



Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 11 September, starting at 4.00pm. It will last about two and a half hours.

There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

What is being discussed?

There are **4** main items on the agenda

- Caring Together: Moving Towards Integration
- Better Care Plan Dashboard
- Housing First – Options for Expansion
- Homeless Cold Weather Planning



Health & Wellbeing Board
11 September 2018
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

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

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

Contact: **Tom McColgan**
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Date of Publication - Monday, 3 September 2018

AGENDA

Formal matters of procedure

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

Page

25 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.

26 MINUTES

7 - 22

The Board will review the minutes of the last meeting held on 10 July 2018, decide whether these are accurate and if so agree them.

27 CHAIR'S COMMUNICATIONS

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

28 FORMAL PUBLIC INVOLVEMENT

If you would like to ask a question or bring a deputation you will need to contact: tom.mccolgan@brighton-hove.gov.uk by 12 noon, 5 September 2018. If you want to bring a petition to the Board you will need to inform the secretary at least 10 working days ahead of the meeting you wish to attend.

29 Formal Member Involvement

23 - 24

30 Caring Together: Moving Towards Integration Position Paper

To Follow

Contact: Barbara Deacon
Ward Affected: All Wards

Tel: 01273 296805

31 Better Care Plan Dashboard

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Contact: Barbara Deacon
Ward Affected: All Wards

Tel: 01273 296805



32 Housing First – options for expansion 43 - 50

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

33 Homeless Cold Weather Planning 51 - 74

Contact: Andy Witham Tel: 01273 291498
Ward Affected: All Wards

34 ITEMS TO BE REFERRED TO FULL COUNCIL

To consider items to be submitted to the next meeting of Full Council

WEBCASTING NOTICE

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

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



Public Involvement

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

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



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

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

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

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 10 JULY 2018

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Cllrs Karen Barford (Chair), Clare Moonan, Dick Page, Nick Taylor and Andrew Wealls; Dr David Supple, Wendy Carberry, Malcolm Dennett, and Dr Jim Graham (Brighton & Hove Clinical Commissioning Group)

Also in attendance: Rob Persey, Statutory Director of Adult Social Care; Alistair Hill, Director of Public Health; Jo Lyons, Assistant Director, Education & Skills; and David Liley (Brighton & Hove Healthwatch)

PART ONE

14 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

Declarations of Substitutes

- 14.1 The Assistant Director, Education & Skills was in attendance as a substitute for the Executive Director, Families, Children, & Learning.

Declarations of Interest

- 14.2 There were none.

Exclusion of the press and public

- 14.3 There were no Part Two items on the agenda.

15 MINUTES

- 15.1 **RESOLVED:** That the Health & Wellbeing Board agreed the minutes of the meeting held on 12 June 2018 to be a correct record of the meeting.

16 CHAIR'S COMMUNICATIONS

- 16.1 The Chair stated:

"Councillor Penn

“Councillor Penn has been a valued long standing attendee of the HWB. Although not a voting member she attends as the lead member for mental health. She will not be attending the Board for a period of time to concentrate on the Children and Young Peoples agenda.

Fast Track City

“The Towards Zero HIV Taskforce and its four working groups (covering: stigma; innovations in testing and care; patient involvement and peer support; research and education) are now established with terms of reference in place and are meeting regularly.

“Bertrand Audoin, Vice President Strategic Partnerships, International Association of Providers of AIDS Care (IAPAC) visited Brighton & Hove on 21st June to spend the day meeting with members of the Towards Zero HIV Taskforce and other stakeholders.

“The first annual report of the Towards Zero HIV Taskforce on progress to date is due to be completed in August and will be presented to the Health and Wellbeing Board in due course

Carers Week

“Each year National Carers Week is celebrated and last month Brighton & Hove City we held a range of events to:

- Thank our city’s carers young and old
- Promote support for carers with employers
- And
- Publicise our Carers Hub which is a new partnership of three local charities and local authority assessment staff, who have joined together to create a focal point for unpaid carers, to get information and support they need. The Carers Hub aims to improve the quality of life of carers in Brighton & Hove by offering a wide range of services and comprehensive local resources for carers of all ages. The link to the hub is <https://carershub.co.uk/#primary>

“In Brighton & Hove we have nearly 24,000 unpaid carers and while the role can be rewarding, it equally can have negative impacts. Carers will sometimes need support both in their caring role and to have a life outside of caring. Yet, national statistics evidence that both the physical and mental wellbeing outcomes of carers is less than people of a similar age without caring responsibilities. But there is support available. If you know anybody

who you think might benefit then please direct them to the Brighton & Hove Carers Hub

TAKEPART 2018:

“On Saturday 23rd June 2018, an estimated 6000 people attended TAKEPART 2018 event held at the Level. TAKEPART is an annual public health initiative celebrating active lifestyles for people in the city.

“TAKEPART is organised by Brighton & Hove City Council Healthy Lifestyles Team working in collaboration with 70 local sports clubs, dance, exercise groups and other organisations who provide opportunities for people to lead an active lifestyle in the city.

“The event provided a wide range of performances/demonstrations and taster activities for people of all ages and abilities, and included a dedicated active transport zone.

1. The event and all activities were free to participate in and attend.
2. All activities were suitable for beginners or those with no prior experience of the activity
3. Activities were only promoted if they were available in the city throughout the year.
4. All activities promoted the ethos of inclusion

“Alongside physical activities, the event included a Sugar Smart Healthy Eating area supported by local food outlets registered with the Healthy Choice Scheme, and a dedicated Healthy Lifestyles Zone. Hosted by the Healthy Lifestyles Team and Beezee Bodies this zone provided information and advice, wellbeing checks and referral/signposting to local support on becoming more active, healthy eating, stopping smoking and alcohol reduction.

“The event also saw Albion in the Community (AIC) launch their Check A Mate & Save A Life skin cancer campaign. AIC worked in partnership with Brighton and Sussex University Hospitals NHS Trust and Brighton and Hove CCG to provide a free mole check clinic, as well as free sun cream and UV reactive wristbands and advice about staying safe in the sun. Sixty eight mole checks took place resulting in five referrals to secondary care, including two serious skin cancers.

“Work in the planning and delivery of TAKEPART sought to reduce environmental impact. Teaming up with the Sustainability Business

Partnership CIC work was undertaken to review the event with a focus on reducing single use plastic. This led to: the use of reusable drinking containers for staff and volunteers, ensuring availability of free drinking water at the event and providing specific guidance to caterers and exhibitors on reducing their environmental impact when attending the event.

Walking Out of Darkness

“The Walking Out of Darkness event was held on Sunday 24th June. The 10 mile walk was part of several around the country aimed at raising awareness on mental health issues run by CLASP(Counselling Life Advice Suicide Prevention Charity). The Executive Director of Health & Adult Social Care, Rob Persey, was one of the walkers on what was one of the hottest days of the year so far.

Small Acts of Friendship

“Small Acts of Friendship is having a real impact on patients in the elderly care wards at the Royal Sussex County “Hospital. A regular and structured team of Small Acts of Friendship Activity Staff and Volunteers providing hairdressing, hand massage, art and poetry sessions and digital reminiscence sessions for those patients who are well enough and wish to participate. Daily newspapers are offered and are really popular with patients.

“In order to record and celebrate the impact of Small Acts of Friendship, filmmaker David Ward produced a short film .The film is available on the Small Acts of Friendship website, on vimeo <https://vimeo.com/273850892> and on Facebook <https://en-gb.facebook.com/Friends-of-Brighton-Hove-Hospitals-118526171594340/>. I understand there is also a just giving campaign and again the link will be in the minutes.

<https://www.justgiving.com/campaigns/charity/fbhh/smallactsoffriendship>

Draft City Plan

“The draft City Plan Part Two was approved at the 21 June Tourism Development & Culture Committee for a 10 week period of consultation from July 5th to September 13th. The City Plan Part Two supports the implementation and delivery of the City Plan Part One (adopted in March 2016) through the allocation of additional development sites and through a suite of detailed development management policies which will be used in the determination of planning applications. The development management policies cover a wide range of topics including high quality design and

places, safe and sustainable travel and community facilities. A number of these policies are intended to promote health and wellbeing and we would be very pleased to receive responses to the consultation from members of the Board. Details of how to respond are available on the City Plan Part Two webpage www.brighton-hove.gov.uk/content/planning/planning-policy/city-plan-part-two

17 FORMAL PUBLIC INVOLVEMENT

17.1 The Chair noted that four public questions had been received and invited Sophie to ask her question:

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

17.2 The Chair responded:

“In 2015 a competitive tender was undertaken by Brighton & Hove City Council for the Rough Sleeper Street Outreach Service. Following a successful bid, St Mungos was awarded the contract and replaced CRI (now CGL) the previous provider.

“The Street Outreach Service contract contains an extension clause which can be utilised upon mutual agreement by both parties. This is standard and applies to the majority of the contracts awarded to homeless services through Health & Adult Social Care. The contract can be extended beyond the current expiry date of 01/09/2018 for an additional period of up to two years. The Council should give 3 months' notice should they wish to utilise this option. The use of the extension is permitted under the Public Contracts Regulations 2015, as the option was included in the original Contract Notice dated 24/04/2015.

“We can find no record of auditors making any recommendations regarding this contract.”

17.3 Sophie put a supplementary question to the chair:

“Does the Committee believe that the views of those who are homeless and those who attempt to represent their interests should have an input into the renewal of this contract?”

17.4 The Chair responded:

“Where ever possible, stakeholders including service user representative feedback is utilised as part of the contract monitoring process. This service has received consistently positive feedback with stakeholders commenting on quick responses and good partnership working.”

- 17.5 The Chair invited Ms Garrett-Gotch to ask a question on behalf of Nichole Brennan who was not in attendance:

“At the Committee meeting held 13.6.18 the Chairperson stated ‘We are proposing to recommission Severe Weather Emergency Protocol (SWEPE) provision this year and a timetable is currently being drawn up by our procurement department based on available resources.’ What progress has been made and what measures have been taken to ensure the process is transparent and accountable?”

- 17.6 The Chair responded:

“Brighton & Hove City Council is due to go out to tender in summer 2018 for severe weather provision for rough sleepers. As part of the recommissioning process the trigger for opening severe weather provision is subject to a public consultation. We are also gathering feedback from agencies working with rough sleepers and supporting SWEPE. The consultation closes on Friday 6th July. Once collated the feedback will inform the development of the specification for the newly tendered service. The tender will be issued publicly and Service Providers who are interested in running severe weather provision will need to submit a proposal and answer a series of evaluation questions which will be evaluated by a panel. The tender will be evaluated and awarded in early Autumn 2018.”

- 17.7 Ms Garrett-Gotch asked if the Council had considered bringing the SWEPE provision in house rather than using an external contractor.

- 17.8 The Chair responded that the responses to the consultation would have to be considered before a decision could be made about what form the SWEPE provision would take. The Council would be approaching the process with an open mind and no options had yet been ruled out.

- 17.9 The Chair invited Dr Tredgold to ask his question. Dr Tredgold stated that his question followed from the response to the GP survey which was presented at June 2018 Board meeting. He stated that he was pleased to learn that the social care budget was being protected but there was still a lack of provision and of coherent signposting and support for GPs. He asked the Chair how many hospital admissions in Brighton & Hove might have been avoided with more support in the community.

- 17.10 The Chair responded that it was an almost impossible question to answer as most admissions bar urgent accident and emergency could be avoided if there was robust preventative services, people made appropriate lifestyle choices and there were an infinite level of resources available in the community from all areas including health and social care.

- 17.11 Dr Tredgold stated that he disagreed with the assertion in the response to the GP survey that GPs were confused about where to direct patients but that there was an issue with lack of capacity in the Rapid Response service. He asked how many patients had been referred to social services who had then been transferred to Rapid Response and how many referrals had been made to Rapid Response at times when there was no capacity in the service.

- 17.12 The Chair thanked Dr Tredgold for raising the issues as the Council was always looking to remove any confusion and ensure that access and pathways were clear to all parties in the system. This is an ongoing activity which reflected the improvement and changes in care pathways. Access Point was the single route into social care services or for sign posting to community provision. Last year 60 people were referred from Access Point to Rapid Response.
- 17.13 The Chair stated that she did not have the figures for how many referrals were made to Rapid Response at a time when there was not capacity to accept them and she would provide a written response to Dr Tredgold.
- 17.14 The Chair invited Ms Garrett-Gotch forward to ask her question:
- “It has come to our understanding that the meals on wheels contract had come to an end with BHCC. What would replace this and were there any provisions for the city’s food poverty action plan for people who were living with malnutrition in your accommodation?”
- 17.15 The Chair responded that:
- “The Health & Wellbeing Board have had several reports covering the community meals provision over the past 2 years.
- “Brighton & Hove City Council’s Community Meals Service contract (meals delivered to people in their own homes) with the Royal Voluntary Service (‘the RVS’) ended on the 31st of March 2016. This was due to a significant reduction in the numbers of people requesting the service. The increase in funding needed by the RVS to continue running the service was not available.
- “Therefore in December 2015, in advance of this end of contract, the Council sought new providers who could offer multiple choice menus of wholesome and nutritious meals. At the end of February 2016 three providers had come forward, two providing hot & chilled meals (License to Freeze and Mother Theresa’s) and one providing frozen meals (Oakhouse). All satisfied the nutrition and Safe & Well criteria and all are available to residents of emergency accommodation.
- “In addition a list of lunch clubs/coffee clubs was created which can be obtained, via AccessPoint, by individuals sourcing food options for themselves or a family member.
- “As mentioned earlier, there have been several reports about the change to the service at this board. The last one came to the Board on 13th June 2017. This report covered the post transition user survey which showed that people were happy with the new provision, that they felt it was less restrictive and also provided a wider range of meals for varied tastes and needs. The report is available online: <https://present.brighton-hove.gov.uk/ieDecisionDetails.aspx?ID=3794>”
- 17.16 Ms Garret-Gotch asked the Chair if she could provide the figures for the number of people suffering from malnutrition in 2016 compared to now as through her work with Sussex Homeless Support she had encountered a lot of individuals in temporary accommodation who were coming to them for food.

