



Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 8 March 2022 starting at 2.00pm.



**Health & Wellbeing Board
8 March 2022
2.00pm
Council Chamber, Hove Town Hall**

Who is invited:

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

NHS Members: Gill Galliano (Brighton and Hove CCG); Lola Banjoko (Brighton and Hove CCG) Siobhan Melia (Sussex Partnership NHS Foundation Trust), Dame Marianna Griffiths (University Hospitals Sussex NHS Partnership), Dr Jane Padmore (Sussex Partnership NHS Foundation Trust)

Non-Voting Members: Geoff Raw (CE - BHCC), Deb Austin (Statutory Director of Children's Services), Rob Persey (Statutory Director for Adult Care), Alistair Hill (Director of Public Health) Annie Callan Brighton and Hove Safeguarding Adults Board) David Liley (Healthwatch), Joanna Martindale and Tom Lambert (Community Voluntary Sector)

Contact: **Penny Jennings**
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AGENDA

Formal matters of procedure

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

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29 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.

30 MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2021 7 - 22

Minutes of the meeting held on 2 November 2021 (copy attached)

31 MINUTES OF ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE, 11 JANUARY 2022 23 - 32

Minutes of the meeting of Adult Social Care and Public Health Sub Committee 11 January 2022 (for information only) (copy attached)

32 CHAIR'S COMMUNICATIONS

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

33 FORMAL PUBLIC INVOLVEMENT

To consider the following:

- (a) Petitions – to consider any petitions received by noon on 2 March 2022;
- (b) Written Questions – to consider any written questions received by noon on 2 March 2022;
- (c). Deputations – to consider any Deputations received including any received from full council.

34 FORMAL MEMBER INVOLVEMENT 33 - 36

To consider the following :



- (a) Petitions;
- (b) Written Questions ;
- (c). Letters;
- (d) Notices of Motion - Protect Residents this winter (copy attached)

35 BETTER CARE FUND 2021/22 AND 2022/23 37 - 58

Joint Report of the Managing Director, Brighton and Hove CCG and the Executive Director, Health and Adult Social Care (copy attached)

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

36 BRIGHTON & HOVE SAFEGUARDING CHILDREN'S PARTNERSHIP: ANNUAL UPDATE 59 - 102

Report of the Independent Chair of the Brighton and Hove Safeguarding Children Partnership covering the period April 2020-March 2021 (copy attached)

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

WEBCASTING NOTICE

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



Public Involvement

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- 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.

1. Procedural Business

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

(b) Declarations of Interest:

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

In each case, you need to declare

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

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

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

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

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

BRIGHTON & HOVE CITY COUNCIL**HEALTH & WELLBEING BOARD****4.00pm 2 NOVEMBER 2021****COUNCIL CHAMBER, HOVE TOWN HALL****MINUTES**

Present: Councillors Nield (Vice-Chair, in the Chair), Fowler (Opposition Spokesperson), Bagaeeen (Group Spokesperson) and Appich

NHS Members: Dr Andrew Hodson (CCG); Lola Banjoko (CCG), Ben Stevens and Samantha Allen

Non-Voting Co-optees: Geoff Raw (CE BHCC), Rob Persey (Statutory Director for Adult Social Services), Alistair Hill (Director of Public Health) Annie Callanan (Safeguarding Adults Board), David Liley (Healthwatch), Joanna Martindale and Tom Lambert (Community Voluntary Sector)

PART ONE**14 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

Prior to commencement of the meeting the Deputy Chair, Councillor Nield explained that apologies had been received from the Chair, Councillor Shanks who was unwell. In her absence, Councillor Nield would be taking the Chair. In line with current Government Guidance decisions would be taken by those Members who were present in the Chamber. Apart from those officers also present in the Chamber others would join the meeting via Microsoft Teams.

14(a) Declaration of Substitutes

- 14.1 It was noted that Councillor Shanks, Siobhan Melia (Sussex Partnership NHS Trust) and Marianne Griffiths (University Hospitals Sussex NHS Foundation) had sent their apologies. Councillor Clare was present in substitution for Councillor Shanks and Ben Stevens was present in substitution for Marianne Griffiths.

14(b) Declarations of Interests

14.2 There were none.

14(c) Exclusion of Press and Public

14.3 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.

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

15 MINUTES

15.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 27 July 2021 as a correct record.

16 MINUTES OF SPECIAL MEETING, ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE, 27 JULY 2021

16.1 **RESOLVED** – That the contents of the minutes of the Special meeting of the Adult Social Care and Public Health Sub Committee of 27 July 2021 be noted.

17 MINUTES OF MEETING, ADULT SOCIAL CARE AND PUBLIC HEALTH SUB COMMITTEE, 7 SEPTEMBER 2021

17.1 **RESOLVED** – That the contents of the meeting of the Adult Social Care and Public Health Committee on 7 September 2021 be noted.

18 CHAIR'S COMMUNICATIONS

Vaccination Arrangements

18.1 The Chair stated she wished to encourage everyone to get their Covid vaccines, booster and flu jab when they could. First, second and booster doses, for those who were eligible, were available from walk-in locations across the city every day. Alternatively, you could book an appointment on the national booking service or call 119. Flu vaccines were free for many people from your GP or a pharmacy, and for everyone else they cost around £10-15.

18.2 The Chair also explained that she was seeing fewer people wearing masks around the city and on public transport and urged for people to continue wearing face coverings in busy places if they could. It's not difficult for most people and by wearing a mask you're not only protecting others but also helping many people feel safer to be out.

Bonfire Night

- 18.3 With bonfire night coming up that Friday everyone was encouraged to support locally organised events rather than setting off fireworks or having bonfires in their own gardens. People were encouraged to be safe, respect their neighbours and protect our very busy emergency services.

Healthwatch Brighton & Hove

- 18.4 Healthwatch Brighton & Hove had been shortlisted for two national Healthwatch awards which celebrate their volunteer team.
- Hospital Discharge Wellbeing Service – where Healthwatch volunteers called adults recently discharged from hospital to check on their health and wellbeing, signpost them to services and raise any hospital discharge issues with the local NHS Trust.
 - End of Life project – where Healthwatch volunteers spoke to people at the end of their lives about their discharge from hospital. The recommendations will be considered as part of our 'Dying Well' Joint Health and Wellbeing Strategy delivery plan. They find out next week if they've won.
- <https://www.healthwatchbrightonandhove.co.uk/news/2021-10-28/press-release-281021-healthwatch-brighton-and-hove-shortlisted-two-prestigious>

Carers Event

- 18.5 There was an event for carers on Thursday 25 November for Carers' Rights Day at St Augustine's Centre. It was a chance for carers to meet other carers, get support and find out more about welfare benefits and social prescribing. Contact the Carers Hub for more info or to book a place.
- 18.6 **RESOLVED** – That the Chair's Communications be noted and received.

Callover

- 18.7 The Democratic Services Officer then called over the items appearing on the agenda and all were called for discussion with the exception of:

Item 28 – Health and Wellbeing Board Development Task & Finish Group: Proposals for Further HWB Development

The above report recommendations were agreed unanimously without discussion.

19 FORMAL PUBLIC INVOLVEMENT

19(a) Petitions

- 19.1 There were none.

19(b) Public Questions

- 19.2 It was noted that two sets of questions had been received set out below:

(a) Pollution Caused by Wood Burning Stoves - Question(s) received from Mr Chris Todd

“The WHO recently announced there are no safe levels for certain air pollutants as it lowered emission guidelines for PM2.5s and nitrogen dioxide, now far below UK legal limits. At the same time there has been a rise in people installing wood burning stoves for recreational purposes, increasing localised air pollution across the city. Given the impact on public health what plans are in hand to inform the public of the dangers of burning wood in the home (both for the household and neighbours), to urge people to minimise wood burning and where possible to stop doing it altogether?”

Chair’s Response:

19.3 The Chair gave the following response:

“Thank you for question. I do hope that the World Health Organisation’s recent announcement on guidelines for emissions has helped to highlight and heighten interest and awareness amongst the public of the potential effects that can occur as a result of woodburning in the home.

This matter has been raised on previous occasions at committee meetings and the council has put out messages in the past to alert people that this activity can be a nuisance to others and can have impacts on people’s health. This took on an even more acute focus during the height of the pandemic, given the effects that it can have on people’s respiratory systems.

You have asked your question at a key time of the year, given the arrival of the Autumn and Winter periods and much lower temperatures. During evening hours, wood burning can be a significant source of smoke that is a contributor to poor air quality and I will therefore ask officers to work together to develop and promote some appropriate messages to highlight the health dangers and environmental effects of woodburning.”

We are also looking forward to a presentation on air quality later on the agenda, which will refer to some of the points in your question. This is in advance of a forthcoming consultation on a new Air Quality Action Plan which will include reference to smoke control. In terms of whether enforcement action can be taken in instances where woodburners cause a nuisance, action can be taken with the right evidence in support - abatement notices can be served under the Environmental Protection Act. We would need more information on the specific nuisance on a case by case basis in order to give more detailed advice.

There are also Smoke Control Areas in the City, where you need to have an exempt appliance and use approved fuels.”

19.4 It was noted that Mr Todd had also given advance notice of a supplementary question:

19(b) Encouragement for Householders to use Cleaner Fuels – Mr Chris Todd

“If there are no plans, why is this the case given that wood smoke is more toxic than cigarette smoke and the significant impact it can have on neighbours? Urging people to use cleaner fuels makes little difference, especially when so-called ‘eco’ stoves emit at least 465 times the particulate matter that a gas boiler does (per MWh). Wood burning is also fuelling climate change which has its own negative health impacts ?”

19.5 The Chair gave the following response:

“I hope that my previous answer reassures you that we will be preparing some publicity to get the right messages out to help address this important issue. Any concerted campaign over a longer period of time would require officer time and dedicated funding within the council’s budget to develop and deliver it.”

19 (c)Sussex Homeless Support for Plan to Build Social Homes - Mr Jim Deans

19.6 The following question had been received from Mr Jim Deans:

“Recent commissioned reports and guidance from government are showing the need for Social Housing, the lack of is featuring high as a cause of many physical and mental illness. Can the Health and Well-being Board support a plan to build Social Homes and reduce the burden on local services including the NHS?”

19.7 The Chair gave the following response:

“Thank you for your question.

The council is committed to providing additional affordable homes, both through our Corporate Plan and the Housing Committee Work Plan. The council’s priority is delivery of additional council homes as well as other affordable homes, usually via Registered Providers (housing associations).

- We have a total of 466 additional council homes projected for delivery for 2019 to 2023. 144 additional council homes were provided last year (2020/21).
- We have a total of 1,100 additional affordable homes (usually via registered providers) projected for delivery between 2019 to 2023 (379 homes for rent and 721 for shared ownership). 48 additional affordable homes were delivered last year 2021/22.

Updates on progress with delivery of new council homes and other affordable homes are reported to resident Area Panels and Housing Committee on a quarterly basis.

We have also reported to Housing Committee on successful bids for Government funding for accommodation and support for rough sleepers, including significant expansion of Housing First homes offering accommodation and support to clients with multiple & complex needs. We have purchased 30 Housing First homes and have funding to purchase a further 30 homes for Housing Led Support. We also have funding for an additional 30 homes to be leased for a Rapid Re-Housing Scheme.

Your question mentions ‘a plan to build Social Homes’.

We are approached with many such initiatives and would suggest you share any business case with Housing colleagues in order that we can assess the commissioning needs the proposal seeks to meet, the funding arrangements, alignment to City Plan in terms of any proposed sites and the proposed management and support arrangements for any homes. The Housing Committee is responsible not the HWB for increasing the supply of affordable housing in the city, but as a key corporate priority it is a policy supported by all corporate decision-making bodies including the HWB.”

- 19.8 The Chair invited Mr Deans to put a Supplementary question if he had one.
- 19.9 Mr Deans asked if his question and the issues that he had raised be referred to Housing Committee with a statement in support from the Health and Wellbeing Board. Mr Deans asked that this matter be looked at in the round it was as much a matter of health and social welfare as well and was closely allied to availability to affordable and social housing, deficiencies could result in self-harm and significant mental health and physical health issues. He wished to highlight that this was now important than ever to the Health and Wellbeing Board. England needed 90,000 social homes a year to turn the tide, Brighton would be expected to supply 500plus Social or near Social homes a year, in the last 4 years it has provided 47 which was simply not good enough.
- 19.10 The Acting Chair, Councillor Nield stated that she noted Mr Deans’ comments and concerns and whilst she did not feel able to comment or make commitments outside the Board’s remit she asked Members whether they wished to note and receive the question and the response given and to forward it to the Housing Committee with their support.
- 19.6 **RESOLVED** – That the question and response to it be noted and received.
- 19.7 **RESOLVED** – That the Questions and responses given to them be noted and received.

19(c) Deputations

- 19.8 There were none.

20 FORMAL MEMBER INVOLVEMENT

20(a) Petitions

- 20.1 There were none.

20(b) Written Questions

- 20.2 It was noted that two questions had been received from Councillor Bagaeen:

(a) Triage Arrangements During the Pandemic

1. Under pandemic guidance, GP surgeries had been advised to offer telephone triage first, and then face-to-face appointments if deemed ‘clinically necessary’. What constitutes ‘necessary’ remains open to interpretation. While many GPs have been willing to offer patients either telephone or in--person appointments, depending on what

they prefer, others appear to have moved almost entirely to virtual ones. That's certainly the case of my GP. The advice from the NHS is for GP practices now is to reverse the triage model and see patients face to face without a screening call. What advice or guidance has the CCG given to GP practices in the city?"

20.3 The Chair gave the following response:

"GP practices across Sussex, and across the country, have been providing a clinical triage service to understand the needs of each individual patient and how best they can be supported. This has helped to keep patients and staff safe during the pandemic over the last 18 months. Through this clinical triage, it is determined how best to provide help and support to each patient based on their needs; if anyone needs to be seen face to face for example for a wound dressing, blood test, or clinical assessment of a lump then a face to face appointment will be offered. In other circumstances, a phone appointment or video appointment will allow the health professional and patient to discuss the concern and for the patient to be supported appropriately. In many cases, this flexible option is benefiting patients who don't need to travel to the surgery unnecessarily when they can stay at home or work and receive the help they need. It is important to note, from the last appointment data released last week, 52% of all appointments in GP practices in the city were face to face, with the rest made up of home visits, phone consultations and video appointments. The CCG is following national guidance in terms of GP access and is working closely with GP practices to make sure patients are receiving the best possible care."

(b) Effectiveness of Telephone Appointments

20.4 Councillor Bagaeen asked the following supplementary question:

"It's been argued that the shift to telephone appointments is actually good for the NHS. It's more efficient. Yet the data doesn't support this. Even with the move to phone consultations, it appears that the proportion of same-day appointments taking place has barely changed. Can colleagues share the data for same-day appointments (telephone and face to face) for individual GP practices across the city?"

20.4 The Chair gave the following response:

"The ability for GP practices to provide a range of appointment types is helping all practice teams to provide the care that patients need whilst working to manage the increased need that they are experiencing. Telephone appointments, when appropriate, are quicker than face to face appointments as for each face to face appointment the necessary infection control measures need to be followed, such as individually cleaning the consulting room before the next appointment can take place.

The latest data, published last week, shows that there were 133,827 appointments in general practice in Brighton & Hove in September 2021; this is compared to 113,463 in September 2019 before the pandemic period. During September 2021, 55,707 consultations took place on the same day, 13,204 the following day after contact, and 28,039 between 2 to 7 days after contact. In comparison for the same period in 2019, 48,713 consultations were on the same day (6,994 fewer than this year), 8,179 the following day (5,025 fewer), and 24,837 between 2 to 7 days (3,202 fewer).

In total, there were 20,364 more patient consultations that happened in September 2021 compared to the same period before the pandemic, and more patients have received help and support quicker.

Validated practice level data is not available but we hope that this is helpful and we would be happy to look into any specific concerns if you contact us.”

20.5 **RESOLVED** – That the content of the questions and the responses given to them be noted and received.

20(c) Letters

20.6 There were none.

20(d) Notices of Motion

20.7 There were none.

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

21.1 The Director of Public Health, Alistair Hill, gave a presentation (copy uploaded to the agenda pack on the council website detailing the arrangements in place to seek to continue to contain the number of cases across the city and to support and sustain recovery. The figures provided related to the period to 2 November 2021.

21.2 In summary, it was explained that although the case rate in Brighton and Hove whilst it remained high was lower than for the south-east of England and across England as a whole. The all age case rate was no longer increasing, however, the full impact of the school half-term case rates would not be clear for several weeks, although it was known that there had been less testing.

21.3 Rates were currently highest in school aged children, followed by 40-59 year olds. Rates in those aged 60+ was the highest since January 2021 although hospital admissions were currently lower than in the Spring of 2020 and the winter of 2020/21 peaks.

21.4 Current Covid response priorities were to:

Increase vaccination uptake including promoting first and booster doses and reducing inequalities in uptake;

Public communication including test, trace and isolate, use of face coverings in crowded settings, ventilation, hand washing, taking up Covid and flu vaccinations;

Test, trace and isolate support, including asymptomatic and symptomatic testing:

Supporting educational and other settings, managing cases and outbreaks;

Awareness and preparedness for “Plan B” – this would be activated nationally if the Government decided that further measures were required to protect the NHS.

- 21.5 In view of the rising case numbers in the younger age groups Councillor Bagaeen enquired regarding progress in rolling out boosters for the under 15’s and the timeframe for roll out to those aged 11 – 15. The Managing Director of Brighton and Hove CCG, Lola Banjoko, responded that she did not have the most up to date information to hand but would provide that separately following the meeting.

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

22 PRESENTATION - AIR QUALITY CONTROL IN THE CITY

- 22.1 The Board received a presentation from Katie Cumming, Consultant in Public Health and Sam Rouse, Air Quality Science Technical Officer in response to a request from Board Members. Air Quality Control had been identified as a priority area of work in order to improve health and wellbeing in the city and had been included in the Joint Health and Wellbeing Strategy and as such was a core concern for the Board.
- 22.2 The slides which formed the presentation had been circulated with the agenda pack and were available to view on the Council website. The presentation highlighted key indicators and strategies which would be used going forward and following the presentation Members had the opportunity to ask questions.
- 22.3 The World Health Organisation (WHO) had stated that there were 7 million premature deaths globally each year, 500,000 in the UK and 175 in Brighton and Hove. Poor Air Quality increases morbidity and mortality from cardiovascular and respiratory disease including IHD, stroke and cancer and also increased morbidity from lower respiratory tract infection, preterm birth and childhood illnesses and toxic intake associated with learning difficulties. There were higher risks for those in low and middle income regions worldwide and for those living in deprivation and in urban environments. Cumulative impacts impacted underlying health conditions, deep coughs, Covid, smoking, poor diet and housing and sedentary lifestyles. Latest global guidance included lower levels of pollutants for health. Monitoring and Computer based models were used in order to assess air quality in the city and capital and revenue funding was required in order to sustain the council’s statutory duties and these were linked into national and regional guidance. Actions which were being taken locally in order to address this were also summarised.
- 22.4 It was explained that the Council had statutory responsibility for air quality control measures in its area and the Air Quality Action Plan was comprehensive and multi-disciplinary.
- 22.4 In answer to questions it was explained that action could be taken in respect of emissions from wood burning stoves in domestic dwellings but that was dependant on the level of nuisance and or harm.
- 22.5 Councillor Fowler referred to complaints received from residents in her ward in respect of emissions and noxious/toxic smells from the Waste Transfer Station at Hollingdean

Depot. It was this matter would be investigated further and a response provided outside of the meeting.

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

23 PRESENTATION - SOCIAL PRESCRIBING

23.1 The Board received a presentation from Brighton and Hove CCG in respect of social prescribing by use of a slide presentation.

23.2 The Senior Partnerships Manager and Lead on Social Prescribing in Brighton and Hove CCG, Katy Chipping and the Managing Director of Brighton and Hove CCG, Lola Banjoko gave a brief update and explained that social prescribing formed an intrinsic and developing element of the system and was designed to enable people to take control of and facilitate decisions about their own care and had evolved across Sussex since 2004 and the Social Prescribing Service was now well established in partnership with providers and the community and voluntary sector through the Together Co city-wide social prescribing service.

23.3 Social Prescribing enabled GP's nurses and other professionals to refer people with a wide range of social emotional or practical needs to a social prescribing link worker who provided:

Time and space to work with individuals on what mattered to them;

Provided connections to Community Groups and agencies for practical and emotional support such as volunteering, arts activities, group learning, gardening and befriending, cookery, healthy eating advice and sports;

Provided a holistic approach which empowered people to take control over their own health and wellbeing and provided the opportunity for personalised care and shared decision making.

23.4 Social prescribing could also help to strengthen community and personal resilience by contributing to restoration and recovery of services, reducing the demand for GP services and reducing health inequalities by addressing the wider determinants of health, such as debt, housing and physical inactivity and targeting particular groups/individuals such as those living in areas of deprivation and with particular characteristics. Those who could benefit included those who had mid or long-term mental health problems and those who had complex social needs which affected their wellbeing and those who were lonely or socially isolated and those with multiple long-term conditions who frequently attended either primary or secondary health care,

23.5 An anonymised case study was cited which made reference to a client who had felt suicidal following eviction from his home. As part of his support package the client's GP had referred him to Together Co Social Prescribing where he had been supported by staff to find the people and places that could help him to get back on his feet.

23.6 Councillor Fowler referred to those who might call their GP surgery and who were suffering with suicidal tendencies and whether it was problematic for those individuals to access services. It was explained that receptionists received training to deal with this. There had been demands both in demand and the number of referrals during the

pandemic, but notwithstanding those challenges there had been no problems in accessing services.

