

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 11 SEPTEMBER 2018**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Cllrs Karen Barford (Chair), Mary Mears, Clare Moonan, Dick Page, and Andrew Wealls; Dr David Supple, Wendy Carberry, Chris Clark and Malcolm Dennett (Brighton & Hove Clinical Commissioning Group)

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

**PART ONE**

**25 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

25.1 Councillor Mears was in attendance as a substitute for Councillor Taylor. Apologies had been received from Pennie Ford, Chris Robson and Dr Jim Graham.

**26 MINUTES**

26.1 **RESOLVED:** That the minutes of the meeting on 10 July be agreed as a correct record.

**27 CHAIR'S COMMUNICATIONS**

27.1 The Chair stated:

**“Ofsted review and outcome**

Our children's social care services have been officially judged 'good' following a three-week inspection by Ofsted in July. Checking back through old inspection reports for the city we have never had a 'good' judgement for our children's social care services before.

Some of the key points in the report are:

- The senior leadership team, supported by strong cross-party political and corporate support, has worked effectively to improve services
- Social workers' morale is high, and they enjoy working here
- We provide a joined-up response to the needs of vulnerable children and families

- Children in need of early help and children in need of protection receive prompt and appropriate help
- Social workers are tenacious in seeking to build meaningful relationships with children
- They and their managers are aspirational for the children in their care and demonstrate a strong focus on improving their experiences and outcomes
- Young people have good access to a range of housing and living options.

I would like to congratulate Cllr Dan Chapman, lead cllr for Children, Families and Learning, Pinaki and his staff team as well as our partners for this improved inspection outcome.

### **Joint Health & Wellbeing Strategy Policy Panel update**

The Board asked that a policy panel be set up to help with the development of the refreshing of the Health & Wellbeing Strategy for the city. I am happy to report that the panel met for the first time in July and will be meeting again shortly. We are planning to bring a formal report to the Board in November.

### **Winter planning**

Although it is still warm outside officers across health and social care have been working on the winter plans. This meeting there will be one report on the night shelter facilities and further reports will come to the board as necessary..

### **Rottingdean Branch GP Surgery closure**

The Board is aware that the Rottingdean Branch surgery is going to close and that patients have been informed. The CCG have kept the council up to date with the ongoing situation and the latest letter explaining about lack of cover was recently received. This latest letter is available here: <https://present.brighton-hove.gov.uk/Published/C00000826/M00008123/Supp30367dDocPackPublic.pdf>

In addition we are aware of the merger of the GP services in the North Lanes announced on Friday. We are expecting further information on this shortly but have been pleased to see that all the GPs, nursing and other staff will be moving to St Peters surgery and the patient list will move there as well. Further information will be provided shortly.

### **Fast Track Cities**

As the Board is aware the council and partners have signed up to be one of the Fast Track cities, committed to the reduction of HIV by 2020. The year one fast track cities initiative report is being published in a couple of months and will come to the Board.

However the World Health Organisation recently reported on some of the work being undertaken in city. This report is available here: <https://present.brighton-hove.gov.uk/Published/C00000826/M00008123/Supp30367dDocPackPublic.pdf>

## **Urology Service**

Brighton & Sussex University Hospitals have informed our Health Overview and Scrutiny Committee that the Trust is planning to move out-patient urology services from RSCH to PRH where they will be co-located with surgical urology which was single-sited at PRH around 3 years' ago. HOSC will monitor the situation as the changes come into place.

## **September is world Alzheimer's month**

September is world Alzheimer's month and as the Board may remember we have been promoting and supporting Brighton and Hove become a Dementia Friendly city. The Board would like to thank all the staff across the council and CCG staff who have already participated in the Dementia Friends training.

## **Older Peoples Festival**

I am happy to announce that the Brighton & Hove Older People's Festival is back in town!

Over the past five years, Impact Initiatives have brought huge added value to a modest £10,000 grant from Public Health to create this festival - which has grown from 16 events in 2013, to 111 events across 58 venues this year! Starting on 24<sup>th</sup> September the 2018 Older People's Festival is set to be a vibrant and exciting two week celebration for people aged 50+ in Brighton & Hove.

The festival fortnight is packed full of events, tours, talks... chances to try all sorts of new things and meet new people.

