019, following the announcement that the Matlock Road surgery would be merging with the one in Beaconsfield Road. At that time the CCG had been asked to provide background information regarding the processes which the CCG had in place and undertook at a time of GP change. The paper provided for the Board that day detailed those steps and also sought to set them into the context of the wider CCG programme aimed at increasing practice resilience. A more detailed paper setting out the information in this report but also including details in relation to the development of PCNs, had been received by the Health Overview and Scrutiny Committee (HOSC). Brighton General Practices experienced pressures in common with the rest of the country in respect of practice closures, on-going cross workforce shortage and the increasing number of GP retirements. The Director of Partnerships at the CCG, Ashley Scarff, was accompanied by the Deputy Director of Primary Care at the CCG, Hugo Luck who was in attendance to answer Board Members questions.

49.3 The following addition/amendment to the recommendations had been received from the Green Group proposed by Councillor Nield and seconded by Councillor Shanks.

"To add the recommendation 1.2:

That the Board requests a further report which maps the geographical spread of GP practices in Brighton and Hove, shows where surgeries have been lost through closure or merger since 2015, and where surgeries may be in danger of closure or merger (for example through GP retirement) by 2030. This report is to explain the forward plan for ensuring that residents in all areas of Brighton and Hove are provided with primary care which is both local and accessible to them."

49.4 Councillors Nield and Shanks stated that their amendment had been put forward to seek to ensure that Board Members were fully informed in respect of this matter, if however, they considered information in response to questions by Board Members in addition to that set out in the report support was sufficient, they would withdraw their amendment.

49.5 The Director of Partnerships, Ashley Scarff, referred to the flow–diagrams which had been circulated to Board Members which were intended to set out in simple terms how the process worked. Although GP surgeries operated independently of the NHS it was recognised that upheaval could be experienced by some patients when a practice was closed or merged with another and it was important therefore to mitigate upheaval as far as practicable, to try and reduce pressures and to provide opportunities to create new skills. As some aspects of this service linked into primary care, it was important to address gaps and to look at how services could be provided most appropriately. There were circumstances in which a patients needs could be better addressed by other services than by attending a GP practice.

49.6 Councillor Nield explained that she wished to understand how the process worked and how patients were made aware of changes in advance of them occurring. Often gaps occurred and in the case of the Matlock surgery closure some elderly residents had found the process bewildering and that their concerns had not been considered. In the case of the Matlock Road surgery closure the greatest concern had been that the nearest surgery was not located on a direct bus route.

49.7 The Deputy Director of Primary Care, Hugo Luck, explained that it was important to recognise that the structure of GP practices had changed little since 1948 when the NHS had been set up. In consequence this element of the service had not kept part and it was important to provide the right care in the right place. Whilst all that had been said in respect of the Matlock surgery were noted, the changes there and in respect of other closed/merged surgeries had been welcomed by some patients. When small surgeries closed it provided the opportunity a have access to a broader range of services and facilities than could be provided at a smaller surgery, for example access to nursing services and the ability to have an annual health review. The downside was that the nearest surgery might be some distance further away from the patient's home Details had been provided to those registered at the surgery and the options available to them had been detailed. As far as practicable, patients were notified of changes in order to enable them to digest that information and to decide the option most appropriate to their needs.

49.8 It was a fact of life that closures and mergers would happening as GP's would retire or move on. Patients had differing needs and it was not possible to map every bus route to in view of the surgeries across the city, however, patients were advised regarding other surgeries in closest proximity to their home. Information was also provided on the surgery website.

49.9 Councillor Shanks asked for clarification as she understood it, a patient was compelled to sign up to the surgery located nearest to their home address and that if they requested to sign up to one further away that they would not be accepted onto the register for that surgery. She wished to understand how the commissioning arrangements in place worked and what degree of flexibility existed. It was explained that a range of contracting and commissioning arrangements were in place. GP services were contracted nationally with additional services commissioned at local level by individual CCG's. As the city was compact and densely populated there was a considerable overlap of/between surgery boundaries so in reality this did not generally represent a problem.

49.10 Councillor Nield enquired regarding the facility for patients who were unable to attend a surgery to be visited in their own homes and asked how easy it was for a patient to receive a home visit if they needed one. The Co Deputy Chair, Dr Hodson, CCG, responded that this was resource driven, patients were visited in their own homes where that was required in response to a reasonable request. Generally, it was better for the patient and there was less delay if they visited the surgery directly, it was more efficient time wise for all.

49.11 The Chief Executive of Brighton and Hove Healthwatch, David Liley stated that feedback they had received indicated that GP mergers across the city had been well organised. A recent review of GP practices across the city had indicated that when mergers had occurred the majority of patients did not consider that they had been disadvantaged as a result and that the general level of service provided was very high. Research carried out two years ago had identified a small group who did have problems accessing a local surgery and had sought to find more effective means of reaching those individuals. Overall however, this did not appear to represent a significant problem.

49.12 Councillor Appich referred to the level of GP support via the Primary Care Network, in particular the support given to care homes. In some instances, residents had needed to be admitted to A & E due to lack of more suitable care. It was noted that the measures were in place to address such issues and that the CCG could and did work with NHS and voluntary sector organisations to encourage them to work with GPs to address any potential problems for which they could provide assistance.

49.13 Councillor Bagaeen stated that having considered the data provided he was of the view that details of the percentage of locum GPs compared with salaried and partner GPs would have been useful. Also, details in relation to anticipated reduction in capacity and maps indicating surgery boundaries. It was explained that although detailed data was available, there were caveats when seeking to draw conclusions in that although it provided raw data as to numbers it did not indicate "what" services/advice they were qualified to provide for patients. In larger surgeries nurses were able to assist by taking appointments which freed up the GP to deal with more complex patient needs. The boundaries between the different surgery areas were fairly fluid given the concentration of the city's population.

49.14 As no further matters were raised in respect of this item the Chair moved to the vote. Councillor Nield stated she wished to withdraw her proposed amendment in view of the update/information which had been given.

49.15 **RESOLVED –** That the content of the report be noted.

The meeting concluded at 6.25pm

Signed Chair

Dated this day of

HEALTH & WELLBEING BOARD	Agenda Item 2 (b) Brighton and Hove City Council

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING BOARD

10.00am 6 FEBRUARY 2020

THE RONUK HALL, PORTSLADE TOWN HALL - PORTSLADE TOWN HALL

MINUTES

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

CCG Members: Malcolm Dennett, Ashley Scarff and Katie Jackson

Non-Voting Co-Optees: Rob Persey, (Statutory Director of Adult Social Care) and Dr Lester Coleman (Healthwatch)

PART ONE

51 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

51(a) Apologies

51.1 Councillor Bagaeen sent his apologies. Apologies were also received from Dr Andrew Hodson, Chair of the CCG and Co-Deputy Chair of the Board; Lola Banjoko (CCG); Dr Jim Graham (CCG); Geoff Raw, Chief Executive (BHCC); Deb Austin, Acting Statutory Director, Children's Services (BHCC); Alistair Hill, Director of Public Health (BHCC); Graham Bartlett, Local Safeguarding Adults Board; Chris Robson; Local Safeguarding Children Board and David Liley; Healthwatch.

51(b) Declarations of Substitutes, Interests and Exclusions

52.2 Katie Jackson (CCG) was in attendance in substitution for Dr Andrew Hodson and Dr Lester Coleman was in attendance in substitution for David Liley of Healthwatch.

51(c) Exclusion of Press and Public

52.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the

meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

52.4 The Chair, Councillor Moonan, referred to the additional information contained in the report at Item 56 on the agenda. This report had been circulated to solely to members and was exempt under category 3 of Section 100A of the Local Government Act 1972. If Board Members wished to discuss any of the information contained therein any press and public who were present would need to be excluded from the meeting. Consideration of those matters would then take place in closed session.

52.5 **RESOLVED** - That the public be not excluded from any item of business on the agenda, unless discussion is to take took place in respect of information contained in Item 56 which was exempt under category 3, at which point any press and public who were present would be required to leave the meeting.

52.6 **Note:** Ultimately, all matters were discussed and determined whilst the press and public were present and it was unnecessary for them to be excluded from the meeting.

Webcasting

52.7 The Chair explained that on this occasion it had not been possible to webcast the meeting and would not therefore be available for future viewing.

52 CHAIR'S COMMUNICATIONS

Corona Virus Update

52.1 The Chair, Councillor Moonan explained that whilst there would not usually be any Chair's Communications for a special meeting of the Board she wanted to take the opportunity to confirm that Public Health England were taking the lead on this matter. The current risk remained low and the latest information which was updated at 2pm daily could be accessed at www.gov.uk/coronavirus.

52.2 **RESOLVED -** That the position be noted.

53 FORMAL PUBLIC INVOLVEMENT

53a Petitions

53.1 There were none.

53b Written Questions

53.2 There were none.

53c Deputations

53.3 There were none.

54 FORMAL MEMBER INVOLVEMENT

54a Petitions

54.1 There were none.

54b Written Questions

54.2 There were none.

54c Letters

54.3 There were none.

55 COMMISSIONING OF SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENT (ACQUIRED BRAIN INJURY)

By reason of the special circumstances, and in accordance with section 100B(4)(b) of the 1972 Act, the Chair of the meeting has been consulted and is of the opinion that this item should be considered at the meeting as a matter of urgency for the following reason that a decision to award the contract was required.

Note: The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not to be considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the end of the procurement exercise could not be completed prior to the deadline for publication of the agenda. The item's report was published in advance of the previous Health and Wellbeing Board meeting on 28 January 2020 and that meeting resolved to consider the item at a special meeting that date and time of which was to be confirmed.

55.1 The Board considered a report of the Executive Director of Health and Adult Social Care which provided an update on the procurement of a supported living service for adults with cognitive impairments in Brighton and Hove which recommended that an external provider be procured due to the specialist nature of the provision required. It was noted that a part two confidential report containing more detailed information in respect of the preferred bid and the directly provided service had been circulated to members of the Board separately.

55.2 The following Labour/Green Group amendment was put forward:

To add new recommendation1.3 as shown below in ***bold italics*** proposed by Councillor Appich and seconded by Councillor Nield***:***

1.3 ***That the contract be reviewed at the end of its second year to help build capacity to develop a potential in-house model of delivery for such services in the future and the review be reported to the Health and Wellbeing Board prior to any extension or re-tender.***

55.3 The Chair, Councillor Moonan, stated that she had accepted the late amendment put forward as she was of the view that doing so would facilitate the Board's discussion and decision making in respect of this matter. This was important as it was necessary to make a timely decision and there were special circumstances why the report had not been available within the usual timeframe due to the complex procurement process.

55.4 Councillor Appich spoke in support of her amendment stating that whilst she understood the necessity to make a decision regarding provision of this service at the present time, she was also firmly of the view that the proposed amendment was necessary to enable that to be reviewed at an appropriate point in the future. To do so provided the capacity for the decision taken to be reviewed when it was timely to do so, particularly as it would enable potential capacity for an in-house model to be developed. Councillor Nield stated that she concurred in that view and therefore supported the amendment.

55.4 The Head of Commissioning, Andrew Witham and the Commissioning and Performance Manager, Anne Richardson-Locke, updated in respect of the process which had been undertaken and the rationale for the report recommendations. Following service of notice by the current service provider in July 2019 alternative arrangements had needed to be made for the 3 existing tenants who no longer had need of the accommodation and had provided the opportunity for these flats to be used to provide supported living options for adults with cognitive impairments. It had not been possible to find alternative accommodation for one resident who would continue to live there until an alternative support provider had been found. The Supported Living Service would provide 24 hour support to 4 people with cognitive impairments which included learning disabilities, autism and cognitive impairments due to brain injury or other neurological conditions. It was intended that the support services would be shared across all four flats.

55.5 Unfortunately, the report had come forward as a late item as the period between the end of the procurement exercise and the date of the nearest Board meeting had not allowed for the usual pre-Board timescales. It was necessary for a decision to be made in order to ensure that delays in starting the service were kept to a minimum as the service was needed urgently and there would be a financial cost to the Council of delays. The Commissioning and Performance Manager, Anne Richardson-Locke, explained that although there had been 8 expressions of interest, only 3 tenders had been submitted ultimately which indicated the complexity needs to be supported and the very small number of specialist providers who were able to provide that level of care. The timescales to be met were very tight and the tender process had been conducted in compliance with the provisions of the Public Contract Regulations 2015. There would be no saving if the Council provided support directly at this time and could result in a delay in service provision.

55.6 Councillor Shanks stated that she fully supported the amendment. Whilst recognising the need to make a decision in order to avoid any hiatus in service delivery to vulnerable individuals she was also concerned that the ability existed to revisit it. She was concerned that pay scales had not been specified although the preferred bidder had indicated that they would set attractive pay rates. In her view the fact that the Council was committed to paying the living wage could set it at a disadvantage and that it was not therefore an entirely like for like comparison. Councillor Shanks asked whether an external provider could be compelled to pay the living wage as requirement of their acceptance of their bid and it was confirmed that could not be done. Over time if in-

house capacity could be developed there could be cost savings and other advantages which were not currently apparent.

55.7 Councillor Nield was in agreement with Councillor Shanks stating that if the Council paid staff properly arguably it could never be competitive. It was also important to focus of what values you wished to apply and what you waned to achieve, that needed to be factored in too.

55.8 Councillor Appich stated that she was disappointed that it had not been possible to let this contract in-house, at the present. She recognised the need for an urgent decision to be made which represented a good compromise for clients who were in desperate need reiterating however, that it was important to have the capacity to look at that afresh in the future.

55.9 There was no further discussion and in consequence, the Chair, Councillor Moonan, put the proposed amendment to the Board and on a vote of 4 with 3 abstentions it was accepted. The Chair then moved to a second vote which included the amendment in the substantive report recommendations. The substantive report recommendations were agreed on a vote of 4 with 3 abstentions.

NB: The Resolutions set out below incorporate the amended recommendations as agreed at the meeting and include a new recommendation 3 as shown below:

55.10 **RESOLVED** - (1) That Board agrees to award a three-year contract to the Service Provider that has been evaluated as providing the most economically advantageous tender;

(2) To grant delegated authority to the Executive Director of Health and Adult Social Care (HASC) to extend the contract at the end of the three-year term for a further period or periods of up to two years in total subject to satisfactory performance and available budget; and

(3) That the contract be reviewed at the end of its second year to help build capacity to develop a potential in-house model of delivery for such services in the future and the review to be reported to the Health and Wellbeing Board prior to any extension or re-tender.

56 COMMISSIONING OF SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENT (ACQUIRED BRAIN INJURY) - EXEMPT CATEGORY 3

56.1 The Board considered and determined the report recommendations without the need to go into closed session, discussion and determination took place whilst the press and public were present.

57 PART TWO PROCEEDINGS

57.1 The Board considered and determined the report recommendations without the need to go into closed session, discussion and determination took place whilst the press and public were present. Therefore, it was decided that none of the business of the meeting would remain exempt from disclosure to the press and public.

The meeting concluded at 10.30am

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:	Public Health Annual Report	
Date of Meeting:	9 June 2020	
Report of:	Alistair Hill, Director of Public Health, Health and Adult Social Care	
Contact:	Alistair Hill	Tel: 01273 296560
Email:	alistair.hill@brighton-hove.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

Directors of Public Health are required to produce an independent annual report on the state of local public health. There are no specified requirements as to the content or format of the report.

This year's report, Making Health Your Business, focuses on the strong relationship between work and health.

The Director of Public Health will make a presentation on the report.

1. Decisions, recommendations and any options

1.1 That the Board note the report.

2. Relevant information

2.1 This year's Annual Report of the Director of Public Health examines the important relationship between work and health in Brighton & Hove.