- 23.7 In answer to questions by Councillor Appich it was explained that self-referrals could be made via an individual's Ward Councillor, their GP or via Community Hubs
- 23.8 Jo Martindale of the Community Voluntary Sector welcomed the presentation but stressed that it was important that all clinicians were up to speed on making referrals in this way, it was also good to know that the strategy was under continual development. Involvement and utilisation of the knowledge of voluntary sector partners was welcomed although it needed to be recognised that would have an impact on them. It was also essential that there was consistency in delivery.
- 23.9 **RESOLVED** – That the content of the presentation be received and noted.

24 PRESENTATION BRIGHTON AND HOVE PLACE BASED PLAN

- 24.1 The Board received a joint presentation by Lola Banjoko, Executive Managing Director, Brighton and Hove CCG and Rob Persey, Executive Director, Health and Adult Social Care, detailing the vision and goals of the joint place based plan which set out its ambitions for the population of Brighton and Hove by providing the framework to develop joint health and care priorities. The plan aimed to set out a clear and concise vision, outcomes priorities and measures, linking together the multiple health and organisational plans and workstreams across Brighton and Hove and the wider Sussex system. The plans had been developed jointly with health and population experts, provider partners and the local population as well as being based on detailed population as well as being based upon detailed population analysis.
- 24.2 The presentation summarised and provided an overview of the full detailed plan which had been published and was available in the public domain.
- 24.3 **RESOLVED** – That the contents of the presentation and the plan which stood behind it were received and noted.

25 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020

- 25.1 The Board considered the Annual report of the Safeguarding Adults Board (BHSAB) for 2020. The report outlined progress made over the year in safeguarding adults with care and support needs. It covered the period 1 April 2020 to 31 March 2021. It was a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs.
- 25.2 Graham Bartlett, the outgoing Chair presented what would be his last report and outlined the challenges which the Board had met during the period covered by the report and the areas that it would be focusing on going forward. The Board co-ordinated local safeguarding activity and sought to ensure the effectiveness of local work by:

Monitoring and scrutinising what was done by partner agencies to safeguard and promote the welfare of adults with care and support needs;

Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency learning review, audits and qualitative reviews as well as sharing learning opportunities;

Collecting and analysing safeguarding data;

Drawing evidence from the testimony of adults with care and support needs and front line professionals;

- 25.3 Mr Bartlett explained that in the wake of the continuing Covid 19 pandemic it had continued to be a challenging year. In recognition of that and to allow those working on the front line the time and space that they needed to continue their work the SAB had significantly reduced its work programme, particularly in respect of those areas which would have drawn on those in the city who were required to perform critical roles. Significant progress had been made in developing the Board's protocols, understanding the Safeguarding Adults Review (SAR) process and adopting innovative new ways of working.
- 25.4 Mr Bartlett went on to explain that learning from SARS was probably the best legacy which could be provided for those who had died. The Pan Sussex Adult Death Protocol had been developed during the period covered by the report following the completion of an East Sussex SAR in 2019-20. This would vastly improve how agencies responded to deaths where abuse or neglect was suspected, this was already making a difference and was being considered for adoption nationally. Mr Bartlett concluded by stating that he regarded his period as SAB Chair as a privilege and commended those who had assisted him by their support and engagement and welcomed his replacement who was a hugely experienced Chair.
- 25.5 The Chair and the other Board Members who were present commended the report and the lead provided by the outgoing Chair and were unanimous in placing on record their thanks for his valuable contribution and their best wishes to him in his future endeavours.
- 25.6 **RESOLVED** – (1) That the Board notes the report and commends partner agencies for their contribution to safeguarding adults with care and support needs; and
(2) Notes SAB achievements and challenges (set out in Appendix 1).

26 HEALTHWATCH BRIGHTON AND HOVE ANNUAL REPORT

- 26.1 The Board considered the Annual Report of Healthwatch, Brighton and Hove for 2020/21.
- 26.2 Healthwatch, the local independent consumer champion for health and care as required by the 2012 Health and Consumer Care Act was a co-opted member of both the Brighton and Hove Health Overview and Scrutiny Committee and the Health and Wellbeing Board. As part of its statutory management responsibilities the council continued to monitor the Healthwatch Brighton and Hove contract through its performance framework. Healthwatch were required to produce an Annual Report as part of their statutory requirements. The development of the Annual Report was based on Healthwatch's consistent approach to seeking to hear people's stories about their experiences of health and social care services, using these to develop an effective evidence base. They use their statutory

powers to Enter and View any premises so that their authorised representatives can observe matters relating to health and social care services. Enter and View has not been possible this last year due to the COVID-19 Pandemic, during which time more attention has been given to online and telephone engagement.

- 26.3 In answer to questions it was explained that notwithstanding the constraints and limitations due to Covid Healthwatch had been able to deliver 32 reports and to support 3,500 local people following their discharge from hospital. Healthwatch were grateful that a contract had been awarded to them for a 3 year period which provided a degree of certainty in respect of forward planning going forward.
- 26.4 Councillor Appich commended the report and the valuable work carried out by Healthwatch, noting that the work of the Brighton and Hove Healthwatch was widely respected and was cited as a beacon of good practice.
- 26.5 The spectrum of issues dealt with was welcomed and the support provided to those in the care home across Sussex was particularly welcome at the present time. It was noted that a series of webinars had been arranged and had been well received and that postal surveys had also been undertaken in order to maximise the means by which input could be given. Currently a joint review was being undertaken in respect of the joint equipment service. Lola Banjoko, the Managing Director, Brighton and Hove CCG and Rob Persey, Executive Director, Health and Adult Social Care both referred to the valuable input provided by Healthwatch in the role of critical and impartial friend.
- 26.6 **RESOLVED** - That the Board agrees to note the contents of the Healthwatch annual report

27 SUSSEX-WIDE WINTER PLAN AND BRIGHTON & HOVE COLD WEATHER PLAN

- 27.1 The Board considered a joint report of the Managing Director, Brighton and Hove Clinical Commissioning Group and the Executive Director, Health and Adult Social Care, the purpose of which was to provide the Board with an update on progress to date in relation to winter planning for 2021/22, both in terms of Sussex-wide and local planning.
- 27.2 It was explained that the overall purpose of the Sussex-wide winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the winter period between November and March. The purpose of the plan was to ensure that local systems remained resilient and able to manage demand surge effectively caused by seasonal illness (in addition to Covid), falls etc, caused due to icy weather conditions and exacerbation of respiratory illnesses and a range of long-term conditions due to the colder weather.
- 27.3 The Executive Director Health and Adult Social Care, Rob Persey, explained that the mechanisms in place across disciplines and with health and other partners had worked well although the pressures placed on the workforce remained a challenge. An added pressure in 2021/22 had been the need for the NHS to recover from previous waves of Covid, particularly in terms of addressing the backlog of elective procedures due to the cancellation of operations etc. when the health system had been forced to concentrate resources on Covid outbreaks.
- 27.4 There was a requirement that the Plan be updated annually and health and care systems had been planning systematically for winter surge pressures over a number of

years, integral to that process was assessment of how well the previous years plans had met demand and using learning from that to inform planning for subsequent year(s).

- 27.5 Councillor Bagaeen referred to the level of detail provided but sought clarification regarding the opportunities which were in place to enable face to face consultations to take place. The Managing Director of Brighton and Hove CCG, Lola Banjoko, confirmed that one of the key messages was that there was access to such appointments for those who needed them, arrangements were also in place to protect the vulnerable.
- 27.6 The Chief Executive of Healthwatch, David Liley confirmed that the current arrangements had not been without problems, as those who were disabled or did not have access to could be disadvantaged. Many found it easier to seek access to or raise queries regarding primary care services by telephone but the pressures placed on services had led to delays sometimes as long as 40 minutes. That was unacceptable, the system was complex and measures to address this were under discussion
- 27.7 In answer to questions, the Executive Director outlines the discharge process and measures in place to ensure that those leaving care/hospital had a warm home to go to.
- 27.8 The Public Health Principal, Becky Woodiwiss outlined the contents of the Brighton and Hove Cold Weather Plan and the how it dovetailed with the NHS and other plans.
- 27.9 **RESOLVED** – That the Board has reviewed and commented on the Sussex-Wide Winter Plan 2021-22 Update and on the Brighton and Hove Cold Weather Plan.

28 HEALTH & WELLBEING BOARD DEVELOPMENT TASK & FINISH GROUP: PROPOSALS FOR FURTHER HWB DEVELOPMENT

- 28.1 **RESOLVED** – That the Board agrees:

(1) To use the Brighton & Hove Integrated Care Partnership (ICP) Executive Group for advice when developing the HWB work plan and suggested agendas for HWB meetings. The role of the ICP Executive Group in the HWB work plan will be wholly advisory, with final decisions on the content of HWB agendas remaining the prerogative of the HWB Chair;

(2) To commission an external consultant to plan and deliver an annual programme of up to four HWB Development seminars, including an initial seminar to identify joint priorities;

(3) To jointly develop an engagement plan based on the priorities identified in development seminars; and

(4) To establish a Planning Group to replace the current Task & Finish Group.

The meeting concluded at 7.45pm

Signed

Chair

Brighton & Hove City Council

Adult Social Care & Public Health Sub-Committee

4.00pm 11 January 2022

Hove Town Hall - Council Chamber

Minutes

Present: Councillor Shanks in the Chair, Fowler (Opposition Spokesperson), Mears (Group Spokesperson), and Appich

Part One

30 PROCEDURAL BUSINESS

Arrangements for The Meeting

- 30.1 Before proceeding to the formal business of the meeting, the Deputy Chair, Councillor Shanks explained that the Chair, Councillor Nield had needed to give her apologies for that afternoon's meeting and that in her absence she would be Chairing the meeting.
- 30.2 Councillor Shanks went on to explain that in line with current Government guidance the decision making process would rest solely with the Members of the Committee who were present in the Council Chamber and were accompanied by key officers. Other presenting officers would be involved in the meeting via Microsoft Teams. It was noted that this meeting was being webcast and would be available for repeated future viewing.

30(a) Declarations of Interest

- 30.3 There were none.

30(b) Declaration of Substitutes

- 30.4 There were none.

30(c) Exclusion of Press and Public

- 30.5 In accordance with Section 100A of the Local Government Act 1972 ("The Act"), the Adult Social Care and Public Health Sub Committee 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.

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

31 MINUTES

- 31.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 7 September 2021 as a correct record.

32 CHAIR'S COMMUNICATIONS

Availability of Lateral Flow Test Kits

- 32.1 The Chair explained that if people had been struggling to get hold of lateral flow test kits online or from pharmacies, they should keep trying. The website was being refreshed throughout the day and pharmacy stocks were being delivered regularly. Test kits remained available locally Monday to Friday from Hove Town Hall and every day at Jubilee Library.

Availability of Vaccination Services

- 32.2 For anyone due a Covid vaccine, there was capacity in Brighton & Hove. Appointments were available at Churchill Square until 7.30pm each day. They must be booked through the national booking system but same day appointments were usually available. Vaccinations could also be booked at the racecourse, and walk-ins were available across the city. More information was available on at the Sussex Health & Care Partnership website.
- 32.3 The Chair went on to commend the continuing hard work by those in the health and care sector, against the backdrop of continuing pressures caused as a staff sickness due to the pandemic and bed space capacity due to the pandemic in addition to the usual pressures caused due to the usual winter surge in accidents and illness. It was very important for individuals to protect themselves and others in order not to place additional strain on services which were already stretched.
- 32.4 **RESOLVED** – That the contents of the Chair's Communications be received and noted.

33 CALL-OVER

- 33.1 The Democratic Services Officer called over items appearing on the agenda. Members agreed that the recommendations appearing in the following reports be recorded as having been agreed unanimously without discussion:

Item 38 – Adult Social Care Fees 2022 - 23;

Item 40 – Adult Social Care Commissioning Strategy;

Item 43 – Community Equipment Service Commission

34 PUBLIC INVOLVEMENT

34(a) Petitions

34.1 There were none.

34(b) Written Questions

34.2 There were none.

34(c) Deputations

34.3 There were none.

35 MEMBER INVOLVEMENT

35(a) Petitions

35.1 There were none.

35(b) Written Questions

35.2 There were none.

35(c) Letters

35.3 There were none.

35(d) Notices of Motion

35.4 There were none.

36 ITEMS REFERRED FROM COUNCIL

36.1 There were none.

37 PRESENTATION -ADULT SOCIAL CARE WORKFORCE

37.1 The Acting Assistant Director, Commissioning and Partnerships, Andy Witham, gave a power point presentation updating the Sub Committee in respect of the workforce pressures which were being experienced currently. These were long standing but had increased over the past two years in the wake of the pandemic. Problems had been experienced with both recruitment and retention and in order to appreciate the situation within Brighton and Hove, the Acting Assistant Director gave an over-view of the situation nationally. Interestingly, nationally there had been growth in the domiciliary care market, due in part to pandemic and the huge growth in the number of people wanting to go home and recognition that those who could be going home should be going home.

- 37.2 In respect of residential care this had remained static in terms of their workforce, partly due to the way in which those services were commissioned and delivered. The following factors had impacted on recruitment and retention:

The pandemic had complicated our ability to quantify the impact of Brexit. To date there had been little evidence of the existing non-British Workforce leaving at an increased rate since the new immigration rules had come into place in January 2021;

As would be expected the Covid 19 travel restrictions in place had shown a sharp drop in the number of people arriving in the UK to take up Adult Social Care jobs;

Opening up of the wider economy had been reported by employers to have impacted adversely on retention with many reporting that recruitment and retention had been more difficult than before the pandemic;

Mandatory vaccinations for care home staff from November 2021 had, had a 2 – 3 % impact on staffing locally and the impact of mandatory vaccinations wef April 2022 was as yet unknown and wider discussions were needed with providers to ascertain what the impact of that might be.

- 37.3 The Acting Assistant Director went on to summarise the actions and support this sector and to work on the social care plan with partners in order to focus with providers across the city on the importance of business continuity. The following was being put into place:

A refreshed Adult Social Care Workforce Strategy was in development;

Workforce briefings were taking place with providers on raising awareness of support and initiatives;

Government Grants had over the last 18 months. For BHCC this equated to a total of £4.66m for a range of measures to support providers with infection control, testing measures and workforce recruitment and retention;

Support to the domiciliary care market through the joint health and social care 18 month plan;

Continued focus on the importance of business continuity plans and support in place from the Local Authority including work with and input from the public health team;

Reviewing VCS support and the role of Pas etc to support pressures; and

Proposed fee increases to all providers across adult health and social care were recommended for approval across the Board (Item 39) in recognition of the pressures being experienced by this sector.

- 37.4 Councillor Mears stated that she considered that the information provided was very detailed and informative requesting that the slides be circulated to Members following the meeting and it was agreed that this would be done.

37.5 Councillor Appich asked for clarification regarding employment of those working in the sector and the structure of the workforce, nationality, age etc. It was explained that the workforce was diverse and that a number of staff were engaged under similar arrangements to those in the domiciliary care system.

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

38 ADULT SOCIAL CARE FEES 2022-23

38.1 Members agreed that the report recommendations be agreed without discussion.

38.2 **RESOLVED** – That the Adult Social Care and Public Health Sub Committee agrees to the recommended fee increase of 2% to all care providers providing services as set out in the table at Appendix 1 for the 2022-23 financial year. The underpinning background to the fee changes are contained in the main body of the report.

39 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2022-23

39.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care detailing the annual review of the Adult Social Care Charging Policy 2022-23.

39.2 It was noted that the Care Act 2014 provided councils with power to charge for care and support services subject to a means test which was set down in government regulations with prescribed limitations.

39.3 It was noted that a proposed amendment had been received from the Labour Group proposed by Councillor Appich and seconded by Councillor Fowler as set out below:

2.1 To agree 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;

2.2 To agree to a 53.1% increase on all current charges with the exception of Carelinkat 3.1% with effect from 11th April 2022:

2.3 To agree an increase to miscellaneous fees at 53.1% as follows (set out in the report);

2.4 To agree an increase to Carelink charges at 3.1% as follows (set out in the report); and

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

39.4 Councillor Appich was invited to speak to her proposed amendment and explained that she was very concerned that increasing the charges for those were not on very large incomes and where the threshold was not particularly high who were facing increased a doubling of fuel and other costs as well and their families were too, would have a very detrimental impact. As far as she could see and she had looked this up for increasing by 3 point 1% to ask for a five point was too steep and would therefore seek for a 3.1%

increase. Figures had been provided to Policy and Resources Committee in early December 2021, she did not have those figures with her but she believed that those had figures had been based on a 3.1% increase and life had moved on since then anyway and updated figures to the Policy and Resources Committee were currently awaited. The amendment was recommended for two reasons, firstly that she thought it was too much and secondly she could not see that the proposed increase fitted into any context at this stage and did not consider that the impact on Council budgets would be huge and sought clarification on that point.

- 39.5 The Head of Financial Assessments and Welfare Rights, Angela Emerson, explained that the rationale for the increases (which was in line with those proposed across Council budgets) was set out in the appendices towards the end of the report. This showed figures for five point 1% and what it would be at three point 1% and the overall difference between the which would be around £8,000, although that would be a guesstimate as it really depended on each individual using an in house and whether they had sufficient funds to pay or not because everyone was means tested.
- 39.6 In answer to questions regarding whether recent increases in line with CPI were accounted for in those figures it was explained that final detailed figures from the Government were still awaited.
- 39.7 Councillor Mears stated that she understood the points made and where the amendment was coming from but her biggest concern was that, the previous Adult Social Care Committee, which had been replaced by the Health and Wellbeing Board and now this Sub Committee but nowhere in that process had members seen the actual budget details at all and on that basis it was very difficult to give approval when she did not feel that she had sufficient information to give her approval, for those reasons she would be abstaining. In the past the predecessor of this Sub Committee had been given full budget details in advance of them being agreed at Policy and Resources Committee. By that means Members could see exactly what was being spent and what the budget pressures were.
- 39.8 It was explained that all of the costs incomings and on-goings were monitored and that information as were the overall budget details which were agreed by the Policy and Resources Committee. Councillor Mears remained of the view that for her it was worrying that nowhere had Members actually seen the overall budget and on that basis she had insufficient knowledge to decide whether or not she was in agreement with the proposed amendment. Overall social care and health was one of the biggest spending budgets within the council and represented significant resources which the council had to find.
- 39.9 The Chair, Councillor Shanks, noted the comments made and stated that prior to approval of budgets in February of each year Members would not necessarily expect to see a budget as each meeting of a Sub Committee. However, she was in agreement that it was appropriate for these matters to be scrutinised and for that information to be provided to the Sub Committee.
- 39.10- The proposed amendments were then voted on and were agreed on a vote of 2 to 1 with 1 abstention and then therefore became the substantive resolutions of the Sub Committee, the original recommendations being lost. The resolution as set out below

reflects the Labour Group Amendments which were agreed and are shown marked with an*.

39.-- **RESOLVED** – (1) That the Sub Committee agrees 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;

* (2) That the Sub Committee agrees to a 3.1% increase on all current charges with effect from 11 April 2022;

* (3) That the Sub Committee agrees an increase to miscellaneous fees at 3.1% as follows in the report;

(4) That the Sub Committee agrees an increase to Carelink charges as 3.1% as follows in the report; and

(5) That the Sub Committee agrees to continue with the existing policy not to charge carers for any direct provision of support to carers.

* **Note:** The above resolutions reflect the Labour Group amendment which was accepted at Committee and therefore became and were agreed as its substantive resolutions.

40 ADULT SOCIAL CARE COMMISSIONING STRATEGY

40.1 Members agreed that the report recommendations be agreed without discussion.

40.2 **RESOLVED** – (1) That the Sub Committee notes this draft Commissioning Strategy and the principles the Council currently applies in the commissioning, delivery and monitoring of Adult Social Care and Public Health Services;

(2) That the Sub Committee notes intended direction of travel with regards to the refresh of the Adult Social Care Market Position Statement and Commissioning Strategy; and

(3) That the Sub Committee notes the content of the Commissioning Forward Plan set out at Appendix 2 to the report.

41 CARE HOME/NURSING HOME PRIOR INFORMATION NOTICE

41.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care which detailed the difficulties which the council was facing in securing residential nursing and complex needs care home provision at competitive and sustainable rates. To help address this Commissioners were seeking approval to block contract beds where it was deemed in the best interests of the council and the Clinical Commissioning Group (CCG).

41.2 By entering into block contracts arrangements capacity could be secured at more competitive rates, whilst maintaining good quality provision. Commissioners intended to

issue a Prior Information Notice (PIN) to seek expressions of interest from providers. The council was seeking to award multiple block contracts for a maximum of 100 units of residential and nursing care beds, within the boundaries of Brighton and Hove. Providers would be required to respond to the PIN as a call for competition detailing the number of units they were offering the weekly rate. Further competition might be required depending on the response to the PIN.

- 41.3 In answer to questions, The Commissioning and Performance Manager, Alex Saunders, explained that this process would enable the market to be tested ahead of this bigger tender to see what appetite there was for block contracts ahead of letting out larger contracts, the existing contract due to expire in March 2022 having been extended to July 2023 and would enable this process to be completed as part of the wide ranging re-commissioning which needed to take place in the wake of the widespread consultation which was taking place. It was anticipated that the tender process would take place that summer and that following that these contracts would be let in the spring of 2023. This report was being presented to the Sub Committee ahead of that re-commissioning process in order to take advantage of opportunities that officers were aware of in the market-place.
- 41.4 It was confirmed that the information which came forward as a result of this prior information notice would be reported back to the Sub Committee prior to these bigger contracts being let.
- 41.5 Councillor Mears stated that provided that it was agreed that there would be a further report back to Committee before these contracts were let that she was prepared to vote for the report recommendations
- 41.6 **RESOLVED** – (1) That the Sub Committee grant delegated authority to the Executive Director of Health and Adult Social Care to issue a Prior Information Notice to seek expression of interest from providers interested in entering into block contract arrangements for residential and nursing care beds; and
- (2) That the Sub Committee grant delegated authority to they Executive Director of Health and Adult Social Care to procure and award block contracts for residential and nursing beds following the publication of the Prior Information Notice.