If I could encourage people to look at the website ([www.opf.org.uk](http://www.opf.org.uk)) and or take one of the brochures to help us to spread the word!

Brighton & Hove has around 38,400 people aged 65 or over, which represents 13% of the population of the city - and this is increasing every year as people are living longer. We want older people to have a good quality of life, and for the city to be a great place in which to age. We believe that making the city friendly for older people will make it friendly for everyone.

We want to challenge stigma around ageing by presenting a positive profile of older people. Celebrating the United Nations International Day of Older Persons throughout the festival is key to this - it gives us an opportunity to highlight the many achievements & contributions that older people make to our city, as well as tackling outdated attitudes & negative stereotypes. The celebrations and activities also promote active & healthy ageing and give older people more opportunities to get out and about, meet new people and try new things.

## Finally

At the last Health & Wellbeing Board Councillor Janio sent in a letter to the Board concerning the primary care provision in the Hove area. The minutes show that that the Board agreed the following :

'Agrees that this letter is referred to the CCG and be addressed as part of the presentation at the September Board'

Unfortunately, the presentation of the Brighton General Site and the additional paper from the CCG providing an update of the primary care strategy, the HUBs and also the urgent treatment centre will now be coming to the Board in November.

## 28 FORMAL PUBLIC INVOLVEMENT

28.1 The Chair noted that four public questions had been received and asked John Kapp to ask his question:

"What plans do the Board have to treat Rachel (65, depressed in sheltered accommodation) and Dave (40, alcoholic and homeless) in Community Care Centres, according to the Better Care Fund?"

28.2 The Chair responded:

"The **Better Care Fund** (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

"To attract the money a substantial plan has to be submitted based on evidence and impact. Once submitted the money has to be spent on those services and reports on progress made to national bodies. There is a potential claw back of any funds should they be spent on other things.

"There are a range of services in place to help people in the community. Our primary care provision is the first point for these and then referral can be made to higher levels of support if required. We have this in place for all residents including our homeless community."

28.3 John Kapp stated that he believed that the Better Care Fund was worth around £28 Million and asked if the Chair could provide him with a breakdown of how it was spent.

28.4 The Chair stated that she would send a written response to the supplementary question.

28.5 The Chair invited Valerie Mainstone to put her question to the Board:

“In April 2018 the area served by the Low Vision Clinic in Brighton changed so that only residents of Brighton and Hove, not of outlying areas, could access the Clinic’s services. At the same time, the Clinical Commissioning Group withdrew its funding and Brighton and Hove City Council took over that responsibility up to March 2019.

What will happen to the service in Brighton and Hove from April 2019?”

28.6 The Chair responded:

“We are just in the process of starting the budget setting process for the 2019/20. We are not currently able to provide confirmation or otherwise about this or other services at this time. A report later in the meeting (Better Care Fund) shows the budget timeline of both the CCG and the Council.

“Given the Council is funding this service and there are no contributions from the other councils we have to consider ensuring the low vision clinic responds to our resident’s needs. West Sussex and East Sussex County Councils commission low vision services for their populations.”

28.7 Valerie Mainstone asked what the impact on the clinic had been of only serving residents of Brighton & Hove.

28.8 The Chair stated that she would respond in writing to the Supplementary Question.

28.9 The Chair asked Jim Deans to come forward and ask his question:

“Committee are aware of the questions surrounding "Malnutrition" and the ending of "meals on wheels" service. It's been stated that the service was replaced by a "as like" offer. This has been explored by Sussex Homeless Support (SHS) contacting service and viewing web-site offering. This is a paid service and there is no provision for benefits claimers identified as in danger. One of the providers has a minimum £30 order. Many of the clients in emergency accommodation receive £52 a week benefit they pay a service charge of between £17-£25 to hostels leaving it impossible to pay minimum £7 meal per day delivered by the second provider.

“The "Discretionary Fund" will not consider applications for meal service.

“Is the committee aware of this and would the committee check this information is correct and make the appropriate change to allow the Discretionary Fund to cover applications?”

28.10 The Chair responded:

“As the Board is aware we recently had a report about Food and Food Poverty to the Board. It was agreed that a report will come back to this Board looking at malnutrition in the city.