2.2 The report starts by looking at why being in 'good work' benefits our health. Good paid work includes earning a decent living wage and enjoying good working conditions – and not all jobs have these characteristics.

2.3 There is a persuasive economic argument for investing in the health and wellbeing of all our communities. A healthy workforce is the bedrock of a productive and thriving economy. It is important that our economy is based on 'inclusive growth', so that local people and organisations benefit from prosperity in the city.

2.4 The report adopts the life course approach of our Health and Wellbeing Strategy, including starting, living and ageing well.

2.5 Helping children and young people to start well in life helps them to get ready for a good working life. It's one of the reasons why tackling inequality in educational outcomes is so important. The world of work is changing rapidly, and so lifelong learning is more important than ever in helping people gain skills and knowledge to adapt to these changes.

2.6 People who are unable to work are at increased risk of poor health. This disproportionately affects some of our most disadvantaged neighbourhoods and residents, including people with mental health conditions and disabled people. The report highlights some of the innovative local projects that are supporting people into work and making our workplaces more inclusive.

2.7 Musculoskeletal conditions and mental health remain the most common reasons for sickness absence and employers can do a lot to prevent these conditions as well as support their employees to manage them and to be health promoting employers. The report includes some top tips for local employers to highlight what they can do to create a healthier workplace.

2.8 The NHS has a valuable role to play by ensuring that support to keep people in work is a key goal of managing long-term health conditions.

2.9 Looking to the future, we will be spending more years in work and there will be an increasing number of older people in the workforce. Employers and workplaces will need to adapt to these changes to ensure they are age friendly. The NHS also has a role to play to ensure that helping people to stay in work is a key goal of managing long-term health conditions.

2.10 The report closes with nine recommendations, identifying where organisations across the City can make a difference by delivering action to support health, wellbeing and work. These recommendations will support the delivery of both the Health & Wellbeing Strategy, Economic Strategy and NHS Long Term Plan.

Recommendations

1. Continue to tackle the gaps in school readiness and educational outcomes, and support personal progression in order to reduce income, employment and health inequalities in later life. (BHCC, nurseries, schools and colleges, health services, community and voluntary sector, families)
2. Promote the importance of good work across the City, for example through the Living Wage Campaign. (Economic Partnership partners including Chamber of Commerce).
3. Use evidence-based resources to improve health and wellbeing and prevent ill health at work. (BHCC, employers)
4. Consider how health at work can be improved for those working in small businesses and at home. (BHCC and partners including Chamber of Commerce)
5. Establish a healthy workplace scheme for Brighton & Hove. (BHCC, employers)
6. Ensure that helping people to stay in work is a key aim of managing physical and mental health long term conditions. (NHS, employers, BHCC, CVS)
7. Develop the role of health and care services as local 'anchor institutions' to build community wealth and provide access to good work for local people. (NHS, BHCC and other local organisations)
8. Join up health and employment support for groups finding it hardest to access employment. (DWP, CVS, BHCC, NHS, communities)
9. Use the age friendly employer's toolkit to help employers become more age-friendly, promote health at work, help staff in mid-life to plan for their future, and support more older workers to remain in good work for longer. (BHCC, CCG, employers)

2.11 The annual report was planned to be published just as the first cases of Covid-19 were diagnosed in Brighton and Hove. The subsequent Covid-19 pandemic is presenting the greatest global public health and economic challenge in our lifetimes.

2.12 The pandemic is highlighting, on a colossal scale, the critical relationship between health and work, for example:

- The economic and health impact on individuals and families who have been directly affected by Covid-19.
- The impact that the public health interventions including the lockdown and physical distancing are having on working lives and mental and physical health.
- The association between the impact of the virus and specific occupational groups, including frontline and key workers, which will contribute to increased health inequalities between different groups in the population
- The vital role that infection prevention and control has in our workplaces
- The impact that the emerging global recession will have on the health & wellbeing of our residents and communities.

2.13 Rather than making the report out of date, the current events mean that the issues raised in the report, and the call for action it represents, are more important than ever. The recommendations of the report should inform the planning of the recovery phase, to reconnect and support the health and wellbeing of our communities and rebuild our economy.

2.14 Health and Wellbeing Board members are invited to consider how they can contribute to the delivery of the recommendations.

2.15 At an appropriate point in the future the Public Health team will be relaunching its Healthy Workplace programme. This will consider action to progress recommendations 3, 4 and 5, including the establishment of a healthy workplace scheme for the city.

3. Important considerations and implications

Legal:

3.1 The NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires Directors of Public Health to write an annual report on the health of their local population. The Council has a duty to publish the report. The content and structure can be determined locally.

Lawyer consulted: Nicole Mouton Date: 15/05/20

Finance:

3.2 There are no direct financial implications from the recommendations in this report. The total Public Health budget for financial year 2020/21 is £21.404m of which £20.355m comes from the ring-fenced Public health grant, other funding comes from agreed carry forward of grant from 2019/20 and some non-grant funding.

Finance Officer consulted: Sophie Warburton Date: 14/05/2020

Equalities:

3.3 The report presents analysis relating to local inequalities in health and work. There are key recommendations to continue to tackle the gaps in school readiness and educational outcomes, and supporting personal progression in order to reduce income, employment and health inequalities in later life, to promote the importance of good work across the City, for example through the Living Wage Campaign and to join up health and employment support for groups finding it hardest to access employment.

Equalities Manager consulted: Anna Spragg Date: 14/05/2020

Supporting documents and information

Appendix1: Annual Public Health Report

Making health your business

Annual Report of the Director of Public Health
Brighton & Hove 2019

Brighton & Hove City Council

ACKNOWLEDGEMENTS

Thank you to everyone who has contributed to the report, including providing the case studies. In particular we would like to thank our lead authors and steering group members.

Suzette Attwood
Carla Butler
Rebecca Butler
David Brindley
Lucy Bryson
Kerry Clarke
Dr Katie Cuming
Cheryl Finella
Peter Gates
Kate Gilchrist
David Golding
Rachael Harding
Dr Rachael Hornigold
Natalie Johnston
Ellie Katsourides
Frankie Marcelline
Nicola Rosenberg
Caroline Parker
Sarah Podmore
Gemma Scambler
Sam Simmonds
Dr Peter Wilkinson
Becky Woodiwiss

To find out more about Public Health in Brighton & Hove please go to www.brighton-hove.gov.uk/public-health

The references for the report are also available at the link above.

CONTENTS

MY ANNUAL REPORT THIS YEAR FOCUSES ON THE IMPORTANT RELATIONSHIP BETWEEN WORK AND HEALTH

‘Good work’ benefits our health and wellbeing. Good paid work includes earning a decent living wage and enjoying good working conditions.

Many jobs lack these, as illustrated by national debates about the ‘gig economy’ and zero hours contracts, and there are more people in work who are living in poverty than ever before.

There is a persuasive economic argument for investing in the health and wellbeing of all our communities. A healthy workforce is the bedrock of a productive and thriving economy. Our local Economic Strategy puts improving community participation and inclusion at its heart, recognising that everyone should be able to benefit from new economic opportunities. Our goal is to build community wealth so that local people and organisations benefit from prosperity in the city.

Helping people get ready for a good working life needs to start early. It’s why tackling inequality in educational outcomes is so important. Further and higher education and apprenticeships also play vital roles. The world of work is changing rapidly, and lifelong learning is important in helping people gain skills and knowledge to adapt to these changes.

People who are unable to work are at increased risk of poor health. This disproportionately affects some of our most disadvantaged neighbourhoods and residents, including people with mental health conditions and people with disabilities or impairments.This report highlights some of the local projects that support people into work and make our workplaces more inclusive.

Looking to the future, we will be spending more years in work and there will be an increasing number of older people in the workforce. Employers and workplaces will need to adapt to these changes to ensure they are age friendly. The NHS also has a role to play to ensure that helping people to stay in work is a key goal of managing long-term health conditions.

This report also contains tips for local employers to create healthier workplaces. These include actions to prevent and manage musculoskeletal conditions (which affect joints, bones, muscles), and mental health, which remain the most common reasons for sickness absence. A distinctive feature of our local economy is the high proportion of people working in small businesses, who are self-employed and/or are home workers. We need to understand more about how health and wellbeing can be supported in these settings.

I hope this report will support action to make Brighton & Hove a leading city for both wellbeing and work.

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

There is a persuasive economic argument for investing in the health and wellbeing of all our communities. A healthy workforce is the bedrock of a productive and thriving economy.

SECTION 1 THE CONNECTION BETWEEN WORK AND HEALTH

We all benefit from good health. It enables us to take part in family life, our local community and the economy. Health isn't just an absence of illness: it is also the extent to which a person can live a fulfilling and active life.

A healthy person is someone with the opportunity for meaningful work, secure housing, stable relationships, high self-esteem and healthy behaviours. Good health is a benefit:

- **Individually,** as people generally give more value to their health than they do their career, income or education[1]
- **Socially,** as good health allows people to play an active role in their community, and has been associated with higher levels of social cohesion[2]
- **Economically,** as areas of the UK experience quicker economic growth where there are high levels of good health.[3]

By thinking about the importance of good health within society as a whole, it enables us to focus on creating healthy environments rather than simply treating disease.[4]

Working people spend an average of a third of their waking hours at work[5]

What is good work?

Evidence shows that good work, including a good working environment, has a positive effect on the health of an individual and their whole family, and that bad work contributes to poor health.[5] 'The Marmot report: Fair Society, Healthy Lives' provides a description of what is considered to be good work:

- A living wage and job security
- Control over your work and job satisfaction
- Supervisor and peer support
- In-work development and learning
- Flexible working hours
- Protection from adverse and dangerous working conditions
- Ill health prevention and stress management strategies in the workplace
- Support to facilitate a return to work for those who have been ill.

SECTION 1 THE CONNECTION BETWEEN WORK AND HEALTH

How is good work beneficial to health?

For most people, being in work is good for their health and wellbeing.

Income is essential to meet basic human needs like shelter, warmth and food, as well as to afford a good quality of life.

Work plays an important role in an individual's identity, sense of purpose and social status.

Employment provides support for continuous learning and skill development, which is important for wellbeing.

Employees working long hours are two and a half times more likely to have a major depressive episode[6]

Volunteering

Volunteering or unpaid work can also be beneficial for health. It provides many of the interpersonal benefits of paid work, such as a sense of purpose, social connections and learning opportunities. For some people, this increase in skills or confidence can also create a route into employment.[8]

City Parks Rangers and volunteers harvesting posts for hedge laying

The Brighton & Hove Living Wage

Launched in 2012, the Brighton & Hove Living Wage campaign, led and managed by Brighton & Hove Chamber of Commerce, encourages local businesses to voluntarily pay all employees a good hourly rate. By 2020, 590 local employers had signed up to pay the Living Wage.

Set independently and updated annually, the Living Wage is calculated according to the basic cost of living in the UK and is the amount that allows a person to live, rather than just survive. The rate will be £9.30 per hour from 1 April 2020.

For more information, see **www.livingwagebrighton.co.uk**

Brighton & Hove City Council also supports a local campaign to end the practice of unpaid trial shifts in the city.

In the UK in 2015/16 an estimated 1.3million people suffered from a new or long-term illness that was related to their work[10]

How can work be harmful to health?

Jobs that are insecure, low-paid or fail to protect employees from stress and danger make people ill.[9]

The Joseph Rowntree Foundation[11] identifies four ways in which low paid work can have a negative effect on health:

1 **Material** – such as low paid work not providing enough income to afford heating, housing and adequate food

2 **Psychological** – inadequate income makes it more difficult to avoid stress and feel in control, both of which are important for good health

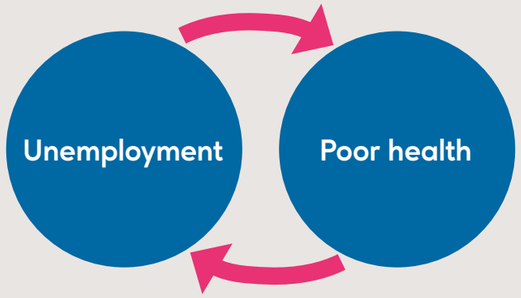
3 **Behavioural** – such as prioritising immediate gratification over the delayed gratification of long term health (eg smoking or drinking)

4 **Health selection** – being in poor health often acts as a barrier to higher paid work, which can create a negative cycle leading to even poorer health.

It is three times more expensive to get the energy we need from healthy foods than unhealthy foods[12]

How is unemployment harmful to health?

Being unemployed can lead to ill health, and being in poor health increases the likelihood of unemployment, which can lead to even poorer health.[13]



This is because financial problems result in lower living standards, but unemployment isn't just harmful to health because of money reasons, it is also because:

- Unemployment can trigger distress, anxiety and depression in the individual, but it can also occur in their partners and children. Families without a working parent are more likely to suffer persistent low income and poverty, and there is correlation between lower family income and poor health in children[14]
- Unemployment is associated with decreased physical activity and increased smoking and alcohol consumption[15]
- People who are unemployed suffer a range of heightened health risks including increased rates of limiting long-term illness, mental illness and cardiovascular disease. It has also been associated with an increase in overall death rates and particularly suicide[13]

For those who are unemployed but able to work, gaining employment in a role that provides good work generally leads to improved health outcomes.

WORK AND HEALTH CONCLUSION

The relationship between work and health is significant.

Supporting those able to work back into paid employment and ensuring the work that is available for them, and for those already working, is good quality work with good pay, is an important public health goal.

This will lead to improved health outcomes across our city, will benefit the local economy and ensure all those working in our city can share in the wealth they are helping to create.

SECTION 2 WORK IN BRIGHTON & HOVE

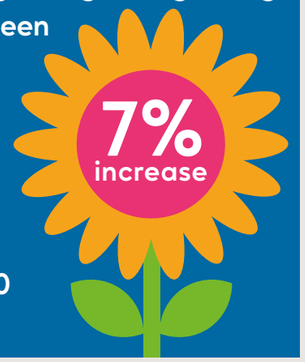
SECTION 2 WORK IN BRIGHTON & HOVE

This section uses data to provide a picture of the local population, our workforce, those not in work and local businesses.

Population

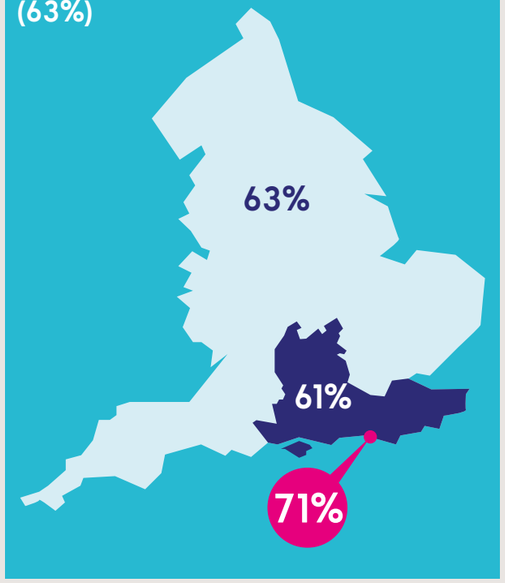
Brighton & Hove's resident population is growing, and growing quicker than seen nationally[1]

It is projected to rise from 290,400 people in 2018 to 311,500 by 2030 (7%)



Brighton & Hove has a higher proportion of residents of traditional working age[1]

71% (206,500) of people are aged 16-64, higher than the South East 61% and England (63%)



Employment

Not all people of working age work, some are in full-time education, are stay-at home parents or are unable to work due to health reasons and others cannot find work.