42 RESIDENTIAL REHABILITATION SERVICES

- 42.1 The Sub Committee considered a report of the Executive Director, Health and Adult Social Care, the purpose of which was to describe the residential rehabilitation provision for drugs and alcohol in Brighton and Hove and to seek approval of the Sub Committee to undertake a procurement process for the ongoing provision of residential rehabilitation services at the end of the current contracts.
- 42.2 Brighton and Hove had the 8th highest rate of deaths related to substance misuse and the 12th highest rate of alcohol specific related mortality in the country. Brighton and Hove had a large population with substance misuse issues and a large population with multiple complex needs; in particular, a significant proportion of people in treatment had substance misuse, mental health and other support needs. There was a strong evidence base for the effectiveness of residential rehabilitation, especially for those with additional

or more complex needs and for those who were committed to an abstinence-based recovery journey.

42.3 Councillor Mears stated that she understood the rationale for the approach identified but enquired why/whether it was possible for some individuals to be accommodated within Brighton and Hove. It was explained that in a number of instances the level of care needed was very specific could only be provided by the few limited units which were able to provide that level of care wherever they were located.

42.4 Councillor Mears stated that she was prepared to support the report recommendations provided that it was agreed that a further update report would be brought back before the Sub Committee in advance of the contracts being let. It was agreed that that would be done.

42.5 **RESOLVED** – (1) That the Sub Committee agrees to advertise the provision of residential rehabilitation services via a Prior Information Notice (PIN) as a call for competition for contract periods of three years with the possibility of a two-year extensions;

(2) In the event that multiple expressions of interest are received, and an open competition is required, that the Sub Committee grants delegated authority to the Executive Director of Health and Adult Social Care to extend the current contracts for as short period as possible to facilitate a competitive process;

(3) That the Sub Committee grants delegated authority to the Executive Director of Health and Adult Social Care to undertake a procurement process and award subsequent contracts.

43 COMMUNITY EQUIPMENT SERVICE COMMISSION

43.1 Members agreed that the report recommendations be agreed without discussion.

43.2 **RESOLVED** – (1) That the Sub Committee approves the joint re-procurement of the Integrated Community Equipment Service Contract in collaboration with the Brighton and Hove Clinical Commissioning Group (BHCCG); and

(2) That the Sub Committee delegates authority to the Executive Director of Health and Adult Social Care to award the contract to the successful bidder for an initial term of five years, subject to satisfactory delivery and performance.

44 ITEMS REFERRED FOR COUNCIL

44.1 There were none.

The meeting concluded at 5.30pm

Signed

Chair

Dated this

day of

**HEALTH & WELLBEING
BOARD**
Agenda Item 34(d)

Brighton and Hove City Council

Subject:	To Protect Residents from Fuel Poverty		
Date of Meeting:	8 March 2022		
Report of:	Assistant Director, Legal and Democratic Services		
Contact Officer:	Name:	Penny Jennings	Tel: 01273 291065
	E-mail:	penny.jennings@brighton-hove.gov.uk	
Wards Affected:	All		

FOR GENERAL RELEASE
1. SUMMARY AND POLICY CONTEXT:

- 1.1 To receive the following Notice of Motion which has been forwarded directly to the Health and Wellbeing Board for consideration.

2. RECOMMENDATIONS:

- 2.1 That the Board responds to the Notice of Motion either by noting it or if it is considered more appropriate, to call for an officer report on the matter which may give consideration to a range of options.

3. CONTEXT / BACKGROUND INFORMATION

- 3.1 To receive and consider the following Notice of Motion (attached)

**Protect Residents this Winter
Notice of Motion from the Green Group:**

- 3.2 It may be helpful for Board Members to note that as Notices of Motion are an internal mechanism of the Council either for acceptance and noting of their content by or, if considered appropriate means for them to call for an Officer report, that it is elected Council Members of the Board who are expected to vote on it. Whilst all voting Members are eligible to vote in this instance they are not expected to vote or take part in the item.

Brighton & Hove City Council

Health & Wellbeing Board

Item 34(d)

Subject: Protect residents this winter
Notice of Motion from the Green Group

Date of meeting: 8 March 2022

Proposer: Councillor John
Seconder: Councillor Shanks

Ward(s) affected: All

Council notes:

- the crisis of rising energy bills; supply chain disruptions & the £20 Universal Credit cut
- that the poor quality of this country's housing stock makes it expensive to heat
- the need for a scheme to replace the failed Green Homes Grant and for tighter Building Regulations for new homes

Council requests the Chief Executive write to the Minister for 'Levelling Up' to request government

- make provision in the anticipated 'Levelling Up fund' White Paper to redress the universal credit cut and support council crisis funds
- provide additional funding towards the Warm Home Discount Scheme and increase eligibility for Winter Fuel payments
- and communicate council's support for the New Economics Foundation 'Great Homes Upgrade' campaign, that calls for government measures to end obstacles to retrofitting;

Further, that

- o Councillors are requested to support the Great Homes Upgrade campaign and End Fuel Poverty Coalition Councillors pledge;
- o The Chair of the Health & Wellbeing Board be requested to call for an update on the Fuel Poverty Affordable Warmth strategy for its next meeting, giving information to councillors on services mobilised for residents e.g.
 - Warmth for Wellbeing Programme
 - Local Energy Advice Partnership free home energy insulation
 - Access to food and essential provisions

Crisis payments, debt advice & mental health support.

[1] Energy regulator Ofgem estimates soaring energy bill costs will create a 12% rise in energy bills for 15m households, combined with a cut to universal credit, will plunge many into poverty and hit the vulnerable hardest.

[2] New Economics Foundation: <https://greathomesupgrade.org/tell-the-pm>

[3] End Fuel Poverty Councillors' Pledge <http://www.endfuelpoverty.org.uk/end-fuel-poverty-councillor-pledge/>



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

Title:	Better Care Fund Plan - 2021/22 and 2022/23
Date of Meeting:	08 March 2022
Report of:	The Managing Director, Brighton & Hove CCG/The Executive Director, Health & Adult Social Care
Contact:	Kaur Harpreet/Michelle Jenkins/Giles Rossington
Email:	Giles.rossington @brighton-hove.gov.uk
Wards Affected:	All
FOR GENERAL RELEASE	
Executive Summary	
<p>The Better Care Fund (BCF) is an important element of delivering the Brighton & Hove placed based plans and supporting the delivery of the Health and Wellbeing Strategy. The joint fund held by the Council and the CCG supports schemes which deliver on our local priorities that support admission avoidance, enhanced personalisation, supporting hospital discharge, reduced Length of stay, equality and health inequalities.</p> <p>This report presents (Part A) the approved BCF Plan for 2021/2022 and (Part B) the plan for 2022/2023. The Plan for 2022/23 will require approval by the Health and Wellbeing Board and further approval for the extension of the BCF Section 75 agreement, which governs the joint fund between the council and the CCG, beyond its current end point of March 2022 to enable continuance of funded schemes to March 2023.</p>	



1. Decisions, recommendations and any options

- 1.1 That the Board notes the BCF Schemes delivered in 2021/22 and NHSE Guidance received in the 2021/22 Approval Letter that:

“all BCF are required to review and revise BCF discharge ambitions and activity plans in order to support the aim of maximising capacity across acute and community settings – enabling the maximum number of people to be discharged safely and quickly, home wherever possible, and supporting people in their own homes”

- 1.2 That the Board approves the proposal to prioritise stability into 2022/23 by carrying forward all schemes funded in the previous year, subject to minor amendments resulting from scheme review and any further guidance issued in year by NHS England.
- 1.3 That the Board authorise the Executive Director Health and Adult Social Care and the Managing Director, Brighton & Hove CCG to **agree and execute** an extension to the Better Care Fund Section 75 Partnership Agreement (the Agreement) between the Council and the Brighton & Hove CCG to extend the Agreement to March 2023

2. Relevant information – Part A: BCF 2021/22 Plan

- 2.1 The BCF plan for 2021/22 is attached as Appendix 1. The plan was submitted to NHSE in line with required timescales and an Approval Letter was received by the Chair of the Health and Well-Being Board and CEO of the CCG on 11th January 2022. This enabled formal transfer of funds against the plan, including pooled funds under the 2021/22 Section 75 agreement. HWB agreed an extension of the in-year Section 75 agreement governing the use of pooled funds to March 2022.
- 2.2 The application of the BCF and the schemes within were a continuation from the previous year and covered funding for services of £33.5million. Keeping the BCF stable and within the framework previously agreed by the HWB was a conscious and deliberate approach to give certainty and security to schemes through the pandemic by supporting people at a time when all system partners and providers were focussed on the Covid response.
- 2.3 There was some above inflation growth in the fund in 2021/22. Additional resources were used to meet increases in demand and activity in individual schemes and measures to improve system capacity and capability to support health and social care pressures and patient flow.

3. Relevant information – Part B: BCF 2022/23 Plan

- 3.1 The BCF plan for 2022/23 is attached as Appendix 2. All schemes currently funded were subject to individual review in 2021 to ensure their compliance with national BCF expectations and local Health and Wellbeing targets.
- 3.2 Excepting some minor, in-scheme amendments, it is proposed to maintain our emphasis on stability and continue all currently-schemes for 2022/3. Proposed scheme amendments have been jointly-agreed with stakeholders and providers and will be achieved within current financial allocation.
- 3.3 The 2022/23 BCF allocation is not yet confirmed but it is expected to include a 5.2% inflationary uplift.
- 3.4 The BCF Section 75 Agreement provides a governance framework for the commissioning and delivery of the Better Care Fund and the management of budget and expenditure. It describes how any potential overspend or underspend will be identified, and any action required to bring expenditure back into line with budget. The Board has already authorised extension of the S75 arrangements to March 2022 to align with the funding proposals for the BCF Plan 2021/22.
- 3.5 It is further requested that the Board approves extension of the existing Section 75 Better Care Fund agreement. The existing Better Care Fund Section 75 Partnership Agreement between the Council and Brighton & Hove CCG currently covers the following programme areas:-
- Increasing System Capacity
 - Integrated Discharge Planning
 - Protecting Social Care
 - Supporting Recovery and Independence
 - Person Centred Integrated Care
 - Dementia Planning
- 3.6 The Agreement sets out the pooled fund contributions from each area in respect of each of the programmes and a governance framework for the commissioning and delivery of the Better Care Fund and the management of budget and expenditure.
- 3.7 An extension is proposed to extend the Section 75 Agreement to 31 March 2023 to reflect the BCF 2022/23 funding.

4. Important considerations and implications

- 4.1 Legal:
It is a requirement that the Better Care Fund is managed locally through a pooled budget. The power to pool budgets between the Council and the CCG

is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement and a template Better Care Fund Section 75 Agreement has been made available by the Department of Health and will be used for this purpose. An extension to the Section 75 Agreement is required to reflect the new funding arrangements and priorities as set out in the Better Care Fund Plan 2022-23.

Lawyer consulted: Elizabeth Culbert

Date: 09/02/22

4.2 Finance:

The Better Care Fund is a section 75 pooled budget which totals £33.518m for 2021/22. The CCG contribution to the pooled budget is £21.507m and the Council contribution is £12.011m, which includes the £9.181m Improved Better Care fund. Contributions are in line with nationally mandated requirements.

The CCG funding totals £21,507k, which is made up of contributions based on the Social Care formula (RNF) £6,940k and CCG Core Allocations £14,567k. There is a separate minimum percentage uplift required for each element. For Brighton and Hove in 21/22 this was 5.3% for the RNF element and 4.9% for Core funds.

The Council contribution of £12.011m comprises of £9.181m Improved Better Care government grant funding and £2.313m from the Disabled Facilities government grant, which conditions stipulate must be pooled within the Better Care Fund. The remaining £0.517m is an additional discretionary Council contribution towards various Better Care workstreams including the Community Equipment Service and Carers support.

From this funding there is a minimum level of expenditure required for both NHS Commissioned Out of Hospital services (£6,112k) and Adult Social Care Services (£8,632k). Any spend variance at outturn is subject to a risk share as per the section 75 agreement. The forecast variance for 2021/22 as at February 2022 is an £0.018m underspend.

The Better Care Fund budget allocations for 2022/23 are yet to be confirmed but based on the 5.2% inflationary increase referred to in paragraph 3.3 of this report, the budget will be approximately £35.261m. As part of budget setting the Council has assumed that the existing local authority schemes will continue in to 2022/23.

Finance Officer consulted: Sophie Warburton

Date: 09/02/2022

Equalities:

None specifically

5. National Guidance and Local Priorities



- 5.1 Since its inception in 2013 the Better Care Fund has promoted joint working between the NHS and Local Government, placing the wellbeing of people as the focus of health and social care services and shifting resource into social and community services. As such it aligns to our “wells” vision of health and wellbeing in our city, particularly the ambition of living well, ageing well and dying well for all Brighton and Hove citizens.
- 5.2 NHSE targets for local BCF schemes are derived from national performance metrics. In 2021/22 these focused on five key areas: avoidable hospital admissions, length of hospital stay, discharge to normal place of residence, admissions to residential care and effectiveness of reablement schemes.
- 5.3 A line-by-line review of all BCF funded schemes in 2021/22 concluded that all schemes contribute in good measure to achievement of the metrics in Brighton and Hove, through further work will be conducted to bring closer alignment (where practicable) between individual scheme performance indicators and relevant BCF metrics.
- 5.4 In Quarter 4 of 2021/22, NHSE required all BCF schemes to review and revise BCF discharge ambitions and activity plans in order to support the aim of maximising capacity across acute and community settings – enabling the maximum number of people to be discharged safely and quickly, home wherever possible, and supporting people in their own homes. This was in response to the Level 4 emergency declared across the NHS in light of the confluence of winter-pressures, workforce pressure and the surge in Covid infections caused by the Omicron variant.
- 5.5 We await NHSE full guidance on the application of the 2022/23 BCF fund and it is not yet known if there will be further adjustments to the priority areas and target metrics. However, we are confident that all current BCF schemes are working to maximise capacity across the system and enabling timely and sustained support to people at home.

6. Stakeholder Engagement and Consultation

- 6.1 BCF plans for each year are reviewed through local planning processes with all system partners to provide assurance that it supports the Brighton & Hove health and wellbeing strategy and has met / is compliant with the national planning criteria.
- 6.2 Additionally, each scheme funded by BCF has specific requirements for stakeholder engagement, consultation and responsiveness to service users, family and friends. Long-term funded schemes are subject to periodic review or re-tendering processes, with the involvement of representative groups - for example, the valuable input of Healthwatch to the 2021/22 evaluation of Community Equipment Services.

7. Equalities

- 7.1 All BCF schemes supported locally are required to make a meaningful impact on tackling health inequalities in our City and the programme as a whole makes conscious choices to promote equality, including locating resources in traditionally-disadvantaged areas and enabling access to acceptable care by traditionally-excluded and marginalised communities.

Supporting documents and information

- Appendix 1 - BCF Narrative Plan 2021/22 [Word Doc]
Appendix 2 – BCF Finance Tables



Sussex
NHS Commissioners



Brighton & Hove
City Council



Brighton & Hove Better Care Fund Plan 2021/22

November 2021
Draft

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Brighton and Hove Better Care Fund Plan 2021/22

1. Executive Summary

For 2021/22, given the focus on recovery and the lateness of the Better Care Fund (BCF) planning cycle, all schemes funded for the previous year are retained.

Integrated working across health and care provides the opportunity to deliver the best possible outcomes for local people and achieve the best use of our collective resources in Brighton & Hove. By developing a joint Brighton & Hove Health and Care Place Plan and having a clear place-based focus, we will ensure that the priorities for service transformation and integration required to deliver a new service model for the 21st century are grounded in the needs of our local population.

The Better Care Fund is a critical element of delivering the Brighton & Hove placed based plans as it provides the joint funding to support schemes which deliver on our local priorities.

1.1 Our priorities for 2021-22

Building on our journey to date and what has been delivered so far, our plans set out the work we need to do to further strengthen the way we work together at place level on our shared priorities, to deliver key outcomes for local people that continue to develop:

- Services that meet the needs of our population
- Models of responsive, high quality, coordinated and personalised care, supporting prevention, early intervention and wellbeing on the ground
- Improved population health and wellbeing, and reduced health inequalities across our diverse communities and groups.
- Our shared priorities for transforming services through our integration programme.

1.2 Key changes since our previous BCF plan

Since our previous BCF plan our focus has increasingly been on the way we can further integrate our services to support people during the Covid-19 pandemic, including out of hospital support and discharge hubs to ensure timely discharge and appropriate care. The Covid-19 pandemic accelerated new ways of working in more integrated and joined up ways to meet the significant challenges to restoring services, not only in hospitals, but also in social care, primary care, mental health and community-based services. This enabled new models of delivery that required a collaborative response and a flexible approach to deploying our resources including our workforce to meet system wide pressures, and this has provided significant learning to help reshape a stronger and sustainable future.

2. Governance

The Brighton & Hove Health and Wellbeing Board (HWB) retains responsibility for governance and oversight of the Better Care Fund and receives quarterly monitoring reports. Responsibility for ongoing oversight is delegated to the Integrated Care Partnership (ICP) Executive which meets monthly. The core responsibilities of the Better Care Fund Steering Group in relation to the Better Care Fund are in the section 75 Agreement.

The Better Care Fund Briefing paper was presented at the Brighton and Hove ICP Executive Meeting on 20th October 2021, with representation from;

- Brighton and Hove City Council
- Brighton and Hove CCG
- Sussex Partnership Foundation Trust
- University Hospitals Sussex NHS Trust

The members of the meeting were supportive of the actions outlined.

The Better Care Fund Plan will be presented at the Brighton & Hove Health and Wellbeing Board on 8th March 2022. Prior to final sign-off by the HWB Chair, the Brighton & Hove Better Care Fund Plan 2021-22 will go through the formal internal governance pathways of both Brighton & Hove City Council and Brighton and Hove Clinical Commissioning Group.

In addition to approval of the plan there is ongoing and regular stakeholder engagement. For example, with our providers in respect of discharge planning and monitoring, system performance, and at individual scheme level with HNS providers, private sector providers, VCS providers, and housing authorities.

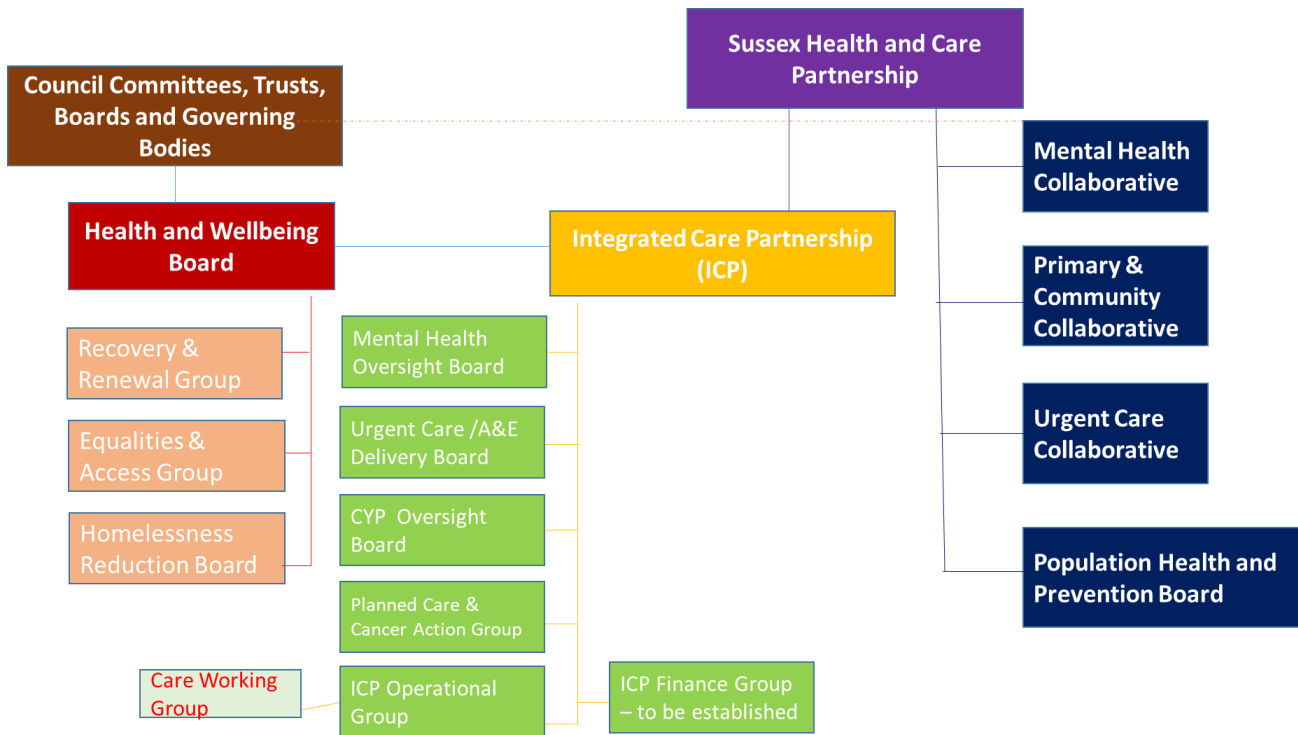
The table lays out the approval timeline with local dates added for review by Better Care Fund Steering Group, ICP Exec Board (review by partners), Chief Finance Officers and HWB (*N.B this will after submission and areas will need to inform of their HWB approval before plans can be approved*).