- 17.17 The Chair thanked Ms Garret-Gotch for her question and stated that she would provide a written response which was sent to Ms Garret-Gotch on 26 July 2018:

“Thank you for your question. As you may be aware there are statutory responsibilities for ensuring safeguarding of vulnerable people. Care Assessments are undertaken to assess the ability to access adequate food and nutrition as well as being able to eat and drink. The Board understands that this issue has come up in previous committees and would like to stress that if anyone has any concerns about any individual in our city please contact AccessPoint, the first point of contact for Adult Social Care.

Phone 01273 295555

Minicom 01273 296205

Email: accesspoint@brighton-hove.gov.uk”

18 FORMAL MEMBER INVOLVEMENT

Written Questions from Members

- 18.1 The Chair noted that two questions and a letter had been received and invited Councillor Page to ask his question:

“There have been recent local press releases concerning significant saving having to be made by our local CCG in health care services in this financial year. Are these total proposed savings not more or less cancelled out by the prime minister’s announcement this week of extra funding for the NHS?”

- 18.2 The Chair responded on behalf of Brighton & Hove CCG:

“Brighton and Hove CCG welcomes the news of a proposed new long-term funding agreement with the NHS and we await the details of what this will mean for our local population. However, as the proposal is due to start in 2019-20, any new funding agreement will not change our financial obligations for the current financial year.

“Last week we set out the need for the five CCGs across the Alliance to collectively save £50m by next April and we remain committed to achieving this. We have a duty to ensure local services are being commissioned in a sustainable and affordable way and that we do not carry on spending more money than is available to us. This will involve some difficult decisions having to be made and will need us to be open and honest with our patients, public and stakeholders about the services that we can no longer afford.

“As part of this, clinicians are currently reviewing all health and care services that have limited or no clinical benefit to patients to identify any areas where money is not being spent as effectively as it should be. Any decisions proposed as a result of this review will be based on whether a service is clinically effective and is a clinical priority, as well as input and feedback we have received from our local population.”

- 18.3 Councillor Page asked if the CCG could provide assurance that any future proposed reductions in services would be made public and be subject to a full consultation process.

18.4 The Chair stated that she would ask the CCG to provide a formal written response and that the Board's priority was always ensuring the best outcomes for residents

18.5 The Chair invited Councillor Mac Cafferty to ask his question:

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

18.6 The Chair responded:

“As you are aware the Council and CCG agreed to a period of shadow working together prior to integrating services. The reason for the shadow period was because health and social care are very different in many areas. There are different governance and decision making structures and as your question demonstrates very different budget setting timelines. While a council has to set a balanced budget by the end of each February, NHS bodies often do not know what their financial position is and can, have in year cuts as well as in year increases. The very issue you have raised are the reasons effort is being made to integrate key commissioned areas within the city to provide stability. However the shadow period only formally started in April this year and joint working does require working through difficult decisions made by one or other partner before a robust partnership can be formalised as well as having agreed ways of working to prevent or minimise these issues in future and there is a Caring Together standing item on the board.

With regard to the particular service you mentioned in your question, the Brighton Women's Centre, it is particularly important to note that the CCG did not 'cut' funding to this service. The decision was made independently by HERE, the contracted provider.”

18.7 Councillor Mac Cafferty stated that research from the Women's Budget Group suggested that the burden of austerity had fallen disproportionately on women and that services such as those provided at the women's centre had seen an increase in demand. He asked how the Board would be supporting the women's centre given that the budget was unlikely to increase next year.

18.8 The Chair stated that she was in agreement with Councillor Mac Cafferty that these services did need to be protected and would provide a formal written response to him.

Members Letters

18.9 The Chair invited Councillor Janio to speak to his letter. He stated that he felt residents of Hove and Portslade currently suffered from under-resourced health infrastructure and had done since the closure of the Hospital in Hove. Cancer diagnostics was the most important evolving issue in health care and GP services in North West Hove were inadequate. An urgent treatment facility in Brighton & Hove had been mandated by the Government and Toad's Hole Valley was the ideal location for this as there was already a lot of development in the area which would mean access to s106 and Community Infrastructure Levy funds. Councillor Janio called on the Board to commission a

feasibility study to push forward with locating a new facility in Hove and provide the services which residents desperately needed.

- 18.9 The Chair responded to Councillor Janio's letter: "As you are aware the HWB have had queries about the numbers of GPs within the city and access to some services. These are referred to HOSC as part of their ongoing scrutiny of primary care within the city. Their next report is due in October.

"In September we will be having a presentation about the Brighton General site from Sussex Community Trust. We will be happy to take this letter and give this to the CCG as I understand that the CCG will be presenting their vision of primary care in the city including services across the city as part of the Health and Wellbeing Board normal reporting under Caring Together.

"Toad Hole Valley is a large development and infrastructure would have to part of the build. Again we would ask the CCG to address this in their September update."

18.10 **RESOLVED:**

That the Health and Wellbeing Board:

- 1) Agrees that this letter is referred to the CCG and be addressed as part of the presentation at the September Board
- 2) Notes the letter

19 CARING TOGETHER: MOVING TOWARDS INTEGRATION

- 19.1 The Executive Director, Health & Adult Social Care and Dr Hobson, representing the CCG introduced the report which covered why there was a drive to integrate, where the process started and what it would take to achieve. They emphasised that integration was not motivated by savings; it was about delivering effective services for the city and the best possible outcomes for patients.
- 19.2 Councillor Page stated that integration would not address the systemic issues in health and social care and that budget pressures would continue. He understood that while the motivation to integrate was not to address these problems he hoped that closer working would allow the organisations to share intelligence and better consult about service changes in the future.
- 19.3 The Executive Director, Health & Adult Social Care responded that the sustained period of financial challenge was very likely to continue and that while integration would not directly address this it would ensure that resources are being effectively used. The organisations also needed to learn how to work effectively together so that the Council and CCG can have the difficult conversations with patients that were needed.
- 19.4 In response to Councillor Page, Wendy Carberry stated that no decision about the closure of the walk in centre had been taken and that the CCG would engage in a full consultation before taking any decisions about future models of care in the community.

- 19.5 Malcom Dennett urged the Board not to underestimate the complexity of the governance issues involved in integration. The CCG and Local Authority had a different statutory and funding basis. There was a lot of work which needed to be completed during the shadow period. It was not enough to rely on Section 75 Agreements as these were designed for a very different purpose.
- 19.6 The Chair stated that it was important to remind residents that the Caring Together programme was a way of the Council and CCG working together; the Council had not signed up the local Sustainability and Transformation Partnership (STP), the STP was not statutory, they varied across the country, and STPs were not an Accountable Care System.
- 19.7 **RESOLVED:** That the Health & Wellbeing Board noted the report

20 ADDITIONAL TARGETED FUNDING TO REDUCE ROUGH SLEEPING

- 20.1 Officers introduced the report which detailed additional funding which the Council had successfully bid for to reduce rough sleeping over winter 2018/19. This would provide an additional 20 places on top of the Council funded night shelter.
- 20.2 Officers proposed a motion to amend recommendation 1.3 as shown in bold italics below to clarify the period of the potential extension:
- “1.3 to procure and award a contract for the provision of and management of a Rough Sleepers Hub and subject to satisfactory performance and available funds to agree extensions of that contract ***for an additional year;***”
- 20.3 Councillor Moonan stated that rough sleeping had been a priority for the administration and that the report was part of a broad programme which sought sustainable outcomes and to get people into stable accommodation. The recent consultation on the Severe Weather Emergency Protocol provision had received 334 responses and the majority of these welcomed the proposed drop in the threshold for enacting the protocol. There were an estimated 178 rough sleepers in the city and with the improved provision Councillor Moonan was optimistic that this would be significantly reduced.
- 20.4 Councillor Page stated that the report was a very positive development and hoped that the service could be provided beyond the one or possibly two years suggested in the report. He asked if the housing first model would be considered when assessing rough sleepers through the night shelter.
- 20.5 Officer responded that the Housing First model was still an option but it depended on the availability of suitable accommodation and so could not always be offered.
- 20.6 In response to Councillors Page and Taylor, Officers stated that in order to promote good governance they were trying to limited the number of Committees reports went to. As the Social Care budget and strategic oversight for programmes aimed at reducing rough sleeping sat with the Health & Wellbeing Board this report had been brought to this meeting. Where there were specific asks for other committees reports would be taken there for approval.

- 20.7 The Chair stated that the report would be circulated to members of the Housing & New Homes Committee for information.
- 20.8 Councillor Taylor stated that he was pleased that the Government had awarded this grant to the Council and was keen that oversight of the programme was maintained by either the Health & Wellbeing Board or Health Overview & Scrutiny Committee.
- 20.9 Officers responded that a high level of reporting to Central Government had been a requirement of the grant and that this data would also be available for scrutiny by Members.
- 20.10 The Director of Public Health stated that Community and Voluntary Sector partners had been excited by the prospect of being able to build upon the good work from last year when the Council had discussed the award with them.
- 20.11 The Chair asked the Board to formally thank the officers who had written the successful bid with short notice. The Health & Wellbeing Board agreed to formally give thanks to the officers.
- 20.12 The Chair called a vote; the Board agreed to amend recommendation 1.3 and to the substantive recommendations as amended.

20.13 **RESOLVED:**

That the Health & Wellbeing Board grants delegated authority to the Executive Director for Health and Adult Social Care to:

- 1) procure and award contracts in accordance with the requirements of the funding allocation from MHCLG for the provision of services for rough sleepers;
- 2) vary the terms of existing contracts for the provision of rough sleeper services where permitted to give effect to the terms of the funding allocation from MHCLG for the provision of services for rough sleepers;
- 3) to procure and award a contract for the provision of and management of a Rough Sleepers Hub and subject to satisfactory performance and available funds to agree extensions of that contract for an additional year;
- 4) to take all steps necessary to establish and manage a night shelter over the winter of 2018/9 with funding from the H&ASC Commissioning Budget

21 FOOD STRATEGY AND FOOD ACTION PLAN UPDATE

- 21.1 Officers introduced the report with Emily O'Brien from the Brighton & Hove Food Partnership. Emily O'Brien stated that Brighton & Hove had been one of the first places to take a strategic approach to food poverty and she was proud of what had been achieved over the last three years. The report showed the next steps for the city

including achieving the Gold Standard for Food Sustainability and the new partnership action plan which would pick up the wider food strategies.

- 21.2 The Chair welcomed the report and stated that the call for the Board to take more strategic ownership of the area was welcome.
- 21.3 Councillor Page stated that access to good nutritious food was a basic human right and that this report highlighted the need to ensure that this was available to residents. Councillor Page proposed a motion to amend the wording of recommendation 1.3 as show below in bold and italics.
- “1.3 Include in the formal action plan a request for officers to undertake a further investigation into the nutrition and hydration needs of older **and vulnerable** people in the city, as part of a citywide preventative approach to spot malnutrition earlier and reduce avoidable hospital admissions & readmissions.”
- 21.4 Councillor Page stated that as highlighted by the public questioner earlier in the meeting there were vulnerable people in the city potentially in council accommodation who were suffering from malnutrition. The Chair seconded the motion.
- 21.5 Councillor Wealls stated that he was aware of the excellent school governor support service run by the Council and stated that this could be a vehicle to allow the Brighton & Hove Food Partnership to better engage with schools.
- 21.6 The Assistant Director, Education & Skills stated that she would be happy to help the Food Partnership better engage with schools and that the work that had been done around ‘poverty proofing the school day’ had looked at malnutrition.
- 21.7 Emily O’Brien stated that Brighton & Hove Food Partnership were a relatively small organisation and did not have the capacity to engage with schools on an individual basis and would welcome any chance to engage with schools across the city.
- 21.8 The Director of Public Health welcomed the positive but challenging report. He stated that the Health & Wellbeing Strategy should look to build health and wellbeing throughout the City and the Food Partnership exemplified that approach.
- 21.9 The Chair called a vote; the Board agreed to amend recommendation 1.3 and agreed to the substantive recommendations as amended.

21.8 **RESOLVED:**

That the Health & Wellbeing Board:

- 1) Note the progress on and the success of the citywide strategic approach to addressing food poverty
- 2) Agree that the Health & Wellbeing Board / Performance and Information Group receive a report of progress against the Food Strategy Action Plan as necessary.

- 3) Include in the formal action plan a request for officers to undertake a further investigation into the nutrition and hydration needs of older and vulnerable people in the city, as part of a citywide preventative approach to spot malnutrition earlier and reduce avoidable hospital admissions & readmissions.
- 4) Approve the bid for Brighton and Hove to continue to lead the way nationally by becoming a 'Gold Sustainable Food City.'