If there is any resident (be they in their own accommodation, vulnerably housed or homeless) that has food and nutrition needs we would urge them or any friend, family, voluntary or community service to make contact through Access Point so a full assessment of Community their eligible needs can be made to ensure that the council is meeting its statutory responsibilities.

Community Meals is not a universal service. It is intended for people who have been assessed and identified in their care plans as unable to cook for themselves. In addition there are people who prefer to use this service but who do not meet the criteria and therefore pay for the meals themselves.

The changes were made to the service in 2016 in response to the provider no longer wishing to offer the service. A full review of services users was undertaken and their needs highlighted a range of issues. The new service offer reflects the needs they expressed. A follow up report post implementation was also undertaken and a report came to the board which showed a significant increase not only in satisfaction but also using other services such as meal clubs.

With regard to the Local Discretionary Social Fund. This is a specific fund that can help people who find themselves in a difficult situation and need emergency help with:

- Getting food & groceries
- Paying for gas and electricity payments
- Other things you might need in an emergency.

An application can be made online here: <https://new.brighton-hove.gov.uk/benefits/help-and-support/get-emergency-help-food-energy-bills-and-other-essentials> “

28.11 Jim Deans called on the Board to lead a full review of services surrounding temporary and emergency accommodation in particular those classed as supported and to work with charities in the review who were picking up the duty of care which should be the responsibility of Brighton & Hove City Council.

28.12 The Chair stated that she would provide a written response to the supplementary question.

28.13 The Chair invited Amanda Bishop to ask her question:

“Please can you confirm the number of deaths in supported/ emergency accommodation in the last three years.”

28.14 The Chair responded:

“This is a very timely question as today we have the Housing First report which I hope you will stay for.

“The Adult Safeguarding Boards for Brighton and also East Sussex have been monitoring and reporting about safeguarding concerns for homeless and vulnerably housed people to the Board for over 2 years. This includes a range of issues not just deaths. We are due to have their latest annual report at our November Board and some

of the content will cover the concern you have raised as it is part of their ongoing work plan.

“There is a lot of work in place but also more is required try and understand this issue. We have to understand that people will die and do die but it is trying to ensure we learn from any preventable early deaths and put in place appropriate support and interventions. Any homeless death is therefore considered against the criteria for a Safeguarding Adult review.

“In looking into your question it was clear that a short answer will not suffice and I was considering asking for a report to be commissioned to come back to the Board. However we are aware there is a Notice of Motion going to Housing and New Homes committee on 19th September covering a similar issue. I therefore propose that a joint report be commissioned to go to both this Board and the Housing and New Homes Committee covering the issues you have raised to include:

- information on deaths
- support services that are available to those in temporary accommodation
- a review of services users that are currently in Kendall Court

plus any additional area that the Housing and New Homes wish to include. This report will come back to the November Health and Wellbeing Board.”

28.15 Amanda Bishop stated that deaths of individuals reported in the press recently had been concerning and some had suggested these deaths had resulted from people being placed in accommodation in the surrounding towns away from their usual support network. She called on the Board to conduct an immediate review of the current accommodation and support offered to the clients to include Councillor visits to the supported accommodation to speak with the residents there as it appeared that there was something very wrong with the support that was being provided.

28.16 The Chair noted the supplementary question and stated that she would ask officers to incorporate the issues raised into a report on support for homelessness support services which was due to come to a future meeting.

## **29 FORMAL MEMBER INVOLVEMENT**

29.1 The Chair invited Councillor Page to ask his question:

“A recent report by a medical royal college, reported in the Argus on 31st August, shows that 17% of patients are waiting more than a week for an appointment with a GP in Brighton & Hove, a 5% increase since the equivalent survey five years ago.

“With dangerously low numbers of GPs persisting for our population following so many surgery closures in the last two years, and the threatened closure of the Queens Road minor injuries clinic, what is the CCG’s action plan which could reassure our residents that primary care services are not deteriorating?”

29.2 The Chair responded:

“As the Health & Wellbeing Board, and also the Health Overview and Scrutiny Committee who have also had reports, are aware the numbers of GPs per 100,000 patients in the city has declined. This is not just a city problem but a national issue.