Brighton & Hove has a different economic profile to the South East and England with a lower employment rate and a higher unemployment rate.[4]

156,500 residents are employed, 97% of these are aged 16-64 years (year ending March 2019)

73% of working aged adults are in employment, which is lower than the South East (78%) and England (76%)

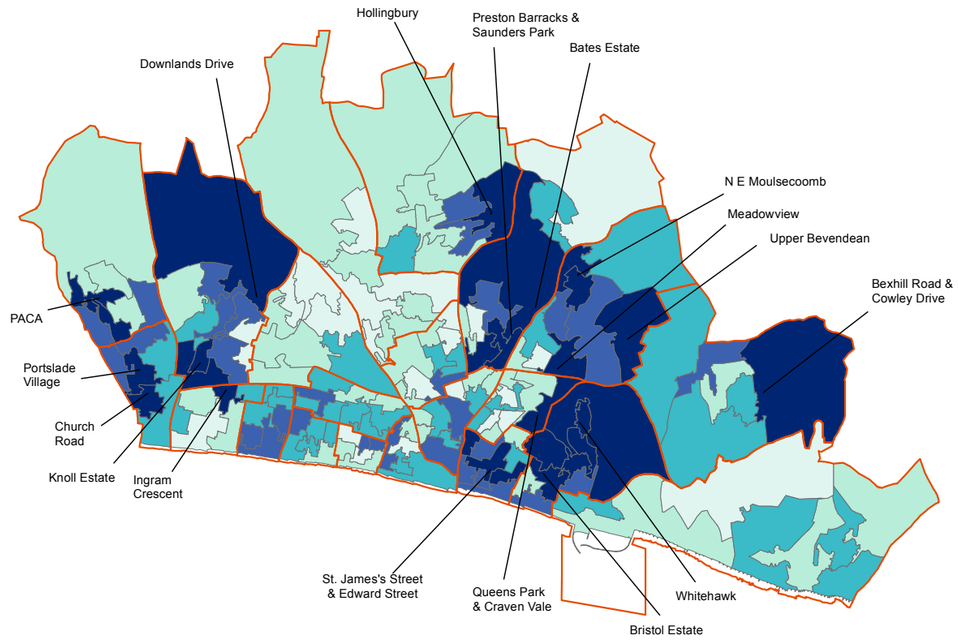
Unemployment

The city has a high unemployment rate, which is falling at a slower rate than has been seen regionally and nationally.[3]

There is a 7% unemployment rate in Brighton & Hove among 16-64 year-olds (10,800 people), which is higher than the South East (3%) and England (4%) (year ending March 2019)

Since 2010 Brighton & Hove's unemployment rate has fallen by 13% (1,600 people), far slower than the 45% seen in the South East and England

Indices of Deprivation 2019 Employment domain, ranked by score



28% (7,800 people) who are employment deprived live in East Brighton, Moulsecoomb & Bevendean or Queens Park wards

9% (around 27,500) of the working age population are involuntarily excluded from the labour market (Indices of Deprivation 2019)

Employment deprivation

Employment deprivation can be found across the city but is also concentrated in some neighbourhoods.[5]

Clusters can be found in East Brighton, Moulsecoomb and Bevendean, Queens Park, Hollingdean & Stanmer, Hangleton & Knoll, North Portslade and South Portslade.

Economic inactivity

Someone who isn't in work or actively seeking work is referred to as economically inactive.

In Brighton & Hove, there has been an 8% increase (3,400 people) in residents who are economically inactive since 2010,[3] whereas rates have decreased in both the South East (4%) and England (7%).

21% of 16-64 year-olds (44,100 people) are economically inactive,[3] similar to England (21%) but higher than the South East (19%)
(year ending March 2019)

43% of residents who are economically inactive are students,[3] which is a much higher rate than the South East (24%) and England (27%)

39% of those who are economically inactive would like a job,[3] which is also a higher rate than the South East (22%) and England (21%)

Students

- 38,340 students attend the two universities in the city,[2] an increase of 12% from 2014/15
- Students living in the city inflate the working age population – adding an estimated 63,200 19-28 year-olds
- This imbalances the city's economic profile

Unpaid care/volunteering

One in ten (13,400 people) of the employed population provide some degree of unpaid care to an individual they look after, compared to 11% in the South East and England (2011 Census).[12]

51% of the adult population of Brighton & Hove has volunteered at least once in 2018[13] (38% in the UK).

Reasons for economic inactivity in 16 to 64 year-olds (year ending March 2019)

	Brighton & Hove		South East	England
Student	19,100	43%	27%	27%
Looking after family/home	5,900	13%	24%	24%
Temporary sickness	1,000	2%	2%	2%
Long term sickness	8,400	19%	19%	22%
Retired	3,500	8%	16%	13%
Other	6,000	14%	13%	11%

Industry and employment

Brighton & Hove's largest employment sectors account for two thirds (65%) of all jobs:[6]

- Public admin, health and education - over 40,000 jobs (around a 1/3 of the economy)
- Professional and financial services - around 20,000 jobs
- Visitor economy activities - around 18,000 jobs
- Retail - around 16,000 jobs.

The city's business base is spread across a broader range of sectors, reflecting the large number of small businesses which characterise the city.

There are around 15,200 businesses in Brighton & Hove[7]
- **82% employ fewer than five people**
- **Around 40 (0.3%) employ more than 250 people**

Occupation

Brighton & Hove's resident population is notable for the comparatively high proportion of people working in 'higher level' managerial and professional occupations.[3] 60% of residents (94,200 people) are employed in these sectors, compared to only 51% in the South East and 47% in England.

Since 2010 the number of residents employed in higher level jobs has increased by 27% (25,900 jobs) while those working in lower level jobs has fallen by 11% (6,700 jobs) to 62,200 jobs.

Working patterns

- A quarter of workers work part time[8]
- Nearly 1 in 5 are estimated to work some sort of shift pattern[9]
- An estimated 1 in 20 is in non-permanent employment[9]

Commuting

More than one in ten workers work from home.[10]

There is a net daily outflow of workers from Brighton & Hove of around 5,000 people[11]
- **around 32,000 people commute into the city to work**
- **around 37,000 commute out of the city**

Average commuting time:

- women 16.5 minutes
- men 19.9 minutes.

Those aged under 30 have shorter average commutes than those aged 30 or over.

Salaries

Full time working residents of Brighton & Hove earn a median of £583 a week, which is £31 less than across the South East.[8]

The median full time weekly salary for someone employed in Brighton & Hove is £552. They may live in the city or live elsewhere and travel into the city for work. This is less than the median salary of Brighton & Hove residents, who may work in or out of the city.[8]

Salaries for both residents and those working in the city have increased by 12% since 2010.

SECTION 3 STARTING WELL - WORK, FAMILIES AND YOUNG PEOPLE

Access to education and learning throughout life, not just for children and young people in school, plays a vital role in being work ready.

Work is a key determinant of the health of children, young people and families. Starting well in life leads to better educational achievement, which in turn sets us up for a good working life and a better chance of good health as adults. However, inequality in household income and educational achievement can result in young people failing to reach their full potential in their working life.

Household income is important for good outcomes in children. There is strong evidence that household income is important for children's cognitive development, physical health and social and behavioural development. Evidence indicates that poorer children have worse outcomes in part only because they are poor, and not for other factors associated with low income.[6]

This section focuses on children and young people up to the age of 16, and explores the relationships between inequality and achievement, the actions in place locally to prepare our children and young people for work and casts an eye forward to the skills they will need to develop to thrive in the workplaces of the future.

> The early years are the first step to good educational achievement and access to good work

In general, children growing up in deprivation are at increased risk of poor health outcomes, for example low birthweight, obesity and tooth decay.[2,3,4]

Work, poverty, health and families

Good work helps lift families out of poverty. Living in a workless household is linked with an increased likelihood of living in poverty. However, being in work no longer guarantees to protect against poverty. An increasing proportion of people at the lower end of the UK's income distribution are living in a household where someone is in paid work.

Even in families where all adults work full time, one in six children are in poverty.[4] This highlights the importance of good work that pays a living wage.

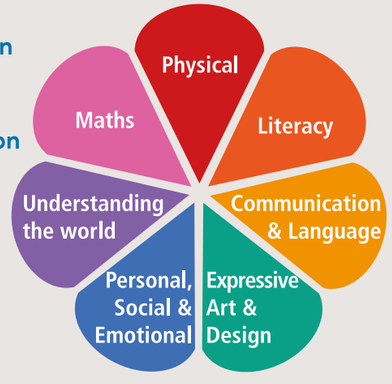
In 2000, 54% of children in poverty lived in a household where an adult worked. In 2017-18 this rose to 73% [3]

Starting well in life leads to better educational achievement, which in turn sets us up for a good working life and a better chance of good health as adults.

The early years are the first step to good educational achievement and access to good work. Early language development and communication skills are primary indicators of child wellbeing due to the link between language and other social, emotional and learning outcomes. Children from socially disadvantaged families are more than twice as likely to be identified with a Speech, Language and Communication Need (SLCN). More than half of children living in areas of high social deprivation may start school with SLCN.[15]

The Early Years Foundation Stage includes seven areas of learning that shape educational programmes in early years settings. Children are defined as achieving a good level of development (GLD) if they achieve at least the expected level of development for the Early Learning Goals in: personal, social and emotional development; physical development; communication and language; mathematics; and literacy. The last six years have seen considerable improvement in children's level of development: 72% in 2019 (72% in England) from 45% in 2013 (52% in England).

Areas of learning in the Early Years Foundation Stage



However, the percentage of children eligible for free school meals achieving a GLD has only increased to 52% (57% in England), and for children living in the 30% most disadvantaged areas has only increased to 60%. This challenge of narrowing the gap between the most and least advantaged children also persists nationally.

Good educational achievement is important to provide young people with good work prospects.

One of the reasons educational achievement is so important is that generally, salary prospects are related to educational achievement. In fact, the gap between pay for the more and less educated has widened.[11] However, in the UK educational achievement is more strongly linked to parental education and income than in other European countries.[11]

- **By age five,** children from the poorest 20% of homes are on average a year behind their expected development[11]
- **By age 11,** 75% of the poorest children reach the government Key Stage 2 level compared to 97% of children from the richest families[12]
- **At age 16** an achievement gap persists. In 2017/8, 44% of Brighton & Hove students in the most deprived areas achieved level 4/grade C in English and Maths GCSE equivalent compared to 86% in the least deprived areas.

Young people with specific health needs and disabilities are at risk of worse than average educational achievement and work prospects. Over half (54%) of young people with a long-term health condition reported having to delay their education or training, with 63% reporting that they were prevented from reaching their full educational potential.

Young people with disabilities account for 7% of those aged 16-24, but make up 16% of those not in education, employment or training.[16]

24% of 16-24 year-olds with work-limiting disabilities are unemployed compared to 14% of young people without such disabilities

Early years development and starting well at school: what we are doing in Brighton & Hove

The council's **Early Years Strategy** sets out how the outcomes for early years children will be improved, focusing on those who are most disadvantaged. The strategy will be updated in 2020 with a focus on speech, language and communication.

Brighton & Hove is one of 53 local authorities selected to take part in the national **Early Years Professional Development Programme** in 2020. Pre-reception Early Years practitioners from 15 settings will be supported to work with 2 to 4 year-olds to improve outcomes in language, literacy and numeracy for the most disadvantaged. At the end of the programme, participating settings will be accredited as communication friendly, and around 35 staff will be qualified at level 3 and 4 in language, literacy and mathematics for 2 to 4 year-olds.

The **National Children's Bureau Raising Early Achievement in Literacy (REAL) programme** has been adopted in children's centres and council nurseries. It aims to improve children's early literacy skills before they start school by working with parents to increase opportunities to learn in the home environment.

The **Providing Access to Childcare and Employment (PACE)** European funded project supports parents with two-year-olds to access childcare, training, volunteering and work. Each parent works with a keyworker in their local children's centre to create a personal development plan that focuses on small steps and achievable goals.

The **Universal Healthy Child Programme** (led by health visitors for families with children aged 0-5 and by school nurses for 5-19 year-olds) provides opportunities to identify and meet the needs of children at risk of poor outcomes and families in need of additional support.

EMAS and the REAL project

In the summer term, EMAS (Ethnic Minority Achievement Team) worked with a group of mothers from the Bangladeshi community and their nursery-aged children. The project was based on the Making it REAL principles which aimed to work with parents to improve the speaking, listening and literacy skills of pre-school children and give them a positive start.

The sessions were structured between events at the children's centre space at Fairlight School, home visits and an environmental print walk from the Level to Jubilee Library, where all the families were helped to join in. There was 100% attendance at every session and positive feedback from all the families. The project gave the EAL (English as an Additional Language) mums an opportunity to learn the important role they play in their children's learning by engaging with them through simple everyday activities.

www.brighton-hove.gov.uk/emas

School years and preparation for employment: what we are doing in Brighton & Hove

In December 2017, the Government launched a Careers Strategy which focused on ensuring that young people:

- understand the full range of opportunities available to them
- learn from employers about work and skills that are valued in the workplace
- have first-hand experience of the workplace
- receive a programme of advice and guidance delivered by individuals with the right skills and experience.

Secondary schools and colleges are required to develop their own strategies related to this.

In Brighton & Hove, a network helps schools connect with employers and industry professionals to ensure that young people learn about the world of work. During 2019/20 Brighton & Hove secondary schools are benefiting from **'Get Career Confident',** a funded programme delivering innovative resources and careers guidance.

The **Apprenticeship Support and Knowledge for Schools and Colleges programme (ASK)** supports secondary schools and colleges to transform how students think about apprenticeships. Support could include an inspiring apprenticeship awareness assembly, application workshops, careers fair attendance, free resources, a teacher CPD session or a range of other options.

Youth Employability Service - Steven's story

Steven contacted a Youth Employability Adviser directly as she had supported his sister four years ago. He had completed Levels 1 & 2 Motor Vehicle Mechanics, but the Level 3 course had been withdrawn leaving Steven without a course in September and feeling lost.

During Steven's first appointment he met with an adviser and they investigated all options including alternative colleges, apprenticeships and directly contacting employers. Steven was supported to write a CV and covering letter and the adviser concentrated on building Steven's confidence by discussing his skills. He was supported to apply to Kwik Fit and Renault and then worked with his adviser on interview practice. Steven felt confident in his skills and was able to talk about them passionately during his interview. The Youth Employability team was never in doubt of this!

Steven is really enjoying his apprenticeship: "It's going really well thank you. I have to go to Coventry for my training! But Kev is my mentor and I think he's probably one of the best people in there to work with. Thank you for all your help, you helped me a lot with everything."

www.brighton-hove.gov.uk/content/children-and-education/youth/youth-employability-service

Rebecca Butler –One of Steven's Employability Advisers

Widening participation programmes are provided by the Universities of Brighton and Sussex for local young people from primary school onwards, to equip them with an equal and fair chance to study in higher education.

The council's Youth Employability Service (YES) provides advice and guidance to young people up to the age of 19 (or 25 for those with an Education Health and Care Plan) who are not in employment, education or training (NEET), or at risk of becoming NEET. There is a wide range of re-engagement programmes available in the city which give young people the opportunity to develop their confidence and employability skills to support personal progression.

> Around 10% of the UK's workforce is in an occupation likely to grow by 2030 and 20% in an occupation likely to shrink

How will work look for future generations?

Rapid changes to the way we live, our housing, health and entertainment, influence the way we work, learn and travel. These changes can affect our environment, our economy and our satisfaction at work and are likely to impact on our young people.

Around 10% of the UK's workforce is in an occupation likely to grow by 2030 and 20% in an occupation likely to shrink.