22 VERNON GARDENS EXTRA CARE SCHEME

- 22.1 Officers introduced the report which sought to retender a joint Council and CCG contract to provide care services at the Vernon Gardens Extra Care Scheme. The provider would have to be registered with Care Quality Commission and the have a commitment to pay the Brighton & Hove Living Wage.
- 22.2 In response to the Chair, officers stated that the contract called for the provider to cover scheduled health visits between 7am -11pm as well as an overnight on call service and an intercom service for every flat.
- 22.3 In response to Councillor Page, Officer stated that the contract would be more flexible than the existing contract as it would allow patients to choose an alternative provider for their day time care visits if they did not wish to use the overall provider for the scheme.

22.4 **RESOLVED:**

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

- 1) Procure and award a contract for home care to support people living at Vernon Gardens extra care scheme with a term of five years and;
- 2) Agree an extension (or extensions) of up to one year plus another year to the contract if it's deemed appropriate & subject to the budget being available.

23 PHARMACEUTICAL NEEDS ASSESSMENT

- 23.1 Officers introduced the report which was a response to a proposal to close a pharmacy and merge its service with another larger pharmacy which was located on the same street.

- 23.2 The Executive Lead Officer, Strategy, Governance & Law proposed a motion to amend recommendation 1.3 as shown in bold italics below:

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

- 23.3 Explaining the purpose of the officer amendment, the Executive Lead Officer, Strategy, Governance & Law stated the change to the recommendation was necessary as the constitution did not allow for the Board to make a permanent change to the scheme of officer delegations and this would have to be approved by Policy, Resources & Growth Committee.
- 23.3 Councillor Page stated that he was reassured that the consolidated pharmacy would be retaining the late night provision.
- 23.4 Councillor Taylor stated that he had no concerns about the closure addressed by the report but asked what work officers were doing to monitor pharmacy provision in the city to ensure that any the Council and CCG.
- 23.5 Officers stated that any changes to pharmacy provision are reported on a quarterly basis by NHS England to the Pharmaceutical Needs Assessment Steering Group. Changes are mapped to give a clear picture of provision in the city and to show where there is any possible under or over provision.
- 23.6 The Chair called a vote; the Board agreed to amend recommendation 1.3 as proposed and agreed to the substantive recommendations as amended.

23.7 **RESVOLVED:**

That the Health & Wellbeing Board:

- 1) Agrees that the following representation should be made to NHS England:

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

- 2) If answers to the above issues are that that the consolidation of the pharmacy will not reduce service provision, the Board seeks assurances that the proposed consolidation of the two pharmacies would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need for pharmaceutical services, secure improvements, or better access, to pharmaceutical services.
- 3) Recommends to the Policy, Resources & Growth Committee delegating authority to the Director of Public Health in liaison with the Chair of the HWB and the PNA Steering Group for sending representations to NHS England, if a request for a consolidation of a pharmacy happens within 45 days when the Health & Wellbeing Board is not meeting.

24 ITEMS REFERRED TO FULL COUNCIL

24.1 No items were referred to Full Council.

The meeting concluded at 6.20pm

Signed

Chair

Dated this

day of



MEMBER INVOLVEMENT

WRITTEN QUESTIONS FROM MEMBERS OF THE BOARD

The following written question has been received for the Health & Wellbeing Board meeting to be held on the 11 September 2018:

(I) Question submitted by Councillor Page

“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 ?”



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 Plan Dashboard – standing agenda item
Date of Meeting:	11 September 2018
Report of:	Chris Clark, Director of Commissioning Operations (Designate), Brighton & Hove CCG, Central Sussex and East Surrey Commissioning Alliance Rob Persey, Executive Director of Adult Social Care and Health
Contact:	Barbara Deacon Tel: 01273 296805
Email:	c.clark6@nhs.net Rob.Persey@brighton-hove.gov.uk
Wards Affected:	ALL

Decisions, recommendations and any options

- 1.1 This report provides the Health and Wellbeing Board with a regular update on progress with the Brighton and Hove Better Care Fund Programme for 2018-19. The report provides a general update on items managed through the BCF Steering Group since the last report, as well as the most recent Financial and Performance indicators agreed within the BCF Plan. This report is being presented to the Board for assurance and information, and does not make any recommendations requiring decision or approval by the Board.

2. Relevant information

2.1 Scope of the Report

This report contains an update in two dashboards – performance and finance. Members are invited to review the dashboard and consider the Key Performance Indicators and Financial Performance. This report is designed only for assurance however may be used to inform on planning round BCF for future years.

2.2 Update from the BCF steering group

The key measure which is a focus of the Better Care Programme is Delayed Transfers of Care (DTOC). These reduced in the most recent reported month and there is a gradual trends towards a longer term reduction. However delayed transfers still remain 2% above the system target of 3.5%. This also increases the average length of stay for patients in hospital. Delayed transfers of care continue to be a concern and a top priority for the joint working between the CCG and the Local Authority. A city summit was held in August 2018 where chief executives agreed a joint action plan to deliver changes in time for this winter to improve on long lengths of stay and delayed transfers for patients. This is attached as an addendum to the report.

The core components of the report are:

1. CCG investment in additional community beds to support re-ablement, rehabilitation and assessment, with enhanced clinical support provided by Sussex Community Foundation Trust. The objective is to identify appropriate facilities within the city boundary to operate additional community capacity to support patients closer to home.
2. Sussex Partnership Foundation Trust are identifying further community beds to support patients with advanced dementia or delirium who may not be able to be supported in conventional nursing homes.
3. The on-track rollout of Home First discharge to assess pathways across all wards at the Royal Sussex County Hospital by November, led by Sussex Community Foundation Trust

4. Fair implementation of the 'Let's Get You Home' policy which supports NHS staff with discharging a patient who is medically fit for discharge but is awaiting their preferred care home to become available. This allows services to encourage patients to move to an intermediate care home whilst they await their preferred home, when they are no longer suitable to stay in a hospital ward.
5. To share the winter accommodation pathways plan with NHS staff to support them with providing guidance to a rough sleeper when they attend A&E or are discharged from hospital

2.3 BCF Finance Report

- The BCF Finance Schedule shows the most recent reported position for the BCF Budget at month 4 (July 2018). The report shows that the programmes finances are on track and within budget, although there is a small underspend of a disability grant.
- A cost pressure emerged in the community equipment fund in previous years. The community equipment fund is overspending by £34k cumulatively at month 4. There is a savings scheme in place to mitigate this however further work needs to be done to bring the budget back in to balance. Whilst continued investment in community equipment may be seen as a positive change, as it contributes to the timely discharge of a patient from hospital and their re-ablement back in the community, we must continue to optimise the use of our community equipment fund by recovering and recycling equipment that is no longer needed. This is the focus of the community equipment spend-to-save scheme.

3. Important considerations and implications

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

Legal:

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

Lawyer consulted: Elizabeth Culbert

Date: 28/08/2018

Finance:

- 3.2 The Better Care fund is a section 75 pooled budget which totals £24.475m for 2018/19, including £3.483m additional Improved Better Care funding (iBCF). The CCG contributes £18.624m to the pooled budget and the Council contributes £5.851m including the additional iBCF. Any spend variance at outturn is subject to a risk share as per the section 75 agreement. The current forecast position for 2018/19 is outlined in paragraph 2.3.

Finance Officer consulted: Sophie Warburton Date: 31/08/2018

Equalities:

- 3.3 This report provides an update to the Better Care Plan report which came to the Board in November. As stated then Equality Impact Assessments will be developed in relation to individual commissioning processes carried out under the projects as they arise. An equalities impact assessment has not been completed on the running BCF programme within the last 12 months. This has been added to the 2018/19 BCF Steering Group work plan.

Equalities Officer: Sarah Tighe-Ford Date: 28/08/2018

Sustainability:

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

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

- 3.5 The City's Public Health team are included in the membership of the BCF Steering Group and are therefore an instrumental part of developing BCF strategy and planning.

Supporting documents and information

Appendix 1: BCF Update report

Appendix 2: M4 BCF Finance Report

Appendix 3: System Summit Delayed Transfers of Care (DTOC) recovery plan

Better Care Fund Performance Metrics

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

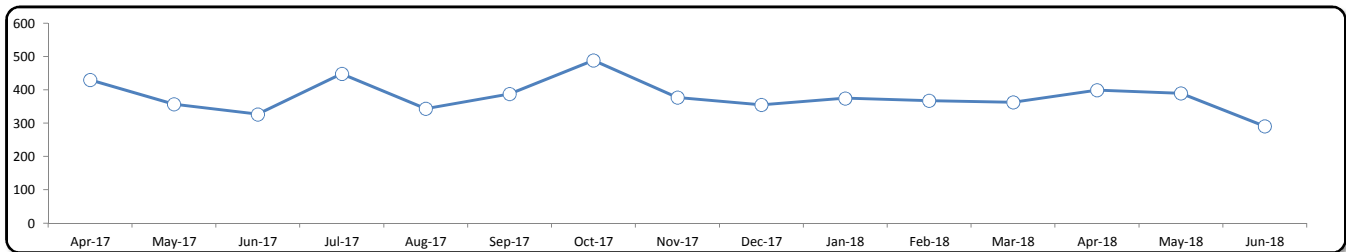
Delayed Transfers of Care (DToC) beddays per 100,000 adult pop

Latest data available Jun-18	291
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Vs same period last year Jun-17	327
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Latest full quarter available Apr - Jun 18	1,080
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Vs BCF plan Apr - Jun 18	826
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Source: NHS England Statistics

The number of Delayed Transfers of Care beddays per 100,000 Brighton and Hove population in June-18 has decreased against the same month last year, 291 in June-18 vs 327 in June-17. The total delayed days for Brighton and Hove during June-18 was 696. This is an improvement from last month and from the same period last year, although performance is still not at the desired standard set by the system. This change demonstrates a reduction in length of stay for delayed discharge patients, and a focus is currently being given to patients with the longest length of stay.

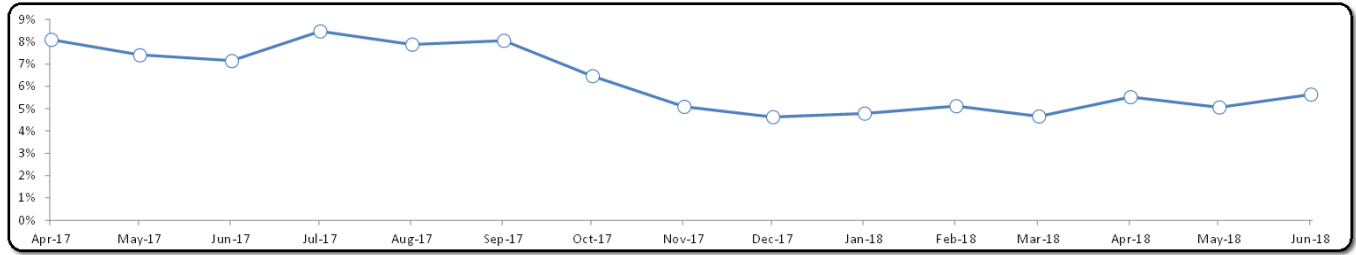
% of beds occupied by Delayed Transfers of Care (DToC) patient at Brighton & Sussex University H

Latest data available
Jun-18 5.6%

Vs same period last
year Jun-17 7.1%

Other Adult Major
Trauma Centres Jun-
18 4.7%

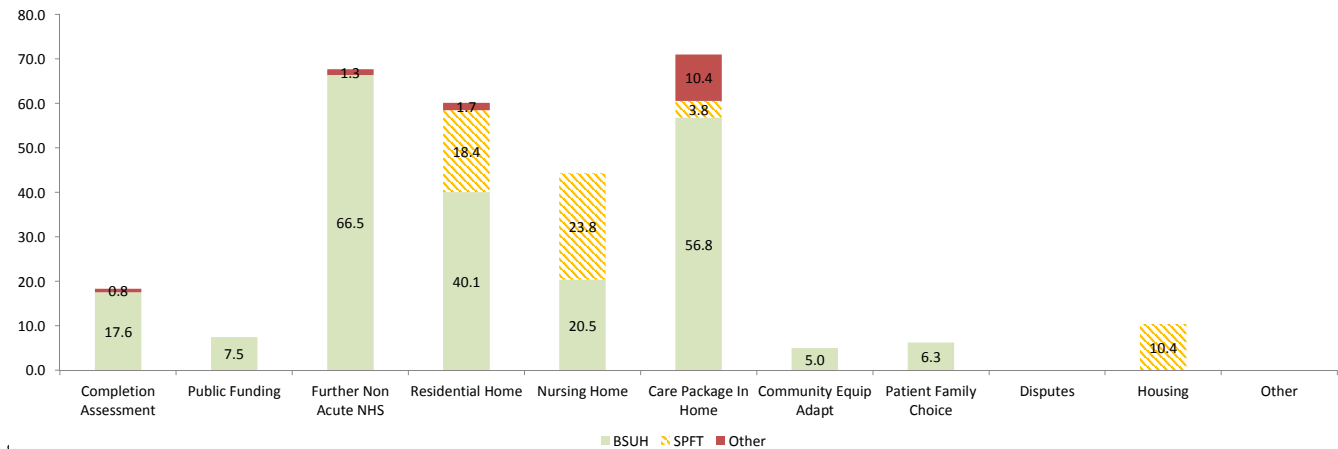
National standard 3.5%



Source: NHS England Statistics

The number of beds occupied by a delayed transfers of care patient at Brighton and Sussex University Hospital in Jun-18 has decreased against the same month last year, 5.6% in Jun-18 vs 7.1% in Jun-17. This metric has a direct relationship with the number of delayed bed days per 100,000, thus the performance improvement is in line with that described above. However delayed discharges are still 2% above the desired system target of 3.5%. Under the Better Care Fund programme, the new model of HomeFirst begins its roll out across The Royal Sussex County Hospital in September, with all wards covered by the end of November in preparation for expected winter pressures, and it is anticipated that this will have a positive impact on delayed discharges. Additional work around nursing home beds and CHC assessment processes are also expected to contribute to an improvement in this target from November.