“The CCG has already listed a report to come to the Health & Wellbeing Board in November to outline its primary care strategy, the work we are going with our GPs to maximise service provision as well as the proposals for the urgent treatment centre. This report is unfortunately not yet ready to come to this Board today but will hopefully provide a more comprehensive response that can be provided today.

“We are aware that there have been concerns about the potential closure of the Queens Road walk in GP centre, however we must stress that there are no immediate plans to do this and any changes will be made in a planned, evidenced based and coordinated way to ensure that there are services for residents and visitors to the city.

“We are seeking to increase provision within our GP facilities through increasing Advanced Practice Nurses to support GPs, specific clinics for health concerns eg diabetes , COPD, etc through working in clusters as well as working with other agencies in our GP surgeries. However the need to attract more GPs on terms and conditions that can be flexible to their needs remains a challenge. The ‘old model’ of GPs who are partners in the surgery is only one approach and we are looking at varied options to ensure we are attractive to new recruits.

“In addition we need to also think of culture change and that direct referrals from services such as physiotherapy, wellbeing , CVS, as well as Active Signposting , via receptionists, combined with input from Community Navigators are key when combined with patient education and empowerment.

“If we all as a local system including HWB members push these new ways of referring and linking to services then we can create capacity for vulnerable groups and increase the chance of suitable appointments, continuity of care.”

- 29.3 Councillor Page stated that hoped the report would cover the lengthening waiting times for GP appointments which he felt was of real concern. He also stated that while he understood that GP recruitment may be difficult nationally the data which he had seen suggested that Brighton & Hove had a particularly low ration of GPs to patients.
- 29.4 Chris Clark confirmed on behalf of the Chair that the patient experience of accessing GP services would be included in the strategy. He also stated that recruitment was a national issue and while the CCG did recognise the low ration of GPs to patients this was not the case in all areas of primary care and new models of primary care would be explored to reflect that fact.

### **30 CARING TOGETHER: MOVING TOWARDS INTEGRATION POSITION PAPER**

- 30.1 The Executive Director, Health & Adult Social Care and Chris Clark introduced the report. They sought to stress the positive foundation on which the report was built such as the CCG coming out of special measures and achieving a ‘good’ rating and the hospital coming out of financial special measures. The report suggested a direction of travel and was not a formal proposal.



- 30.2 Councillor Mears stated that while she welcomed the promise of closer integration she felt that it was a process that should have started sooner. She was concerned that there was a lack of scrutiny of the budget without a specific Adult Social Care Committee.
- 30.3 The Executive Director, Health & Adult Social Care responded that the current committee structure did provide scrutiny through both the Health & Wellbeing Board and the Health Overview & Scrutiny Committee and he hoped that the report represented the start of a new more transparent process for budget setting.
- 30.4 Councillor Page stated that he was concerned by the developments across the country where large areas of services had been contracted out. He asked officers to confirm that the report was about working together and not about enabling outsourcing.
- 30.5 The Executive Director, Health & Adult Social Care stated that his understanding of an integrated care partnership was public sector organisations working together with a range of partners.
- 30.6 In response to Councillor Page, Chris Clark stated that the CCG had a duty to develop a policy for commissioning based on clinical priority, this policy would sit alongside the CCG and Council's joint commissioning strategies. He also stated that he would be happy to bring this policy to the Health & Wellbeing Board through the Chair.

30.7 **RESOLVED:**

That the Board:

1. Approves the Council and CCG to align budget-setting processes for 2019/2020 in relation to primary and community care, public health, adult social care and children and families social care; while acknowledging not all financial streams are within joint Council and CCG control.
2. Authorises officers from the CCG and Council to start in 2019/2020 the development of a 4 year Medium Term Financial Strategy to enable greater cooperation and understanding and a more integrated approach to strategic financial planning.
3. Requests that Officers bring a report on joint commissioning intentions to the Health & Wellbeing Board meeting in November 2018.

**31 BETTER CARE PLAN DASHBOARD**

- 31.1 Chris Clark introduced the report which focused on Delayed Transfers of Care (DToC). Delayed transfers resulted in a poor patient experience and were the driver in inefficiencies in the local health care system. The data for July and August was not reported in the paper but there had been a significant increase and there was a need to take urgent action. DToC placed pressure on the flow through hospital which had a knock on effect on A&E. There was a need for the Council, Hospital and CCG to work together to take a whole system approach to the issue. There was also a reported overspend in the Community Equipment Fund but there was potentially issues with the accuracy of the reporting and this would be confirmed by the next meeting.