Education, healthcare and wider public sector occupations are thought likely to grow, so an increase in people trained in those particular knowledge fields is expected. Emphasis has also been given to a greater need for interpersonal competencies, an increasing importance on social skills, judgement and decision-making.[18]

In 2018, the Brighton & Hove Chamber of Commerce organised a big debate on skills required for the workplaces of 2030.[19] Key themes identified included:

- **Change isn't something new**. Rather than worrying about this we need to empower people to embrace and enjoy change. Emotional intelligence, adaptability and resilience are key attributes for the future workforce
- **More connections between education and business are essential.** The more we bridge the gap between education at all levels and work, the better equipped our next generations will be. Specifically, lessons on careers choices, building an understanding of the types of roles available and paths to follow to make informed decisions and play to strengths are key.

STARTING WELL RECOMMENDATION

Continue to tackle the gaps in school readiness and educational outcomes, and support personal progression in order to reduce income, employment and health inequalities in later life.

For: Brighton & Hove City Council, nurseries, schools and colleges, health services, community and voluntary sector and families

SECTION 4.1 LIVING WELL - HEALTH AT WORK

Creating healthy workplaces and a healthy workforce makes sense for business, the city and for the working age population. Employers are in a unique position to be able to improve the health of their workforce and the health of their business.

How can employers create healthy workplaces?

The Local Healthy Workplace Accreditation Guidance has been developed by Public Health England, the Local Government Association and the Association of Directors of Public Health. It supports local authorities across England to set up local healthy workplace accreditation schemes that are tailored to local needs as a way to improve the health of those in work. We recommend developing a healthy workplace scheme for Brighton & Hove, based upon this guidance and we want to collaborate with local stakeholders to take this forward.

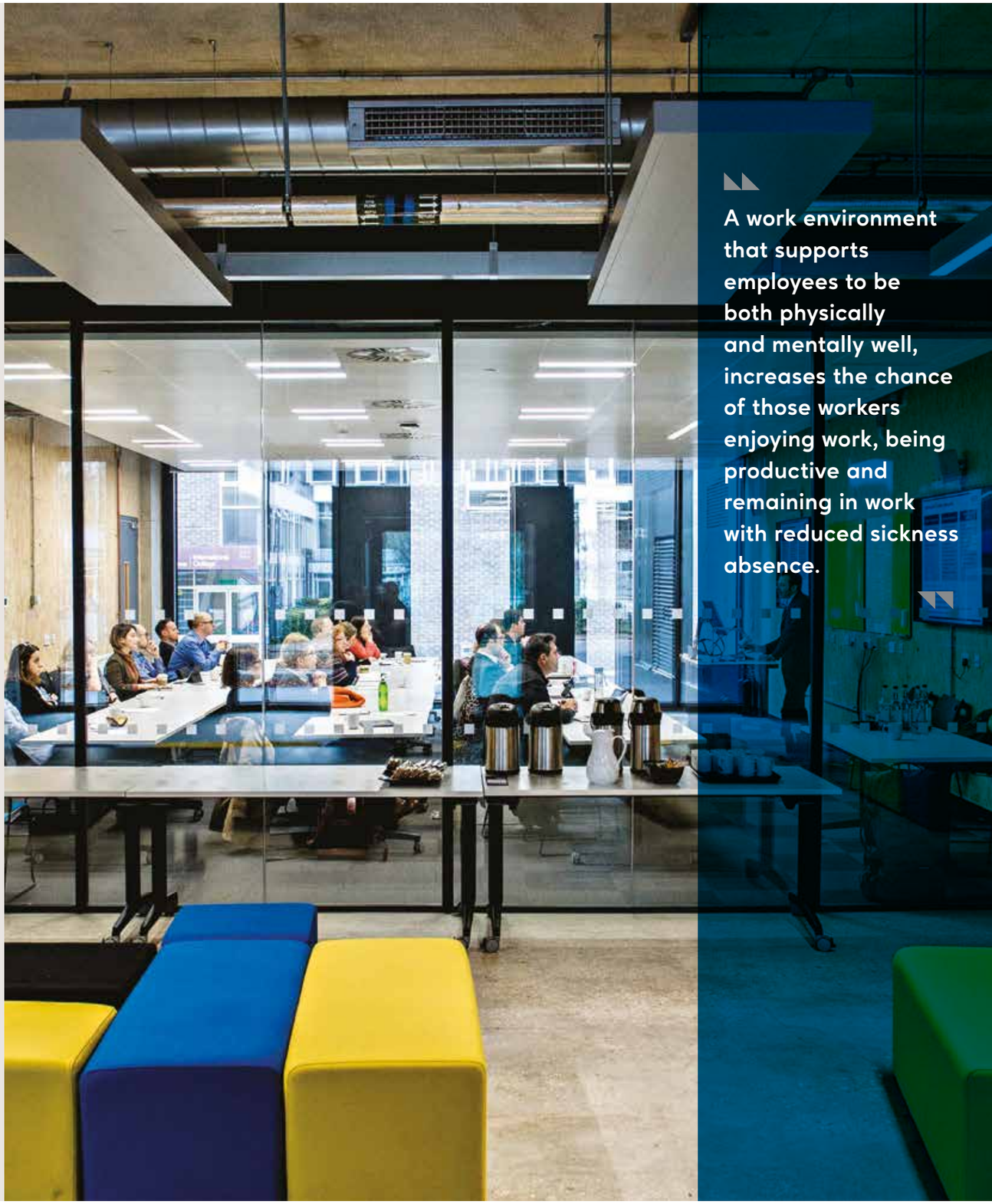
We recognise that employers are at different stages in creating healthy workplaces and supporting the wellbeing of their workforce. Some will find it simpler than others to put these tips into action. In particular, small businesses and home-workers will sometimes need different approaches to those that work for larger employers.

As a city characterised by a high proportion of small businesses, we could do more to understand what is helpful for health and wellbeing in those workplaces.

Mooncup Ltd

Mooncup Ltd, manufacturer of the Mooncup menstrual cup, employs 20 staff, nine of whom are aged over 40. In 2017, Mooncup Ltd was the winner at 'The Best Place to Work' by Brighton & Hove Business Awards. This was partly due to the good health and wellbeing practices they promote in their offices such as monthly massages, daily office-made vegan lunches, team days out, standing up desks and having dogs in the office. Additionally, a mindfulness session is available each week as well as occupational therapist visits when required.

SECTION 4.1 LIVING WELL - HEALTH AT WORK



A work environment that supports employees to be both physically and mentally well, increases the chance of those workers enjoying work, being productive and remaining in work with reduced sickness absence.

TIPS FOR EMPLOYERS FOR A HEALTHY WORKPLACE

1. Are you supporting 'good work'?

'Good work' includes stable and secure employment with fair and good pay, under the worker's control, manageable demands, and with opportunities for skills learning, training and career development. (Also see section 1).

2. Do you have a health promoting work environment?

Food

Why? Two out of three adults are overweight or obese. Being overweight or obese increases the chance of sickness absence.[1]

How? The Eatwell Guide provides an evidence based guide for a healthy balanced diet[2] and the Government Buying Standards Framework[3] ensures that food provided in public sector settings encourages healthier eating habits.

Think about: Are healthy fresh options available, affordable, attractive and accessible during working hours (including antisocial shifts)? Do vending machines contain healthy options? Are food heating and fridge storage options available? Are healthy refreshments available at events or meetings?

Physical activity

Why? One in four women and one in five men are inactive. Benefits of being active include reduced risk of death, cancer, heart disease, diabetes, bone and joint problems, stress and obesity. Benefits for businesses include greater productivity, reduced sickness absence, reduced travel congestion/ costs, and cleaner air (from active travel).

How? Encourage, facilitate and reward active travel (travel by bicycle, on foot or public transport) by providing cycle to work schemes, on-site showers and cycle storage, subsidising public transport costs and active travel challenges. Reduce inactivity or sedentary behaviour during the working day with active breaks, walking meetings and standing desks, and encourage physical activity in and around the working day through workplace initiatives eg lunchtime yoga, walks or 'Couch to 5k'.

Think about: How sedentary is your workforce? What proportion travel actively to work and during the working day? Do you encourage active breaks?

Tobacco

Why? Smoking tobacco is the leading cause of premature death. Stopping smoking at any time has considerable health benefits. Brighton & Hove has high smoking rates. Smoking costs businesses £3.3 billion in lost productivity and smoking breaks nationally. People who smoke take an average of 30 minutes in cigarette breaks within business hours each day.

How? Helping smokers with evidence-based smoking cessation support and medication increases their chance of quitting by 400%. NICE guidance recommends employers allow their employees to access support during working hours without loss of pay.[5]

Think about: Do you allow workers paid breaks for smoking cessation? Do you have an up to date smoking policy? Have you considered banning smoking in outdoor spaces outside your workplace (smoke free legislation covers workplaces,[4] but these spaces may attract smokers). Do you have clear signage? This discourages smoking breaks and presents a positive smoke-free image to visitors.

Alcohol

Why? Alcohol is estimated to cost the Brighton & Hove economy £107 million a year, including £25 million in economic impacts. Two in five adults in the city drink over the recommended amount (14 units per week) compared to one in five nationally. Drinking too much alcohol is a significant cause of absenteeism from the workplace, as well as presenteeism (being present at work whilst unwell from alcohol). Supporting employees to manage alcohol in the right way could have a positive impact on your business, as employees who drink within sensible levels will be more productive.

How? Promotion of alcohol focused campaigns like Dry January and other digital lifestyle support like One You www.nhs.uk/oneyou to all employees. Some professions, such as hospitality or construction industries, are at higher risk of harmful drinking levels - ask for more tailored support from local health promotion or alcohol services.

Think about: Do you have a work drinks fridge? Does your team socialising always involve drinking alcohol? Do you have a workplace drugs and alcohol policy? Is your workplace alcohol-free? If you have a work event are alcoholic drinks provided automatically - could non-alcoholic beers or mocktails be an option? Would you find it easy to talk to a colleague about alcohol? Do you know what to do if you think a colleague may have an alcohol problem?

3. Are you providing a healthy workplace throughout the life course?

Do your workers feel supported through the natural life-course including pregnancy, maternity and paternity, shared parental and adoption leave, breast-feeding, early parenting, returning to work after maternity leave, with young children, through the menopause, with long-term health conditions, ageing and bereavement? Supporting workers through the ageing process covered in Section 5 of this report and through bereavement at the end of this chapter.

A few small changes to your policies or ways of working will make a big difference to employees at significant times in their lives.

New parents

Why? The majority of businesses employ parents. Working parents have an incentive to be loyal and dedicated workers, as they have dependents to care for. Maternity, paternity leave and shared parental leave as well as adoption leave are a statutory right, including paid and unpaid leave.[7]

How? By having policies and practice that support family-friendly working hours and provide support to return to work following maternity, paternity, shared parental or adoption leave.

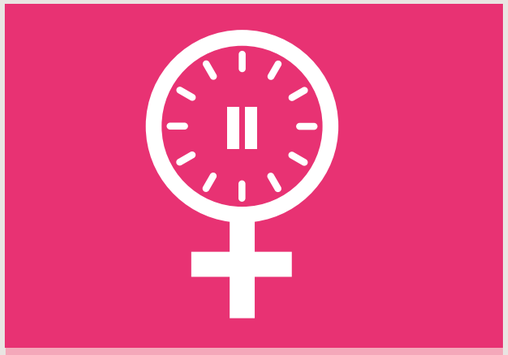
Think about: Do you offer Keep In Touch (KIT) days to facilitate a smooth return to work? Do you have a flexible working policy? Do you provide guidance on leave entitlement and maternity/ paternity pay, shared parental leave, adoption leave, premature baby leave, maternity support leave, still birth, and right to return to work for mothers?

Breastfeeding

Why? Breastfed babies are less likely to get ill with respiratory and diarrheal infections, which is good for babies and for parents' sickness absence rates. Supporting breastfeeding is simple, inexpensive and has been shown to result in greater productivity and loyalty.[6]

How? Ask mothers how you can best support them on returning from maternity leave. Tell them how you support breastfeeding in a practical way with a private suitable place to express milk or feed infants, breaks, and appropriate facilities for expressed milk storage. It is not acceptable for new mothers to have to express milk in a workplace toilet.

Think about: Do you have a breastfeeding policy? Do you carry out a new mother's risk assessment to consider hazards associated with the workplace or conditions that could affect her ability to breastfeed or express milk? Do you provide suitable rest facilities for pregnant/breastfeeding mothers? Do managers know how to talk to and support new and breastfeeding mothers?



Menopause

Why? The menopause usually occurs between 45-55 years, with many women affected by peri-menopausal physical or psychological symptoms including loss of confidence. As the gender and age profile of the workforce changes, the business importance of supporting women through the menopause in a confident and positive way increases. Having an effective policy in place can help raise awareness and understanding of the issue, improve retention and help create/maintain a diverse workforce, reducing the potential for sex, age and disability discrimination.

How? There is a fast developing range of guidance and information available for businesses, managers, and those affected by the menopause including a guide[8] and model policy.[9]

Think about: Do you have a menopause policy? Do you provide training for managers on how to support peri-menopausal workers? Do you have flexible working guidance? Do you support workers and managers to discuss the menopause and how best to manage it in an open manner?

Brighton & Hove Buses

Brighton & Hove Buses employ over 1,500 people and as a business they are developing their approach to supporting the health and wellbeing of their staff.

Over the past year they have offered free NHS Health Checks to their staff, hosted stalls from the council's Healthy Lifestyle Team to support staff who want to stop smoking or drinking, or to become more active, and introduced Mental Health First Aid, as well as upskilling their managers in mental health awareness.

Equality and diversity have also been a key focus. They are already a Disability Confident Employer and have offered new training, including sessions on the menopause. They offer free sanitary products in staff bathrooms and have also offered practical help to parents and carers, including financial contributions in emergencies. Brighton & Hove Buses have already seen benefits in better morale, engagement and commitment and are committed to continuing this wellbeing work.

www.buses.co.uk

4. Is your management culture and work environment supporting good work and good mental health and wellbeing?

NICE recommends developing policies to support workplace culture, such as respect for work life balance and the six Health and Safety Executive (HSE) management standards for work-related stress.[10]

- Demands (Impact of work patterns and work environment)
- Control (how much say the employee has in the way they do their work)
- Support (from the organisation, line manager and colleagues)
- Relationships (promoting positive working to avoid conflict and dealing with unacceptable behaviour)
- Role (if employees understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles)
- Change (how change is managed and communicated in the organisation).

5. Are you protecting workers from exposure to potential physical risks at work?

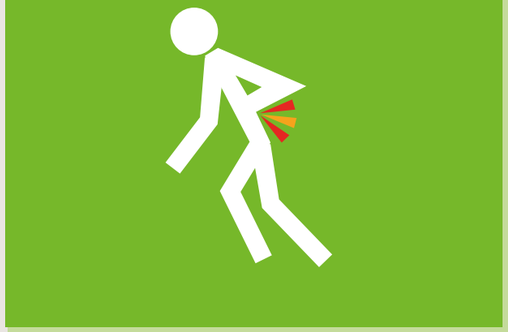
This includes accidents or exposure to harmful chemicals or infectious agents through measures such as health and safety procedures, safety equipment, vaccination, infection control and safer shift patterns. Occupational physical risks are diverse, and vary by profession. For example, prolonged sun exposure leading to an increased risk of skin cancers for outdoor workers and high physical injury risks for those in the construction industry.

Health and safety legislation and procedures form the basis of what an employer is required to do to protect the workforce from these risks, but to support a healthy workforce and workplace there is more that employers can do. An example would be physical activity or weight management programmes to help reduce the risk of musculoskeletal problems, or sun-safety procedures for outdoor workers such as those working in parks and green spaces, at the beach or in the construction industry. This is important for Brighton & Hove as a seaside city with higher than average rates of skin cancer.