Total Brighton and Hove Unitary Authority area - Delays by reason per 100,000 - June 18



The top reason for delays for Brighton and Hove Unitary Authority area is Nursing Home with 24.4% of the delays. 75.7% of the Brighton and Hove Unitary Authority area delays are from Brighton and Sussex University Hospital, 19.4% are from Sussex Partnership Foundation Trust and 4.9% from others providers. The top reason for delays for England is care package in home with 20.8% of the delays and 16.9% for further non-acute NHS.

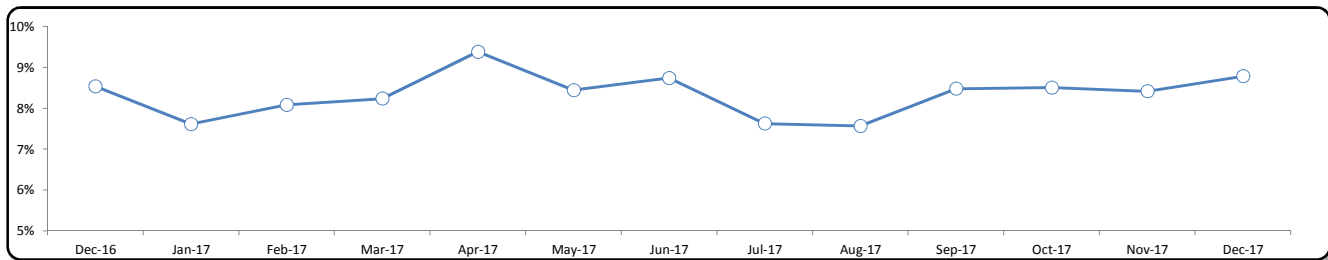
Emergency readmission rates (within 30 days) - All Ages

Latest data available Dec-17	8.8%
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Vs same period last year Dec-16	8.5%
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Latest full quarter available Oct - Dec 17	8.6%
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Vs Oct - Dec 16 rates	8.1%
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Source: Dr Foster

The percentage of emergency readmission rates (within 30 days) for Brighton and Hove CCG in Dec-17 has increased against the same month last year, 8.8% in Dec-17 vs 8.5% in Dec-16. The number of emergency readmissions was 430 in Dec-17, out of 4,904 emergency spells. This demonstrates a disappointing lack of progress around re-admissions. The CCG will be launching its Care Homes locally commissioned service at the end of September and will be putting in additional services over Winter to support vulnerable people and reduce the chance of readmission. However this remains an area of concern for our system.

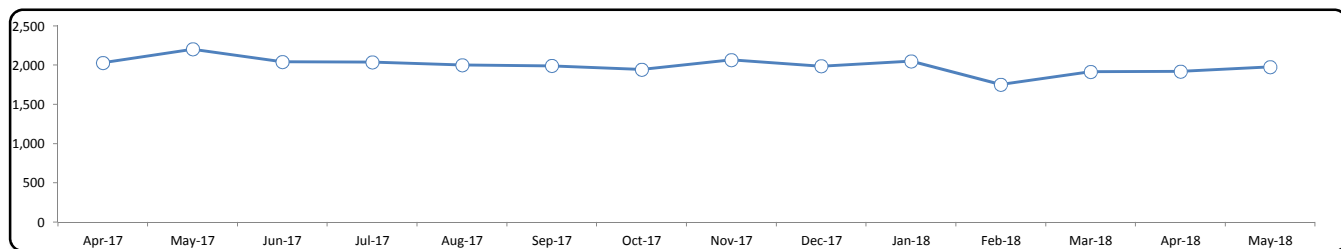
Total Non-Elective Spells (Specific Acute) - All Ages

Latest data available Jan - Mar 18	5,717
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Vs same period last year Jan - Mar 17	6,136
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Latest full quarter available Jan - Mar 18	5,717
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Vs Annual planning (Jan - Mar 18)	5,818
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Source: SUS TnR / NHS England

The number of Non-elective spells for Brighton and Hove CCG in Jan - Mar 18 has decreased against the same months last year, 5,717 in Jan - Mar 18 vs 6,136 in Jan - Mar 17 (A decrease of -6.8%). There is a complex range of variables that contribute to the number of emergency admissions to hospital. These can include an improvement in the way the population is cared for in the community with primary and social care. The CCG Care Homes locally commissioned service is also expected to have a positive impact on this activity.

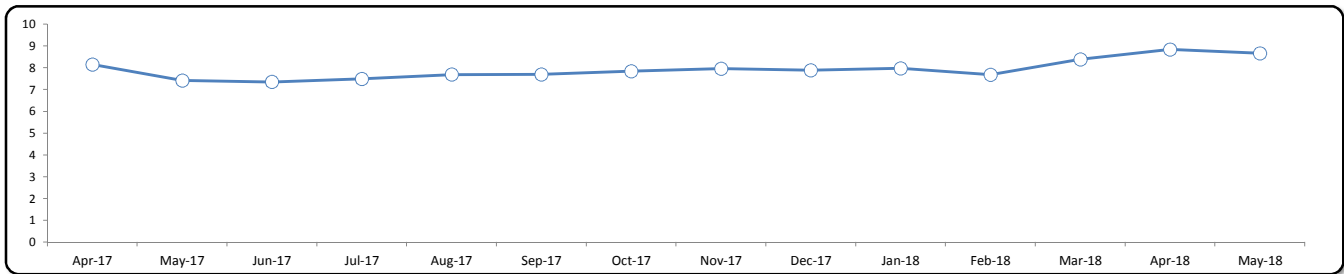
Emergency average length of stay for patients aged 65+ (days)

Latest data available May-18	8.7
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Vs same period last year May-17	7.4
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Latest full quarter Jan - Mar 18 Avg.	7.8
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Vs Jan - Mar 17 Avg.	8.0
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Source: SUS

The average emergency spells length of stay (days) for patients aged 65+ within Brighton and Hove CCG in May-18, has increased against the same month last year, 8.7 in May-18 vs 7.4 in May-17. Whilst the whole number of admissions has reduced, along with delayed discharges, the average length of stay is skewed upwards by a number of very long admission spells.

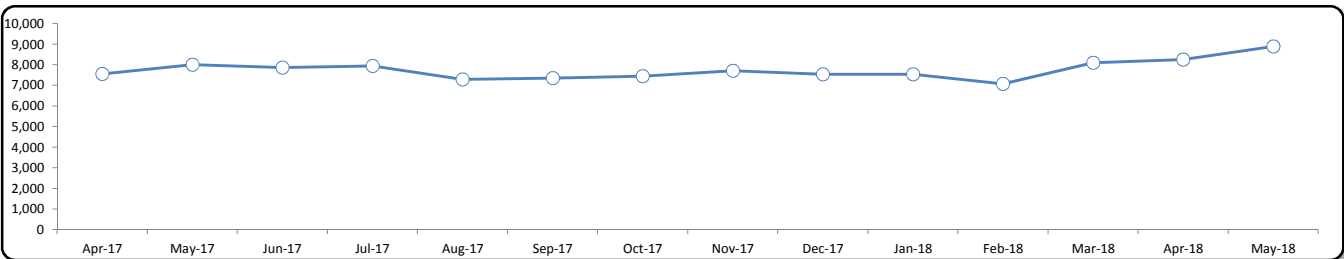
A&E attendances (type 1-2 only*) - All Ages

Latest available data May-18	8,888
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Vs same period last year May-17	8,005
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Latest full quarter Jan - Mar 18	22,698
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Vs Jan - Mar 17	22,244
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Source: SUS

The number of A&E attendances for Brighton and Hove CCG in May-18 has increased against the same month last year, 8,888 in May-18 vs 8,005 in May-17. This included the Easter Bank holiday, which occurred in April last year. whilst March showed a higher number of attendances, this followed a longer trend of a reduction in the number of people attending A&E.

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

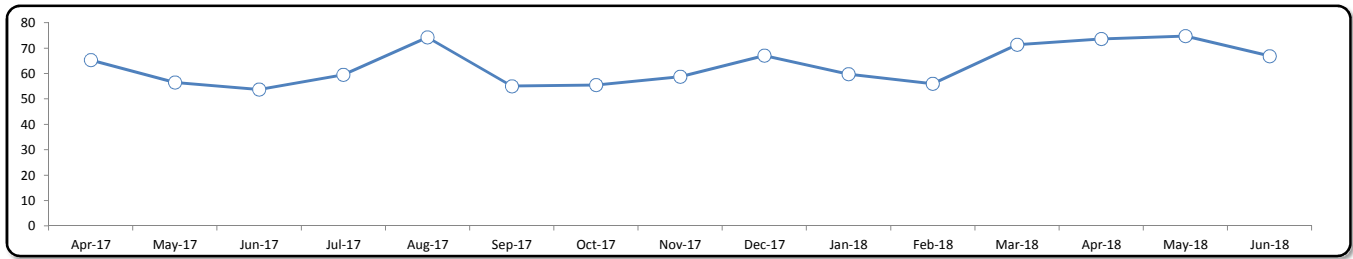
Super Stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital (B&H)

Latest available data
Jun-18 67

Vs same period last
year Jun-17 54

Quarter to date
Apr - Jun 18 Avg. 72

Vs Apr - Jun 17 Avg. 58



Source: BSUH Urgent Care pathway, B&H CCG only

The average number of Brighton and Hove super stranded patients (21+ days length of stay) at Brighton and Sussex University Hospital in June-18 has increased against the same month last year, 67 in June-18 vs 54 in June-17. This represents a small number of patients, however it is a poor patient experience for these individuals. This is an area of concern and a focus of partnership working between the hospital, CCG and Adult Social Care

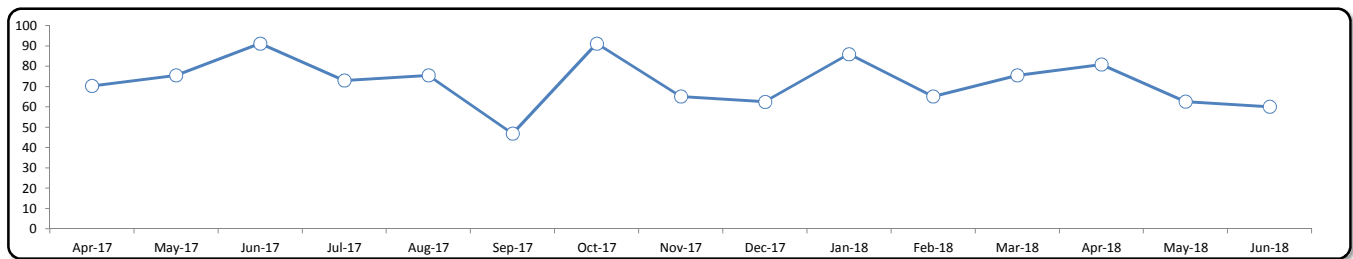
New permanent admissions to nursing/residential care per 100,000

Latest available data
Jun-18 60

Vs same period last
year Jun-17 91

Quarter to date
Apr - Jun 18 203

Vs plan 175



Source: Brighton and Hove LA

In the latest period Jun-18, the number of new permanent admissions to nursing/residential care per 100,000 has decreased against the same month last year, 60 in Jun-18 vs 91 in Jun-17. The actual number of new permanent admissions to nursing/residential care in Jun-18 was 23.

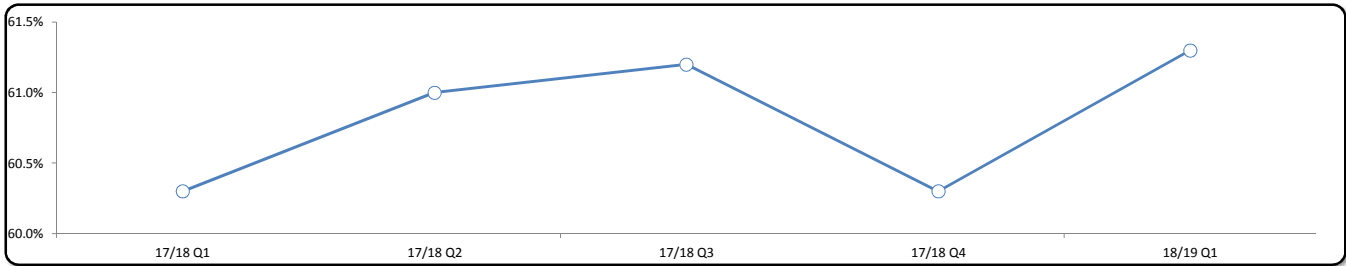
% of support plans with telecare as a component

Latest available data Apr - Jun 18	61.3%
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Vs same period last year Apr - Jun 17	60.3%
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Quarter to date Apr - Jun 18	61.3%
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Vs plan	60.0%
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Source: Brighton and Hove LA

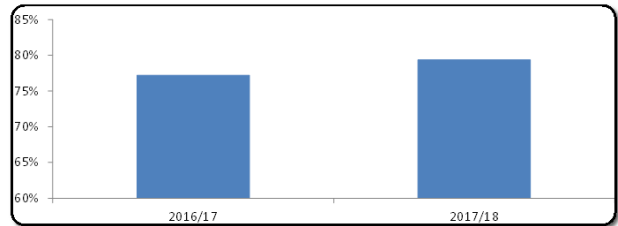
In the latest period 18/19 Q1, the % of support plans with telecare as a component has increased against the same quarter last year, 61.3% in 18/19 Q1 vs 60.3% 17/18 Q1.