- 31.2 Malcolm Dennett stated that it was a positive step to have metrics reported to the Board regularly and it was now important for these metrics to be examined overtime and to be seen in context so that the impact of spending could be assessed and scrutinised. Several metrics had flat lined over time and it was important to understand if this was a sign that the money being spent in these areas was moderating against increasing pressures or whether it showed that there was actually little impact of the spend. He also noted that the Community Equipment Fund had been overspent last year as well and stated that it would be worth investigating the cause of this persistent overspend.
- 31.3 Chris Clark responded that he could bring more detail on the Community Equipment Fund to future meetings.
- 31.4 Councillor Mears stated that it was key to identify where there was increasing pressure in the city to inform commissioning and to monitor trends over the long term. She also stated that a priority in the city needed to be keeping people in their homes for as long as possible.
- 31.5 Councillor Page stated that he supported Malcolm Dennett's call for further investigation into the Community Equipment Fund which provided a vital service. He stated that he was full of admiration for the amount of work which had resulted in the flat lining of indicators in the context of an aging population. He asked if officers could elaborate on the urgent actions being taken to address the DToC issue.
- 31.6 The Chief Executive, Brighton & Hove City Council stated that over the summer DToCs increased in the City which was the situation nationally. Partners from the system came together to try and rectify this both through immediate operational action and also by looking at a strategic approach to build capacity to be able to better respond in the future. He stated that it was important to understand how patients flowed through the hospital, how staff on the ground responded to this and how the Board could influence this.
- 31.7 Councillor Wealls stated that the Better Care Fund had existed for around three years and it had been difficult for members to evaluate its effectiveness from the reports presented which did not include targets or give context through comparator data to the metrics. He hoped that future reports would state what the targets were and expand on why these targets were or were not being met. Officers needed to be able to justify why the targets had been set at the levels they had and that they were realistic. He did not feel that the reports demonstrated that the Council and CCG understood why spends had been effective or not and did know what was working elsewhere. Councillor Wealls also wanted to have more evidence of the long term planning which had been reported verbally at committee to demonstrate that there was not just a series of knee jerk reactions.
- 31.8 The Chair stated that it was a challenge to find a balance between putting as much as possible into the public domain and still producing readable, useful reports. She stated that November's Board was already due to receive a large number of reports and that there were other forums where Members may be better able to examine performance data on DToC in particular and the Better Care Fund in general.

- 31.9 Wendy Carberry stated that DToC was a national issue but was a particular issue in the South East and required an entire pathway response. The CCG was leading a 'stock take' across to the whole system to identify gaps and to see what was missing.
- 31.10 Chris Clark responded to the debate that Better Care Planning was on an annual cycle and the plan could be circulated to Members. The key message was to look at what was being done and where the impact was not as great as the CCG and Council would like. As part of the CCG and Council's joint planning the Better Care Fund and other commissioning that would impact DToC.
- 31.11 The Executive Director, Health & Adult Social Care stated that there was a need to examine the difference between budget and spend in Community Equipment. If an individual could be kept in their own home for a £100 spend on equipment this represents better value for the local health care system and a better patient experience than that individual being hospitalised. He stated that a report to the Board on the Community Equipment Fund would focus on reporting activity and showing value for money of the fund.
- 31.12 The Chair asked officers to bear the feedback in mind about how the metrics are reported when preparing future reports.
- 31.13 **RESOLVED:** That the Health & Wellbeing Board noted the update.

## **32 HOUSING FIRST – OPTIONS FOR EXPANSION**

- 32.1 Officers introduced the report which showed potential options for expanding Housing First to 20 units from the ten already provided in the city. Officers presented three case studies of individuals who had been housed through the Housing First programme in the city.
- 32.2 Councillor Mears noted that there had been a report detailing the Housing First pilot which had come to the Housing & New Homes Committee and that it may have been useful for that information to have been included in the report brought to the Board. She stated that there had been similar schemes in the past which had led to anti-social behaviour in the community after individuals had been housed and the support package around them had been discontinued.
- 32.3 Officers responded that support was long term and would be in place for as long as it was needed. Each individual would have a bespoke package of support built around their needs.
- 32.4 Councillor Page stated that Housing First was a very good scheme but was concerned that it was being rolled out too slowly. The report estimated that 46 people in the city could benefit from Housing First but the report was looking at a maximum of 20 units available. He asked officers to clarify which option they were recommending to the board.
- 32.5 Officer responded that the pace at which Housing First could be scaled up was limited by having to ensure that the necessary support packages were in place. Officers were asking

to investigate potential options for how to expand Housing First given the housing needs of the city.