BCF planning requirements published	29 September 2021
Optional draft BCF planning submission submitted to NHSE	By 19 October 2021
Final submission	16 November 2021
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	16 November to 7 December 2021
Regionally moderated assurance outcomes sent to BCF team	7 December 2021
CCG and BHCC Approval	
ICP Executive Board sign off	17 November 2021
Better Care Fund Steering Group	TBC
Brighton & Hove Health & Wellbeing Board	8 March 2022
Cross-regional calibration	9 December 2021
Approval letters issued giving formal permission to spend (CCG minimum)	From 11 January 2022
All section 75 agreements to be signed and in place	31 January 2022

The BCF plans support delivery of the Brighton and Hove transformation programmes, most specifically urgent care and community. Schemes and services which fall within these areas are monitored via the relevant Oversight Boards. *See diagram 1 below for further*

clarification:

Diagram 1: Brighton and Hove Partnership system governance structure



3. Overall Approach to Integration

As a health and care partnership, we are committed to making our vision a reality. We recognise this will need continued cultural and behavioural shift across our system partners that remains focused on working together to find new and innovative ways of working and thinking and puts greater focus on outcomes and the wider determinants of health for our communities.

Our Place Based Plan sets out our ambitions for the Brighton and Hove population, providing the framework to develop joint health and care priorities year on year that will have the greatest impact on our population. The plan aims to set out a clear and concise vision, outcomes, priorities and measures for the ICP Executive Partnership, linking together the multiple health and care organisational plans and workstreams within Place and the Sussex ICS. We (the Brighton and Hove ICP) work with our partners across Sussex as part of the Sussex Health and Care Partnership (SHCP) taking collective action to improve the health of local people, ensure that health and care services are high-quality and to make the most efficient use of our resources.

We have made significant progress so far as a system and it is encouraging to see that through the dedication and commitment of staff we are delivering above average levels of activity and are one of the top systems in the country in relation to recovery and restoration of services. Although we recognise there is more work to do to get to where we want to be, we are in a very strong position to take the next steps over the rest of 2021-22 in making

our vision a reality.

3.1 Our joint priorities for 2021-22

Building on our initial shared response to the NHS Long Term Plan and our local priorities set out in our Place Based plan our key priorities supported by the BCF are to:

- Build on our existing progress to enhance prevention, personalisation and reduce health inequalities and the gap in life expectancy and healthy life expectancy in the county. We will do this through coordinated action across all services that impact on the wider determinants of health such as housing, employment and leisure, as well as extending targeted approaches to empower people to make healthy choices across the whole life course to improve outcomes.
- Expand our support for people with mental health needs by ensuring access to a full range of services that support emotional wellbeing in primary care; enhanced support in the community to help avoid unnecessary admissions and support recovery; and working with housing teams and providers to support those people who also have housing and accommodation related support needs.
- Within our community services continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes, including where people are at the end of their lives.
- Continue action to improve support for people with urgent care needs including targeted support for vulnerable people; improvements in urgent care processes and systems to deliver more streamlined urgent response; support people in care homes with urgent care needs.
- Further improve services that deliver planned care for local people for example continuing to support people with diabetes; and continue to support best practice with prescribing and medicines.

Our Place based plan and priorities have been informed by what local people have told us is important to them about their health and care. Our plans are aligned across our organisations to support delivering these shared priorities and continue to test them with our stakeholders to guide how people want to be involved in shaping the way we deliver our ambitions.

3.2 Our approaches to joint/collaborative commissioning

Our local approach is supported by:

- Embedded integrated system leadership and planning arrangements to deliver against our population health priorities, NHS Long Term Plan requirements and Brighton and Hove priority objectives, and enable alignment of organisational plans across our whole system to support health and wellbeing, with a strategic relationship to the Brighton and Hove Health and Wellbeing Board for our system working and delivery of our agreed Brighton and Hove Health and Social Care Place Based Plan and programme.
- A range of joint and integrated commissioning arrangements. This includes pooled and aligned budgets and a shared approach to system finances, shared

arrangements for commissioning voluntary and community sector services, and significant joint work to understand additional care capacity requirements taking forward our agreed approach to bedded care both in and out of hospital through lead commissioner arrangements.

- Our shared integration delivery programme aimed at driving the changes needed to help manage growing demand on both NHS and social care services, by joining up care to support people to live as independently as possible and achieve the best possible health outcomes.

3.3 Our overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centered care.

As set out in our Place Based plan, the key aim we share across all our organisations is to improve the health and wellbeing of local people and reduce health inequalities in our population. This will be achieved through delivering more integrated and personalised care, and an enhanced focus on prevention, early intervention and reablement after episodes of ill health. Considering our population's health and care needs and our shared priorities and challenges we have committed to transforming to a new model of integrated care that will:

- Support people's independence through integrating care and offering a range of preventative services, early intervention and joined up care and treatment.
- Provide proactive support to people who are vulnerable or at risk as close as possible to where they live and enable access to good quality local and specialist hospital-based services when they need it.
- Achieve this sustainably through greater levels of integration in our community health and social care services, working closely with Primary Care Networks, mental health services and local urgent and acute care services.
- Promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary and community sector services and support.

In addition to our partnership delivery plans outlined above that are critical to improving health and wellbeing and reducing health inequalities in Brighton & Hove; our strong priority to meet our population's health and care needs is more integrated care across all age groups.

To continue to progress after delivering the pandemic response, in 2021/22 we will:

- Build on a shared approach to the leadership and management of services across acute and community health and adult social care, to support the deployment of our resources and our teams to work together more effectively across services for the frail elderly and others with complex and long-term care needs.
- Ensure a focus on the links and broader engagement with primary care and the VCSE to support the multi-disciplinary team (MDT) working and care coordination developments in primary care, and the implementation of anticipatory care.

- Support the above, agree and implement our approach and model for planning and delivering services in a geographically sensitive way within the city, to ensure strong links are made between core community health and social care services, primary care, mental health and other services that support people's needs holistically, for example the independent care sector, housing and voluntary and community sector services.

3.4 How BCF funded services support our approach to integration.

The Brighton & Hove Better Care Fund Plans support the delivery of the Brighton & Hove Health and Social care plans which address the local needs identified and the vision for integrating health and social care.

The transformation programme, service redesign schemes and developments are significantly wider than those funded by the Better Care Fund however the BCF plans for 2021/22 seek to support the key priorities outlined above.

To achieve these, the range of schemes listed in the planning template cover key areas of focus including:

1. Enhance prevention, personalisation and reduce health inequalities

- a. Falls and Fracture Programme
- b. A range of services provided by the Voluntary and community sector including support for people with sensory impairment.

2. Support for people with mental health needs by ensuring access to a full range of services including

- a. Improved access to psychological therapies
- b. Dementia services

3. Continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes.

- a. Frailty services
- b. Carers Services
- c. Health and Social Care Connect (Single point of Access)
- d. Housing support and adaptations
- e. Maintaining social care services
- f. Community Equipment services

4. Improve support for people with urgent care needs including targeted support for vulnerable people – by way of admission avoidance and supporting hospital discharge pathways:

- a. Community based Intermediate Care and Reablement, by way of both domiciliary and bed-based care and support.
- b. Discharge to Assess - additional bed-based capacity
- c. Additional Domiciliary Care capacity
- d. Hospital discharge support
- e. 24/7 access to Health & Social care (Single point of Access)

5. Improve services that deliver planned care for local people

- a. Diabetes self-management and pharmacy support
- b. Medicines Optimisation in Care Homes
- c. Dietician support to medicines management

These schemes support the delivery of all the national BCF metrics; many of these schemes are jointly commissioned and jointly provided by Adult Social Care and local NHS Trusts. The schemes support the development of integrated local service delivery and the move towards planning and designing services around local communities as a cornerstone of our vision for integrating care and support.

In addition, focus has been given to developing preventative services which adopt a proactive approach to supporting people at earlier stages of care pathways.

Many of the services funded partially or wholly through the BCF in 20/21 have been continued into this year. In addition to these, further investment has been made into domiciliary home care to support the system and in particular hospital discharge pathways.

4. Supporting Discharge (National Condition Four)

Since March 2020 the overall focus of the health and social care system has been to support people during the Covid-19 pandemic. This has included specific support to discharge patients out of hospital, manage surge, release capacity and ensure appropriate care is provided. Some of the plans we have set out in previous years were paused with system governance adapted to help deliver the emergency response. The Covid-19 pandemic accelerated new ways of working in more integrated and joined up way to meet the significant challenges to restoring services, not only in hospitals, but also in social care, primary care, mental health and community-based services. This enabled new models of delivery that required a collaborative response, flexed resources including workforce and the use of digital options to meet system wide pressures and provided significant learning to reshape a stronger and sustainable future.

We have been working collaboratively across Sussex and with patient groups for a number of years to develop strategic solutions that deliver the nationally mandated outcomes required of an Integrated Urgent Care (IUC) system and in 2020/21 we have continued to deliver against this ambition. Our model for IUC covers four core components:

- 1) NHS111-Clinical Assessment Service (CAS) including NHS 111 First
- 2) Sussex Home Visiting Service
- 3) Urgent Treatment Centre's (UTCs) - co-located and stand-alone
- 4) Place-based models of Integrated Care

These four components work together alongside primary care, community pharmacy, ambulance and other community-based services, to provide locally accessible and convenient alternatives to A&E for patients who do not need to attend hospital. This also supports primary care and keeps people closer to home.

4.1 Our approach to improving outcomes for people being discharged from hospital

We will continue to work with the Sussex Urgent Care Programme to support patient flow and reduce pressure on urgent care services. We commenced the Systems Discharge Improvement programme to support patient flow and reducing pressure on urgent care services through managing Medical Ready for Discharge (MRD) patients better. We set ourselves an ambition to minimise the length of time a person is waiting for their supported discharge from hospital once they are medically ready to leave. The ambition is to reduce the time that patients spend waiting to be discharged, with a focus on working collaboratively to improve system and processes to reduce delays.

4.2 How our BCF funded activity supports safe, timely and effective discharge?

A large proportion of current BCF investments are directly supporting hospital discharge or admission avoidance:

- **IPCT-SCFT** - provides community nursing capacity within each Primary Care Network to provide a proactive service to patients in their own homes
- **District Nursing Support** – Out of hours domiciliary nursing and night-sitting supporting end-of-life patients and urgent patients
- **Hospital Discharge** – spot purchase of community bedded capacity
- **Community Equipment** – provides community equipment and minor adaptations to people in their own homes or within care to support safer independent living
- **Home First/Urgent Homecare** – provides urgent additional homecare and reablement capacity to patients after discharge
- **Lindridge Medical Cover** - provides medical cover supporting 25 community step-down beds
- **Crisis Service/Link Back** – voluntary sector providers, utilising social prescribing techniques to deliver support and low-level care to discharged patients (increasingly being used as an alternative to homecare)
- **Carers Hub** - highly praised by service users, providing single point of access and support to carers, helping to avoid emergency admission

A review of all current BCF funded schemes in Brighton & Hove has indicated opportunities to consolidate some component parts to improve outputs but found there were no schemes that could be stopped or scaled back without incurring an adverse impact on the local system. All the current schemes have been retained, although further reviews will be undertaken to ensure the continued robustness of each.

Despite significant investment in schemes supporting hospital discharge, system pressures have remained. In response, £400k of the uplift to the CCG's minimum contribution has

been used to support investment in transferring Home Care providers to block / commissioned hours contracts. This is aimed at stabilising and increasing homecare capacity to support hospital discharge.

5. Disabled Facilities Grants (DFG) and Wider Services Objectives and Outcomes

The DFG promotes the prevention of ill health (falls), avoidable hospital admissions, improves hospital discharges, reduces residential / nursing home admissions and promotes quality of life and wellbeing through major and minor home adaptations.

For Brighton & Hove our services are aimed at achieving the following outcomes;

- Enable older & disabled people to make choices that reflect lifestyle and circumstances and being able to remain living safely at home for as long as possible
- Fund home adaptations preventing people from needing to move into a care homes
- Improve housing quality and support
- Increase effective support to vulnerable fuel poor households and those most at risk of the health impacts of cold homes
- Proactive and preventative support by helping people stay healthy and remain independent

In Brighton & Hove there are consistently <5% DFG applicants admitted to hospital during 2021/22 and we work based on an average of 168 assisted hospital discharges per annum

6. Equality and Health Inequalities.

Our diverse City of nearly 300,000 people is the 131st most deprived local authority in England (of 317) according to the 2019 Index of Multiple Deprivation (IMD). Some areas are more affected by deprivation than others and there are significant variations in health outcomes across the city.

Whilst the health inequalities that our population experience are not new, Covid-19 has significantly exacerbated inequality and impacted population, communities and individuals' physical and mental health. Failure to address this will lead to greater inequality, therefore, addressing health inequalities is critical and central to our work as a Sussex Health and Care Partnership and 'at place' within the ICP.

In response to our population needs and associated health inequalities we are developing our roadmap for integration which incorporates a refreshed focus on how we approach health and wellbeing and health inequalities in our work, this includes the following:

- Streamlining and integrated 'wrap around' care and support to high-risk vulnerable people who have long term conditions and complex care needs
- Enabling a more targeted approach to populations to support anticipatory, preventative models of care and more long-term action to impact on health inequalities
- Supporting broader social and economic development

We have committed to transforming the way we work at Place to promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary, community and social enterprise sector (VCSE) services and support.

The key shared priorities for addressing health inequalities & our areas of focus for 21/22 will include;

- Primary care developments and Primary Care Network delivery, for example supporting the growth of Population Health Management capability, anticipatory care, multi-disciplinary team working and care coordination. This will include engagement of personalised care roles within PCNs - social prescribing link workers, health and wellbeing coaches, and care coordinators - to ensure that personalised, quality, care approaches are taken forward.
- Further developing the Brighton and Hove social prescribing model.
- Continue to invest in services providing direct health and care support to the homeless population
- Develop and agree a shared outcomes framework and integrated delivery model for Adults with Multiple and Complex Needs
- We have committed to reframe local priorities to incorporate impact of Covid19, lessons learnt including from the Covid vaccine roll out and introduce a transformational approach that will reach all members of the community e.g., Homeless, Learning Disability, LGBTQ and the BAME communities.
- Take forward our ambition of creating an Integrated Homeless Hub with holistic, flexible, integrated and co-located, multi-disciplinary model for the population
- Delivered a consolidated Out of Hospital Community Healthcare Bedded Model for Brighton and Hove patients to provide resilience
- Partners will work together to develop a robust communication and engagement approach that is appropriate and culturally sensitive and competent; using updated modern tools co-developed with communities (to support improved access, experience and outcomes).
- As part of our commissioning framework, we will ensure that overarching goals to address health inequalities are embedded; for example, preventing people from dying prematurely, enhancing quality of life for people with long-term conditions and helping people recover from episodes of ill health or following injury.

7. Conclusion and Recommendations

The Brighton and Hove scheme review has been completed for all health and social care schemes with all key lines of enquiry set out for the Sussex wide review covered in that. A consolidated summary of the review will be considered locally by Brighton & Hove BCF Steering Group with recommendations to ICP Executive and to inform the HWB report in November to sign off 21/22 plan.

Initial findings from the review are:

1. That there are opportunities to improve contractual control, reporting and KPIs for some services that are BCF funded
2. There are opportunities to consolidate some component parts to work better together for a greater synergy and improved output
3. There are no schemes that obviously lend themselves to be stopped or scaled back without incurring an adverse impact on the local system
4. The key investments and largest investments are committed – i.e., they are funding costs that if the BCF doesn't fund will need to be funded by another source so no net gain to the system resources e.g. BHCC pay costs and CCG funding towards SCFT block.
5. There are also very significant considerations (public and Cllr adverse reactions, CCG reputational risk) if we were to reduce funding commitments to BCF schemes such as carers and support to specific community groups

8. Further references

Brighton and Hove Health and Care Partnership Plan 2021/22



Appendix 1 -
Brighton Place Based

	21/22					
	Budget				Forecast	Variance
Workstream	CCG £000s	BHCC £000s	iBCF £000s	Total £000s	Total £000s	Total £000s
Increasing System Capacity Workstream	336	-	-	336	336	0
Integrated Discharge Planning Workstream	11,069	-	2,962	14,031	14,083	(52)
Protecting Social Care Workstream	4,615	2,313	6,219	13,147	13,147	0
Community Equipment Service	2,425	209	-	2,635	2,693	(58)
Supporting Recovery & Independence Workstream	925	202	-	1,127	1,153	(26)
Person Centred Integrated Care Workstream	884	-	-	884	573	311
Dementia Planning Workstream	158	-	-	158	108	50
Homelessness Workstream	914	20	-	934	934	0
ICP Programme Support	86	86	-	173	170	3
Contingency	93	-	-	93	93	0
TOTAL	21,507	2,831	9,181	33,518	33,290	228

System Commissioner	Brighton & Hove					
	Local Authority		CCG		Total	
Provider	£000s		£000s		£000s	
Local Authority	766	4%	1,132	9%	1,899	6%
NHS Provider	0	0%	8,626	66%	8,626	26%
Social Care Provider	16,216	79%	0	0%	16,216	48%
Community & Voluntary Sector	3,467	17%	2,684	21%	6,150	18%
CCG	86	0%	541	4%	627	2%
TOTAL	20,536		12,983		33,518	

Resources	Description	Lead Org	2021/22 Plan		
			CCG £000s	BHCC £000s	Total £000s
Brighton & Hove CCG	Minimum Contribution	CCG	21,507	-	21,507
BHCC - DFG	Disabled Facilities Grant	BHCC	-	2,313	2,313
BHCC - IBCF	Improved Better Care Fund	BHCC	-	9,181	9,181
BHCC	Additional LA Contribution	BHCC	-	518	518
Total Resources			21,507	12,012	33,518
Expenditure	Description	Lead Org	2021/22 Plan		
			CCG £000s	BHCC £000s	Total £000s
Increasing System Capacity Workstream	Additional Care Managers working across the City localities	BHCC	118	-	118
	3 Social Workers in IPCT's	BHCC	103	-	103
	Integrated Primary Care Teams (SPFT) Mental Health nurses	CCG	115	-	115
Integrated Discharge Planning Workstream	Integrated Primary Care Teams (SCFT)	CCG	8,475	-	8,475
	Incentivising care homes and homecare response 7 days pw	BHCC	51	-	51
	Hospital Discharge	BHCC	-	2,962	2,962
	Home First/Urgent Home Care Service	CCG	915	-	915
	Urgent Home Care Service	CCG	143	-	143
	Crisis Service - Urgent homecare support	CCG	167	-	167
	Home Care Support	BHCC	400	-	400
	Discharge beds - Medical Cover	CCG	195	-	195
	District Nurse Support & Nightsitting	CCG	723	-	723
Protecting Social Care Workstream	Maintaining eligibility criteria	BHCC	3,058	-	3,058
	Additional social workers for Access Point	BHCC	70	-	70
	Protection for Social Care (Capital grants)	BHCC	-	50	50
	Disabled facilities grant (Capital grants)	BHCC	-	2,113	2,113
	Telecare and Telehealth (Capital grants)	BHCC	-	150	150
	Additional call handling resource for out of hours	BHCC	35	-	35
	Additional Telecare and Telehealth resource	BHCC	200	-	200
Protection for Social Care	BHCC	1,252	6,219	7,471	
Supporting Recovery & Independence Workstream	Community Equipment Service	BHCC	2,425	209	2,635
	Carers Back Care Advisor	BHCC	37	-	37
	Carers Card Development	BHCC	10	-	10
	Carers Support Children and Adults	BHCC	47	-	47
	Hospital Carers Support – IPCT Carers Support Service	BHCC	54	-	54
	Carers Support Service - Integrated Primary Care Team	BHCC	186	-	186
	Carers (other)	BHCC	242	46	288
	Carers Hub	BHCC	349	156	505
Person Centred Integrated Care Workstream	Proactive Care (Primary Care)	CCG	203	-	203
	Link Back	CCG	77	-	77
	Care Navigation Service (Social Prescribing)	CCG	404	-	404
	Befriending - Neighbourhood Care Scheme	CCG	200	-	200
Dementia Planning Workstream	Dementia Plan	CCG	158	-	158
Homelessness Workstream	Homeless Model	CCG	914	20	934
ICP Programme Management		CCG	86	86	173
Contingency		CCG	93	-	93
Total Expenditure			21,507	12,012	33,518



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

Title: Brighton & Hove
Safeguarding Children's
Partnership: Annual
Update

Date of Meeting: 08 March 2022

Report of: The
Independent Chair of the
BHSCP

Contact: Giles
Rossington, Senior Policy,
Partnerships & Scrutiny
Officers

Tel: 01273 295514

Email:
giles.rossington@brighton-
hove.gov.uk

Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. This report presents the annual update from the Brighton & Hove Safeguarding Children's Partnership (BHSCP).

1. Decisions, recommendations and any options

- 1.1 That the Board notes the information contained in this report and its appendix (BHSCP Annual Report 2020-21)

2. Relevant information

- 2.1 The Brighton & Hove Safeguarding Children Partnership (BHSCP) is independently chaired and consists of three key agencies who collectively hold statutory responsibilities for keeping children and young people safe: the Local Authority (through Families, Children and Learning), Health (through Brighton & Hove Clinical Commissioning Group) and Sussex Police.
- 2.2 The BHSCP's objectives are to:
- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people
 - Ensure the effectiveness of that work
- 2.3 Chris Robson, BHSCP's independent scrutineer, chairs the Partnership and is responsible for considering how effectively the local safeguarding arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.
- 2.4 Health & Wellbeing Boards are required to receive for information and discussion annual reports/updates from the relevant local safeguarding children's partnership. The BHSCP Annual Report 2020-21 is included as **Appendix 1** to this report.

3. Important considerations and implications

Legal:

- 3.1 As described in the body of this report Health & Wellbeing Boards (HWB) are required to receive for information the annual reports of local children's and adult safeguarding partnerships. The report is for noting only.

Lawyer consulted: Sandra O'Brien

Date: 18/02/202

Finance:

- 3.1 There are no financial implications as a result of the recommendations of this report.

Finance Officer consulted: David Ellis

Date: 18/02/22

Equalities:

- 3.2 Information on how the BHSCP focuses on equalities issues are detailed in the BHSCP Annual Report (Appendix 1)

Sustainability:

- 3.3 None identified in this report to note.