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

Latest available data Year 17/18	79.4%
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Vs same period last year 16/17	77.2%
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Vs plan	83%
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Source: Brighton and Hove LA

In the latest period 2017/18, the % older people at home 91 days after discharge from hospital into reablement/rehabilitation services has increased against last year, 79.4% in 2017/18 vs 77.2% in 2016/17.

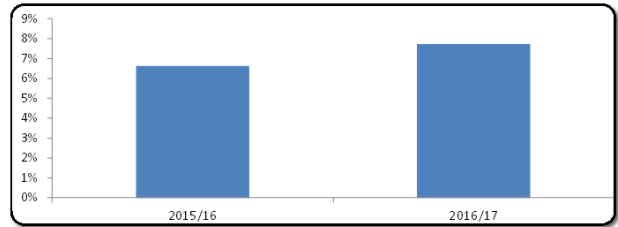
Performance needs to be viewed alongside Part 2 of the indicator % of overall older people discharged from hospital within the period who go into reablement services. Taken together these indicators reflect both effectiveness and coverage of the service.

% older people discharged from hospital who go into reablement services

Latest available data Year 16/17	7.7%
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Vs same period last year 15/16	6.6%
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Vs plan	7.8%
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Source: Brighton and Hove LA

In the latest period 2016/17, the % older people discharged from hospital who go into reablement services has increased against last year, 7.7% in 2016/17 vs 6.6% in 2015/16. 2016/17 result is a high top quartile performance against comparators (Brighton and Hove ranked 1st out of 16 comparator authorities).

Better Care Fund Report for Month	Jul-18			Forecast		
Workstream	Budget £	Actual £	Variance £	Annual Budget £	Forecast Outturn £	Variance £
Increasing System Capacity Workstream						
Additional Care Managers working across the City localities 7 days pw	39,244	39,244	0	117,732	117,732	0
3 Social Workers in IPCT's	34,409	34,409	0	103,228	103,228	0
Integrated Primary Care Teams (SPFT) Additional Mental Health nurses	34,722	34,721	(1)	104,165	104,165	0
Increasing capacity	0	0	0	0	0	0
Supporting the market	21,667	21,667	0	65,000	65,000	0
Total Increasing System Capacity Workstream	130,042	130,041	(1)	390,125	390,125	0
Integrated Discharge Planning Workstream						
Integrated Primary Care Teams (SCT)	2,677,565	2,677,566	1	8,032,696	8,032,696	0
Incentivising care homes and homecare providers to respond 7 days pw	17,063	30,000	12,937	51,188	51,188	0
Hospital Discharge	1,000,333	1,000,333	0	3,001,000	3,001,000	0
Total Integrated Discharge Planning Workstream	3,694,961	3,707,899	12,938	11,084,884	11,084,884	0
Protecting Social Care Workstream						
Home First	267,010	309,947	42,937	801,030	801,030	0
Urgent Home Care Service	51,620	30,570	(21,050)	154,860	154,860	0
Maintaining eligibility criteria	968,000	968,000	0	2,904,000	2,904,000	0
Additional social workers for Access Point	23,333	23,333	0	70,000	70,000	0
Protection for Social Care (Capital grants)	46,667	54,011	7,344	140,000	140,000	0
Disabled facilities grant (Capital grants)	553,032	307,252	(245,780)	1,659,097	1,659,097	0
Telecare and Telehealth (Capital grants)	30,000	64,273	34,273	90,000	90,000	0
Additional call handling resource for CareLink out of hours	11,667	11,667	0	35,000	35,000	0
Additional Telecare and Telehealth resource	66,667	66,667	0	200,000	200,000	0
Protection for Social Care	396,333	396,333	0	1,189,000	1,189,000	0
Supporting Social Care	139,000	139,000	0	417,000	417,000	0
Total Protecting Social Care Workstream	2,553,329	2,371,053	(182,276)	7,659,987	7,659,987	0
Supporting Recovery & Independence Workstream						
Community Equipment Service	817,743	851,890	34,147	2,453,230	2,453,230	0
Carers Reablement Project	11,728	11,728	(0)	35,184	35,184	0
Amaze – Carers Card Development	3,333	3,333	0	10,000	10,000	0
Crossroads – Carers Support Children and Adults	15,667	15,667	0	47,000	47,000	0
Crossroads – Carers Health Appointments	18,000	18,000	0	54,000	54,000	0
Carers Support Service - Integrated Primary Care Team (ASC Staff)	62,117	62,117	0	186,350	186,350	0
Carers (other)	112,636	113,503	867	337,909	337,909	0
Carers Hub	168,333	168,333	0	505,000	505,000	0
Total Supporting Recovery & Independence Workstream	1,209,557	1,244,571	35,014	3,628,673	3,628,673	0
Person Centred Integrated Care Workstream						
Proactive Care (Primary Care)	162,894	162,889	(5)	488,681	488,681	0
Link Back	25,667	25,666	(1)	77,000	77,000	0
Care Navigation Service	62,667	62,666	(1)	188,000	188,000	0
Befriending - Neighbourhood Care Scheme	57,000	57,000	0	171,000	171,000	0
Total Person Centred Integrated Care Workstream	308,228	308,221	(7)	924,681	924,681	0
Dementia Planning Workstream						
Dementia Plan	54,798	54,897	99	164,394	164,394	0
Total Dementia Planning Workstream	54,798	54,897	99	164,394	164,394	0
Homelessness Workstream						
Homeless Model	207,258	207,258	(0)	621,773	621,773	0
Total Homelessness Workstream	207,258	207,258	(0)	621,773	621,773	0
TOTAL	8,158,173	8,023,940	(134,233)	24,474,517	24,474,517	0



Appendix 3

BSUH System Delayed Transfer of Care Summit

Actions

Date: Tuesday 21st August 2018

Time: 2-3.30pm

Location: Room 135, Hove Town Hall

Aim of the summit: to agree key actions and working principles to deliver and sustain a step change in the DTOC levels

Patient choice	Lead/s	When by	Key measure of success
All patients on current DTOC list delayed due to patient choice to have escalation plans in place to address this by Friday	PL	24 th August	Reduction of DTOC due to patient choice at acute, community and mental health settings. To be reported <ul style="list-style-type: none">Weekly unvalidatedMonthly published
To move patients to interim beds and address onward movement (place without prejudice)	MG/SM/GR/KH/CG	1 st September	
To draft a Joint letter from all CEO/AO to enable patient choice conversations	KJ	28 th August	
To ensure all patients are informed of the Lets Get	MG/SM/SA	24 th August	

You Home from point of admission			
To implement Let's Get you Home Campaign	WC	1 ST September	
Over 7day Medically Ready for Discharge			
Senior Clinicians to review all patients medically ready for discharge	MG	24 th August	Reduction in the number on Medically Ready for Discharge list
Bed capacity			
SCFT to present a business proposal Optimise all SCFT beds with permanent substantive staffing. Enablers agreed nomination rights between BSUH/SCFT. Joint accountability (Number of beds TBC)	SM/PL/MG	4 th September	Reduction in the number of patients delay due to NHS non-acute reasons, CHC, Housing Reduction in 7day and 21day Length of Stay
Reprofile local authority beds to ensure increased occupancy to be in place by the end of October 2018 (Number of additional beds 7)	GR/LB	4 th September	
Partnership model to enable the utilisation of Lindridge and explore Brunswick ward (Number of beds 15)	MG/PL/SA	4 th September	
Spot purchasing of beds around PRH (Number of beds 10)	KH/CG	4 th September	
To explore the use of the Independent sector	GR/KH/CG	4 th September	
Working principles			
Single point of nomination to access beds in the community	SM/SA/GR/KH/CG	1 st October	Improvement in bed occupancy/utilisation of all community beds
Robust implementation of 7 day working – gap	KJ	4 th September	Increase in the number of weekend



analysis all partners current resources and plans			discharges at PRH and RSCH. To be reported weekly unvalidated
To circulate the escalation policy – clarify escalation points in and out of hours	KJ	22 nd August	Expectations , roles & responsibilities clarified, and calls to be about clear escalated actions
To review escalation policy – timely decision making	MG/SM/SA/GR/KH/CG	4 th September	Clarity around roles and responsibilities for escalation processes and timeframes across the system
Implementation of discharge to assess in community to include all CHC patients and housing needs	KJ/ GR/KH/CG	1 st October	Reduction in delays due to CHC-Housing to be reported weekly
Care capacity			
Analysis to understand care capacity gaps	LB	4 th September	
To address capacity gaps	GR/KH/CG	4 th September	Reduction Awaiting Care Package in Own Home at acute, community and mental health setting
Mental health			
Working with voluntary sector – safespace	SA	4 th September	Reduction in attendances to hospital as a ‘a place of safety’
Housing challenges e.g. sheltered and or residential	GR/KH/CG		Reduction in delays related to housing
Next Steps			
To book follow up face to face meeting in 2weeks	KJ	22 nd August	A meeting to be held on September 4 th at Hove Town Hall
Longer Term			
Joint financial and resource planning with	KJ	1 st October	A sustainable robust plan in place for



BSUH/SCFT and SPFT to enable local authority engagement			the system
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List of attendees

Name	Job Title	Organisation
Adam Doyle	Chief Accountable Officer	Central Sussex and East Surrey Commissioning Alliance
Siobhan Melia	Chief Executive	Sussex Community NHS Foundation Trust)
Marianne Griffiths	Chief Executive	Brighton and Sussex University Hospitals NHS Trust
Sam Allen	Chief Executive	Sussex Partnership NHS Foundation Trust
Pete Landstrom	Chief Delivery and Strategy Officer	Brighton and Sussex University Hospitals NHS Trust
Simone Button	Chief Operating Officer	Sussex Partnership NHS Foundation Trust
Catherine Galvin	Head of Health and Social Care	West Sussex County Council
Keith Hinkley	Director of Adult Social Care and Health	East Sussex County Council
Geoff Raw	Chief executive	Brighton and Hove City Council
Brian Doughty	Deputy Director of Adult Social Care and Health	Brighton and Hove City Council
Lola Banjoko	Deputy Managing Director	Central Sussex and East Surrey Commissioning Alliance-South
Katy Jackson	Director of Systems Resilience	Central Sussex and East Surrey Commissioning Alliance-South





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:	Options for Expanding Housing First
Date of Meeting:	11 September 2018
Report of:	Sue Forrest, Commissioning Manager
Contact:	Tel. 01273 292960
Email:	Sue.forrest@brighton-hove.gov.uk
Wards Affected:	ALL

FOR GENERAL RELEASE

Executive Summary

This paper advises the Board of the opportunity to scale up the current Housing First service in the City by the provision of services to add 10 additional individuals. The service currently supports 10 clients (2 are young people funded by FC&L) in a service delivered by St Mungos which is contracted until 2021.

Glossary of Terms

MHCLG – Ministry of Housing, Communities & Local Government

SIB – Social Investment Bond

FC&L – Families, Children & Learning

H&ASC – Health and Adult Social Care

1. Decisions, recommendations and any options

That the Health & Wellbeing Board:

- 1.1 Notes the report.
- 1.2 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.

2. Relevant information

- 2.1 The Housing First model is founded on the principle of housing being a basic human need and that its primary objective is to provide permanent accommodation for people straight from the street without attached conditions around behaviour or engagement. This is usually dispersed general needs accommodation away from other homeless and vulnerable people.
- 2.2 Support for homeless people with multiple and complex needs in the UK is offered through a number of supported accommodation services such as hostels or intensive floating support, however there remains an ongoing problem of finding long-term and sustainable housing solutions for them. It is evident from research to date and local analysis that no single model of housing is effective for all homeless people with complex needs. However we can improve outcomes for homeless people by making personalised offers of support and accommodation.
- 2.1 The Housing First model provides homeless individuals with a home and 'wraps' flexible and personalised support around the individual, giving them control and choice over their lives, linking them into their local community and developing their strengths and interests. Contact with support workers is often daily. The support provided is not dependent on behaviour or rehab goals for example. Long term support is provided which only disengages with clients when they no longer need the service.
- 2.3 Housing First is a model that many European cities and countries including Amsterdam, Dublin, Barcelona, Lisbon, Venice, Scotland, and Finland are adopting for rough sleepers and/or homeless people with complex support needs. This model has been mainstreamed across cities with similar accommodation pressures as Brighton and Hove.
- 2.4 The Ministry of Housing, Communities and Local Government recognises the model as good practice and is funding large scale models in several metropolitan areas.¹

¹ <https://www.gov.uk/government/news/215-million-boost-for-council-homelessness-services>

- 2.5 Brighton & Hove has funded a successful small scale Housing First service since 2014. This is 10 people at present, and focuses on the most entrenched and complex clients, those who have been through the hostel system a number of times and have been repeatedly evicted or are unsuitable for shared supported accommodation. The range of needs that the clients have include: mental health issues (diagnosed and undiagnosed), learning disability, alcohol/substance misuse, behavioural problems (resulting in anti-social behaviour), head injury, trauma, victims of domestic violence, victims of financial exploitation.
- 2.6 This model provides a highly personalised approach to working with individuals with multiple and complex needs recognising the cross department, cross agency impact of these clients and the integrated service response required. The cost of this service per person to date is comparable to that of a high support accommodation service.
- 2.7 This model of accommodation and support fits with the aims for the remodelling of single homeless services, the statutory responsibilities of the Care Act and the stated objectives of the Rough Sleeping Strategy:
- To reduce rough sleeping
 - To provide multi agency personalised support to single homeless people
 - To improve outcomes for vulnerable homeless people and support them to develop the skills for independent living
 - To improve health outcomes and prevent deaths
 - To support recovery from homelessness, substance misuse, ill health and mental ill health
 - To reduce revolving door homelessness
- 2.8 The service currently uses social housing (accessed through the housing register in the normal way), supported accommodation and has used temporary accommodation in the past. Supported accommodation has not proved successful due to the shared nature of the accommodation, temporary accommodation has been unsettling for clients as it has proved short term with staff spending a lot of time transitioning clients between accommodations. Trying to source new accommodation takes up a lot the services' and commissioning teams time.
- 2.9 An estimated 26% of the people currently sleeping rough in Brighton & Hove (46 people) would benefit from a Housing First type model (i.e. long term support and housing). In addition there is a significant number of people in supported housing and short term accommodation funded by H&ASC who are 'stuck' due to their needs, with no clear sustainable accommodation plan in place for them. An expanded Housing First service offers an opportunity to free up some supported accommodation (for which there is significant quantifiable demand) and sustainably move people into accommodation with the required personalised support.