6. Are you reducing the risk of workers developing the most common work-related health problems?

Musculoskeletal (MSK) problems and mental health problems are common and the causes of the highest number of working days lost.

However, workplaces can help prevent these conditions, and where they do occur can help employees recover, stay in work and reduce the risk of recurrence.



Musculoskeletal health

Why? Musculoskeletal conditions affect bones, joints, muscles and tendons, including back, neck, shoulder, knee and other joints. They are the cause of one in five working days lost, one third of long-term sickness absence, and a significant cause of work disability and poor productivity. One in eight of the working age population report suffering from a musculoskeletal problem. As our working population ages and works for longer, the challenge will increase.[11] Industries particularly affected include agriculture, construction, health and social care and transportation and storage.[11] Risks range from physical risks to the significant risks of a sedentary desk-based work environment. Work may cause new problems or exacerbate pre-existing ones. Employees with musculoskeletal problems are also at increased risk of stress, anxiety and depression which will affect their ability to cope with and recover from a musculoskeletal condition and their ability to work. Support from employers can lead to improved productivity, reduced sickness absence and a happier, healthier workforce.

How? Lots can be done to reduce the risk of musculoskeletal problems for your workforce and business:

- Prevent it: Provide a health promoting work environment. Ensure the physical environment and job reduces the risk of problems occurring or becoming worse because of work, in line with the Health and Safety Executive guidance.[12]
- Identify early and intervene: Look at your data, be aware as early as possible of workers with MSK problems and make adjustments to work or the work environment. Consider if early intervention with physiotherapy, self-management, occupational health or other healthcare interventions will make improvements.
- Support self-management: Avoid exacerbations and maintain a healthy active workforce. Consider targeted interventions like 'physical activity to look after your back'.
- Support rehabilitation and return to work: Consider changes to the work environment, hours, shifts and the type of work. Ensure employees have access to physiotherapy, self-management or other healthcare interventions as appropriate.

Think about: Business in the Community (BITC) have produced a toolkit highlighting the key issues for employers and employees and useful guidance on how to prevent and manage MSK conditions and reduce the costs and impact for your business www.bitc.org.uk/toolkit/musculoskeletal-health-toolkit-for-employers

Mental health

Why? One in six adults has a common mental disorder[13] and it's a leading cause of sickness absence and of long-term sickness absence. This has significant costs for the government, economy and employers, with half of the costs from presenteeism (less productive individuals due to poor mental health) and additional costs from sickness absence and more frequent staff turnover.[14] This amounts to £33-42 billion a year (or £1,205-£1,560 per year per employee).[15] Of those with a long-term physical health condition, one in three has a mental health problem, usually anxiety or depression.[16]

In the event of loss of life through suicide, the impact to all those affected in the workplace, family and social networks is very great. Brighton & Hove has one of the highest suicide rates nationally with risks varying between occupations.

How? The Stevenson/Farmer review of mental health and employers[14] recommends a set of mental health core standards, a framework of actions for organisations to implement:

- Produce, implement and communicate a mental health at work plan that promotes good mental health and outlines support available for those who need it
- Develop mental health awareness among employees by making information, tools and support accessible
- Encourage open conversations about mental health and the support available when employees are struggling, during the recruitment process and at regular intervals throughout employment and offer appropriate adjustments to employees who need them
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development
- Promote effective people management to ensure all employees have a regular conversation about their health and wellbeing with their line manager, supervisor or organisational leader. Train and support line managers and supervisors in effective management practices
- Routinely monitor employee mental health and wellbeing by understanding available data, talking to employees, and understanding risk.

Think about: Using the guide 'How to implement the thriving at work mental health standards in your workplace

www.mind.org.uk/workplace/mental-health-at-work

DYING WELL - SUPPORTING BEREAVED AND TERMINALLY ILL WORKERS

At any time, one in ten employees is likely to be affected by bereavement.[1] Although this is an intensely challenging time for individuals, a compassionate and flexible approach from employers can ensure that the impact on both the individual and the organisation is minimised.[2] Employees are allowed time off to deal with bereavement involving a dependent such as spouse, partner, child or someone who depends on the employee for care.[3] Female employees who suffer a stillbirth after 24 weeks are entitled to statutory maternity leave and pay.

Grief impacts on almost every aspect of a bereaved person's life. It can interfere with their thought processes, concentration and sleep patterns at a time when they may need to make important decisions. Fatigue, anxiety and mood swings are common. Knowing that they are supported by their employer can help to minimise the employee's stress levels and reduce or avoid periods of sick leave.

Employers can prepare for managing bereavement in the workplace by having a clear bereavement policy, and by training managers, HR teams and selected staff to have compassionate and effective conversations with bereaved employees.

Supporting and recognising the needs of terminally ill staff is also important. As part of Our People Promise to support wellbeing at work, Brighton & Hove City Council has added its name to a charter aimed at helping employees with a terminal illness.

In December 2019, council leader Nancy Platts and chief executive Geoff Raw signed the 'Dying to Work' Charter alongside representatives from GMB, UNISON and the Trades Union Congress (TUC). The charter protects the rights of terminally ill staff and ensures they cannot be dismissed because of their condition.

LIVING WELL RECOMMENDATIONS

Promote the importance of good work across the city, for example through the Brighton & Hove Living Wage campaign.

For: Economic Partnership partners including Chamber of Commerce

Use evidence-based resources to improve health and wellbeing and prevent ill health at work.

For: The council and employers

Consider how health at work can be improved for those working in small businesses and at home.

For: The council and partners including the Chamber of Commerce

Establish a healthy workplace scheme for Brighton & Hove.

For: The council and employers

SECTION 4.2 THE ROLE OF THE NHS IN CREATING A HEALTHY WORKFORCE

The NHS as a healthy employer

The NHS is a large employer with responsibilities for staff health & wellbeing, and healthy workplaces.

The NHS People Plan[1] aims to make the NHS the best place to work and identifies the need for leadership for culture change as well as major recruitment and retention initiatives. The priorities are:

- Creating a healthy, inclusive and compassionate culture, promoting inclusive leadership
- Tackling bullying and harassment, violence and abuse
- Enabling fulfilling careers, with training and career development
- Ensuring everyone feels they have a voice, control and influence, including a focus on:
  - Physical and mental health and wellbeing, reducing sickness absence
  - Workload, work-life balance, flexible working, and caring responsibilities
  - Working environments.

Locally, priorities of the Sussex Health & Care Partnership, in response to the NHS Long Term Plan,[2] include developing healthy NHS workplaces and workforce health and wellbeing.

The NHS supporting people to stay in work

The NHS plays a crucial role in keeping people well, helping them to recover and be able to get back to work after injury or a period of illness and to support and educate people in self-care and self-management of their long-term health conditions.

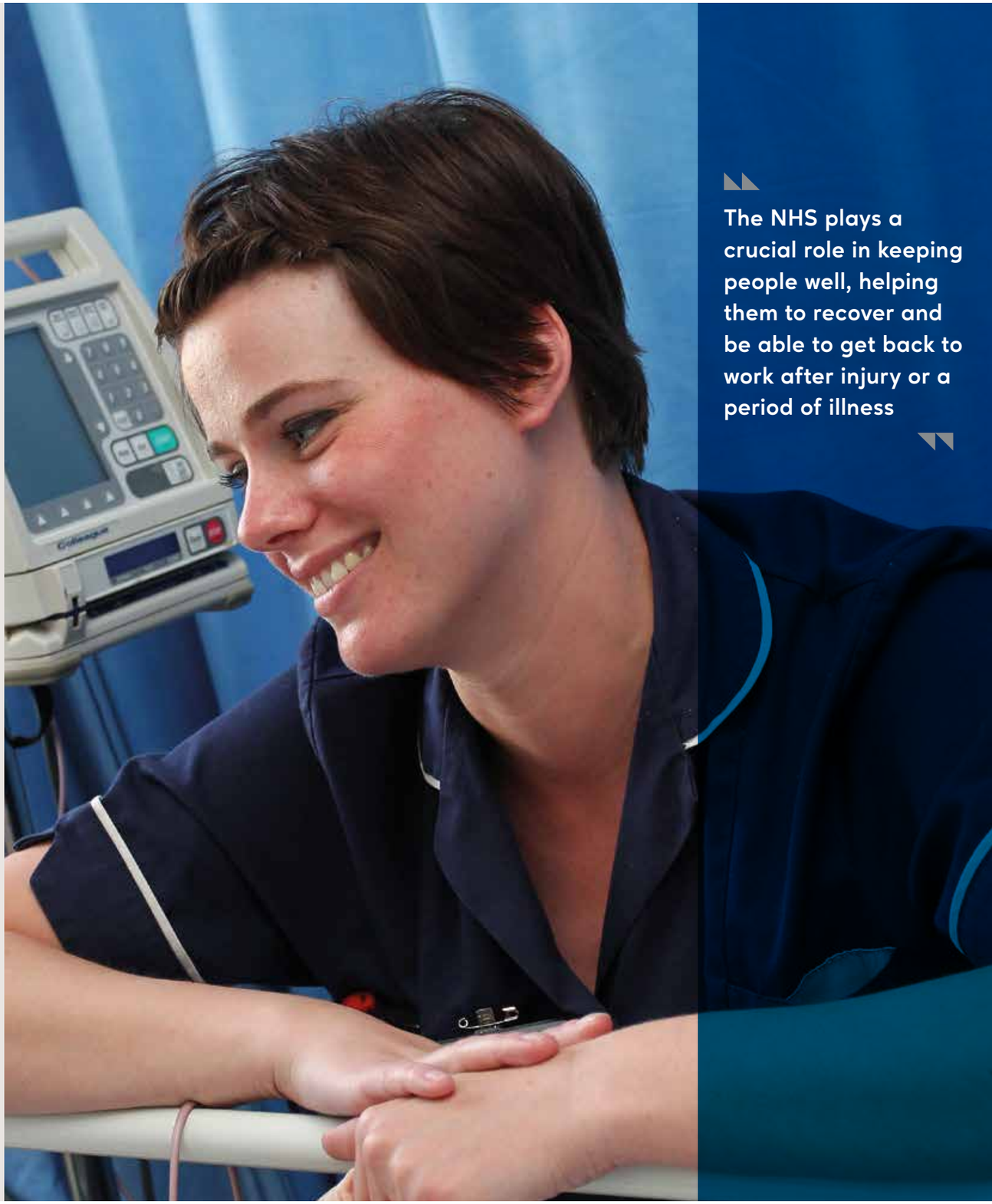
Nearly a quarter of the population of Brighton & Hove is living with two or more long-term physical or mental health conditions and the likelihood of having a mental health condition increases as the number of physical health conditions increase.

This highlights the importance of preventing and managing the health conditions of the workforce, their families and the economy.

There are more people with two or more long-term conditions under the age of 65 years than there are aged 65 years or over

28,000 < 65 years

23,500 65 +



The NHS plays a crucial role in keeping people well, helping them to recover and be able to get back to work after injury or a period of illness

SECTION 4.2 THE ROLE OF THE NHS IN CREATING A HEALTHY WORKFORCE

People with long-term conditions should have personalised care plans to help them manage their conditions at work and employers need to make reasonable adjustments to support their employees. The NHS Long Term Plan includes increasing access to physiotherapists in primary care, to support people back into work quickly by treating their musculoskeletal conditions.

We know that those who are off work for more than four weeks are more likely to stay out of work permanently.[1] Currently, 'fit notes' are the main tool for GPs to support people who have been off work for four weeks or more to return to work. They consider what people can do rather than what they cannot. People may not always be fully recovered, as getting back to work can help recovery.[4] Although there have been relatively few evaluations, the option 'maybe fit' [for work], used in 10% of cases, has been found to be helpful as it includes agreed work solutions to support recovery such as altered hours, amended duties or adaptations.[5]

> "I use fit notes to help support a patient to get back to work. Working with the patient and employer to plan a return to work programme with altered hours, such as working from home, or switching from the night shift to the day shift after sickness."
>
> Local GP Dr J. Simpkin

Free flu jabs for health & social care workers

As flu contributes significantly to winter pressures on health and care services, flu vaccinations are funded by the NHS for frontline health and social care workers

Vaccinations benefit staff, their families and friends, patients, visitors and helps reduce the levels of all-cause mortality and flu like illnesses.[3]

www.nhs.uk/flu

Sussex Community Foundation NHS Trust (SCFT)

disability confident EMPLOYER

SCFT employs 5,000 staff and provides community healthcare and children's services across Sussex. It has an ageing workforce, with 62% of over 50s describing themselves as feeling 'as fit as ever'. Recognising their experience, sound judgement and job knowledge, it is essential that these skilled staff are retained.

To support staff with long-term health conditions the occupational health & wellbeing service offers:

- 121 health & wellbeing assessments, healthcare advice and resources
- Health & wellbeing events to reduce risks of developing long-term health conditions and to support the maintenance of a healthy and happy workforce
- Support in self-management eg psychological talking therapies, physiotherapy, occupational psychologist, pain management
- A health action plan template to assist staff and managers to identify support they feel would help them at work, and if needed Access to Work and re-employment schemes
- Three levels of support for staff with mental health issues, including an employee assisted programme, a bespoke occupational health psychology service, and signposting to specialist mental health services.

www.sussexcommunity.nhs.uk

Sussex Partnership Foundation NHS Trust (SPFT)

The trust provides mental health services across Sussex. It supports its 4,000 staff with a range of wellbeing initiatives:

Mental Health First Aiders support colleagues during periods of stress, from 'a bad work day' to a family crisis.

Wellbeing Champions ensure correctly set up display screen equipment, reasonable adjustment assessments in place, mental health awareness, equality and diversity.

Menopause information - working with the Henpicked charity henpicked.net to produce a menopause leaflet, set up a menopause working group, arrange talks for staff, provide support for those experiencing difficulties and develop training for managers.

Health and Wellbeing Initiative Fund provides small grants for team and individual activities.

Mindfulness Based Cognitive Therapy

Wellbeing Wednesdays weekly bulletin with top tips. **Wellbeing resources** eg Managers' guide to Mental Health in the Workplace, and Partnership Perks - benefits guide.

www.sussexpartnership.nhs.uk

Brighton Sussex University Hospitals NHS Trust (BSUH)

BSUH is an acute teaching hospital trust employing 8,000 staff. It's Health & Wellbeing programme supports and provides opportunities for staff to lead healthy lives and make choices that support their wellbeing at work.

"I really do believe that our jobs in healthcare demand the best of us. In order for us to be able to give our best we need to pay attention to our own health and wellbeing and that of our colleagues."

Denise Farmer, Chief Workforce and Organisational Development Officer

Initiatives include:

- Sharing wellbeing information through webpages, newsletters, posters, twitter and a wellbeing toolkit
- Physical activities arranged for and by staff including swimming, football, pilates and tap dancing. Most instructors are staff who support colleagues while sharing their own hobby or interest.
- Ward-based sessions for staff who might not have much time e.g. yoga, mindfulness, health checks, shared tea breaks or breakfasts
- Beezee Bodies free 12-week weight loss group, supporting people to make small, realistic changes, to help lose weight.

www.bsuhwellbeing.nhs.uk

Ward breakfast

How the NHS can build community wealth and provide access to good work

The NHS is the UK's biggest employer, and locally the three largest NHS Trusts employ 17,000 people across Sussex. They can make a major impact by providing access to good work for local people.

The influence of the NHS in improving health and wellbeing extends far beyond providing health and care services. It is an 'anchor institution' – an organisation that is rooted in local communities, is a major employer and purchaser of goods and services, and operates on a not for profit basis.[6] As such, NHS Trusts can influence the wider determinants of health and build community wealth.