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

- 3.4 The BHSCP membership includes representatives from social care, children's services and health. The BHSCP Annual Update (Appendix 1) includes more information on all of these areas.

Supporting documents and information

Appendix1: BHSCP Annual Report 2020-21

**Brighton & Hove Safeguarding
Children Partnership
Annual Report
April 2020 - March 2021**



Safeguarding is Everyone's Responsibility

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Foreword: Lead Safeguarding Partners

This annual report charts the work of our safeguarding children partnership during a year of both challenges and achievements in the face of adversity.

As the three safeguarding lead partner representatives we have led the partnership through its first complete reporting year, whilst living through an unprecedented period in our recent safeguarding history. Our partners across the city have navigated supporting and protecting children, young people and their families through a year of uncharted and at times cataclysmic changes. The far reaching restrictions imposed and in some instances the loss of loved ones as a direct result of the pandemic demonstrate will inevitably have longer term repercussions for our children, young people and their families. We are beginning to understand the implications of a global pandemic on our communities. Mental health and wellbeing, disrupted education and restricted mobility as well as the impact of hidden harms such as domestic abuse and criminal exploitation evince emerging pictures of acute need and concern.

In Brighton & Hove we rapidly adapted our practice methods to provide targeted support for families and children most in need of help and protection. Brighton & Hove City Council co-ordinated multi-agency and organisational networks to focus on meeting immediate and intermediate needs. Our 'new normal' involved strengthening existing links and sharing real time operational updates to make sure that we focussed on our most vulnerable families, particularly during initial Covid-19 'lockdown' measures.

Our front line staff worked with tremendous resilience and selflessness as did our remarkable community and voluntary sector organisations. We are very grateful and proud for all they achieved when working in the most challenging and at times frightening circumstances. Whilst we have seen benefits of on line engagement impact, overall it is a mixed picture in terms of social isolation and understanding of the families we want to engage with, set against travel efficiencies and greener ways of working. Moving our core business delivery work to virtual platforms has afforded us an opportunity to look at future ways of working together efficiently and effectively. However, in terms of front line practice this should not be a substitute for face to face work with families who need our help.

Looking to the future, we are developing a new early help strategy which will tackle disadvantage, opening up opportunities and improving life chances for all of our children and young people.

We are cognisant of the challenges ahead as we deal with increased demands on service provision at a time of budget pressures. We must focus our resources accordingly. We look forward to implementing Sir Alan Wood's recommendations arising from his review of multi-agency safeguarding arrangements. This includes demonstrating the impact of our partnership's work and providing assurance to residents that we will continue to develop our safeguarding services to fulfil our vision to improve the lives of our city's children and young people.



Naomi Ellis

Naomi Ellis,
Head of Safeguarding and
Looked After Children,
Sussex Clinical
Commissioning Groups



Deborah Austin

Deb Austin
Executive Director,
Families, Children and Learning,
Brighton & Hove City Council



Jonathan Hull

Jonathan Hull
Detective Superintendent,
Public Protection
Sussex Police

Introduction

About this report

This is the first whole year report published by the Brighton and Hove Safeguarding Children Partnership, covering April 2020 March 2021. The report describes partnership achievements and challenges, and inevitably the focus of this report looks at the impact of Covid-19 measures on keeping children safe and promoting their health and wellbeing. Whilst services were disrupted, many providers were able to swiftly adapt to a 'new normal' to maintain the best possible help and support in extraordinary circumstances.

The Children and Social Work Act 2017 reformed the framework supporting the delivery of multi-agency services to protect and safeguard children. Regulations for implementing these changes required all local authority areas in England to have adopted new arrangements by no later than September 2019. The legislation abolished local safeguarding children boards (LSCBs) and introduced the concept of three statutory safeguarding partners - local government, the police and health services. As part of the new arrangements there is a statutory requirement for the BHSCP to publish an annual report.

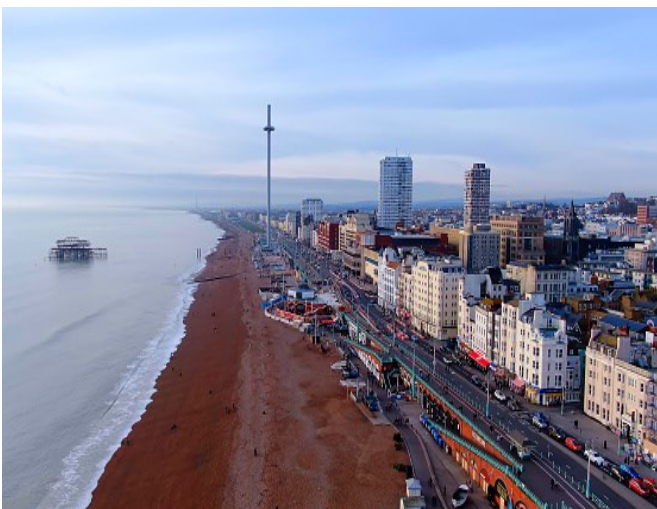
The reporting period predates the final publication of Sir Alan Wood's review of Multi-Agency Safeguarding Partnerships ¹. Our scrutiny work during this period was informed by his initial findings (October 2020) and we will progress our partnership in line with the review's findings during 2021-22.

About Brighton & Hove

The city of Brighton & Hove population is estimated ² to be 295,300 in 2020. Between 2017 and 2030 the population is expected to rise by 8.1%. This projected growth is higher than projected population increases in the South East of 7.3% and England: 6.6%). The latest data estimates indicated that 16% of the population are aged 0-15 years. Ethnicity estimates indicate that 21% of children and young people aged 0-15 years are from BME groups. 16% of the city's residents were born outside of the UK, of which 40% were born in the EU. Between 11% and 15% of the population aged over 16 is estimated to be lesbian, gay or bisexual.

The most recent Indices of Deprivation data published by the in 2019 (by The Department for levelling up, Housing & Communities) show that the city is mid ranking (160 out of 317 local authority districts) and ranked 211 for Education, but less favourable rankings overall in living environment (87/317) and crime (150/317). It is ranked 100 overall in terms of the proportion of the 10% of neighbourhoods with the highest levels of deprivation.

Due to Covid-19 the government decided not to publish its annual school or college level data. According to the latest Department for Education 2019 data, 67% of primary school pupils reached the expected standard of attainment, above the 65% average for England. 47% of secondary students achieved Grade 5 or above in English and maths GCSEs, compared to a 40% average for England.



Independent Scrutiny of the BHSCP

Foreword by BHSCP Independent Scrutineer and Chair

Welcome to my section of this Annual Report. As the Independent Chair and Scrutineer of the Safeguarding Partnership I have the responsibility for scrutinising this document and making sure it is accurate and provides the information you, the reader, requires. I hope that it meets your expectations, provides you with the information you need and above all gives you complete confidence in the way the Partnership strives to safeguard children in Brighton & Hove.



As you read this section and other parts of this annual report, I would ask you to consider that the BHSCP is emerging from the terrible pandemic that has had such a massive impact on all of us. It is at times like these that our focus is drawn to the true value of those that safeguard our children on a daily basis. This is especially true when we lose their input, when children are not in school, pre-school and after school activities. I want to reassure you that the BHSCP were quick to recognise this and worked tirelessly to make sure other measures were put in place to fill this gap. It is important that we acknowledge the response of our communities to our communication campaigns. Often, we can be overwhelmed by the negatives of a situation but the response of professionals, volunteers and the community to safeguarding during the pandemic has been a real positive for us. I hope that as we return to a semblance of normality, we can continue to rely on each other to take responsibility for safeguarding our children.

Sir Alan Wood has reviewed the progress of safeguarding partnerships and reported back to central government. His report makes for interesting reading and highlights a number of areas where improvements can still be made. Wood highlights the need for strategic leaders to be fully committed to the safeguarding partnership.

BHSCP have responded to this, developing a briefing paper for the three executive leads for the statutory



agencies. This half yearly document is written in conjunction with East and West Sussex SCP's and provides detail of issues that impact on children's safeguarding across the county and nationally.

Brighton & Hove is fortunate to have leaders from all agencies that are committed, professional and understand the value of collaborative working. Please be assured that, whilst they do not always agree, they are resolute in their joint objective of improving outcomes for the city's children. As scrutineer I am confident that I have appropriate access to senior leaders in each of the three statutory agencies.

BHSCP recognises the impact and importance of independent scrutiny. Scrutiny is a persistent theme and can be seen to be occurring in all partnership meetings. As Independent Scrutineer I have been commissioned to complete bespoke pieces of work. In addition, we continue to scrutinise strategies, practice and outcomes across the Partnership in a number of ways, providing statutory leaders with evidence of good practice and areas for improvement. This document provides detail of independent scrutiny that takes place. The success of scrutiny relies on a culture that welcomes challenge and values its impact.

I would like to take this opportunity to thank everyone who contributed to this report and created a document that is fair, informative and balanced. I also want to thank everyone involved in the BHSCP for their tireless work over the last twelve months. Brighton & Hove is blessed with some exceptional safeguarding professionals, our communities have supported us through this pandemic and I sincerely hope we can build on this.

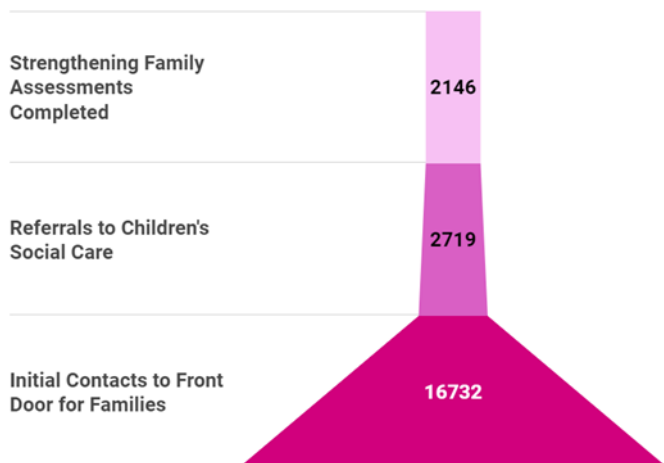
Thank you for your continued support.



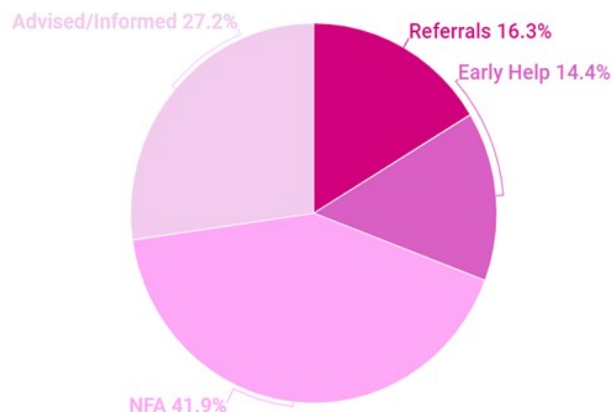
Chris Robson, BHSCP Independent Scrutineer and Chair

About Brighton & Hove children and families

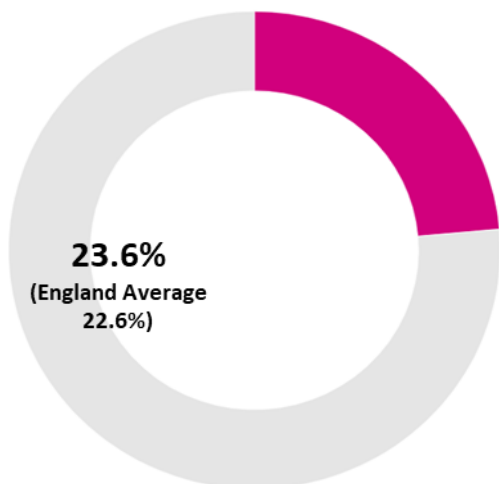
Initial Contacts, Referrals and Assessments



Initial Contacts by Outcome



Re-Referrals to Children's Social Care



Early Help and child protection



799

Early Help Assessments completed year ending 31st March 2021



1,626

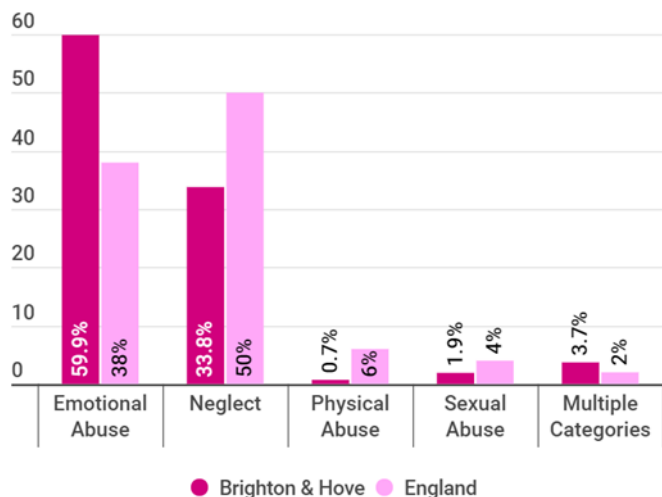
Children and young people who were receiving support from any Early Help Service at 31st March 2021



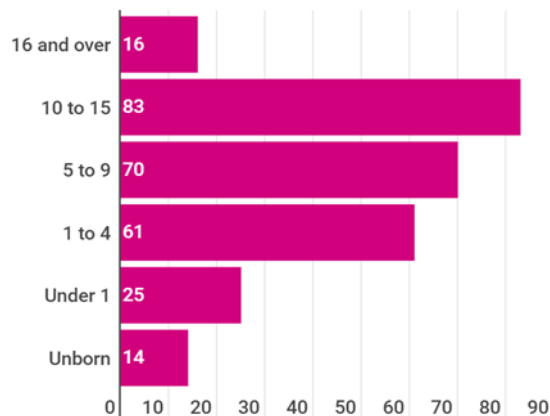
269

Children subject of a child protection plan at 31st March 2021, down from 335 at 31st March 2020

Children Subject of a CP Plan by Category of Abuse



Children Subject of a CP Plan by Age



About Brighton & Hove children and families

Children Missing from Education



40

30 Children Missing from Education under Criteria 1 and 2

Criteria 1: 17 pupils known to be not on roll and missing For the period January to March 2021

Criteria 2: 23 children who were reported to have come off roll from a school with an unconfirmed destination in another authority.

Pupils Educated at Home



437

Children educated at home at 31st March 2020, up from 294 at 31st March 2019

Sessions (half days) missed through fixed term exclusion



3323



2706

CAMHS Caseload



1,490

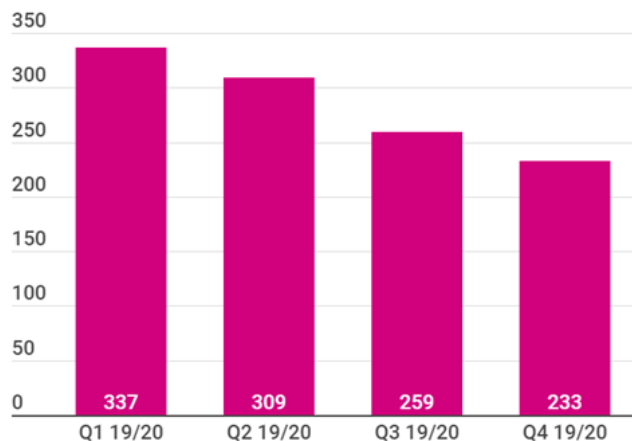
Cases open to CAMHS at 31st March 2021, up from 1,340 at 31st March 2020

MACSE / MACE / AVRMS nominals Q4 2020-21*

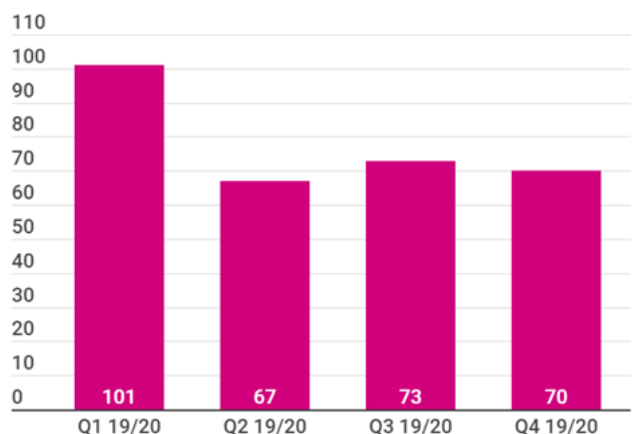


● High ● Red ● Amber ● Green

Under 18 Missing Reports 2019-20



Single Combined Assessment of Risk Forms (SCARFs)



Referrals to CSARC



69

Children Referred to CSARC during year ending 31st March 2020



30

Children Seen

Business plan delivery progress

The Safeguarding Children Partnership operations were initially disrupted by Covid –19 measures, impacting on the delivery of our business plan priorities. With this in mind we took the decision to extend the plan by a year to run until March 2023.



Introduction: About our Business Plan

The current Business Plan runs from April 2020 - March 2023 and is the first plan under the new safeguarding children partnership arrangements. The priorities were determined via consultation and based on identified local and national areas of safeguarding concern. They are delivered by the BHSCP's subgroups. This section provides an overview of the business plan. Key achievements and challenges are described later in this report under individual sub-group activity updates.

Priority 1 - Partnership Engagement and Accountability

Aims: Embed the principles of safeguarding children citywide.

Progress made: A communications strategy was developed for wider communications with partners. This has seen improved communication both internally and externally:

- ◆ Redesign of the BHSCP's internal newsletter moving to a weekly format, sharing partner updates as well as national guidance and information in a succinct and reader friendly format. The letter recognised the significant increase in written communications and briefings disseminated both locally and nationally under Covid-19 measures. Feedback from partner agencies indicates that the format works well; however it is unclear as to the extent of its reach; this needs to be tested.
- ◆ Updating the partnership's website to reflect the new arrangements and including a professionals portal to access e.g. professional briefings and internal resources and assessment templates.
- ◆ Use of social media to promote BHSCP activity and develop connections and links to the city's community and voluntary sector.
- ◆ Regular briefings to ensure that front line and managers are connected to the BHSCP's work and areas identified by sub-group activity for improvement.

Challenges: a strategy to support meaningful direct engagement with children and young people was put on hold as was direct engagement with education safeguarding leads.



Business plan delivery progress

Priority 1 - Partnership Engagement and Accountability (continued)

Voice of children and young people: Agencies and organisations told us about how they worked with the voice of children and young people via their section 11³ audit returns, below are a sample of representative examples :

- ◆ **BHCC Public Health:** “There are initiatives in place under the Public Health Schools Programme to ensure participation of young people e.g. the Right Here project working with pupil Mental Health Champions in schools. For the Healthy Lifestyles Team services children and young people feedback is an essential part of evaluation.”
- ◆ **Safety Net:** “Recently our young volunteers have been contributing to our e-zine, this is a new piece of work that has been produced as a result of Covid and sharing their experiences. Feedback is gathered in creative ways within our children’s activities project to ensure that all ‘voices’ are heard, using stickers, physical movement, as well as e-surveys.”
- ◆ **BHCC Family Children and Learning:** “Children in Care Council representatives meet regularly with the Council’s Lead Member, Director of Children’s Service and Assistant Director. Young Ambassadors are routinely involved in recruitment of social work staff. Children’s voices are expected to be represented in all assessment and Social Worker interventions”.
- ◆ **RISE** “We have been implementing the ‘just right’ approach with children who use our service; a system which aims to support children with Autistic Spectrum Disorder (ASD) by utilising effective communication methods.
- ◆ **Royal Alexandra Children’s Hospital:** “Parents and young people have participated in staff selection on CNS and psychologist interview panels eg diabetes/epilepsy; Every ward has a ‘We said you did notice board’; the play team even evaluate the children’s Christmas party to make improvements year on year.
- ◆ **YMCA Downlink** “The ‘Right Here’ service is a youth led Health & Well Being Project for 11-25 year olds in Brighton, whereby they deliver workshops, run campaigns, deliver training etc. in schools and elsewhere.”

Challenges: Several areas of work were postponed during Covid-19 to recognise the pressures on partner agencies’ and organisations’ capacity to support business plan delivery and also environmental factors. Recruitment of lay members commenced at the end of this reporting period and this will see a further strengthening of scrutiny arrangements via newly recruited lay persons who will work with our sub-groups to support our drive to improve practice.

The BHSCP website requires significant time/resources to maintain and update and yet its reach continues to be limited. For example, ICON data was isolated to assess the impact of the promotional work undertaken across the partnership around ICON. It became evident that it was not leading to direct website ‘hits’ to access resources.

Closer working with the community and voluntary sector continues to develop and build upon the productive engagement via co-ordinated work during the pandemic.



Business plan delivery progress (continued)

Priority 2 - Safeguarding children from violence and exploitation:

Aims: Ensure there is a clear understanding of the scale of complex and contextual safeguarding within Brighton & Hove and that the needs of children and young people affected by any form of violence, from any source, are identified and assessed effectively resulting in timely and appropriate intervention.

Progress made: Key achievements include the adoption of Pan Sussex Contextual safeguarding principles, for delivery to front line practitioners during 2021-22 (delivery delayed by Covid-19). The Exploitation Group agreed to:

(i) Incorporate the BHSCP's Exploitation audit action plan into the wider Exploitation group action plan to avoid duplication of effort.

(ii) Deliver the BHSCP's business plan priority 2 via the Exploitation Group.

Challenges: Impact of Covid-19 resulted in pressure on resources in Sussex Police. This delayed a mapping exercise to inform a comprehensive understanding of the local criminal exploitation (CE) landscape.

Priority 3 - Neglect:

Aims: The needs of children and young people affected by neglect are identified and assessed effectively resulting in timely and appropriate intervention.

Progress made: Neglect has been a key or significant area of learning identified in 4 recent learning reviews; further learning was identified via a delayed (due to Covid-19) audit - this will be recorded in the 2021-22 report.