- 2.10 Providing people with multiple and complex needs with long term secure housing and flexible support reduces street homelessness, anti-social behaviour and heightened use of public services such as the police, courts, prisons, probation, and health services. This also improves people’s wellbeing, supports their recovery from homelessness and substance misuse, and offers a stable base from which to access services in a planned way and engage with the local community. There is evidence to support a reduced call on the use of emergency services.
- 2.11 A bid has been submitted to the MHCLG to expand Housing First by 10 units, this is specifically for people rough sleeping or at risk of rough sleeping for the financial year 2019/20. The funding is for support only for 1 year at a cost of £101,955.00 to expand the existing service for people either rough sleeping or at risk of rough sleeping. If we cannot source 10 units of accommodation, the funding will have to be returned.
- 2.12 By the nature of this long term service model, additional funding will be required to sustain the expanded service beyond this one year of funding which will form part of the commissioning plan going forward as funding for 2020/21 onwards will be required to continue to fund all 20 Housing First clients.

Accommodation Options

- 2.16 Housing First principles require that ideally clients are able to exercise some choice about their accommodation and that the accommodation provides stability, i.e. that it is not short term.

Private Rented Sector (PRS)	
Assured shorthold tenancies obtained on the open rental market from private landlords.	
Existing services using exclusively private rented sector accommodation;	Camden (Mungo’s) 10 people Camden & Islington (FLIC) 9 people
Barriers; Unaffordable ² , Camden (FLIC) has been unable to expand beyond the original cohort in part, due to affordability. Lack of security; No fault loss of PRS creates instability and disruption for clients plus landlords are increasingly unwilling to take tenants on welfare benefits therefore limiting the supply of accommodation.	
Recommendation; It is difficult to secure PRS accommodation for people with multiple and complex needs. No properties have been secured through this route to date despite discussions with landlords. This route is unlikely to facilitate an increase in provision of accommodation for Housing First but will continue to be pursued.	

² The average cost of a one bed in Brighton & Hove in the first quarter of this year was £52 a month above local housing allowance levels.

Social Housing

Accommodation let via the Local Authority or a Housing Association at social or affordable rents. Properties are let on assured or secure tenancies (after an initial 12 month period).

Existing services using Exclusively social housing;	Westminster LBC (Mungo's) 25
Lewisham (Bench) 15	Hammersmith and Fulham (Mungo's) 5
Reading (Mungo's) 10	Oxford (Oxford Homeless Pathways) tbc
Basingstoke (Two Saints) 10	Southampton (Two Saints) 8
Barriers; The current allocations policy requires applicants to be 'tenancy ready' with 5 years local connection which excludes people with multiple and complex needs who cannot demonstrate that they are tenancy ready. Public perception may be against clients with multiple and complex needs accessing social housing.	
Positives; affordable, provides security, fidelity to the model and good outcomes ³	
Recommendation; Explore whether up to 10 units of accommodation can be identified for Housing First.	

2.17 We continue to explore PRS options for clients, and we are also exploring the option of congregated models similar to Finland, and the skaeve haus model in Norway (bespoke modular housing for this client group). This would require a small block of self-contained properties.

2.18 In order to scale up the Housing First service utilising the MHCLG funding, it is proposed that officers be tasked with identifying available options and securing 10 units of accommodation as necessary for the delivery of the additional service.

Evaluation

2.19 An evaluation of the existing service has been commissioned with the University of Salford and will be published in November 2018. Reporting for the 10 Housing First additional placements will be monthly to the MHCLG in line with the funding criteria to reduce rough sleeping.

³ https://docs.wixstatic.com/ugd/ce833a_7305a06001ce4897bba859a1f9fa5616.pdf

Telephone call 09.07.18 with Two Saints Chief Executive Steve Benson

3. Important considerations and implications

Legal:

- 3.1 As is made clear in the body of the report the funding made available by the Department of Housing, Communities and Local Government to enable the expansion of the Housing First service model in Brighton & Hove is dependent on the securing of an additional 10 units of suitable accommodation. Should the Council not be able to identify and provide the required accommodation the funding will be withdrawn and any monies already received must be repaid. This may have an adverse effect on future funding applications.
- 3.2 Units of Council owned accommodation made available to those in receipt of the Housing First support services will be let initially under the terms of the Council's Introductory Tenancy scheme. Such probationary tenancies are for an initial period of one year. The scheme applies to the tenancies granted to all new tenants of the Council. After successful completion of the probationary period the tenancy will become a secure tenancy.

Lawyer consulted: Judith Fisher

Date: 28.8.2018

Finance:

- 3.3 Any services commissioned for Housing First will need to be within the funding awarded from the Ministry of Housing, Communities and Local Government. As per paragraph 2.13, if the accommodation cannot be sourced then the funding will have to be returned.

Finance Officer consulted: Sophie Warburton

Date: 24/08/2018

Equalities:

- 3.4 Housing First is an evidence based model of personalised support for homeless people with complex needs (including mental and physical health conditions and other vulnerabilities) who are unable to manage in traditional supported accommodation settings. This innovative model is now regarded by the MHCLG as an example of good practice for entrenched rough sleepers and as part of the wider service offer to rough sleepers and single homeless people. Brighton and Hove have been part of the evaluation of this model nationally.
- 3.5 This is a model which Health & Adult Social Care Commissioning is keen to continue and evaluate hence the tender of Housing First and its inclusion in the newly developed model of accommodation and support for single homeless people recognising the very personalised support models required for people with multiple and complex needs with a history of revolving door homelessness.

Equalities Officer consulted: Sarah Tighe-Ford

Date: 24th August 2018



Sustainability:

- 3.6 Housing First is highly effective in ending homelessness among people with high and complex needs. The evidence suggests that Housing First services should be a part of an integrated homelessness strategy to be truly effective.
- 3.7 Further research is being undertaken by the MHCLG in the funded pilot areas and in the SIB funded areas.

Supporting documents and information

Supporting Documents:

St Mungo's housing first report

https://www.mungos.org/wp-content/uploads/2018/02/ST_Mungos_HousingFirst_Report_2018.pdf

Housing First in England An Evaluation of Nine Services February 2015, University of York

<https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf>

Crisis Report Liverpool

https://www.crisis.org.uk/media/237544/housing_first_feasibility_study_for_the_liverpool_city_region_2017_es.pdf

Housing First Principles

<https://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf>



Title:	Homeless Cold Weather Planning	
Date of Meeting:	11 th September 2018	
Report of:	Rob Persey, Executive Director - Health & Adult Social Care	
Contact:	Jenny Knight Commissioning & Performance Manager	Tel: 01273 293081
Email:	Jenny.knight@brighton-hove.gov.uk	
Wards Affected:	ALL	

FOR GENERAL RELEASE

Executive Summary

This paper provides details of the support services being planned for Rough Sleepers in Brighton & Hove for winter 2018/19

It includes an overview of the current rough sleeping situation in Brighton & Hove and four areas of support for rough sleepers which will operate over the winter period these are;

Ongoing Funding:

- Severe Weather Emergency Provision for Rough Sleepers (SWEP), open when triggered

One Off Funding:

- Brighton & Hove City Council Winter Night shelter Provision Opens 2nd November 2018 – 20th March 2019
- Brighton & Hove City Council Rough Sleeping Hub Opens 6th September 2018
- Churches Winter Night shelter extended to 22 weeks, starting 1st November 2018 until the end of March 2019 (MHCLG Grant 2018/9 with BHCC match funding, funding proposal for 2019/20 to be confirmed)

Glossary of Terms	
SWEP	Severe Weather Emergency Provision for Rough Sleepers
Rough Sleeper Estimate	A multi agency evidence based assessment of the number of rough sleepers sleeping on the streets of Brighton & Hove in one night in November. The estimate process is set and validated by Homeless Link.
Feels like temperature	The Met Office calls wind chill the "feels like temperature" it is calculated using the expected air temperature, relative humidity and the strength of the wind at around 5 feet (the typical height of a human face) combined with an understanding of how heat is lost from the human body during cold and windy days.

1. Decisions, recommendations and any options

- 1.1 That the Board note the contents of this report to provide winter provision for rough sleepers.

2. Relevant information

Background:

- 2.1 Brighton & Hove currently has the second highest number of rough sleepers in England. The rough sleeper estimate taken in November 2017 found 178 individuals sleeping on the streets in one night. The number of rough sleepers in the city has risen significantly since 2010.

- 2.2 Table: Official Rough Sleeper Count & Estimate Figures from 2010 to 2017.

	Rough sleeper Count	Rough Sleeper Estimate
2010	14	
2011	36	
2012	43	
2013	50	
2014	41	
2015		78
2016		144
2017		178

- 2.3 As part of the city's response to rough sleeping, Health & Adult Social Care commissions the following year round services specifically for rough sleepers.
- St Mungos Street Outreach Service – offering support to rough sleepers to access services and sustainable accommodation options.
 - First Base Day Centre – a day centre for rough sleepers offering food, support and access to medical services.
- 2.4 Health & Adult Social Care also commissions a range of services for homeless adults, young people and those with mental health needs which are accessible to rough sleepers. These services are designed to provide supported accommodation or community based support to help individuals to recover from homelessness and build and maintain greater independence and positive life outcomes.
- 2.5 The budget in the financial year 1 April 2018 - 31 March 2019 for commissioned services for this client group is £5.4m which provides:
- 551 units of supported accommodation for homeless adults, and people with mental health needs. (this figure excludes 97 units of accommodation managed by Brighton & Hove City Council for homeless adults).
 - 149 units of accommodation for young people and young families.
 - Outreach to rough sleepers.
 - Rough sleeper day centre and severe weather provision.
 - Homeless prevention and family mediation to young people.
 - Money advice and money handling services.
 - Floating support to people in independent accommodation to support them to settle into a tenancy and crisis intervention to prevent eviction.
 - Floating support to homeless young people in emergency accommodation or independent tenancies to prevent homelessness.
 - Literacy, numeracy and IT skills teaching for homeless adults.
 - Clinical Psychology to support staff and service users in high support accommodation.
 - Work & Learning support for rough sleepers & those in supported accommodation.
 - Peer Support for rough sleepers and those in supported accommodation.
- 2.6 On average 25-30% of high support accommodation beds for homeless adults were allocated to rough sleepers with the other 70-75% % being allocated to other homeless adults. These homeless adults may have come from emergency placement accommodation, sofa surfing, prison, hospital or other insecure accommodation.

3. Winter Provision for Rough Sleepers 2018/19

Severe Weather Emergency Provision (SWEP)

- 3.1 Brighton & Hove City Council operates SWEP provision in line with government recommendations and guidance issued by Homeless Link. SWEP provision is not a statutory requirement but all local authorities are expected to operate SWEP in times of severe weather. The primary aim of SWEP is to prevent loss of life in severe weather and to offer a place to stay for all rough sleepers in the city regardless of local connection or need.
- 3.2 The SWEP service has developed over the years, when it was first introduced the service operated when the temperature was predicted to drop below 0 degrees for three consecutive nights. In January 2014 the protocol was changed to include opening SWEP for amber weather warnings. In 2017/18 SWEP provision moved to opening at 2 consecutive nights at zero degrees, amber weather warnings and allowed a more flexible approach to 'feels like temperature', wind chill and rain.
- 3.3 Since its commencement SWEP Provision has been provided by Brighton Housing Trust with support from the Rough Sleeper Outreach Service.
- 3.4 Table: Severe Weather Provision & Budget 2010/11 to 2017/18

Year:	Allocated Budget:	Spend:	No Of Nights:	No of bed spaces:	Rough Sleeper Count / Estimate
2017/18	£40,000.00	£44,184.00	44	1393 (243 individuals)	178
2016/17	£40,000.00	£16,467.00	13	504 (129 individuals)	144
2015/16	£40,000.00	£16,860.00	12	386 (118 individuals)	78
2014/15	£40,000.00	£18,627.00	14	274	41
2013/14	£40,000.00	£17,934.88	12	240	50
2012/13	£40,000.00	£43,202.00	44	1,714	43
2011/12	£39,000.00	£20,318.70	21	541	36
2010/11	£10,000.00	£22,392.00	17	Unknown ¹	14

¹ First Base Day Centre was under renovation in 2010/11 so the service was held in other buildings, data recording was different and we do not have the total bed spaces recorded.

