



Brighton & Hove  
City Council

# Overview & Scrutiny

Title:	<b>Health Overview &amp; Scrutiny Committee</b>
Date:	<b>15 June 2011</b>
Time:	<b>4.00pm</b>
Venue	<b>Committee Room 1, Brighton Town Hall</b>
Members:	<b>Councillors:</b> Rufus (Chair), Barnett, Bennett, Follett, Turton, Marsh, C Theobald (Deputy Chair), Phillips, Brown (Non-Voting Co-Optee) and Hazelgrove (Non-Voting Co-Optee)
Contact:	<b>Giles Rossington</b> <b>Senior Scrutiny Officer</b> 29-1038 Giles.rossington@brighton-hove.gov.uk

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**AGENDA**

<b>Part One</b>	<b>Page</b>
<b>1. PROCEDURAL BUSINESS</b> (copy attached)	<b>1 - 2</b>
<b>2. MINUTES OF THE PREVIOUS MEETING</b> Draft minutes of the meeting held on 28 March 2011 (copy attached)	<b>3 - 8</b>
<b>3. CHAIR'S COMMUNICATIONS</b>	
<b>4. PUBLIC QUESTIONS</b>  No public questions have been received	
<b>5. NOTICES OF MOTION REFERRED FROM COUNCIL</b>  No Notices of Motion have been received	
<b>6. WRITTEN QUESTIONS FROM COUNCILLORS</b>  No questions have been received	
<b>7. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH</b>  Presentation by Dr Tom Scanlon on his 2011 Annual Report of the Brighton & Hove Director of Public Health (papers to follow)	
<b>8. HEALTHCARE IN BRIGHTON &amp; HOVE</b>  Presentations and discussion about the local health economy. To be introduced by Dr Xavier Nalletamby, Chair of the Brighton & Hove GP Commissioning Consortium and by Andrew Demetriades, Chief officer, NHS Brighton & Hove	
<b>9. PRIMARY CARE TRUST LEGACY REPORTS</b>  Report of the Strategic Director, Resources, on NHS plans to manage the handover of commissioning responsibilities from Primary Care Trusts to GP Commissioning Consortia (copy attached)	<b>9 - 12</b>
<b>10. MENTAL HEALTH ACCOMMODATION STRATEGY</b>  Information on a successful city bid for regional NHS funding to launch an initiative to improve mental health accommodation services (copy attached)	<b>13 - 22</b>

### 11. SUSSEX PARTNERSHIP NHS FOUNDATION TRUST: UPDATE 23 - 24

Update on planned activities at Sussex Partnership NHS Foundation Trust. To be presented by Dr Richard Ford, Executive Director of Commercial Development, Dr Mandy Assin, Clinical Director, and Sam Allen, Service Director, Sussex Partnership NHS Foundation Trust (copy attached)

### 12. LETTERS TO THE CHAIR

Letters received by the HOSC Chair:

- a) Short term care: planned changes to services
- b) Long term conditions: planned changes to services (papers to follow)

### 13. HOSC WORK PROGRAMME 2011-12 25 - 30

Report of the Strategic Director, Resources on HOSC work planning (copy attached)

### 14. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member meeting

### 15. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the next Council meeting for information

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Giles Rossington, 01273 29-1038, email [giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk) or email [scrutiny@brighton-hove.gov.uk](mailto:scrutiny@brighton-hove.gov.uk)



# Agenda Item 1

## To consider the following Procedural Business:

### A. Declaration of Substitutes

Where a Member of the Committee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

### B. Declarations of Interest

- (1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.
- (2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –
  - (a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and
  - (b) at the time the decision was made or action was taken the Member was
    - (i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and
    - (ii) was present when the decision was made or action taken.
- (3) If the interest is a prejudicial interest, the Code requires the Member concerned:
  - (a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].
  - (b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

- (a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;
- (b) if the Member has obtained a dispensation from the Standards Committee; or
- (c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