In order to tackle neglect the partnership offers multi agency training and is rolling out an assessment tool (see Early Help section). This aims to encourage consistency of language and early recording and tracking of neglect concerns. This, in conjunction with a refresh to the multiagency strategy, should ensure that partner agencies and organisations are able to make consistent and evidenced referrals to the Front Door For Families for support and intervention.

Challenges: Covid-19 impacted on agency and organisations ability to see children face to face. Many potentially vulnerable children and young people who were absent from school became invisible during the early 'lockdown' stages of the pandemic. Strenuous efforts were made to ameliorate this by identifying and working with vulnerable children. The BHSCP ran communications campaigns during the spring and autumn of 2020 to raise community awareness about child neglect and abuse.



Priority 4 - Mental Health and Emotional Health and Wellbeing:

Aims: Consistently good service provision for children who need support for emotional and mental health issues.

Progress made: Foundations for our Future is the product of a jointly commissioned (by Sussex Partnership Foundation Trust, Clinical Commissioning Groups and 3 Sussex local authorities) review of children and young people's emotional health and wellbeing across Sussex. 20 overarching recommendations are being implemented via a Programme Board, supported by a locally led operational delivery group.

Challenges: The need to ensure that the work is aligned to Covid-19 recovery work in this arena and suicide prevention strategies to avoid duplication (or omission) of effort.

Strategic Leadership

Steering Group

In accordance with statutory guidance ⁵, The Steering Group is led by three partners, Brighton & Hove City Council (BHCC), Clinical Commissioning Groups and Sussex Police. It meets every quarter to set and oversee the strategic direction of the BHSCP's priority work. During this reporting period it focussed primarily on ensuring an effective multi-agency response to Covid-19 as well as further development and strengthening of the partnership's strategic and delivery arrangements ⁴.

In the early stages of the pandemic the lead partners sought to understand the impact of a lockdown on safeguarding children, being cognisant of the adverse effects on the emotional and physical wellbeing of children and young people. The diversion of health visiting staff to support Acute Trusts (hospitals) adversely impacted on their ability as a service to maintain pre-Covid 19 levels of support to families with babies and young children; (this did not occur in the second phase of the pandemic). This was at a time when schools were closed to all but the most vulnerable and Personal Protective Equipment (PPE) to enable professionals to conduct face to face visits was in short supply. Future learning e.g. via practice reviews and audit will assess how and why Covid-19 measures were responded to locally. This will help to inform recovery measures needed to adapt services to optimise the benefits, both for users and to support professionals who are providing them.

Strategies to mitigate emerging issues were considered, including both child and parental mental ill health and social isolation, domestic abuse and increasing demand on substance misuse services.

Looking to the future

The impact of living through a global pandemic on children's education and emotional health and wellbeing is already known. Emerging issues around harmful sexual behaviours and on line abuse will be addressed as a part of a move to ensure that services recognise that appropriate response and support is delivered to children.



Independent Scrutiny:

Partnership's arrangements

In September 2020 lead safeguarding partners commissioned the BHSCP's Independent Scrutineer to undertake a review of the current Partnership arrangements, which came into effect in September 2019. The timing of the review was put back to spring 2021 in order to utilise the findings of Sir Alan Wood's report regarding the effectiveness of multi-agency safeguarding arrangements. However, due to further publication delays (of the Wood report) an initial scrutiny stage was completed and shared. BHSCP used these key areas of focus:

- ◆ Strategic leadership and governance arrangements
- ◆ BHSCP vision and values
- ◆ Review the extent and impact of partner engagement in BHSCP activities
- ◆ Assurance via robust and independent scrutiny

The Independent Scrutineer utilised:

- Interviews with each of the Strategic leads for the statutory agencies
- Focus Groups and/or interviews with key partners including Chairs of sub-groups
- Questionnaires to practitioners
- Review of scrutiny and Section 11
- Review of the new multi-agency arrangements for Brighton & Hove.

Key recommendations included strengthening governance arrangements by providing regular update reports to Lead Partner representatives (Chief Executives and Chief Constable). The report also recommended that lead partners ensure that they increase their visibility and are accessible to partner agencies and organisations. The BHSCP's annual report format will be revised and implemented in 2021-2022, covering key achievements, risks and issues. The Independent Scrutineer will analyse the report and lead partner's assurances and comment on the impact of the BHSCP's work on outcomes for children and families. The Lead partners and Steering Group accepted the recommendations.

Partnership Board

Partnership Board

The Partnership Board supports delivery of the Steering Group's strategic objectives. It has a wide membership including statutory agencies and representatives from the community and voluntary sector.

Under the new arrangements the Partnership Board's function has changed in that its core purpose is to support delivery of the partnership's key work, including business plan priorities. It achieves this by:

Operationalising the strategic aims of the Steering Group

Raising issues put forward by Steering Group

Engaging the wider safeguarding community

Normally meeting quarterly, due to Covid-19 measures the first quarter's meeting was cancelled. Thereafter the Partnership Board met as scheduled via a virtual platform. Whilst this presented challenges in terms of a large meeting membership this was managed via effective chairing and rapid adjustments to virtual meetings by all.

Progress made:

The autumn meeting focussed on updates and discussing Pebble House's (the Sussex Child Sexual Assault Referral Centre) annual report as well as sharing key messages around ensuring that agencies followed the updated Child Sexual Abuse pathway, informed by learning review and audit activity.

During the winter meeting partners discussed safeguarding under 5s and in spring 2021 focused on early help provision.

For 2021-22 themed Partnership Board meetings will centre on our business plan priorities' progress and look at collectively resolving and mitigating barriers and challenges around delivery.

Challenges:

Feedback from some members of the community and voluntary sector indicates that there is more work to be done around developing the Partnership Board to ensure that is an effective forum for wider engagement and ensuring that there is a thread from front line practice up to the Steering Group.

Independent Scrutiny of the Partnership Board

In September 2020 the BHSCP's lead partners commissioned the Independent Scrutineer to undertake a review of the effectiveness of the Partnership Board. The review followed a significant change in local safeguarding arrangements that have been put in place as a result of new legislation which saw responsibility for key decisions transfer to the Steering Group.

The scrutineer concluded that attendance was good and that attendees were engaged and committed to making a difference for children, young people across the city.

Areas for further development included;

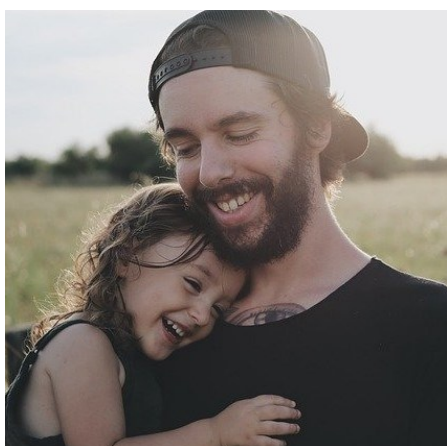
- ◆ Feedback from front line practitioners via a survey; it was clear that whilst over 75% of the 40 respondents were aware of the changes, a small number of professionals were unable to describe the differences the changes had made.
- ◆ It is difficult to measure the difference that the Partnership Board has made in terms of impact on outcomes for children.

The Independent Scrutineer recommended that the Partnership Board continued in its current format, with improved connections to lead partners and closer interaction between the Steering Group via a standing agenda item.



Early Help Review

Brighton & Hove County Council's (BHCC) Families, Children and Learning (FCL) directorate is undertaking a review of Early Help across the city, with a view to developing a citywide model that focuses systems and resources on tackling local disadvantage. It seeks to align with the Government's good practice model for Early Help.



Work with a cohort of families, will explore at first hand the experiences of those families who have accessed support and services.

Some preliminary work has already been undertaken, including a peer review by the Local Government Association (March 2020) and a self-assessment of the Early Help system (Dec 2020).

An outline business case was presented to the BHCC's Corporate Modernisation Board, and through this, FCL is being supported to undertake the review and development work by external consultants, 'Peopletoo'.

Peopletoo are helping define the scope, develop a full business case and 'invest to save' options. This includes exploring Family Hubs, digital and data transformation, and reviewing existing Early Help pathways and processes.

Work is in train to develop a visual map of the Early Help system in the city. Online workshops are taking place currently for FCL staff, school leaders and community and voluntary sector (CVS) partners, with the aim of gathering views on developing a model for Early Help that improves coordination and integration of services for families across the city.

Exploratory work is underway to define the digital and data transformation needed to better join up information and to ensure resources are targeted effectively.

It is anticipated that draft proposals will be shared with FCL leadership in the autumn of 2021, followed by readiness for change assessments and designing of the formal consultation process. A project manager has been recruited to support the consultation and implementation phases. A cross-party working group has also been set up, to input into the Early Help review and to ensure the work fits with the wider development of the disadvantage strategy.

Alongside alignment with the Local Authority's work on tackling disadvantage, there is a need also to align this work to the changing requirements of the Supporting Families (previously known as 'Troubled Families') grant funded programme, which brings in nearly £1m per annum to Early Help in the city. The new programme places much greater emphasis on:

- ◆ Data transformation - integration of data systems and improved data sharing between partners
- ◆ Embedding a whole-family approach across all Early Help and Social Care services
- ◆ A broader set of family outcomes, with a new Outcomes Framework to be used from April 2022.



Early Help (Continued)

Operation Encompass

Aim: to ensure that schools have timely information about all police-attended incidents of domestic abuse to enable school staff school to understand how to support children who are experiencing domestic abuse.



91 schools across the city have been identified as applicable (these includes Primary, Secondary and Sixth Form) of which 89 Schools have attended an Operation Encompass Training Session and Signed an Information Sharing Agreement. They are receiving notifications and actively participating in Operation Encompass.

Each school has a nominated Key Adult who is informed at the beginning of a school day when a child or young person has been involved in or exposed to a domestic incident. This allows the school to act immediately to provide tailored support to the affected child.

There were 660 notifications in Brighton & Hove between 1st April 2020 and 31st March 2021. This is down from 716 (8% reduction in referrals) in the previous year. This is concerning given the perceived rise in instances of domestic abuse during Covid-19 measures.

Looking to the future: Operation Encompass is national scheme and as such it is hoped that Sussex Police will be able to share information where children may not currently fall within the reporting criteria. This includes exploring:

Information sharing - with Brighton & Hove City Council in relation to elective home education and where details of the schools and colleges are missing, so that all children and young people are reached.

Early Years – the founders of Operation Encompass are working with the Home Office, Department of Education and Public Health England in relation to children from pre-birth to 5 years old. Sussex may be one of the pilot forces.

Language Schools - This has not been developed anywhere in the country yet. Working with language schools will be explored after scoping of rollout of Operation Encompass to Early Years settings.

Graded Care Profile - Neglect Assessment Tool

Graded Care Profile 2

MEASURING CARE, HELPING FAMILIES

Aims: GCP2 is an assessment tool which evaluates how parents and/or carers look after a child's physical and emotional needs. The tool enables practitioners to understand what life is like for a child and identifies both strengths and areas for care givers to improve. The tool also provides an evidence base which can be used to inform care and interventions plans.

Covid-19 impacted roll out of GCP2 across early help providers during this reporting period. The NSPCC developed a training package for virtual delivery; because the previous training relied upon face to face training it took some time to put together a package that provided a high quality training experience for staff. Due to staffing pressures roll out of the first phase of GCP2 was further delayed, and expected to commence in June 2021. In the interim, the BHSCP's Learning and Development Officer worked with Sussex Police to ensure that key neglect messages are held on front line officer's handheld devices, 'Crewmate'. Pressures on schools has also impacted roll out and this will be monitored during 2021-22.

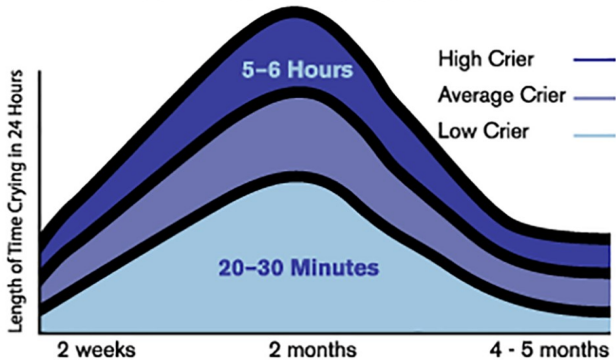
Early Help (continued)

ICON

“Babies cry, you can cope!” is the key ICON message for parents of newborn babies.



Curves of Early Infant Crying
2 Weeks to 4 - 5 Months



Research suggests that some parents and care givers can lose control when a baby’s crying becomes too much. Some go on to shake a baby with devastating consequences. Abusive Head Trauma (AHT) causes catastrophic brain injuries, which can lead to death, or significant long-term health and learning disabilities.

ICON is a programme adopted by health and social care organisations in Brighton & Hove, across Sussex and nationally to provide information about infant crying, including how to cope, support parents and carers, reduce stress and prevent abusive head trauma in babies. The ICON journey started in Brighton and Hove in 2019 following a local learning review where a young baby had suffered significant non-accidental injuries. Partner agencies and organisations led by the Clinical Commissioning Group looked at opportunities to talk to parents and care givers about prevention of AHT.



A working group mapped opportunities for discussions, which highlighted the need to look for space for both fathers and care givers to receive key ICON messages.

Key achievements:

- ◆ Mult-agency working group met regularly to develop messaging and support via early help, Sussex Police and via community and voluntary organisations.
- ◆ A virtual practitioner launch event across Sussex in November 2020 was supported by Brighton & Hove and attended by 146 staff. The event described indicators of AHT and signposted practitioners to the resources available to help them in their conversations with care givers e.g. coping with crying plans.

I Infant crying is normal and it will stop

C Comforting can sometimes soothe the baby – is the baby hungry, tired, or in need of a nappy change?

O It's **O**kay to walk away if you have checked the baby is safe and the crying is getting to you. After a few minutes, when you're feeling calm, go back and check on the baby;

N Never shake or harm a baby; it can cause lasting damage or death

If you need support, speak to someone such as: your family, friends, Midwife, Health Visitor or GP

Key Challenge: Measuring the impact of a preventative programme is difficult - whilst quantitative measures (e.g. the number of GPs who talked to parents at the 6 week baby check) can be captured, understanding the impact of this work on preventing AHT incidents is not straightforward. This was compounded by Covid-19 measures; as reported by National Child Safeguarding Practice Review Panel reported an increase in non-accidental injury related rapid reviews in the first half of 2020. ⁶ A national NHS funded evaluation of the ICON programme, to test its impact, is due to commence in 2021. It is hoped that the Sussex Partnerships will be able to contribute to this research.

Learning from Child Safeguarding Practice Reviews

Case Review Group

A key partnership function is to reflect on systems and practice following a serious child safeguarding incident. A Local Child Safeguarding Practice Review (LCSPR) is undertaken when a child dies or the child has been seriously harmed. The purpose of a LCSPR is for agencies and individuals to learn lessons that improve the way in which they work, both individually and collectively, to safeguard and promote the welfare of children and ultimately to deliver improved outcomes for them.

The Case Review Group (CRG) undertakes work which identifies areas for consideration which will drive improvement to services delivered to children, young people and their families. During this reporting period the partnership:

- ◆ Undertook 1 rapid review of a serious safeguarding incident.
- ◆ Commissioned two child safeguarding practice reviews. It is hoped that the reviews will be completed and published in spring 2022.
- ◆ Completed a 'legacy' Serious Case Review. Due to the exceptional nature of the case it was published anonymously on the NSPCC's ⁸ case review repository. Learning has been disseminated to practitioners.
- ◆ Delivered a 'legacy' local learning review via a virtual meeting platform. Early Learning was disseminated to practitioners who had worked with the family and subsequently to wider multi-agency and organisation staff via an on line learning event as well as producing a practitioners and managers briefing. The final report will be completed once parallel processes have concluded.

Dissemination of learning event (January 2021)

The partnership hosted a virtual learning event, attended by over 100 professionals which focussed sharing on key learning from our reviews:

- ◆ The impact of neglect on children and their brain development
- ◆ How to optimise outcomes for a child when planning and undertaking a face to face meeting to 'achieve best evidence' to support criminal proceedings
- ◆ Considering Black, Asian and diverse cultures within assessments and across systems
- ◆ Safeguarding children affected by family drug and alcohol use.

The event was interactive with practitioners using live chat to help inform a wide ranging panel discussion which considered how to improve front line professionals' confidence when working with children and families around how to hold difficult conversations.



Two virtual briefings provided staff with opportunities to receive an overview of child safeguarding practice reviews, and national learning from the triennial analysis report (covering three years: 2014-17, published in 2020) as well as recent local learning.

The sessions focussed on recognition and response to neglect, utilising a case study taken from the triennial analysis overview report.

Learning from Child Safeguarding Practice Reviews (continued)

Briefings: The BHSCP introduced a new format for written briefings, based on a template used across health partnership networks: a short “9 minute” learning note for practitioners, in conjunction with a longer more detailed managers’ briefing to use at staff meetings. The team received very positive feedback from agencies who had found the presentation and content of these briefings helpful.

In addition a working group was set up to review and update the BHSCP’s training offer for Child Sexual Abuse (CSA) to incorporate key learning from this review. This included learning regarding female perpetrators and non verbal disclosures of CSA.

Taking forward learning: Turning findings into learning and recommendations to be delivered via multi agency action plans remains an area for further development.

Delivery of actions from learning was variable: ‘quick wins’ were realised around dissemination of learning via briefings and learning events for front line staff as well as bite size ‘professional curiosity’ training.



Less straightforward is developing a culture which drives deeper reforms to systems and practice issues across the partnership - this is reflected in work such as roll out of GCP2 described in the early help section of this report. The reasons for this are complex, factors include available resources and capacity within the partnership to effect change - from operational and strategic leadership through to front line staff. This was exacerbated by the increase in work to embed learning from a rise in local learning reviews as well as national findings. ‘Lighter touch’ reviews may be helpful in addressing lower level practice concerns but whether they are able to deliver lasting change and impact on practice is yet to be tested. Wider discussions with partners across the country suggest that this is a shared concern and needs to be fully understood to ensure that the value of review work is fully attaining its intended objectives and reach in a timely way.

Key Challenges: Operating under Covid-19 measures brought significant challenges in terms of resources and the impact of virtual meetings. Being unable to hold supportive face to face meetings with practitioners was of particular concern when holding events with front line professionals who were involved in reviews and worked with families.

Delays to reviews due to parallel processes continue and whilst we acknowledge the National Panel’s prompts to conclude reviews we have taken an approach which yields early learning and recognises that other investigations and processes may bring to light new information which could impact on our key learning. This approach also affects the timing of interacting with families. The CRG remains conscious of the need to speed up the implementation of learning from reviews.

Looking forward: Information sharing, ‘think family’ and professional escalation of concerns were recurring themes raised as additional learning and for the partnership. These are some of the ‘stubborn’ issues for the partnership to address.

Measuring the impact of learning identified by the CRG is currently under consideration - including how to be assured that it is making a difference to children and families.

The CRG are looking to:

- (i) meet with agencies involved in a review undertaken 2 years ago to assess how the learning has changed practice in their area.
- (ii) trial different review methodologies.



Regular joint SCP communications with the National Panel via briefings, and webinars has resulted in improved clarity and is helping us to refocus our work.

Practice Improvement

Child Safeguarding Liaison Group

The Child Safeguarding Liaison Group (CSLG) is an interagency forum that also meets monthly to review and improve joint working practice in respect of interagency Child Protection processes. The forum provides an opportunity for practitioners and managers to raise specific concerns and also share good practice. The group looks at the practical implications of local and national learning and contributes to policy and process development. CSLG activity encourages closer co-operation, networking and respectful challenge between agencies to support positive improvements to joint working and practice. The CSLG also links front line work directly to the Steering Group, notifying senior leaders of significant emerging issues and potential risks to front line practice delivery.

The CSLG continued to meet regularly whilst under Covid-19 measures, discussing multi-agency issues arising from the initial 'lockdown', including e.g. concerns about the reduced reporting of child sexual abuse (CSA).

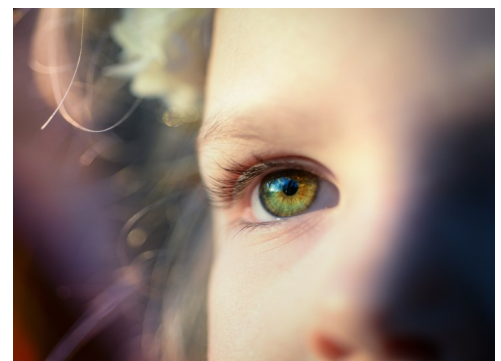
Examples of areas discussed and the impact on learning and practice:

- ◆ A case which exemplified a practitioner's tenacity and resilience when navigating a complex legal framework relating to medical identification of CSA resulted in a discussion which captured key learning points, resulting in:
 - an update to the Pan Sussex CSA pathway process.
 - a learning note for practitioners.These identified improvements benefited practice both locally and across Sussex.
- ◆ A further discussion centred on how best to address acute mental health episodes and led to a Sussex Partnership Foundation Trust lead explaining their approach to this. The group also used the discussion to jointly revisit and consider local threshold for mental health support.
- ◆ Looking at how best agencies can work together to ensure cultural competence and clarity when communicating with families from Black, Asian and diverse cultures. Learning briefings were developed and disseminated to staff.

The CSLG also held discussions about national learning and how this might apply locally. For example non-accidental injuries to babies and young children and the 'National Panel's' report on sudden unexplained deaths in infants (SUDIs) ⁹. Dialogue around the bruising protocol and paediatrician's responses took place - an example of how broader discussion promotes, enhances and embeds multi-agency understanding of a partner agency's operating parameters and/or best practice and the rationale that sits behind it.

Looking forward: It is understood that this group has had a positive impact on interagency co-operation and challenge resulting in a reduction in formal inter-agency escalations. This should be tested via discussions at the CSLG and also by promoting and monitoring the BHSCP's escalation process.