- 3.5 Over the course of the winter 2017/18 there has been a shift in practice in a number of areas of the country to a more flexible trigger for SWEP. In line with Brighton & Hove many local authorities have reduced their trigger from three consecutive nights at zero degrees. This is in keeping with public feeling about the issue of rough sleeping and the desire to offer a more humanitarian response. The following is an overview of SWEP provision operating in comparator authorities in 2017/18:
- **Three consecutive nights at predicted 0:** this is still common in a number of local authority areas, in Homeless Links survey of provision for 2016/17, 37% of local authorities worked on this basis, including Worthing and Adur council.
 - **One night predicted at 0 degrees:** London and Manchester have both moved to a one night at zero trigger in 2017/18.
 - **Flexible approach:** Cambridge City Council operates a flexible approach which includes opening for prolonged periods of heavy rain or wind and opening on a respite basis over the winter.
 - **Feels like temperature:** In 2017/18 Birmingham City Council began operating SWEP whenever there is a 'feels like temperature' of 0 or below and for yellow weather warnings.
 - **Shelter Provision:** Liverpool City Council has opened a shelter for all rough sleepers 365 days per year.
- 3.6 Severe weather provision was due to be tendered in 2018 and as part of the tender development process a public consultation was held on the temperature trigger for opening SWEP. The consultation closed on the 6th July 2018. See **Appendix 1** for the consultation feedback. Stakeholders who support SWEP provision such as health services, Sussex Police and charities working with rough sleepers were also asked for feedback.
- 3.7 The SWEP tender was released on 3rd August 2018 and from 2018/19 onwards will operate on a new trigger of one night at a 'feels like temperature' of 0 degrees or below and on an amber weather warning. The budget for SWEP provision has been increased to £70,000.00 per annum from 2018/19 to ensure sufficient funding for the potential increase in the number of times the provision will be opened. The contract will run for five years with a possible two year extension.

Winter Nightshelter

- 3.8 In December 2017 Brighton & Hove City Council operated its first winter night shelter for rough sleepers. The service offering 30 bed spaces in the Brighton Centre and St Martins Church operated from the 10th December 2017 until the 11th March 2018. The Policy, Resources & Growth Committee Report detailing the setting up, running and evaluation of the service can be found in **Appendix 2**.

- 3.9 The 2018/19 winter night shelter will be open on 2nd November 2018 and close on 20th March 2019 operating between 5pm and 7am (an earlier opening time was suggested from the feedback last year). There are several dates when the Brighton Centre is not available and alternative venues are being explored. This service is subject to a competitive tender process to identify a provider to manage the service. The tender will be issued in August 2018 and the closing date is 17th September 2018. The winter night shelter will be based in a council owned building and will accommodate 30 people a night in line with the model developed last year. Following the evaluation of the service the shelter in 2018/19 there is a plan to increase the number of external support services working within the shelter.
- 3.10 The total budget set aside for the winter night shelter is £150,000.00.

Rough Sleeping Hub

- 3.10 In June 2018 Brighton & Hove City Council was successful in a bid for Rough Sleeper Initiative funding from the Ministry of Housing, Communities and Local Government for £495,107.00. This funding is provided for a period of 9 months to support the provision of services to rough sleepers. £125,000.00 of this funding plus match funding of £165,000 from Brighton & Hove City Council is allocated to the development of a Rough Sleeper Hub.
- 3.11 A hub is a safe space which enables a rough sleeper to be quickly moved away from the streets at the time they are identified on an outreach shift by outreach staff. It is a basic offer of a place to sleep in a communal area and food. It provides a place away from the streets for outreach staff to assess an individual's needs and develop a plan to move them sustainably away from rough sleeping. A hub stay should be short, ideally 72 hours but is often longer in more complex cases. The Hub model has operated successfully in London since 2013.
- 3.12 The search for a building to accommodate the hub is ongoing however an interim 3 month agreement has been made with Brighton Housing Trust to utilise the First Base Day Centre. This 17 bed space hub will have BHT night staff. St Mungos outreach staff will manage referrals into and out of the service, assessments, reconnections and support people to access sustainable accommodation. The hub cannot remain at First Base as this is the main SWEP venue.
- 3.13 The hub is a key service for the city in addressing rough sleeping and will provide a place of safety for those rough sleeping and a quick route away from the streets for those who are new to rough sleeping or new to the city.

Other Provision:

- 3.14 Brighton & Hove has a number of charities and organisations across the city working with rough sleepers. This includes the provision of food, equipment, access to day centres and medical support. These services continue to operate across the winter months and are key partners in the delivery of services such as SWEP.

The Churches' Nightshelter:

- 3.15 The Churches' Night Shelter has been operating in Brighton & Hove since 2012 and is delivered by a partnership of churches across Brighton & Hove. The shelter moves on a nightly basis between 7 churches operating one night at each venue. Support is provided by volunteers and any funding required is provided by the churches and through public donations.
- 3.16 In the winter of 2017/18 the Churches' Nightshelter provided 15 bed spaces for rough sleepers with low support needs each night from mid November to mid March. The churches and the public who volunteer their time operate a vital service to rough sleepers in the winter months.
- 3.17 In June 2018 the Ministry of Housing, Communities and Local Government provided £38,689.00 through the Rough Sleeper Initiative to support the Churches' Winter Night shelter expand their provision for 2018/19 and take people with higher levels of need. Following conversations between Adult Social Care Commissioning and the Churches it has been agreed that the Churches will utilise the funding to provide additional staffing which will enable the current provision to operate from the beginning of November until the end of March. The staff members will provide support to the volunteers and the guests within the shelter to support move on to sustainable accommodation options.
- 3.18 The Churches' Nightshelter will be providing data to Adult Social Care Commissioning on the number of individuals accommodated across the 5 months and the long term accommodation outcomes for these individuals. The Nightshelter will not become a commissioned service and will remain an independent church based organisation. St Mungos staff will work closely with the service.

Engagement

3.19 Planning meetings are taking place with key partners and services to ensure that rough sleepers are supported over this winter period and that as many people rough sleeping as possible are supported into sustainable accommodation. An information sheet will be drafted and distributed across the city to GPs', libraries, hospitals, and other service areas which outlines the range of provision.

4. Important considerations and implications

Legal:

4.1 The commissioning of services is being undertaken in accordance with the Public Contract Regulations 2015 and in accordance with Contract Standing Orders. There are no further legal implications in respect of this report which is for noting by the Health and Well Being Board.

Lawyer consulted: Judith Fisher

Date:03.08.2018

Finance:

4.2 The overall budget within Health & Adult Social Care for commissioned Housing Related Support services is £5.4m for 2018/19. Tenders for the individual services within this report will be requested against an agreed service specification. The Council is experiencing financial challenges and is subject to annual government financial settlements which can impact on the availability of funding. However it is anticipated that financial resources will be available to enable the commissioning of the services detailed above.

Finance Officer consulted: Sophie Warburton

Date: 09.08.2018

Equalities:

4.3 An EIA has been completed on women accessing the night shelter and on the changes to severe weather provision. The provision outlined in this paper will provide additional support to vulnerable rough sleepers.

Sustainability:

- 4.4 The funding for the Brighton Council Nightshelter, the Rough Sleeper Hub and the additional post for the Churches' Nightshelter is temporary for a nine month period. Additional funding has been applied for to continue the hub provision in 2019/20 however this will require match funding from Brighton & Hove City Council of £120,000.

The City Council will support the Churches' Nightshelter to seek an alternative funding source for their post but there is no funding yet identified for the winter Nightshelter or the hub in 2019/20

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

- 4.5 One of the primary aims of winter provision is to prevent deterioration of health and loss of life among rough sleepers especially during the cold winter months. This planned provision will not only provide a safe warm space for rough sleepers but will also ensure links are made with vital health and care services. The links with St Mungos Outreach Service will ensure that steps are being taken to provide rough sleepers with sustainable accommodation options. The evidence is not yet available to demonstrate whether the provision of Nightshelter or Hub provision can reduce ambulance call outs or unplanned admissions to hospital however we hope to be able to demonstrate an impact over the winter 2018/19.

Supporting documents and information

Appendix 1: Severe Weather Provision Public Consultation Feedback

Appendix 2: Policy, Resources & Growth Committee Report – Brighton
Winter Nightshelter

Appendix 3: How the council helps rough sleepers in the city



Consultation responses to the Proposals to open the Severe Weather Emergency Provision for Rough Sleepers (SWEP) more frequently

The Consultation:

In June 2018 an online public consultation was launched by Brighton & Hove City Council regarding the temperature trigger for SWEP. This document details the responses to the consultation.

Introduction:

SWEP provides emergency shelter for rough sleepers in times of severe weather in order to prevent loss of life.

The service is open to all rough sleepers in the city, regardless of their local connection to the city or their support needs. The service provides shelter for all those who wish to take up the offer when open.

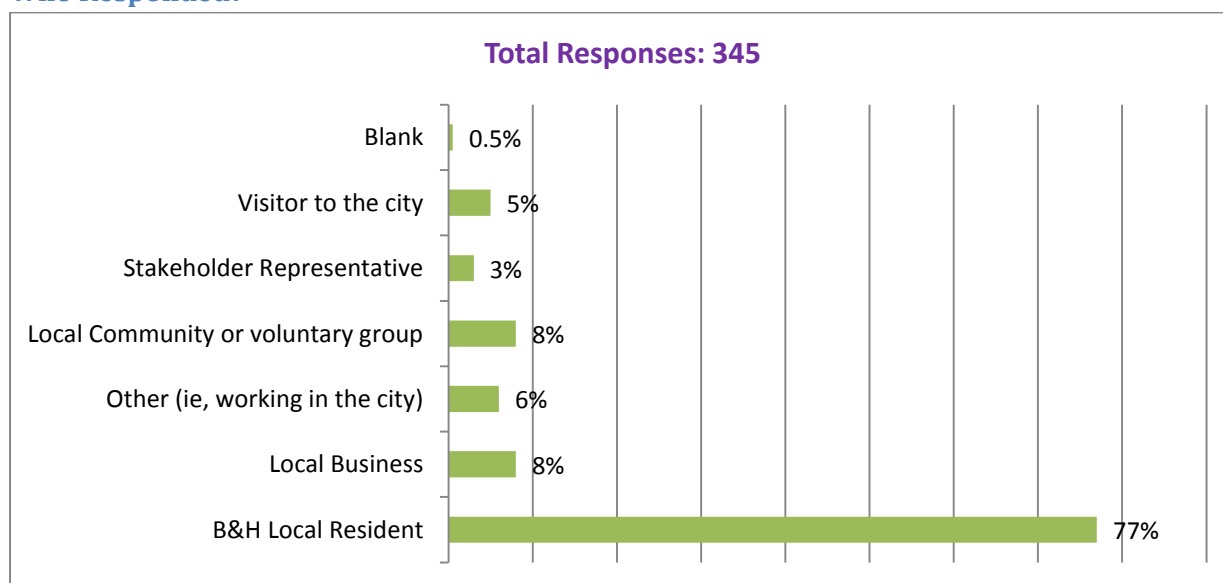
The service takes into account the needs of different groups of rough sleepers and adapts accordingly, for example by providing separate areas for women.

Brighton & Hove City Council council's current contract to provide the SWEP service is at an end. The council will be tendering for a new service over the coming months. The contract to provide the SWEP service will run for five years until 2023.

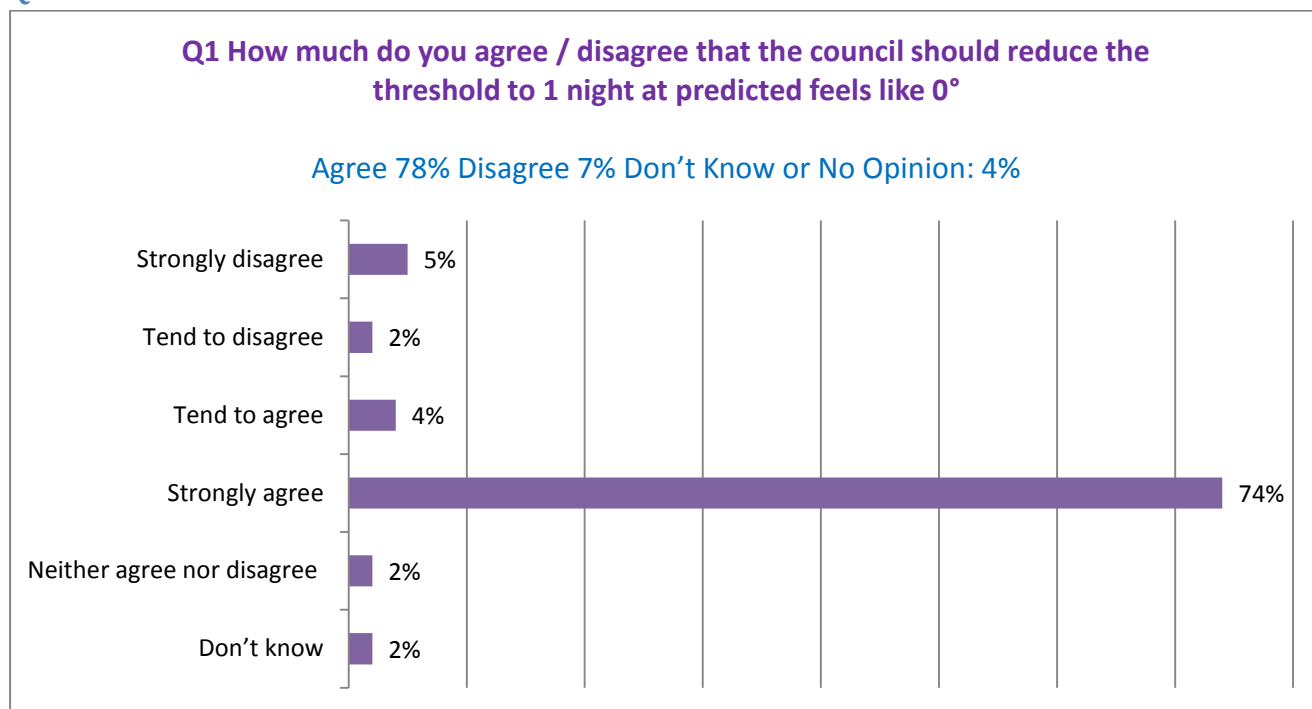
The Results

The council received responses from 345 individuals.