The NHS can make a major difference to the local community by[7]:

- purchasing more locally

- using its buildings and spaces to support communities

- reducing its environmental impact

The NHS Confederation has recommended that NHS organisations work more closely with their Local Economic Partnership, including training and education providers, to develop plans that provide an increased supply of local people into the health and care sector.[8]

> The NHS is the UK's biggest employer, and locally the three largest NHS Trusts employ 17,000 people across Sussex

THE ROLE OF THE NHS RECOMMENDATIONS

Ensure that helping people to stay in work is a key aim of managing physical and mental health long-term conditions.

For: NHS, employers, the council and the community & voluntary sector

Develop the role of health and care services as local 'anchor institutions' to build community wealth and provide access to good work for local people.

For: NHS, the council and other local organisations

SECTION 4.3
EQUALITY, INCLUSION AND WORK

Everyone should have equal access to employment regardless of gender, ethnicity, age, disability, sexual orientation, gender identity and religion. However, when considering employment and the workplace, many inequalities remain, for example gender and disability.

Since 2017, organisations with over 250 employees are required to publish information about their gender pay gap. In 2018 the gender pay gap by occupation for full-time employees favoured men for the main occupation groups. The gap ranged from 5% for people in sales and customer service type occupations to 24% for skilled trades. Although the gender pay gap fell between 2017 and 2018 to 9% among full-time employees, among all employees it was 18% because of more women working part-time. The gender pay gap for full-time employees is now close to zero for people aged 18-39 years and the greatest closure was for those aged 40-49 years.[1]

Employees of Chinese, Indian and Mixed ethnicity all had higher median hourly pay than White British employees in 2018 in Great Britain; while Pakistani and Bangladeshi employees had the lowest median hourly pay.[2] On average, Chinese employees earned 31% more than White British employees; while Bangladeshi employees, on average, earned 20% less than White British employees. The existing pay gap between White British and employees from other ethnic groups is generally smaller for younger employees than for older employees and narrows once other characteristics such as education and occupation are taken into account; however some significant gaps still remain, particularly for those born outside of the UK.

Although the gender pay gap fell between 2017 and 2018 to 9% among full-time employees, among all employees it was 18% because of more women working part-time

People with disabilities are more likely than people without disabilities to be economically inactive. The unemployment rate (the proportion of economically active people aged 16- 64 who are unemployed) for people with a disability was 8% in January-March 2019, meaning 3.3 million people with disabilities of working age were economically inactive (not in work and not looking for work). For people without disabilities the rate was 3%. The economic inactivity rate for those with disabilities was 44% compared with 16% for those without disabilities.[3] However, nationally over the five years to March 2019, the number of people with disabilities in employment increased by almost 950,000 (32%), compared with a 1.1 million increase (4%) in the number of people in employment without disabilities. Therefore, almost half of the growth in employment levels over the last five years was from people with disabilities. But the 'disability employment gap' (the difference in the employment rate of people with disabilities and people without disabilities) in January to March 2019 was still 30%. Over the five years up to January to March 2018, the disability employment gap reduced by 3.8 percentage points.

Good employment benefits the health and wellbeing of both the population and individuals.

SECTION 4.3 EQUALITY, INCLUSION AND WORK

Supporting people with disabilities into employment

In 2017, the government published a strategy **Improving lives: the future of work, health and disability** aiming to get a million more disabled people into employment by 2027.[4] The proposals included tailored employment support for disabled people and people with health conditions, delivered through Jobcentre Plus new Disability Employment Adviser Leader roles and new training for work coaches. Specialist Employability Support is to be provided for people with the greatest needs. Support for young people with disabilities, including apprenticeships and overcoming workplace access issues, were also included.

In 2016 an independent review[5] considered the difficulties faced by people using alcohol or drugs or who are obese in terms of gaining work.

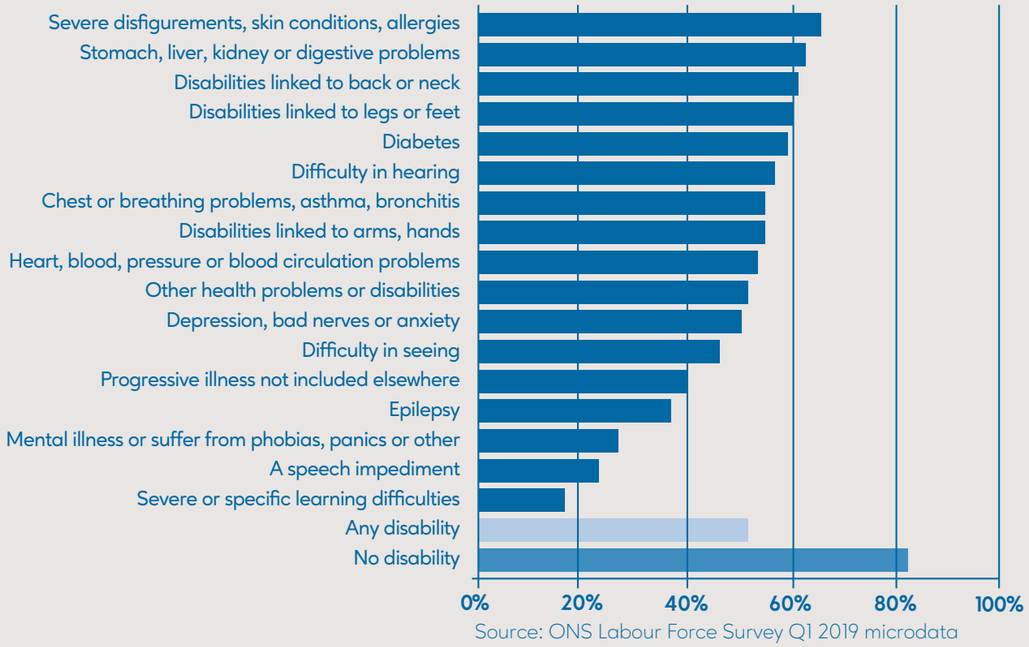
Most obese working-age people are in employment, but severe obesity is associated with lower rates of employment. Obesity is a significant risk factor for sickness absence, claiming disability benefits and retiring early. Some employers are reluctant to recruit obese people because of the perceived risks.

Mental health

Individual Placement and Support Services (IPS) that provide employment support to people with mental health problems have good evidence of their effectiveness. The fundamental approach of IPS is 'place then train'. Trained employment specialists work closely with clients to help them find competitive paid work and then continue to support the clients and their employer.

A review after 12 months[6] found that people who received supported employment were more likely to be in competitive employment (34%) than those who received pre-vocational training (12%). The number of people who needed to be supported for one person to obtain competitive employment was 4.5.

Employment of people with disabilities by health condition %, Age 16-64, January-March 2019



Source: ONS Labour Force Survey Q1 2019 microdata

Figure from: People with disabilities in employment. House of Commons Library.[3]

Routes

Led by local charity Community Works, the 'Routes' project supports people who are long-term unemployed or economically inactive into learning and employment. It adopts a community development approach to supporting participants in deprived areas of Sussex, including the wards of Hangleton & Knoll, East Brighton, Moulsecoomb and Bevendean.

Routes is a Building Better Opportunities Project funded by The European Social Fund and The National Lottery Community Fund in the Coast to Capital Local Economic Partnership area. The Brighton & Hove delivery partners are The Hangleton & Knoll Project and the Brighton Housing Trust (The Whitehawk Inn).

Dedicated advisers offer personalised funded packages of support to address complex barriers to work and learning, as many participants declare mental health issues, experience disabilities and are aged over 50. The offer includes tailored advice and guidance to design personal development plans, practical employment preparation, and access to volunteering, training and financial support for travel, clothing and childcare.

The project initially ran from September 2016 until February 2019 and additional Building Better Opportunities funding has enabled Routes to continue until 2021 to support at least 300 people.

To date the project has helped:

- 212 people with multiple barriers to enter the labour market
- 35 people move into employment
- 43 people move into education and training
- Nearly half of the participants report an improvement in their health and wellbeing and reduced isolation.

People report improvement in their motivation, confidence, mental health and work readiness during the programme. This positive impact extends to their families and communities.

www.routes.org.uk

Community Roots specialist employment support

In October 2019 the Community Roots service was launched in Brighton & Hove, bringing together 16 local services committed to supporting good mental health and wellbeing across the city. Specialist employment support is delivered as part of the new network and is provided by Southdown.

Southdown work in partnership with Sussex Partnership NHS Foundation Trust's mental health clinical teams, and local Job Centres and employers, to increase opportunities for people with mental health challenges to secure and retain employment through IPS.

In 2018/19, Southdown's IPS worked with 328 clients, 47 of whom had autism. In total, 88 people found paid employment in a competitive setting or worked as self-employed. An additional 30 volunteering and work experience placements and 84 education and training placements were found.

Community Roots employment specialist with a client

76% of these clients were still in work three months after they secured employment, 53% after six months and 35% after one year. Some of the clients identified as not being in sustained employment had moved on from their original employment to new employment elsewhere.

The service is continually working to challenge stigma, and to widen the range of services which refer clients.

www.southdown.org/how-we-help/employment-support

The success of such mental health based programmes has led to a national trial of 'place then train' employment support being carried out for people using alcohol and drugs.

Substance misuse

One of the **Improving lives: the future of work, health and disability** report's recommendations was to provide high-quality employment support within substance misuse treatment services. Brighton & Hove is one of seven sites taking part in a national study of the impact of IPS on adults receiving treatment from local community alcohol and drug treatment services (IPS-AD Trial). Participants have alcohol, opioid or other drug problems and have been unemployed or inactive for at least six months and want to work.

In Brighton & Hove, three employment support specialists are based within Pavilions Drugs & Alcohol Service, with an individual caseload of up to 25 clients, providing up to nine months support for each client.

Half of the individuals receive 'treatment as usual' and the other half receive intervention from the employment specialists. A wide range of outcomes are recorded but the primary outcome is at least one day of employment in the open competitive job market during 18 months of follow up. By June 2019 the service had supported 21% of the people in the IPS intervention group into paid employment.

The Supported Employment Team - Mark's story

The Brighton & Hove Supported Employment Team is a council service helping employers to have a diverse workforce, and working with local residents with disabilities to overcome their barriers to employment. The team focus on working with people with learning disabilities and autism, and young people with disabilities.

Mark came to the Supported Employment Team because he was struggling financially and wanted to make changes in his life. He had never found the right job, so hadn't been able to sustain long-term employment. As well as having a learning disability and other health issues he had struggled most of his life with mental health issues including depression and anxiety. Mark found it hard to leave his house or answer the door.

Mark was interested in working in a care home. As his confidence improved, the Supported Employment Team contacted Autumn Lodge, a local care home, and organised work experience for one morning per week over four weeks in a variety of roles. The manager offered Mark a position as a kitchen assistant working a few hours a week, as this is the role where Mark felt most confident and best suited his skills.

Mark is thrilled he has achieved his personal goal of gaining meaningful employment before his 50th birthday. His self-confidence and self-esteem have increased and he has been asked to work more hours. He has also been swimming regularly and volunteers in a charity shop. Although still facing many challenges, Mark is much happier and is excited about his future. Mark feels this is a direct result of gaining paid employment.

www.brighton-hove.gov.uk/supported-employment

Learning disability

People with learning disabilities want to work and want to work in the same types of jobs as the rest of society. Providing effective supported employment for people with learning disabilities can reduce health inequalities and benefit employers.[7]

The number of people with a learning disability who have a job is very low. In England in 2018-19, 6% of people known to social services were in paid employment,[8] compared to 53% of people with a disability and 82% of non-disabled people in the UK.[9] In Brighton & Hove in 2018-19, 9% of people with a learning disability known to social services were in paid employment.[8]

Employers with experience of employing people with learning disabilities have positive views of their employability and performance. They are generally reliable and dedicated workers who improve staff morale, increase diversity, reduce staff turnover, take less sick days and enhance the social corporate responsibility of their employers.[10]

The adjustments needed when employing a person with learning disabilities are easy to implement and low-cost. On average, adjustment costs are only £75. Access to Work is a discretionary government scheme that pays a grant to employers which can go towards extra employment costs.[10]

Employment resources:
www.mencap.org.uk/employerinfo

At Work Service

Possability People is a local charity which provides advice and support to help improve the health and wellbeing of disabled people and those living with long-term conditions.

Their At Work Service provides a range of tailored support services for employers and their staff teams. An equitable approach and involvement helps reassure and give employers confidence that they are doing the right thing. Small and Medium Enterprises (SME) and some of the city's largest employers now have greater confidence and skills in managing and supporting those with a musculoskeletal condition in the workplace; have been supported to have open dialogue with employees; have received guidance on developing Wellness Action Plans which have provided clarity as to what helps keep their staff well at work and what approaches and adjustments are helpful. Occupational health teams have also valued the contribution the service has made in providing early interventions to prevent sickness absence. For example, through alleviating difficulties experienced outside of work making employment more sustainable in the longer-term, and supporting returns to work through our ability to bring new ideas, approaches and perspectives in relation to reasonable adjustments. As an example, one SME could save £78,000 in employee replacement and agency costs, with further potential savings of £5,478 in presenteeism and sickness absence costs.

Possability People

Wherever possible, the At Work Service is supported by delivering Disability Confidence Training – opening up broader opportunities for employers to think differently about and take action to improve how they recruit, retain and develop disabled people.

www.possabilitypeople.org.uk/how-we-can-help/independent-living/communityemployment/possability-people-at-work

SECTION 4.3 EQUALITY, INCLUSION AND WORK

Team Domenica

Team Domenica is a social enterprise charity, created in 2016 by Rosa Monckton, whose daughter has Down's Syndrome. Team Domenica's mission is to help people with learning disabilities discover their career potential, create employment opportunities and remove barriers to work in local communities. Based in central Brighton, they operate a unique three-tier set-up of training centre, training café and employment centre.

The training centre has three core employment programmes to provide an extended transition between the education environment and world of work. They include structured study and training, extended work placements with partnered employers, and wrap-around support for candidates who transition into paid work.

The two training cafés are open to the public and enable candidates to practice professional and social skills through being centrally involved in the running of Café Domenica. The cafés bring local people together, educate them on the real value gained by interacting with people with learning disabilities and strengthen their relationships within the community.

Team Domenica's Employment Centre aims to establish relationships with local companies and provide guidance and advice on employing young people with learning disabilities. They work with employers across all industries including supermarkets, banks, hotels, businesses and small charities across Brighton & Hove.

www.teamdomenica.com

Supporting working carers

Supporting unpaid carers is a key priority for the city. Along with the NHS Clinical Commissioning Group, Brighton & Hove City Council have developed a Carers Strategy, aimed at creating a Carer Friendly City. Being an unpaid carer does not discriminate on the basis of age and the strategy spans the needs of young carers (under 18) to those over 80 years.

Locally we have developed a partnership approach to supporting all carers through the Carers Hub. This provides a range of services including: raising awareness, information and advice, assessment services, and specialist services (including dementia carers, young carers, young adult carers and peer support).

National research has identified the 'top three interventions' for supporting working unpaid carers: a supportive employer/line manager; flexible working; and additional care leave. We are developing and providing a range of services for both working carers, and local employers. The Carers Hub supported 443 working carers in 2018/19. Over the past 12 months they provided carer awareness training sessions to more than 50 local employers, and helped small to medium employers to join Employers for Carers, which allows them to access a comprehensive range of support and resources for free.