The CSLG will continue to develop a strengths based approach to learning, as a catalyst for sharing examples of best practice and thinking about what worked well and why and how this might be shared and applied more widely to drive practice improvement.



Monitoring and Evaluation of our work

Monitoring and Evaluation Group (M&E Group)

The Monitoring & Evaluation (M&E) Group supports partner agencies and organisations to develop and improve by strengthening and supporting a learning culture across partner agencies to safeguard and promote the welfare of children in the city. This group, through its scrutiny and challenge role, is instrumental in assisting the Partnership to create a culture of openness and facilitate effective and regular challenge to all partner agencies and organisations.

In the early stages of the business year the partnership focused on data which would inform them about safeguarding children, during Covid-19 lockdown measures, such as children attending school and the number of face-to-face visits conducted by statutory agencies and organisations. The M&E group sought to develop a robust composite and informative picture across the safeguarding partnership.



The M&E Group developed a Quality Assurance Framework to support the partnership to deliver on its vision and business plan objectives.

The framework maps the main sources of resources, data and information utilised by the partnership to provide assurance about its activities.

Multi-Agency audits

The M&E group normally undertakes two deep dive (detailed case study) audits per year. Previous multi-agency audits have required managers to audit case files and records and to discuss the findings with other agencies at an audit feedback group. In 2020-21, the M&E Group focused on developing the current approach, which is to actively engage front line practitioners and to hold reflective group sessions following an audit to help to encourage multi-agency solution focused approaches to drive improvements to systems and practice.

June 2020: The findings report of a multi-agency audit of Child Sexual Abuse (CSA) in the Family Environment (completed in March 2020) was produced. Following the audit, the CSA Pathway was amended to make it clear about how and who to contact at the SARC including scenarios e.g. forensic, non-forensic and out of hours. A dip sample of CSA cases was also undertaken by Children's Social Care to check that strategy discussions involved all of the relevant agencies.

Oct 2020: The multi-agency audit of practice with children and families who identify as Black, Asian or Minority Ethnic was completed. The findings report was produced in Jan 2021. A multi-agency action plan was developed to address the audit recommendations and which sought to improve knowledge and confidence. A briefing note highlighting the key learning points was disseminated to managers and front-line practitioners.

Feb 2021: Preparation for a multi-agency audit to evaluate the effectiveness of arrangements to safeguard children who are at risk of neglect with a focus on children under 4 years of age was undertaken by the M&E Group. The completion of the audits by partner agencies was postponed until May 2021 due to the impact of Covid-19 on resources. The audit report was written in June 2021.

Key challenges - Despite the impact of Covid-19 on staffing and resources across the partnership, multi-agency audits were undertaken but with some slight delay. Already described regarding Case Review work, a concern has been timely completion of action plans arising from audit work. In order to fully capitalise on audit work outcomes, action plans need to be realistic in their ambitions with an across-the-board commitment to deliver them and demonstrate impact.



Monitoring and Evaluation of our work

Section 11 audit

Working Together to Safeguard Children 2018 sets out agencies' and organisations' responsibilities under Section 11 of the Children Act 2004³; namely it places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The three recently formed Safeguarding Children Partnerships (SCP) undertook their first joint Brighton & Hove and Pan Sussex s11 audit as SCPs. This continued a two-year cycle of activity which occurred under the previous Local Safeguarding Children Boards' (LSCBs') audit in year 1 and scrutiny of action plans in year 2 of the cycle. The last audit was carried out in 2018.

Agencies and organisations across the city and Pan Sussex were asked to complete a self-assessment return using a tool which enabled them to assess their level of compliance with statutory guidance and reflect on areas requiring development. S11 activity also provides an opportunity to identify and share good practice.

The self-assessment return was updated this year to include a suite of indicators around children who are looked after (CLA), some were new (7) and some added to existing standards (6). This contributed to an overall 16% increase in the number of standards to be assessed in 2020: from 80 (in 2018) to 93 in 2020.

There was positive engagement across all agencies involved in the audit. A panel that included two young people representing the voice of children and young people, met with 4 selected Pan Sussex agencies. A separate panel for 3 Brighton & Hove agencies represented a shift from the all-day Pan Sussex and local peer challenge days in 2018. Our Lay Member supported the panel as our community voice.

95% of the Pan Sussex standards were rated as green or not applicable, it is questionable, based upon current evidence, that lead partners can be entirely assured that this is realistic and sustainable position, particularly in light of the impact of Covid-19.

Three key recommendations were implemented:

Recommendation 1: Action plan progress is tested via a scrutiny panel in 2021. The panel's objectives will be to look at more detailed standard specific submissions from agencies which demonstrate continued compliance with s11 process and how agencies/organisations are able to evidence this in practice.

Recommendation 2: Pan Sussex Strategic leaders were asked to approve the formation of a Pan Sussex working group whose objectives are to review, refocus and redevelop the s11 self evaluation form (SEF). This should ensure that the audit retains appropriate focus and that the tool is effective and proportionate and can gauge agencies/organisations understanding of their responsibilities under SCP arrangements via their responses.

Recommendation 3: The Sussex partnerships consider further joint and local analysis of subject specific areas, particularly around Standard 9: risk management, using the s11 SEFs to benchmark and triangulate returns information.

The three recommendations are being taken forward during 2021-22; an example is the collation of ICON information provided via the returns to identify gaps in partners' knowledge and provision of ICON messaging.



Protecting Children and Young People from Exploitation

Exploitation Group

Since 2019, Brighton & Hove City Council's Community Safety Partnership (BHCSP) has led on the strategic direction for tackling city wide exploitation, acknowledging that exploitation can impact anyone regardless of age.

The BHCSP's Exploitation Group is co-chaired by Sussex Police and the Community Safety Partnership and it brings together Safeguarding Partners from across Brighton & Hove, including Safeguarding Adults Board representatives, Public Health and a strong representative voice from the Community and Voluntary Sector. By working together across adults' and childrens' safeguarding we are better able to recognise and mitigate a whole picture in terms of how criminal exploitation manifests across the city.

After an initial pause in meetings due to Covid-19 pressures, the group increased its meetings from quarterly to bi-monthly for the rest of the business year. The group were cognisant that after the initial lock down period exploitation re-emerged as a significant and evolving threat to children, young people and their families, with greater risks regarding on line exploitation.

The 'National Panel's report (pre Covid-19) "It was hard to escape"¹⁰ shone a light nationally on extra-familial safeguarding. Issues raised around the quality of data, prevention, disruption and support for victims resonated locally.

Scoping work to bench mark the local picture against the four themed areas (problem identification; supporting staff; service design and practice development) is in train.



Key achievements:

- ◆ Violence Reduction Partnership (VRP) provided additional funding to monitor the impact of Brighton Streets detached youth work interventions.
- ◆ Webinars designed to help and support parents and care givers to identify and respond to criminal exploitation "You Are Not Alone" were delivered in November 2020.



- ◆ Development of the "Young People's Plan" for a pilot in 2021-22. The pilot will initially operate with 6 young people aged 15 years of age or above. It recognises that the current child protection plan approach may not be a good fit for some adolescents. The pilot is utilising learning from other SCP areas to inform its approach. It will use (i) location assessments and interventions to reduce high harm 'hot spots' in the city; and (ii) focus on the use of contextual safeguarding 'young people plans' in a way which engages young people.

Key challenges:

- ◆ Understanding the changing picture of exploitation and disrupting perpetrators of exploitation at the earliest opportunity.
- ◆ The group need to utilise available data more effectively to be better able to understand risks to children and young people e.g. school exclusions; exploitation of children who live outside of the city; on line exploitation; and transition to adulthood within a broader and city wide context.

Learning and Development

The year from April 2020 until March 2021 has been one of the most challenging and difficult for training. As we went into the first “lockdown” all face to face training stopped. This led to a swift reappraisal of how we could continue to deliver a multi-agency offer to partners across our locality and Sussex.

As a result, there was a subsequent loss of attendance while we reconfigured training onto virtual platforms as quickly as possible.

In Brighton & Hove, we continue to offer three core training days, and these remain mandatory for all new to role in safeguarding agencies. However, in view of the issues around delivery, these were turned into virtual events and ‘Day One’ has temporarily been replaced by use of an E-Learning Module that was re-written by the Training Manager on behalf of the Partnership and BHCC. As a result of the loss of months we also added extra dates, both to cover the lost sessions and to allow for presenting to a reduced audience via a virtual platform.

The clear benefits of multi-agency training remain evident in the positive feedback received, both for these core days and for the more specific and specialised training offers.

The numbers of staff attending the BHSCP Training has remained at a high level and we have had a total of **534** attendees between April 2020 – March 2021. (training was suspended for some months due to COVID19).

In relation to e-learning courses, it should also be noted that **380** staff have undertaken the “Many Faces of Exploitation” module on the Gateway, this was co-written and built on the Gateway by the Training Manager and a colleague from YMCA Wise, providers of support to children and young people to stay safe in their relationships.

The BHSCP Training Manager has also remained involved heavily in the implementation of the Graded Care Profile (GCP2), a new Neglect assessment tool, which will eventually be used across the city by safeguarding children staff. This process has been actioned by a working group and has now been able to progress to the point where staff training is being rolled out.

There has also been a piece of work undertaken with Sussex police to add details around neglect onto the handheld tablets used by officers, to allow further details of possible neglect to be added to the police submissions to the Front Door for Families.

It should also be noted that we have added a new cohort of 12 staff to the BHSCP training pool, to enhance numbers. We could not continue without the support of these invaluable members of staff, **“Thank You”**.



Future planning – There are clear plans to look at all training offers and adjust these to include both updated legislation and procedures, while also making sure that county wide initiatives are incorporated. There is also a close collaboration where appropriate between Children’s Safeguarding Partnerships, to make sure that we coordinate Sussex wide training around certain offers, such as MAPPA, Outcomes for Looked After Children and Harmful Practices.

There is also work being undertaken by all three Training Managers to arrange a Pan Sussex (Virtual) Conference which will be held in November 2021.

In conclusion, it has been a strange and difficult year, but we have maintained our training standards and the response from attendees clearly shows that they are impressed by the ongoing training offers and that it is meeting their needs.

Learning and Development

Uptake of BHSCP training 2020-21

I am incredibly grateful for the three days of training, for your informative and clear resources. This training has been brilliant.

Table 1: Training delivered by subject

Core Child Protection Courses	Courses Presented	Attendance
E-learning Module – Day 1	ongoing	646
Assessment, Referral, and Investigation	5	58
Child Protection Conferences and Core Groups	5	51
Total		755
Level 3 - Specialist Child Protection Courses		
Domestic Abuse and Violence	2	39
Exploitation	4	79
Young Woman and Gangs - Contextual Safety Planning	2	44
MAPPAs – Multi Agency Public Protection	1	6
Impact of Parental Substance Misuse	2	34
Sexually Harmful Behaviours	1	19
Engaging Effectively with Families	2	29
Safeguarding in a Digital World	6	50
Staff briefing – learning from case reviews	1	98
Gangs & Youth Violence	2	51
Trauma Informed Practice	2	85
Total		534

The virtual core safeguarding training days had a total of **109** staff attending, (between November 2020 and March 2021) and **646** multi-agency staff undertook the related e-learning module. A total of **755** staff undertook some form of safeguarding children training. It should be noted that there has been a particularly good take up of the e-learning from agencies that do not always come to core training, many of our partners within the community voluntary services have used this method to provide themselves with basic child protection awareness, which is most encouraging.

Thank you for an amazing session, I have really enjoyed it, have learned so much and it will certainly help my practice.

Thank you for an excellent training session! The case conference role play was really useful. Such a good way to experience that in a 'low risk' setting.

Table 2: Core Training uptake by agency

Agency	Developing an Understanding (e-learning)	Referral, Assessment and Investigation	Case Conference and core groups
Police	1	0	0
Education	78	32	34
Health	58	5	5
CVS	181	5	4
Probation	5	0	0
BHCC	134	12	12
Early Years	94	4	3
Housing	34	0	0
Other	61	0	1
Total	646	58	59

Safeguarding Work Across Sussex

Pan Sussex Strategic Leaders

The Pan Sussex Safeguarding lead partners meet twice yearly to focus on setting the 'road map' for future partnership development and identify shared safeguarding priorities across the three areas.

This includes being assured that there is consistent implementation of regional and national guidance, learning and processes such as national and local Child Safeguarding Practice Reviews. In addition, the group seeks to identify opportunities for Pan Sussex delivery of initiatives such as commissioning of services, thus ensuring a targeted and resource efficient join-up which reduces the potential for duplication or omission in safeguarding work.

Pan Sussex SCP collaborations include:

- ◆ Pan Sussex scoping exercise and C-19 supported pan Sussex training offer e.g. MAPPA and Harmful practices training.
- ◆ Pan Sussex Contextual Safeguarding Principles agreed.
- ◆ Pan Sussex communication campaigns, including promoting a free NSPCC safeguarding training offer for people who visit homes as part of their work (e.g. gas and telecoms engineers and delivery drivers).
- ◆ Sussex Police received funding from the Home Office's Serious Violence Fund to carry out targeted work to reduce knife related hospital admissions. Partner agencies supported the campaign in September October utilising a range of social media messages.



In addition, Sussex Police run educational programmes with schools and colleges throughout the year to educate on the law of knife crime and also encourage young people not to get caught up by peer pressure.

Safeguarding Under 5s

A Pan Sussex Public health multi-agency working group was set up to look at the 'National Panel's' report "Out of Routine" ⁹. The group set out to develop a consistent approach in several safeguarding areas such as 'safer sleeping' principles, to be shared with and adopted by agencies across Pan Sussex.

The Safeguarding under 5s working group is informing the planning of a thematic Conference scheduled for November 2021, focussing on both local and national learning, and also think about how to effect lasting changes to systems and services, including 'universal' service provision, which can positively impact outcomes for under 5s.

Suicide prevention and promoting the emotional wellbeing of children and young people.

This has been an important area where leads have linked up across Sussex to seek to improve outcomes for children and young people and address longer term issues such as waiting times. There has been extensive preventative and responsive work e.g. helping schools to provide informed and current help/resources to children, young people and their families.

Pan Sussex Policies and Procedures Group

The Sussex Child Protection and Safeguarding Procedures are produced to ensure that staff meet the requirements of Working Together to Safeguard Children 2018. A working group meets quarterly to review existing policies and procedures and to consider whether development of guidance is needed in response to specific issues raised by e.g. learning reviews and audit work. This reporting year saw a significant improvement in the group's outputs with a dedicated resource funded by the three Sussex SCPs providing traction. Timely briefings to staff highlighted key changes to updated policies and procedures and summarised new guidance.

In future, the group need to consider how best to rationalise and consolidate procedures to ensure they can be managed effectively. Planned work includes the alignment of Local Child Safeguarding Practice Review Procedures across Sussex.

Looking to the Future

Key areas of focus for 2021-22

Life under Covid-19 has irrevocably changed our children's lives. For some this may have meant spending more time at home together as a family and this has been reflected in an increase in the numbers of children who continued to be educated at home as restrictions eased.



For others, bereavement and the impact of social isolation on children's emotional health and wellbeing may have been the unwelcome consequences and experiences due to a global pandemic.

Our child safeguarding practice review work will seek to afford an insight into the impact of virtual relationships with children in need of early help and protection. Audit work will also focus on areas for development and post pandemic recovery. This will explore the impact on children in education and consider how best to support schools as they emerge from hours/days/weeks of 'lost' lessons and its effect on children's attainment both socially and academically.

Sir Alan Wood's review of multi-agency safeguarding arrangements ¹ acknowledges that progress will take time. As a partnership we will need to explore how we capture the voice of our children; strengthen links to our 'education' and assurance. Independent scrutiny is developing well under the new arrangements with two independent scrutineers holding clear and distinct functions. Recruiting new lay members will further strengthen and diversify support for our existing lay person in terms of wider ranging scrutiny of sub-group activity.

The wealth of research published and arising actions required during this reporting period has been simultaneously insightful and overwhelming and must be prioritised. The BHSCP is keen to learn from the national evaluation of independent scrutiny models expected in late 2021/early 2022.

Key challenges and opportunities:

- ◆ Supporting children and young people with their emotional health and wellbeing in a timely and effective way. This key concern is detailed throughout this report and reflects a wider national picture at a time when resources are under increased pressure.
- ◆ Outcome focused work - how do we know that our work is having a positive impact on keeping children safe and promoting their wellbeing? In areas where this is inconclusive, we must gain an understanding of when continuing is the right thing to do, even where tangible outcome evidence is difficult to demonstrate e.g. preventative ICON work around Abusive Head Trauma.
- ◆ How as a partnership do we best focus increasing limited resources, which will come under further strain as budgets will inevitably be under increasing pressure?
- ◆ Further developing a fair and inclusive working environment, e.g. focussing on anti-racist practice and tackling gender based harmful behaviours and practices.
- ◆ Lead Partner assurance—are they confident that current partnership arrangements are effective, with a supporting culture which actively seeks to improve and develop multi-agency working relationships.
- ◆ Engaging with the National Panel and safeguarding networks will further assist the BHSCP to achieve its objectives in a shifting and largely unknown post pandemic landscape.

- ◆ Working with and supporting Clinical Commissioning Groups as they undergo transformational change to an Integrated Care System operating framework.



Updates from Partner Agencies and Organisations

Community and Voluntary Services (CVS)

The Community and Voluntary sector plays a very significant and highly valued role in protecting and promoting the emotional health and wellbeing of children young people and families in the city. During the pandemic the community response has remained consistent and responsive to changing needs.

Community Works state:



“Community Works, Safety Net and the BHSCP have been working together to improve engagement with the CVS. A package of training has been maintained even throughout the pandemic including Safeguarding for Trustees, and a Safeguarding Q&A for front line workers. Our aim is to build ever stronger partnership arrangements to assist in safeguarding in the city.

The CVS responded extensively to the Prevention Peer Review, completing surveys, writing case studies and taking part in workshops with the Local Government Association; the CVS look forward to working together on the recommendations.

COVID 19 has created a challenging environment for voluntary and community organisations, there are concerns about funding, opening services back up again after moving them online and supporting service users in an uncertain environment but we know that effective partnership is the best route out together.”

Lay members

Lay members play an important role in providing an independent voice to help inform BHSCP’s decision making and provide a perspective based on their experience of living in Brighton & Hove.

During 2020-21 we said a fond goodbye to a long standing lay member who had ably supported our practice review work. We remained grateful to our remaining lay person for her ongoing work to support improvement to systems and practice. This was despite personal pressures brought by the Pandemic. Our lay member brought her critical thinking knowledge from her own experience of industry in conjunction with child centred thinking, to challenge constructively and effectively for example when signing off a practice review. Her input into the s11 audit as a community voice also proved invaluable; partners are immensely grateful for her ongoing commitment, adding much valued scrutiny via respectful and informed challenge.



Updates from Partner Agencies and Organisations

Brighton & Hove Private Fostering 2020-21: Raising awareness about Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18 if disabled), by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

Given concerns about the level of 'hidden' private fostering, local authorities are required to raise public awareness of the requirement to notify the local authority of private fostering arrangements and therefore to reduce the number of 'unknown' private fostering arrangements.



In 2020-21 a number of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public:

- ◆ In March 2020 the Private Fostering Monitor delivered training to professionals from services working with children and families in Brighton & Hove. The training is part of a Brighton & Hove Safeguarding Children Partnership (BHSCP) one day training event called *Hidden Children and Young People: Working with Invisible Families*. Training in March 2021 was postponed due to Covid-19 restrictions.
- ◆ Information about private fostering has been included in the primary and secondary school application guides 2020-21.
- ◆ The chapter relating to Private Fostering in the Sussex Child Protection and Safeguarding Procedures was refreshed in May 2020.
- ◆ The Private Fostering Monitor has worked with the Project Manager (Carefirst to Eclipse Migration) to ensure that private fostering is accurately mapped in readiness for Go-Live (postponed to August 2021).
- ◆ The Private Fostering Monitor has provided a Private Fostering briefing to the social workers and managers at the Front Door for Families in February 2021.
- ◆ Information about private fostering is regularly shared by the Brighton & Hove Safeguarding Children Partnership (BHSCP) with professionals and members of the public via the BHSCP website and social media.
- ◆ We continue to raise awareness about private fostering with Language Schools; Guardianship Agencies and other Homestay Providers.
- ◆ The BHCC Education Safeguarding Officer has provided information and guidance to local independent schools during this period to ensure that the front door is notified of private fostering arrangements arising from covid-19 restrictions. For example, at the start of the third lockdown, a small number of children (boarders at the schools) could not return home during the third lockdown and had to live with host families which constitutes a private fostering arrangement.

Updates from Partner Agencies and Organisations

Brighton and Sussex University Hospitals Trust (BSUH)

Safeguarding children and young people remains a priority within Brighton and Sussex University Hospitals Trust (BSUH) which is the main acute hospital in the area, through a continued commitment to promoting safeguarding as an integral component of practice and keeping the child or young person at the centre of safeguarding decision making.

Partnership Working continues to be strong as BSUH is represented by the Named Nurse & Doctor at key strategic groups both internally and externally. This includes participation in the audit programmes and dissemination of the learning.

Covid-19 has had an impact on the way children and young people access care and how professionals interact with families. Face to face A&E services continued throughout the lock down, but some clinic appointments were not possible, so the use of online or telephone contact was instigated. Staff were mindful of the challenges, trying to ensure every contact was meaningful because other support services from the partnership were restricted. Child protection medicals continued throughout.



It was noted that the numbers of young people presenting to A&E with issues relating to mental health has dramatically increased and this has been escalated within the CCG and partnership.

Flexibility about training opportunities was needed, so newsletters and information sheets were used as well as online quiz and e-learning, however it is recognised that this is not as effective as face to face discussions.