Who Responded?



Question 1:



Q2. - Do you have any comments about the proposed change?

188 comments were received about the proposed change. The comments have been placed into broad categories to allow for analysis.

Category	Number of People
Agree with the change	63
The council should provide shelter for all, this included comments on shelter for all for the whole winter / the whole year or offering sustainable long term accommodation solutions.	41
Reduce the SWEP threshold further.	24
Other / don't know	18
Amend the trigger to include opening for rain & strong wind	16
Reduce the SWEP trigger to open at 5 degrees Celsius	11
Disagree	7
Temperature measure should be taken in a number of areas across the city not just one measure for the whole of Brighton	3
Request to ensure provision for dogs	2
Concern that the change will bring rough sleepers to Brighton	2
Concern around resources to deliver SWEP	1
TOTAL	188

Q3. Do you have any comments or suggestions on how we should communicate the opening of SWEP to rough sleepers and the general public?

The comments received fell broadly into the following categories with many individuals making more than one suggestion.

- Social media – including facebook, twitter
- Informing local agencies and charities through e-mail - including the police, shops, city clean, traffic wardens.
- Text Message
- Use of Radio & Media
- Posters / Leaflets
- Illuminated signage / advertising
- Using volunteers and paid workers on the streets

In terms of communicating the opening of SWEP a number of the suggestions made are already utilised by the council to notify individuals about SWEP, this includes;

- The use of the use of social media through the council's accounts.
- An e-mail network which includes agencies such as the police, ambulance service, city clean, seafronts and parks officers
- An e-mail list of local charities, volunteers and individuals supporting rough sleepers.
- The use of paid workers on the streets

What Next?

- A tender for the SWEP service was issued on the 7th July 2018.
- The SWEP trigger will be changed to 1 night at a 'feels like' temperature of 0 degrees and amber / red weather warnings.
- The provider of the SWEP service will be required to publicise SWEP via social media and co-ordinate notifications to a range of partners, organisations and individuals.
- The SWEP provider will make greater use of volunteers to support the service.
- We will investigate the suggestions made as part of the consultation to improve communication to rough sleepers and the wider public.

Appendix 2

Report to Policy, Resources & Growth Committee, 12 July
2018

Subject:	Night Shelter Evaluation		
Date of Meeting:	Policy, Resources & Growth Committee 12th July 2018		
Report of:	Rob Persey, Executive Director Health & Adult Social Care		
Contact Officer:	Name:	Sue Forrest	Tel: 292926
	Email:	sue.forrest@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 To update members on the operation of the council run night shelter for rough sleepers over the winter of 2017/8.

2. RECOMMENDATIONS:

- 2.1 That the Resources and Growth Committee note the contents of the report which is provided for information.
- 2.2 That the evaluation information is used to support the commissioning proposal to reduce the need for rough sleeping to be in place later in 2018.
- 2.3 That this paper is used as background information for related papers going to the Health and Wellbeing Board.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 A cross party working group was set up in May 2017 to look at the possible use of empty council buildings as a night shelter which would offer a safe space for rough sleepers over the coldest months and enhancing this with an evening meal, recreational activities and in-reach from a range of services. This group was made up of Councillors Clare Moonan, Robert Nemeth and David Gibson, with representative officers from HASC Commissioning and Corporate Communications. This group met regularly throughout the process of identifying a building, setting up, running and closing the night shelter.
- 3.1 It had been anticipated that a shelter would open in November 2017 and close at the end of March 2018. In the end, the shelter opened on Sunday 10th December 2017 and closed on Sunday 11th March 2018.

- 3.2 In terms of the weather, this winter was one the coldest for a long time which brought with it the associated concerns for the general health and wellbeing of this vulnerable group of people.
- 3.3 The nature of the service meant that any space used had specific requirements and was fully risk assessed. The potential use of numerous council owned buildings was extensively explored and, as there were no suitable council owned empty buildings, the focus moved to privately owned buildings. It was at this point the Brighton Centre was identified. The Brighton Centre is a commercial venue and offered the use of one of their conference rooms for the duration of the winter bar 2 periods where there were existing bookings. On these nights, the shelter moved to St Martins Church on the Lewes Road (14th- 20th January 2018 and 27th Feb – 2nd March 2018). There were no rental costs at either venue, just an agreement to cover their costs.
- 3.4 Referrals to the service were from First Base and the Street Outreach Service and most people had a local connection or a plan to move to another location. If a client was referred to the night shelter, they were directed from SWEP (Severe Weather Emergency Protocol) to the Brighton Centre. SWEP was open 43 nights over the winter, offering 1393 bed spaces to 243 different people and the night shelter definitely reduced demand for SWEP. The Churches Night Shelter offered 15 beds each night over the winter period.
- 3.5 Agency staff were used for the entire staffing team for the duration of the service, with a Team Leader, care staff and security staff on each shift every day. This team was overseen operationally by a council employed hostel manager.
- 3.6 Volunteers were involved in many aspects of the service, from setting up the service to moving beds and belongings between venues. Hot food was bought for the evening meals Monday to Friday from a local social enterprise. This was delivered each day by volunteers. Weekend food was donated by local businesses and restaurants which was organised by the volunteers. Clients had the opportunity to choose their food and different dietary needs were catered for. There were also generous donations of snacks, toiletries, books, puzzles and clothes.

4 Expenditure

- 4.1 The cost of the winter night shelter offering a bed to 30 people for 91 nights was £132,921. Of this, £88,422 was direct operational staffing costs for the service; £16000 was additional staffing costs for the Brighton Centre.
- 4.2 This equates to an average cost of £1460 per night or £49 per place offered per night. 30 people were offered a bed every night, however attendance was lower due to people failing to turn up for a variety of reasons. Each of the 30 beds each night was allocated to a named person and their space was cancelled if they did not communicate a reason for non-attendance for 2 or 3 days.

SWEP provision over this winter was £45,355.93 which is £32.50 per person per night and is a more basic offer of accommodation; a mattress on the floor for the night without hot meals or storage of personal property. For information, spot purchased emergency accommodation is £34 per night, block booked emergency accommodation in Brighton is £29 and Newhaven £25 per person per night. Apart from SWEP, availability for other accommodation options (supported and emergency accommodation) was limited and could not accommodate the number of people the night shelter accommodated.

4.3 In relation to Housing Benefit, the service model did not meet the criteria to set up claims.

5 Total Number of individuals accessing the night shelter

5.1 73 individuals accessed the night shelter (9 were women). 28 moved into some form of accommodation on exiting the night shelter service. Fewer women attended than had been anticipated (a cordoned off space was created for the women). Couples were also accommodated. 28 people returned to rough sleeping, 10 when the shelter closed and others throughout the time the service was open.

Number of people	After Leaving Night Shelter	Follow up information
5	Accommodation	1 not sustained
2	Reconnection	
4	Emergency accommodation	1 not sustained
13	Supported Accommodation in the city	3 not sustained
1	Supported Accommodation in another area	
2	Mental Health Unit	
28	Returned to rough sleeping	1 then moved into rehab, 1 in a van, 1 declined Supported Accommodation
1	Sofa surfing	
1	Rehab	
1	Evicted	prison
15	No information	

5.2 3 clients moved onto a substitute prescriptions for opioid dependence through SOS staff being able to pick up people in the morning and take them to appointments with Pavilions.

5.3 4 clients left recovery services in an unplanned way and could move straight into the night shelter without a period of rough sleeping. This significantly reduced their risk of overdosing when leaving the rehab service. There were no deaths of any rough sleepers in the city while the night shelter was open.

Average Occupants Per Night

December 2017	17.9
January 2018	23.8
February 2018	23.3
March 2018	18.0

5.4 On the night after the night shelter closed, St Mungos Street Outreach Service found 10 people bedded down on their street shift who had been in the night shelter.

6 Feedback from clients and services

6.1 The clients fed back that they felt cared for, respected and looked after and felt valued and comfortable. The use of volunteers and donations contributed to the feelings of self-worth. The security team were a positive influence and contributed to the space being safe. The staff team, volunteers and security team spent a lot of time interacting with the clients. The sleeping space was separate from the TV and dining area and was quiet, with lights kept dimmed for those who wanted to sleep, read, and be alone.

6.2 The Street Outreach Team thought the service was invaluable, providing an opportunity for clients to take time out from the strain of rough sleeping and provide some space to talk to support staff. The ambulance service was able to return people back to the night shelter rather than leaving them on the street.

6.3 It is agreed amongst staff and services that the stability of having this facility has had a huge impact on the welfare for a large proportion of those who were accepted for beds.

6.4 Key Outcomes

- The setting up of beds in a fixed location enabled clients to spend time with staff and socialise and to feel some ownership of their space
- Clients were able to leave their belongings at the service during the day, giving them the freedom to attend appointments and not look 'homeless'
- The quality of the venue, food and volunteer input all contributed to people feeling valued and cared for
- The service successfully accommodated people with complex needs
- Integrating volunteers and local businesses into the service was very successful and the project generated high levels of community engagement.

7 Learning

- The opening times of the service did not facilitate 'in reach' from services apart from St Mungos
- A longer lead in time would facilitate closer joint working with a range of services

- Significant numbers of people offered a bed did not attend, this was a particular issue with women
- A central location was important to ensure accessibility.

8 Next Steps

- 8.1 Moving forward, the council is exploring establishing suitable, safe accommodation options for rough sleepers to move them off the streets quickly.

Options and a proposal will be submitted to the Health & Wellbeing Board outlining our commissioning intentions later in 2018 for the interface between a winter nightshelter, SWEP, and a hub proposed to be open all year around.

This year's annual budget saw £165,000 allocated towards exploring and establishing more help for rough sleepers. The council has also submitted a successful bid for additional funds from the MHCLG for expanding services for rough sleepers. This is £495,107.00 for 2018/9.

9. COMMUNITY ENGAGEMENT & CONSULTATION

- 9.1 Ongoing consultation is taking place with community groups and service providers on future night shelter provision.

10 CONCLUSION

- 10.1 The service was a valuable addition to services for rough sleepers over the winter months, contributing to the well being of the rough sleepers who attended the service. Feedback was overwhelming positive about the venue, the staff, volunteers, food and service model.
- 10.2 The learning from the model will be incorporated into exploring the commissioning options for services targeted at rough sleepers in terms of SWEP, a hub and further night shelter provision.

11 FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

The total cost of the 2017/18 Night Shelter facility was £0.133m equating to an average cost of approximately £1,460 per night. This was an ad hoc arrangement most of which took place at the Brighton Centre, a commercial venue, thereby incurring additional staffing costs.

For the financial year 2018/19, one off funding of £0.165m has been allocated towards the cost of exploring more help for rough sleepers in conjunction with partnership organisations to be available for up to one year.

Finance Officer Consulted: Sophie Warburton

Date: 06/06/2018

Legal Implications:

This report is for noting by the Committee. There are no legal implications.

Lawyer Consulted: Judith Fisher

Date: 4 June 2018

Equalities Implications:

An Equalities Impact Assessment has been completed and is under regular review in relation to the service.

Sustainability Implications:

This was a one off service over the winter period.

12 Any Other Significant Implications:

12.1 Single homeless people and rough sleepers are subject to multiple disadvantages in terms of mental and physical health, substance misuse and worklessness.

12.2 Brighton and Hove has the second highest numbers of rough sleepers in England, the estimate in November 2017 was 178 rough sleepers on the streets of the city.

SUPPORTING DOCUMENTATION

Appendices:

Documents in Members' Rooms

Background Documents

- Rough Sleeper & Single Homeless Needs Assessment 2013
- Homeless Health Audit 2014
- Homelessness Strategy 2014-19
- Overview & Scrutiny Report on Homelessness & Rough Sleeping 2014
- Rough Sleeping Strategy 2016
- <https://www.galvanisebh.org/campaign-progress/>

How the council helps rough sleepers in the city

Each year the council funds a range of support services for people in need

Rough Sleeper street outreach

More than **450** people accommodated or reconnected in 2017/18



First Base Day Centre

Offering activities, food, facilities and medical services for

1,000 people each year

Severe weather emergency shelter (SWEP)

243 people given shelter over

44 nights in 2017/18



City centre night shelter

30 bed spaces

for rough sleepers from **Dec '17 to Feb '18**



Accommodation with staffed support

- **Places for people to stay** on their journey to **independent accommodation**
- **Wrap around support** for individuals with complex needs living in **independent accommodation**, the Housing First service



Also available

Churches' night shelter:

15 bed spaces for rough sleepers during the winter



A range of dedicated **charity** and **volunteer** services providing help and support



Health services for rough sleepers

Arch Healthcare

Sussex Community NHS Trust Homeless Health Team

Mental Health Homeless Team




Brighton & Hove
City Council