- 32.6 Councillors Wealls and Mears both expressed concern that the remit for rough sleeping had been split between several committees. This had led to information and decision being difficult to follow through the various forums and ultimately meant that there was a loss of accountability as no single body had ownership of the issue.
- 32.7 The Chair responded that the decision to bring the paper to the Health & Wellbeing Board was made due to the Board controlling the budget for Adult Social Care which is where the funding would come from. If Officers recommended using council housing stock to expand housing first those recommendation would have to go the Housing & New Homes Committee. The Chair stated that she agreed that the intersections of terms of references had caused some confusion and would ask the Constitutional Working Group to examine rough sleeping and provide guidance as to where the future reports should be considered. The Chair also requested the Chief Executive raise the issue at Leaders Group.
- 32.8 The Legal Advisor stated that from a legal perspective having rough sleeping in the terms of reference for several committees meant that decision taken at any of the meetings would be defensible and was the Council acting within its powers. However there was a need for greater coordination.
- 32.9 The Executive Director, Health & Adult Social Care stated that services aimed at rough sleepers were about all round wellbeing rather than just accommodation and that the Health & Wellbeing Board was best placed to consider these issues.
- 32.10 Councillor Moonan stated that she was looking forward to the university completing its evaluation of the Housing First pilot. She hoped Housing First would be expanded as it helped to meet the needs of vulnerable people in the city who may otherwise fall outside of the system.

32.11 **RESOLVED:**

That the Health & Wellbeing Board:

1. Notes the report.
2. Instructs officers to identify the options to enable up to 10 units of accommodation to be identified and secured as required for the expansion of Housing First and report the findings to the Health & Wellbeing Board.

**33 HOMELESS COLD WEATHER PLANNING**

- 33.1 Officers introduced the report which detailed the provision of services to support rough sleepers from November 2018 to March 2019. They stated that Brighton & Hove had the 2<sup>nd</sup> highest number of rough sleepers in the country as of November 2017.
- 33.2 Councillor Moonan welcomed the report and stated that the City was in a much better position to provide support through the coming winter with 62 extra beds in addition to

those provided under the Severe Weather Emergency Protocol (SWEP). The winter provision was part of an overall package of support available in the city and encouraged Board Members to share the infographic included as an appendix to ensure that services that come into contact with rough sleepers were aware of and able to sign post to support.

- 33.3 The Director of Public Health stated that rough sleepers were a key group to engage with and that the expanded winter provision provided an ideal opportunity for this engagement. It also presented an opportunity for more integrated working bringing different services together at the night shelter or HUB and provide positive outcomes for a group who were generally accessing services in an unplanned way.
- 33.4 In response to Councillor Page, Officers confirmed that the night shelter open from November 2018 until 20 March 2019. The night shelter would focus on those who have potentially been sleeping rough for a long time and were difficult to engage with. The HUB was to focus on people who were either new to the streets or new to the city. These individuals were likely to have a lower level of need and may be easier to place into accommodation, but some people may remain in the HUB longer if their needs were more complex. The HUB also had an important role in reconnecting people with places where they had a local connection.
- 33.5 Councillor Page sought assurances that any process of reconnection would be safe and that it would not just be a case of buying someone a bus ticket.
- 33.6 Officers responded that the reconnection service reached out to support services in the destination to arrange support and accommodation before an individual left the city.
- 33.7 The Chair stated that reconnection was also for local residents who were newly homeless to reconnect them with friends and family in the city.
- 33.8 Graham Bartlett stated that safe recruitment was a priority for the Safe Guarding Adults Board and he assumed that this would be considered for any Council commissioned service in which staff would be working with vulnerable people. He asked what provision there was to help the community and voluntary sector to recruit safely.
- 33.9 Officers stated that there was a charity link worker who was in place to provide support but he was only able to engage with organisation who were willing to engage with him. He ran various training events for the community and voluntary sector but there were organisations who had chosen not to engage with the Council.
- 33.10 Graham Bartlett emphasised the importance of involving all providers in the city. The Chair asked that through Graham Bartlett and Councillor Moonan that this issue be taken up by the Safeguarding Adults Board.
- 33.11 David Liley stated that he had attended a Sustainability and Transformation Partnership wide workshop on winter planning and he had taken the information in the report and had been able to give assurances that Brighton & Hove had developed a robust plan for providing services in the coming winter.