In April 2021 Brighton and Sussex University Hospitals Trust (BSUH) amalgamated with Western Sussex Hospitals Foundation Trust (WSHT) to become University Hospitals Sussex Foundation Trust. The commitment to safeguarding children and young people will continue to be a high priority within the new Trust.

The LionCare Group



The LionCare Group provides independent therapeutic residential children's homes and independent therapeutic Social, Emotional and Mental Health Support (SEMH) School. The Lioncare Group was proud of its ability to have a positive impact on children's lives in the city during Covid-19: "Our Children's Homes and School remained open... and operational throughout the Covid pandemic." The Lioncare Group also challenged the partnership to think about how to develop and improve collaborative working with them as a specialist provider, to keep children safe.

Updates from Partner Agencies and Organisations

Clinical Commissioning Group (CCG)

Key achievements:

- ◆ CCG looked after children team developed bespoke training on the healthcare needs of children in care available to all agency staff and delivered as an offer via LSCP.



- ◆ Community of Practice for working with Fathers and non- Birthing Parents developed and working across the partnership with health membership.
- ◆ Pan Sussex Non Accidental Injury (NAI) practice guidance developed for injuries to non-mobile infants, including eye haemorrhages, standardised by the Pan Sussex Policies and Procedures.

Impact of CCG Training:

- ◆ Raising professional awareness of Abusive Head Trauma (AHT) and the importance of ICON messaging.
- ◆ Importance of the role of fathers and male carers emphasised in training and communications as research indicates that 70% of AHT is caused by males.
- ◆ Multi agency staff equipped with the knowledge to support parents understand normal child development stages including babies crying, in order to support families develop a strategy to manage this through the sharing of the ICON messaging including the 'crying plan'.

Key challenges:

Covid-19 pandemic required all NHS organisations to consider how we best support acute services:

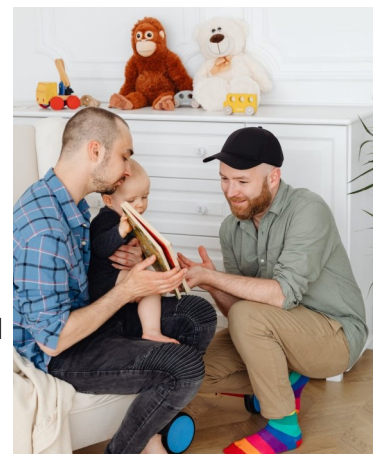
- ◆ Business as usual was paused, or altered. Business continuity plans were implemented within the CCGs and across our health partners. New ways of working and communicating using new technology and video calls, rather than face to face meetings were established with our safeguarding children partners.
- ◆ CCGs were required to plan for nursing and other staff redeployment; this included the safeguarding **and** children looked after teams.
- ◆ The safeguarding children partnership was flexible and able to understand and recognise the challenges the NHS and CCG has faced. Effective working together has continued.
- ◆ Child Exploitation Conferences at the Brighton Amex Stadium were postponed to 2021-22 financial year due to Covid government restrictions.

Impact on new parenthood:

Health visitors were redeployed into acute services at the beginning of the pandemic which impacted on the service new parents received.

The CCG worked with providers and the partnership to share these concerns regionally and nationally, along with other CCG's.

Health visitor's and Healthy Child Programme practitioners (school nurses) were recognised as offering an essential service to children and families and were not redeployed further, allowing services to support new parents to resume.



Updates from Partner Agencies and Organisations

Brighton & Hove City Council (BHCC): Safer Communities

Safer Communities is responsible for the provision of regulatory services and community safety including exploitation; violence reduction; domestic and sexual violence and abuse; and leading 'Prevent' (safeguarding and supporting those vulnerable to radicalisation).

Key Achievement: The Community Safety Team worked in partnership with the BHCC's Adolescent Service to develop a clear plan to embed a contextual safeguarding approach in cases involving exploitation and extra-familial harm. In addition to this the Community Safety Team facilitated neighbourhood-based contextual safeguarding meetings involving a wide range of statutory and non-statutory agencies which has led to far richer discussions and safety planning e.g. Preston Park and Brighton Seafront.



Key challenge: was to ensure that agencies involved in child safeguarding were able to identify that if a child or young person has become involved in exploitative activity such as drug dealing the complexity of their situation should be explored before considering how best to support them out of this situation, recognising that prosecution may not be appropriate. Professionals are developing a greater understanding of the impact of trauma on a child or young person's behaviour including fear of reprisals and debt entrapment.

East Sussex Fire and Rescue Service (ESFRS)



ESFRS are committed to improving the safety of the most vulnerable people in our communities, which includes working with partners to safeguard children and young people.

Key achievement: Working with partner agencies to deliver Virtual Safety in Action to primary schools and home educated children in Brighton & Hove. This included mental health, wellbeing and internet safety resources/information, that were pertinent to lockdown challenges. Up to March 2021 there were a total of 4,403 page views for the resources.

Key Challenge: The challenge was delivering key safety messages without face to face contact, which normally results from educational events, school visits and home safety visits (home safety visits were restricted to homes with no working smoke alarm or other issues) and fire station open days.

Our response to Covid-19 measures:

- ◆ Continued home safety visits to reduce fire and accident risk within homes.
- ◆ **FireWise**, our fire setting intervention programme to children and young people with a fascination for fire was adapted utilising a mixture of face to face and online sessions.
- ◆ Developing and delivering our **Safe Drive, Stay Alive** road safety programme through a specially developed online session to reach and influence 16-17 year olds, including home educated young people.
- ◆ Through developing our **Water Savvy, Water Safe WS²** water safety programme to reduce the risk of drowning for children of all ages.



Updates from Partner Agencies and Organisations

Sussex Police

“Covid-19 has had a profound impact on all services and we have had to quickly innovate and adapt to new ways of working. Where visiting of children was required as part of joint agency working or a police investigation, visits took place despite concerns around Covid-19.”

Key achievement: an example of tackling exploitation. Police received information that a child was being exploited by a ‘known drug dealer’. Joint agency work was completed in terms of safeguarding and engagement. The exploiting adult was issued with a Community Protection Notice preventing them from contacting children. Whilst the investigation did not result in charges relating to criminal exploitation, the alleged perpetrator was dealt with positively by police and a number of control measures were put in place resulting in proactive intervention and disruption. As a result the child of concern went missing less frequently and there were no further reports of exploitation.

Sussex Police recognise that much work still needs to be done to reduce criminal exploitation in the city. This work includes the need to continue to develop collaborative relationships, at local and national level to tackle exploitation.

In February 2021, ‘**What’s in your pocket**’ a short film production, centred on raising awareness of child criminal exploitation, was shortlisted for The London Rolling Film Festival. Filmed in Brighton & Hove by students and ‘Smokescreen Visuals’, it highlighted issues of child exploitation, debt bondage, abuse and coercion which are integral to illegal drug supply. The students collaborated with community partners including Sussex Police, YMCA and Crimestoppers.



National Probation Service (NPS)

The NPS is part of the Criminal Justice System working with offenders who may pose either a direct or indirect threat to children. We are responsible for managing the risk’s posed by working closely with partnership agencies including the Police and Children’s Services and ensuring that effective and robust risk management plans are in place to ensure the safety of children. We support the partnership by :

- Chairing Multi-Agency Public Protection Arrangements (MAPPA) meetings, bringing together a range of partnership agencies, to ensure a collaborative approach is taken with regard to the management of those subject to MAPPA.
- Work closely with Sussex Police to deal with perpetrators who carry out sexual offences against children.



Ensuring Multi-Agency Risk Assessment Conference meetings focus on the protection of both adults and children who are at risk of domestic abuse.

During Covid 19, the NPS adapted its delivery model, working to an Exceptional Delivery Model (EDM) using technology and remote ways of working to engage and communicate with service users.

The focus during this period has been to maintain frequent contact with those posing the highest risk, in particular those who have contact with children. Engagement with child protection conference work has been prioritised.

“One of the main consequences of Covid 19 has been the lack of home visits and face to face contact. These enable us to build a holistic picture of the Service User and their family, and also allow us to see first hand how things are in the family home. Other measures have been put in place to compensate, e.g. doorstep visits, telephone calls and video messaging.”

The NPS hopes to install a designated member of staff co-located one day a week at the Front Door for Families, following the re-unification of Probation Services in June 2021; this is in line with practice elsewhere in Sussex.

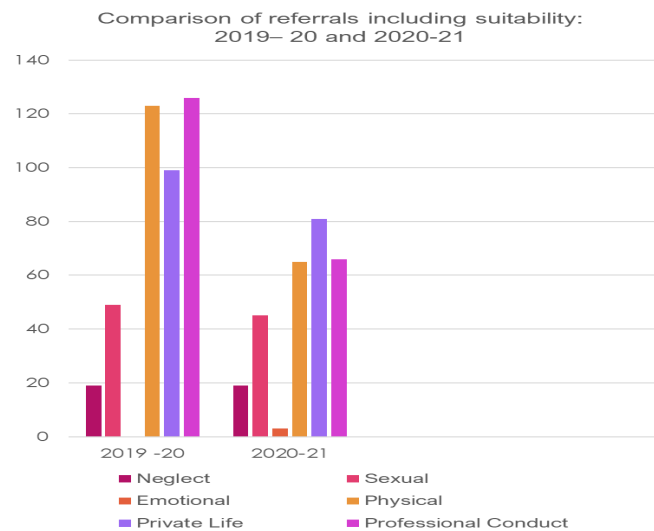
Updates from Partner Agencies and Organisations

Local Authority Designated Officer (LADO)

The LADO is responsible for the management of allegations and concerns regarding adults who work with, care for or volunteer with children. This includes providing advice about safer recruitment and selection practices and safer working practices.

Referrals during 2020-21 were 279, down by 35% on 2019-20 (426) referrals. This reduction was directly attributable to Covid-19 measures. The highest number of investigated allegations regarding professionals were: schools (43), residential settings (32) and foster care (21).

During 2020-21 There were:



- ◆ 158 initial evaluations with no further action (323 the previous year).
- ◆ 16 staff suspended, of which 5 were reinstated.
- ◆ 49 strategy discussions leading to 24 s47¹¹ investigations.
- ◆ 1 police conviction during this period, with 29 live investigations leading to 3 charges and 6 further cases awaiting advice from the Crown Prosecution Service.

Key challenge: lack of central government position regarding data capture to ensure a consistent national approach to recording and managing allegations.

Key achievement: The LADO maintained a high standard of response rate during this period, despite being called upon to support capacity at the Local Authority's Front Door for families.

Sussex Partnership Foundation Trust (SPFT)

SPFT provide a range of adult and child focussed specialist mental health services. All staff have a responsibility to raise safeguarding children concerns wherever they arise. We have been continuing to promote staff to be aware of the criteria and function of Early Help and referrals into this service.

SPFT's safeguarding team provides clinical consultations, support, supervision, core and specialist safeguarding training. We are also the first point of contact for partners regarding external agencies to ensure safeguarding needs and standards are met.

Key achievement: In response to the COVID-19 pandemic, 3 months of additional safeguarding children funding was provided between January - March 2021 to provide additional support for Child and Adolescent Mental Health Services (CAMHS) within Sussex. This equated to an extra day of safeguarding provision for Brighton and Hove.



This additional resourcing has had a positive impact by increasing engagement with CAMHS, perinatal and Learning Disability (LD) CAMHS services.

The Covid-19 pandemic meant that all SPFT children's safeguarding training had to be revised so it could be delivered online and to feature the changes in safeguarding services both internally and externally. We chose to continue to deliver training live via webinars so that conversation and exploration could happen with participants virtually. Our training programme was reviewed, e.g. with specific focuses on neglect, learning from child safeguarding practice reviews and the role of men in safeguarding.

To note: Looking to the future, we welcome opportunities for Children's Social Care to have a placement within the SPFT safeguarding team and CAMHS teams. This could be a reciprocal arrangement; as we are keen to promote working alongside our partners.

Updates from Partner Agencies and Organisations

Sussex Community Foundation Trust

- ◆ SCFT offers a range of Children's Community health services which includes the Healthy Child Programme (HCP) 0-19 years which is delivered by Health Visitors and School Nurses offering a Universal, Universal Plus and Universal Partnership Plus service to children and their families.
- ◆ The Sussex wide Children's Sexual Assault Referral Centre (CSARC) is operationally managed by a SCFT Consultant Community Paediatrician and a Specialist Nurse.

Key challenge: Due to the COVID-19 pandemic, contacts by staff working with children in SCFT have been mostly 'virtually', via video call or by telephone. This has been a huge challenge for building relationships and safeguarding children as they were very often not seen face to face.

Key Achievement: Learning from child safeguarding practice reviews, being shared through webinars and learning events and co presenting on the CSA webinar.



Looking to the future

- ◆ SCFT as a Health Provider have not been so actively involved in leading the Partnership's direction since the new arrangements were implemented in 2019. There are no direct health provider representatives on the Steering Group; however, the CCG are core members. Although partners attend the partnership meetings it would strengthen the working together, if providers were involved further in steering the partnership's strategic direction.
- ◆ A Partnership Board meeting was cancelled in June 2020 due to Covid-19, decisions are now potentially made without health providers' involvement. The Partnership Board needs to involve all agencies in working together to ensure children and young people in Brighton & Hove are effectively safeguarded.
- ◆ The impact of the partnerships' work could be measured by evaluating training attendance and revisiting those audits that bring in the same learning over again.



Children's Sexual Assault Referral Centre (CSARC)

The main achievements of the service this year have been to continue to provide good care during the Covid-19 pandemic and to continue to improve the experience for the children and families that attend CSARC. The CSARC has completed its sixth year and continues to develop and improve the service by acting on feedback from children, parents and carers and by ensuring the ongoing professional development of staff. In addition, the CSARC offers open days and pathway awareness training to safeguarding partners across Sussex.

Budget April 2020 - March 2021

Working Together to Safeguard Children 2018 states “ the safeguarding partners should agree the level of funding secured from each partner, which should be equitable and proportionate,to support the local arrangements....and sufficient to cover all elements of the arrangements, including the cost of local child safeguarding practice reviews.” The three lead safeguarding partners funded the majority of the costs of the partnership for its first full year in operation.

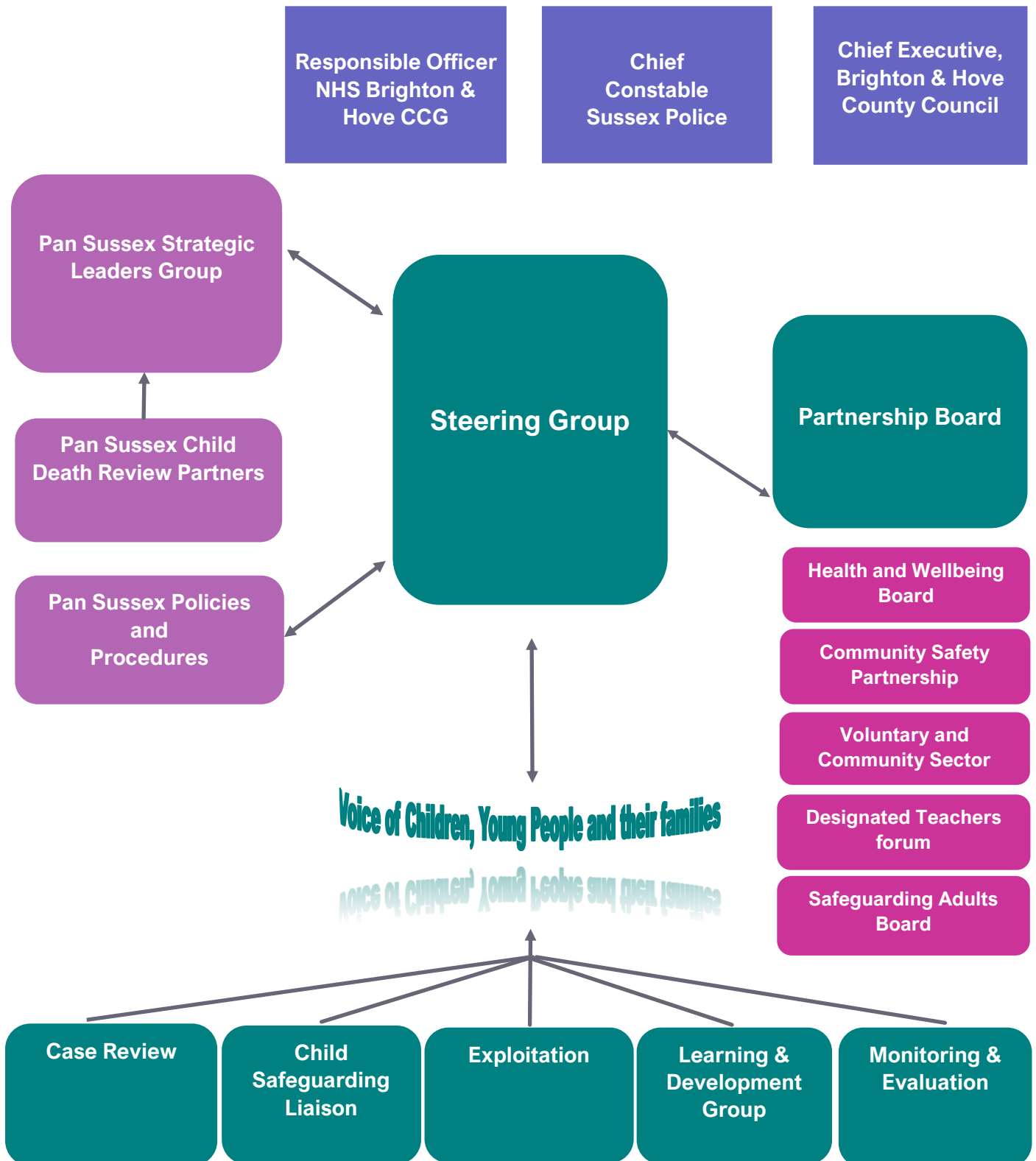
2020-21: Partner contributions		Expenditure: Headline costs	
CCG	66,783.00	Staffing	139,964.00
Local Authority	102,140.00	Independent Scrutiny	22,505.00
Police	35,000.00	Training	10,350.00
KSS CRC	2,786.00	Learning reviews	10,400.00
NPS	1,083	IT/Equipment	3,907.00
Total (Partner contributions)	£207,792.00	Miscellaneous costs*	5,666.00
		Allocated funds for 2021-22 (Includes conferences and learning reviews)	15,000.00
C/F from 2019-20 (not included in total income)	40,000.00	C/F from 2020-21 (not included in total income)	40,000.00
Total income	£207,792.00	Total expenditure	£207,792.00

The Steering Group agreed to carry forward funds of £40,000 and allocated a further £15,000 to complete projects which commenced or were commissioned during the business year. Given the relatively small budget learning reviews can account for 5-10% of the partnership’s annual cost so this flexibility enables the partnership to continue to meet its financial commitments.

BHSCP budget: Sir Alan Wood’s phase one report (July 2020) noted the significant additional demands placed on local service provision to keep children and families safe. Although his final report (May 2021) post dates the period of this report he reiterates this point and it is of note that he concludes that the complexity of funding issues should be addressed by each area when determining the SCP budgets. The BHSCP budget for 2021-22 remains at similar levels to 2020-21.



BHSCP groups and strategic partners



Brighton & Hove Safeguarding Children Partnership: Our Partners



Sussex
NHS Commissioners



East Sussex Fire & Rescue Service



National
Probation
Service



Brighton & Hove
SAB
Safeguarding
Adults Board

NHS
Sussex Partnership
NHS Foundation Trust



Kent
Surrey
& Sussex
Community Rehabilitation Company



**Brighton & Hove
Community Safety Partnership**

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David Kemp	East Sussex Fire & Rescue Service
David Satchell	National Probation Service
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Jack Sager	Sussex Police
Mehdi Fallahi	Sussex Police
Becky Surman	Brighton & Hove City Council, Early Help
Jo Tomlinson	Sussex Clinical Commissioning Groups

References

1. [Wood Report](#) Sector expert review of new multi-agency safeguarding arrangement (published May 2021: HMG). The Department for Education appointed Sir Alan Wood CBE to review how the new multi-agency safeguarding arrangements for local areas (introduced in July 2019), are addressing criteria set out in Working Together to Safeguard Children 2018 guidance.
2. [Brighton and Hove Joint Strategic Needs Assessment](#)
3. [Section 11 of the Children Act 2004](#) places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
4. The three lead partners are responsible for ensuring that partners work across the city to safeguard children and young people and promote their health and wellbeing. Further information can be found in the [BHSCP's partnership arrangements](#).
5. [Working Together to Safeguard Children 2018](#) (WT 2018)
6. [Supporting vulnerable children and families during COVID-19](#), Practice Briefing (December 2020)
7. Rapid Reviews: "When a serious incident becomes known to the safeguarding partners, they must consider whether the case meets the criteria for a local review.The safeguarding partners should promptly undertake a rapid review of the case". Working Together to Safeguard Children 2018.
8. The [national case review repository](#), launched in November 2013, is the most comprehensive collection of case reviews in the UK. It provides a single place for published case reviews to make it easier to access and share learning at a local, regional and national level.
9. [Out of routine](#): A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm.
10. ["It was hard to escape"](#) Safeguarding children at risk from criminal exploitation (HMG 2020).
11. The local authority **must** investigate if they have good reason to suspect that a child who lives, or is found, in their area is suffering (or is likely to suffer) significant harm. A section 47 investigation (Children's Act 1989) is undertaken where a child at risk of significant harm.

Page 7 MACE/MACSE: Multi-Agency Child (Sexual) Exploitation.

* AVR: Adolescent Vulnerability Risk Meeting.

BHSCP's vision and values:

The Brighton and Hove Safeguarding Children Partnership has a vision that: Children and young people in Brighton & Hove live a life free from fear, harm, abuse and exploitation, enabling every child in every part of the City to achieve their potential.

This is underpinned by our Core Values:

□ A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

□ Safeguarding is everyone's responsibility: for services to be effective each citizen, practitioner and organisation should play their part.