There are 23,967 unpaid carers in the city (2011 Census)

Carers UK estimate that their economic contribution is equivalent to £437 million per year

A Carers Employers Passport is also available for employers supporting unpaid carers. It records the care they provide, the impact this has, and the adjustments that have been agreed to support them to reduce the 'juggling' of work and caring.

12% of the carers supported in Brighton & Hove also work, compared to the national figure of 3% (2018/19 Carers Survey)

The Carers Centre's Working Carers Lead, Steve, providing information at our Carers Rights Day event, November 2019

Supporting migrants into work

Brighton & Hove's International Migrants Needs Assessment looked at the qualifications and skills brought to the city by migrants, what employment sectors they occupy, and the barriers experienced by migrants as they seek work.

The difficulties faced by refugees are particularly acute. Often highly skilled and qualified, refugees may have to leave their homes at very short notice and become traumatised and demoralised by long journeys in search of safety. Unless they arrive on a resettlement programme, refugees may also have had long periods of inactivity and uncertainty while they wait for their asylum applications to be decided upon, leading to a loss of confidence and skills.

These challenges are compounded by barriers including limited opportunities to develop skills and convert existing qualifications. Employers may also lack awareness of refugees' skills, potential and their entitlement to take up employment in the UK.

Migrant ESOL Support Hub

In Brighton & Hove, a local partnership project, the Migrant ESOL Support Hub, is guiding migrants who may be far from the labour market towards the most appropriate English language provision and the steps they need to take to find employment. The council is also seeking to learn from local refugees in the labour market and explore ways of supporting the recruitment of refugee communities.

www.trustdevcom.org.uk/what-we-do/equalities-and-inclusion/mesh-the-migrant-and-esol-support-hub

BRIGHTON & HOVE MESH MIGRANT ESOL SUPPORT HUB

EQUALITY, INCLUSION AND WORK RECOMMENDATION

Join up health and employment support for groups finding it hardest to access employment.

For: Department for Work & Pensions, the community & voluntary sector, the council, NHS and our communities

SECTION 5 AGEING WELL AND WORK

Health is the biggest determining factor as to whether older workers can remain in work, outweighing other factors such as job satisfaction and work quality.[1]

As people live longer, the population of older people will increase, and as changes to the state pension age come into effect, we need to ensure that people are supported to be in good quality work for as long as they need to be.

This enables individuals to plan and save for their retirement, helps employers to maintain a skilled workforce, and leads to increased tax revenue and reduced demand on public services.[2]

There is evidence that the social engagement many of us enjoy in our jobs can delay cognitive decline and the risk of dementia. Fulfilling work can also help us to define our place and purpose in society and promote self-esteem and confidence.[1,4]

Being able to remain in good-quality work for as long as you need to not only benefits the financial, health and social wellbeing of individuals, but, is also good for the economy and makes the state pension more affordable.[5]

Challenges faced by older workers

For some people early retirement is planned and well managed, but for many older workers, leaving employment prematurely or involuntarily because of health issues can be catastrophic for their financial future and that of their families. Poor health is also a barrier to participating in volunteering opportunities in later life.[6]

Brighton & Hove has a high rate of income deprivation affecting older people in the city (20%) compared to England (16%) and the South East (12%). There is also a higher than average proportion of older people living alone and locally, poverty in single pensioners is higher compared to pensioner couples. The majority of single pensioners are female.

Older workers typically face higher levels of long-term unemployment and low pay.[4]

Women face particular difficulties in accessing work in later life as they are more likely to be caring for family members, and are more likely to be in part-time work.[5]

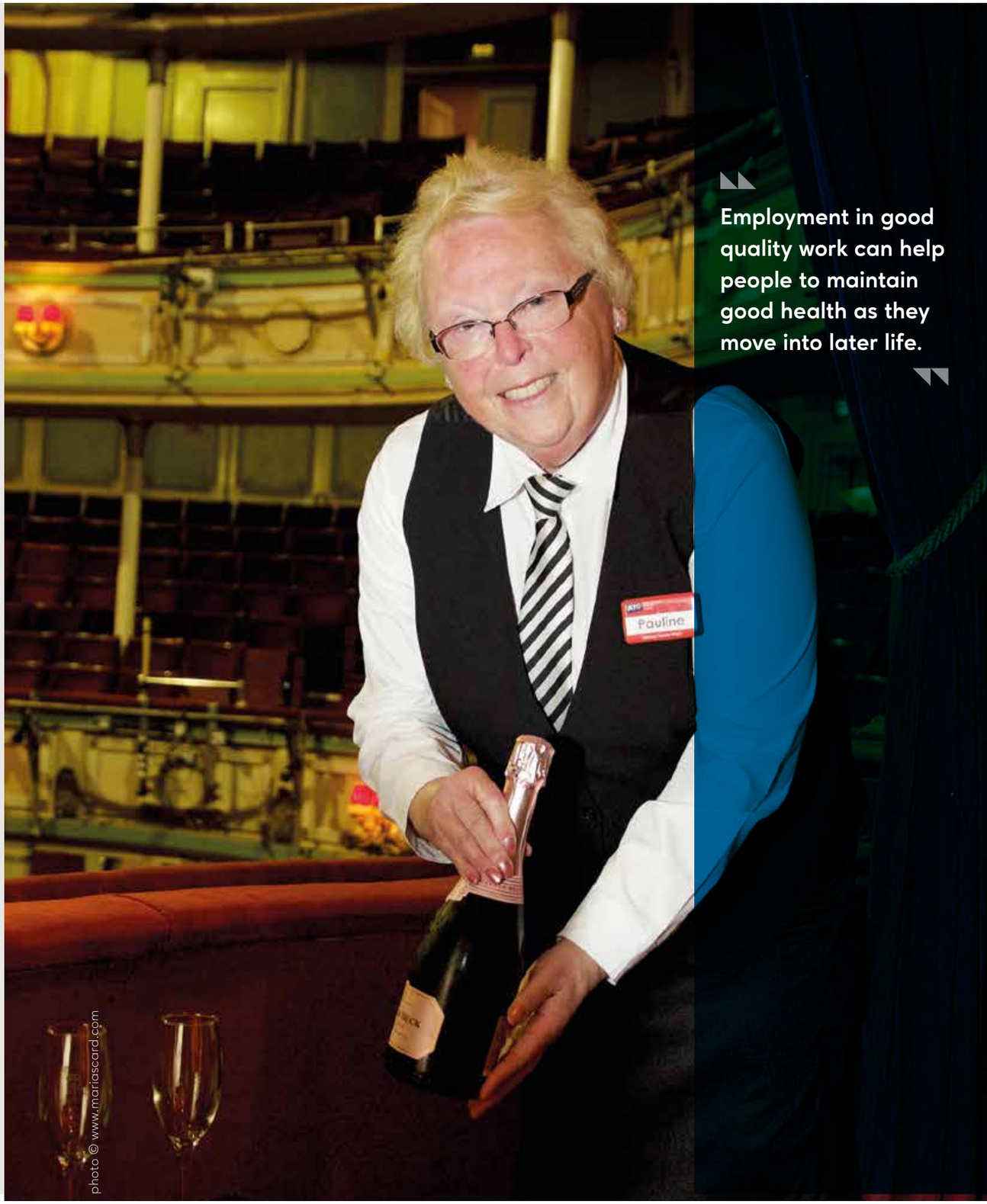
Brighton & Hove has a high rate of income deprivation affecting older people in the city (20%) compared to England (16%) and the South East (12%)

As we live longer many people are also faced with being carers for longer. There is evidence that this is having a negative impact on levels of volunteering, with today's retired people giving less time than previous generations.[6]

Health and wellbeing

Healthy life expectancy is a measure of the average number of years a male or female would expect to live in good health. This has fallen in recent years from 63.9 years to 61.6 years for males and from 64.1 years to 62.2 years for females. People are therefore living longer in ill health.

In Brighton & Hove the proportion of people in employment aged 50-64 years is significantly lower than the England average (72%), whereas, for those aged 25-49 years it is significantly higher (82%)



Employment in good quality work can help people to maintain good health as they move into later life.

This, alongside the rising retirement age, means that increasing numbers of people of working age are in ill-health.[7]

The most prevalent health conditions affecting people aged 50-64 are musculoskeletal conditions (21%), cardiovascular conditions (17%) and depression and anxiety (8%). Evidence suggests that mental health problems such as depression and anxiety have the greatest impact. Nationally, only 43% of those with a long term health condition in the 50-64 age group are in work, compared to 83% of people with no long-term health conditions.[4]

Older workers, including volunteers, look for employment that offers any adjustments needed for health conditions and disabilities - as poor health overrides all positive factors in shaping decisions about staying in work.[8] They value learning, training and opportunities for career progression, as they are seen to support work-life balance and strengthen connections. However, workers aged 50 and over are not only less likely to seek out or take part in work related training than younger colleagues, but they are also less likely to be offered it.[1]

Workers aged 50 and over are not only less likely to seek out or take part in work related training than younger colleagues, but they are also less likely to be offered it

Discrimination and inclusion

The House of Commons Women and Equalities Committee recommended that all jobs should be available on flexible terms unless an employer can demonstrate an immediate and continuing business case against doing so. This would allow older workers to participate in employment on an equal basis.[5]

Despite it being against the law to discriminate against anyone in the workplace because of their actual or assumed age, research with employers found that though they valued older workers, few were taking any actual steps to change their policies and practices regarding the recruitment, retention and training of older workers.[9]

There is an argument that even using the term 'older worker' to categorise an employee can give rise to prejudice and discrimination, and often age-stereotypes will surface where there is technological change or pressure to reduce jobs.[10]

Age friendly workplaces

Brighton & Hove is a member of the UK Network of Age Friendly Communities and in 2018 the Centre for Ageing Better produced a toolkit for employers to encourage and support an age friendly employment workplace.[11] This toolkit is also relevant to managing volunteers as a recent review found that separate 'older people's' volunteering programmes can exacerbate barriers relating to ageist attitudes, and that it is preferable to ensure all opportunities are inclusive and age friendly.[8]

UK Network of Age-friendly Communities

The age-friendly employer's toolkit recommends five broad actions:

1. Be flexible about flexible working - hire flexibly and widen the range of working options available, help people navigate the system, and help managers manage flexibility.
2. Hire age positively - conduct age positive recruitment, minimise age bias in recruitment, and develop returner or re-entry programmes.
3. Ensure everyone has the health support they need - create an open and supportive culture around managing health at work, ensure full, equal, and early access to support any reasonable adjustments, make sure support is sustained over time for workers with health conditions.
4. Encourage career development at all ages - ensure that development training and progression is available equally to all ages, provide guidance at mid-life and beyond, including retirement plans, and help people to manage transitions and plan for the future.
5. Create an age-positive culture - monitor and share workforce data by age, equip line managers with the skills to manage age-friendly practices, and encourage interaction and networking among staff of all ages.

Until 2010 the UK state pension age was

65 years
for men and
60 years
for women

equalising to
65 years
for both by 2018

By 2039 both men and women will have to wait until they are
68 years
before qualifying for a state pension

AGEING WELL RECOMMENDATIONS

Use the age friendly employer's toolkit to help local employers become more age-friendly, promote health at work, help staff in mid-life to plan for their future, and support more older workers to remain in good work for longer.

For: The council, Brighton & Hove CCG and employers

SUMMARY OF RECOMMENDATIONS

STARTING WELL

Continue to tackle the gaps in school readiness and educational outcomes, and support personal progression in order to reduce income, employment and health inequalities in later life.

For: Brighton & Hove City Council, nurseries, schools and colleges, health services, community and voluntary sector and families

LIVING WELL

Promote the importance of good work across the city, for example through the Brighton & Hove Living Wage campaign.

For: Economic Partnership partners including Chamber of Commerce

Use evidence-based resources to improve health and wellbeing and prevent ill health at work.

For: The council and employers

Consider how health at work can be improved for those working in small businesses and at home.

For: The council and partners including the Chamber of Commerce

Establish a healthy workplace scheme for Brighton & Hove.

For: The council and employers

Ensure that helping people to stay in work is a key aim of managing physical and mental health long-term conditions.

For: NHS, employers, the council and the community & voluntary sector

Develop the role of health and care services as local 'anchor institutions' to build community wealth and provide access to good work for local people.

For: NHS, the council and other local organisations

Join up health and employment support for groups finding it hardest to access employment.

For: Department for Work & Pensions, the community & voluntary sector, the council, NHS and our communities

AGEING WELL

Use the age friendly employer's toolkit to help local employers become more age-friendly, promote health at work, help staff in mid-life to plan for their future, and support more older workers to remain in good work for longer.

For: The council, Brighton & Hove CCG and employers

GET IN TOUCH - HOW WE CAN HELP YOU

Together we can make a plan to help your staff get healthier. We can help you make positive changes and stick to them, and make sure they become part of your organisation's everyday life.

We can help you:

- find out what your staff need to be more healthy
- access the accredited Level 2 Understanding Health Improvement in the Workplace training course
- plan and put into action a workplace wellbeing programme
- make sure your wellbeing programme is working

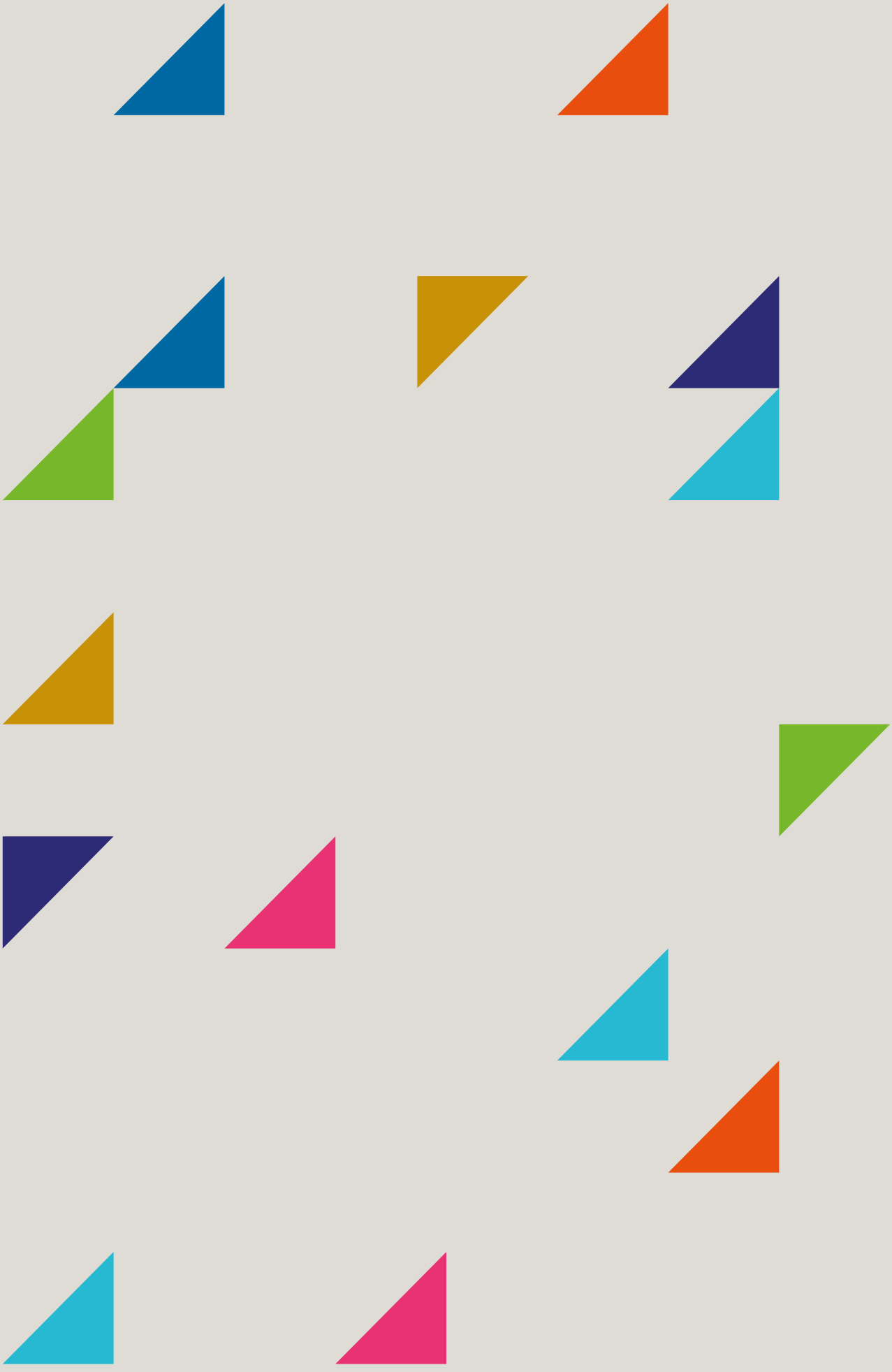
Depending on your organisation, we may also be able to offer your staff:

- support with healthy eating
- support to apply for the Healthy Choice Award for your staff canteen
- help to make your workplace sugar smart
- talks and workshops about how to increase physical activity, including active travel to and from work
- support to stop smoking
- support and advice about alcohol or drugs
- NHS Health Checks for people over 40 years old

The areas we focus on are:

- general advice about good health
- physical activity and active travel
- healthy eating
- emotional health and wellbeing
- smoking
- drugs and alcohol

To find out more about the support we can give you:
Email healthylifestyles@brighton-hove.gov.uk
Call 01273 294589
Visit our website at www.brighton-hove.gov.uk/healthylifestyles



Item 8

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 Lives, Stronger Communities	
Date of Meeting:	09 June 2020	
Report of:	Rob Persey, Executive Director of Adult Social Care and Health, Health and Adult Social Care, BHCC	
Contact:	Grace Hanley, Assistant Director	Tel: 01273 292928
Email:	grace.hanley@ brighton-hove.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

Our vision is for everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life at every stage of someone's life. We will do this by working with our communities to promote and improve their health and wellbeing, and by supporting people to live independently.