- 33.12 Councillor Mears asked that officers circulate the equalities impact assessment which was mentioned in the report to Members. She also asked officers to clarify how the local connection was impacted by the enhanced local connection time adopted in the housing allocation policy.
- 33.13 The Chair stated that she agreed that the wording was confusing as the same term was being defined differently when used for housing allocations or housing options and asked that officers provide a written response to be inserted into the minutes:

**Housing Allocations Policy:**

Live in the Brighton & Hove area and have lived in the area continuously for the five years immediately preceding the date they make their application for Housing and continue to reside in the Brighton & Hove area unless any of the following circumstances apply:

- (i) They are homeless and the council has accepted a full duty to them under the Housing Act 1996 S193 (2) that has not yet ceased
- (ii) The Housing Department has accepted a nomination for the applicant from the council's Children's Services or Adult Social Care Department or other approved partner support agency in line with inter-agency agreements to the council's interest queue who has been placed outside of Brighton & Hove under a statutory duty and need to return to the city.
- (iii) They are serving in the regular forces.
- (iv) They have service in the regular forces when the application is made within 5 years of discharge.
- (v) They are serving or have served in the reserve forces and are suffering from a serious injury, illness or disability, which is attributable (wholly or partly) to that service.
- (vi) They have recently ceased or will cease, to be entitled to reside in accommodation provided by the Ministry of Defence following the death of their spouse or civil partner where their spouse or civil partner has served in the regular forces.
- (vii) The council has agreed to rehome them under a reciprocal agreement with their current landlord or local authority where their current landlord or local authority has agreed that, if Brighton & Hove houses them, they will house an applicant nominated by Brighton & Hove City Council.
- (viii) The council has accepted an application for an existing secure or assured tenant seeking to transfer under the right to move scheme.
- (ix) Rehousing / relocation into Brighton & Hove is accepted by the council as being essential in the furtherance of the national Witness Protection Scheme.

**Statutory 'Local connection' under part (vii) of the Housing Act 1996**

defines that an applicant has a local connection with a district, because:

- (i) he or she is, or was in the past, normally resident there, and that residence was of his or her own choice; or
- (ii) he or she is employed there (i.e. the applicant actually works there; it would not be sufficient that his or her employer's head office was located there); or

- (iii) of family associations there; or
- (iv) of any special circumstances (e.g. the need to be near special medical or support services which are available only in that particular district).

**Local Connection - Rough Sleeping:**

*LC CRITERIA*

To be deemed as having a 'Local Connection', a person must fulfil one or more of the following:

**Person must:**

1. Have lived in Brighton and Hove for at least 6 out of the last 12 months.  
Sleeping rough here will not count – they must have had a tenancy.
2. Have lived in Brighton and Hove for at least 3 out of the last 5 years.  
Again, sleeping rough will not count and they must have had a tenancy.
3. Have close family who are living here and who have lived here for at least the past 5 years. Close family means:
  - (i) mother or father
  - (ii) brother, sister, son or daughter all of which must be over 18 years of age
  - (iii) carer over 18 years of age

Please note: 'close family' means just that. If there is no actual 'relationship' with the family member already living here, the person applying would not be considered to have a Local Connection under this part.

4. Have permanent full-time employment in the city – please note Big Issue vending does not meet this criterion.
5. Other special reason, such as growing up and attending school in the area or fleeing domestic violence in an area.

33.14 **RESOLVED:** that the Health & Wellbeing Board noted the report.

**34 ITEMS TO BE REFERRED TO FULL COUNCIL**

34.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of