A four year programme of work called *Better Lives, Stronger Communities* is being planned by Brighton and Hove City Council Health and Adult Social Care.

This programme will focus on how best we can work with individuals in the City with care and support needs, and their communities.

Whilst the overall programme has been paused to enable us to respond effectively to the COVID19 pandemic, the principles continue to inform our practice and response at this challenging time. Our recovery strategy will take into account the learning that has emerged during this crisis.

Glossary of Terms

BLSC - Better Lives, Stronger Communities

Strength based approach - Strengths-based approaches | SCIE

ASCOF- The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability

1. Decisions, recommendations and any options

1.1 The recommendation is that the Board agrees:

- To support the direction of travel of BLSC and this programme of work.
- To support HASC to adopt a strengths and asset based approach.
- A further detailed update (review of implementation plans) comes back to the Board in March 2021.

2. Relevant information

2.1 To achieve our vision, we need to find solutions to those issues facing the City with regard to Adult Social Care demand:

2.1.1 Our 65 plus population is projected to increase overall by 25% from 2020 to 2030, marginally higher than the national projected increase of 24.4%.

2.1.2 The number of cases of early onset dementia 30-64-year olds is expected to increase year on year for Brighton and Hove where the average for ASCOF comparators is reducing.

2.1.3 Further to this the number of people aged 65+ predicted to have dementia is expected to increase by 28.5%in the same period (lower than the national increase of 51.2%)

2.1.4 22% of the city over the age of 20 are living with two or more long term conditions.

2.2 Against this backdrop, Health and Adult Social Care in Brighton and Hove needs to address issues around how our citizens can:

- Find solutions to support their wellbeing and maintain a good life.
- Access help and advice when they need it to enable them to live well.

- Access person centred and specialist support to maximise their opportunities for independence.

- Access social workers and occupational therapists who understand the needs of our citizens and enable them to achieve their desired outcomes.

2.3 This we must do whilst meeting our legal obligations and maintaining our statutory requirements.

2.4 To do this and in line with best practice, we will focus our efforts on:

- How people access the help they need.
- How we support people to be as independent as possible.
- How we work with people who have more specialist needs
- How people access community assets.

2.5 Our programme will:

- Ensure that solutions are developed collaboratively with those with care and support needs, our staff, and partners.
- Develop our model of practice known as a "strengths based practice". This will support adult social care in Brighton and Hove to deliver in line with national developments and local requirements.
- Equip us to develop and sustain a service which is financially viable.
- Recognise the key role of commissioning- with a focus on quality
- Make sure that technology is integral to the changes we need to make.

2.6 We are currently drafting detailed implementation plans for the programme under the following work-streams:

- How people access the help they need and access (First Contact).
- How we support people to be as independent as possible (Short Term Enablement).
- How we work with people who have more specialist needs (Specialist Intervention).

2.7 These will evolve through engagement with other Directorates, the voluntary sector and City wide partners, importantly including our NHS stakeholders. Collaboration and co-production will be key to identifying common starting points. Immediate priorities for the programme include:

- The development of an early help model for the service.
- Looking at the development of a community reablement service.
- The development of a commissioning strategy.
- Piloting a "move on" project.

- Looking at how we can best align Mental Health social work to the programme.
- How people can access assets available in their communities

3. Important considerations and implications

3.1 **Legal:**

"Guidance on a strength based approach to care has been produced by Social Care in Excellence (SCIE). This independent improvement agency supports the use of the best available knowledge and evidence about what works in social care practice.

The guidance should be read alongside the Care and Support statutory guidance produced under the Care Act 2014. The guidance is complementary to the Act and regulations. It provides tools for local authorities meeting their statutory duties towards protecting the person's independence resilience and ability to make their own choices and wellbeing."

Lawyer consulted: Nicole Mouton Date:15/05/2020

4. **Finance:**

4.1 The Better Lives, Stronger communities programme will support the delivery of the Financial Recovery Plan required for the Health & Adult Social Care directorate as part of the medium-term financial strategy. This programme of work will help develop a sustainable social care service. The Financial Recovery Plan will be developed as part of the implementation plans outlined in paragraph 2.5.

Finance officer consulted: Sophie Warburton Date: 14/05/2020

5. **Equalities:**

5.1 The programme of work includes a strong focus on reducing inequalities and improving outcomes for the individuals we support. The strategy and its delivery is underpinned by the adoption of a strength based approach as described in this document and appendix. We will change the way we work to reduce the number of 'hand offs' (transfers between teams), enabling more people to get the information, advice and help that they need in a timely way. An Equalities Impact Assessment is not required for the programme itself but should be completed for any specific projects, implementation plans, and commissioning and investment decisions taking forward this work.

Better Lives, Stronger Communities
Health and Adult Social Care

Health and Wellbeing Board

June 2020

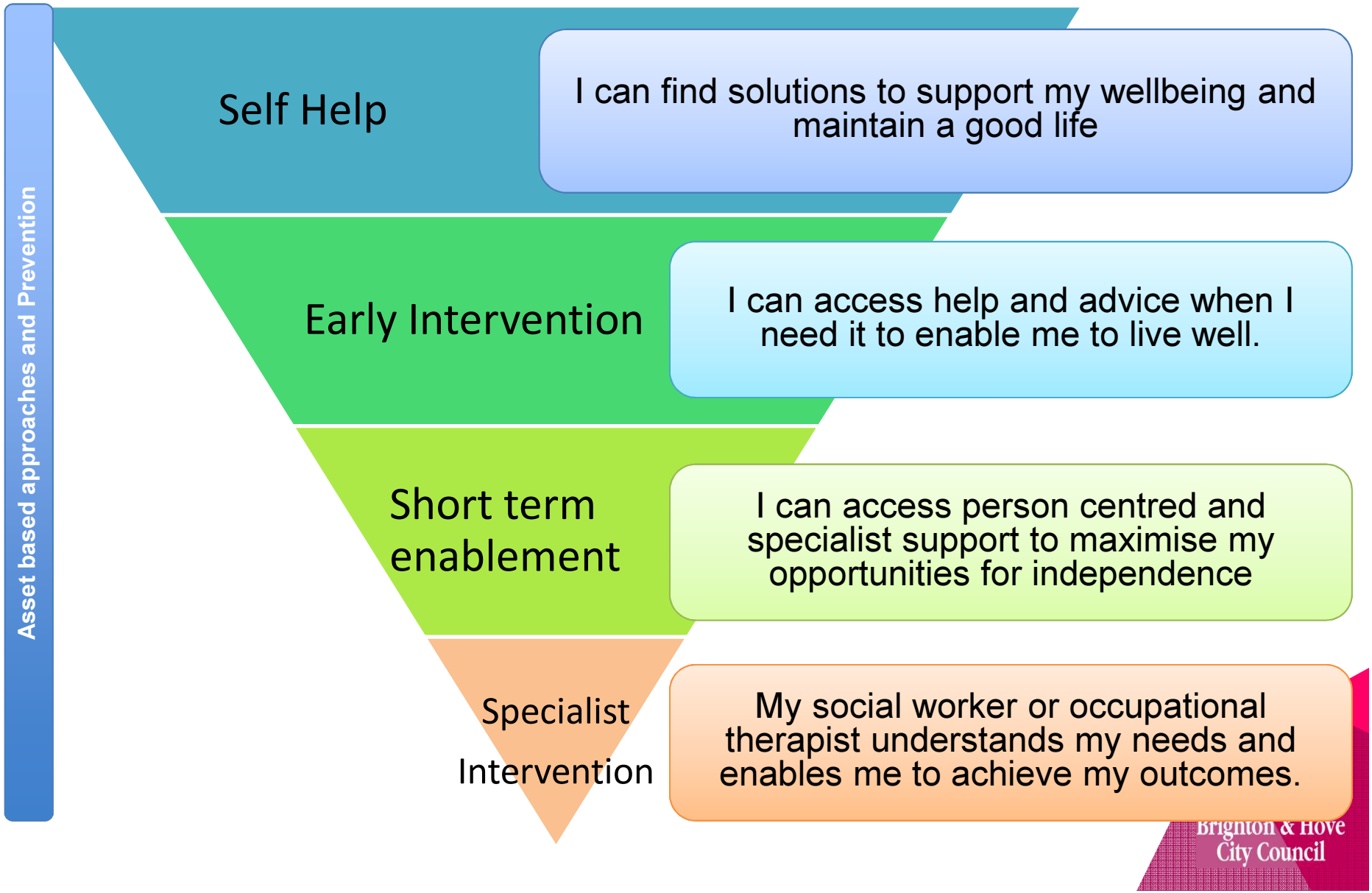
Issues facing our City

- Our 65 plus population projected to increase by 25% from 2020 to 2030 (national projection = 24.4%.)
- Aged 65+ predicted to have dementia is expected to increase by 28.5% in the same period
- The number of cases of early onset dementia 30-64-year olds is expected to increase year on year for Brighton and Hove where the average for ASCOF comparators is reducing.
- 22% of the city over the age of 20 is living with two or more long term conditions.

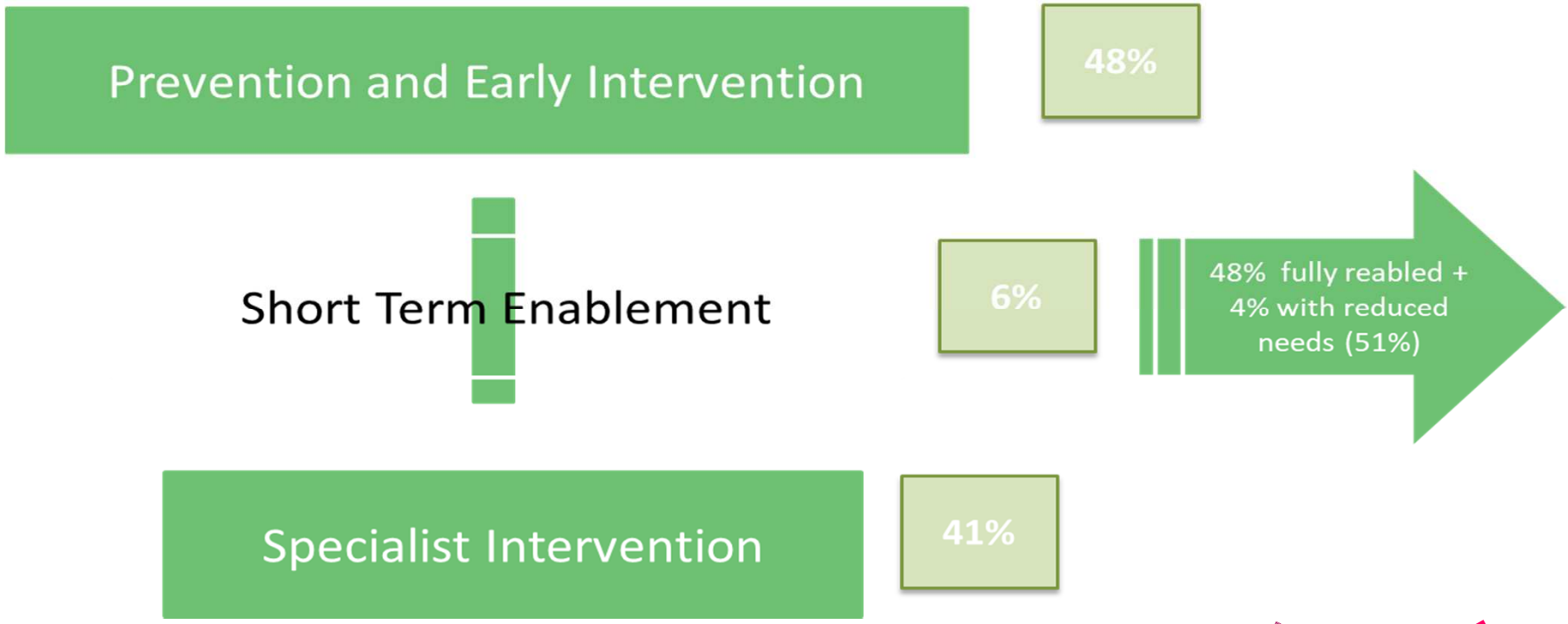
Brighton & Hove City Council

Our vision is for everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life, by ensuring that they are starting well, living well, ageing well and dying well.

HASC Target operating model



Current Operating Model



- Levels of contacts resolved at First Point of Contact to be improved
- Levels of Short Term Intervention.
- High proportion of contacts passed on to the district teams.
- 'Drop out' between assessment and provision: Only 32% result in a service- suggests people are assessed unnecessarily.

Brighton & Hove City Council

Better Lives, Stronger Communities

We will focus our efforts on:

- **How people access the help they need** (First Contact)
- **How we support people to be as independent as possible**(Short term enablement)
- **How we work with people who have more specialist needs**(Specialist Intervention)

How we will work

- Working as one Council- shared priorities
- Working across the City – Partners and Stakeholders
- Embed person centred approaches in all that we do

The move-on team will work across mental health services and the community individualised and intensive support to enable step-down from residential and nursing care with the ultimate goal of moving into independent living.

Discharge to Assess Project - supporting people with early discharge from Millview Hospital.

'Adam' was referred following an admission to an acute setting; he felt lost and did not know what his next step would be. After four weeks in supported living, 'Adam' is now getting ready to move to his new permanent home and actively planning for the future.

'I am fully satisfied in my accommodation and daily meetings with the team. My confidence has grown with their support and belief in me'.

Brighton & Hove City Council