**C. Declaration of Party Whip**

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

**D. Exclusion of Press and Public**

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

*NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.*

## Agenda item 2

### BRIGHTON & HOVE CITY COUNCIL

### HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 28 MARCH 2011

### COUNCIL CHAMBER, HOVE TOWN HALL

### MINUTES

**Present:** Councillors Peltzer Dunn (Chairman); Allen (Deputy Chairman), Barnett, Deane, Harmer-Strange, Marsh and Rufus

**Co-opted Members:** Mr Robert Brown

### PART ONE

#### **62. PROCEDURAL BUSINESS**

##### **62A Declarations of Substitutes**

62.1 There were none.

##### **62B Declarations of Interest**

62.2 There were none.

##### **62C Declarations of Party Whip**

62.3 There were none.

##### **62D Exclusion of Press and Public**

62.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

**62.5 RESOLVED – That the Press and Public be not excluded from the meeting.**

**63. MINUTES OF THE PREVIOUS MEETING**

**63.1 RESOLVED – That the minutes of the meeting held on 09 February 2011 be approved and signed by the Chairman.**

**64. CHAIRMAN'S COMMUNICATIONS**

- 64.1 The Chairman told members that he had recently met with Amanda Fadero, along with the Chairs of other Sussex HOSCs, to discuss proposals for a Sussex Primary Care Trust cluster (to which Ms Fadero has been appointed as Chief Executive). Notes from this meeting would be circulated to HOSC members. Another meeting has been scheduled for early summer and members are welcome to submit questions to scrutiny support officers who will pass them on to Ms Fadero.
- 64.2 The Chairman also drew members' attention to a letter from Dr Richard Ford, Executive Director of Strategic Development, Sussex Partnership NHS Foundation Trust, setting out planned developments at the trust.
- 64.3 In response to a question from Cllr Allen on the implications for staff on commissioner plans to re-design mental health 'access' services, Dr Ford told members that there were no direct implications, as all current access staff would be transferred (under 'TUPE' regulations) to the new providers.
- 64.4 In answer to a question from Cllr Rufus regarding patients being referred out of area, Dr Ford told the committee that 96% of referrals were being dealt with locally, but some referral out of area was necessary whilst the redevelopment of Mill View was taking place. These referrals were to other Partnership Trust facilities in Sussex so there was no additional cost incurred.
- 64.5 Cllr Marsh proposed, and members agreed that, that the best wishes of committee members be passed on to Lisa Rodrigues, Chief Executive of the Partnership Trust, who was currently in hospital for a planned operation.
- 64.6 Members also agreed to express their thanks to Dr Ford for his willingness to engage frankly with the committee on numerous occasions over the past four years.
- 64.7 The Chairman expressed his thanks to Cllr Allen for all his work as Deputy Chair, to all HOSC members for their diligence and to support officers.
- 64.8 Mr Brown thanked HOSC members for their positive working relationship with the Brighton & Hove LINK and expressed the hope that organisational memory would not be lost.
- 64.9 Cllr Deane and other committee members thanked the Chairman for all his work over the past years.

**65. PUBLIC QUESTIONS**

65.1 There were none.

**66. NOTICES OF MOTION REFERRED FROM COUNCIL**

66.1 There were none.

**67. WRITTEN QUESTIONS FROM COUNCILLORS**

67.1 There were none.

**68. DENTAL SERVICES IN BRIGHTON & HOVE**

- 68.1 This item was presented by Ms Geraldine Hoban, Deputy Director of Commissioning, NHS Brighton & Hove. (Anne Foster, Strategic Commissioner for Primary care at NHS Brighton & Hove had been due to present but was unable to attend due to illness).
- 68.2 In answer to questions from Mr Brown regarding additional investment in dental services, the number of additional patients treated, the cost per patient of treatment, provision for care homes and hospitals and the number of dental contracts suspended across the city, Ms Hoban told members that she would refer these issues to Ms Foster for a detailed written response.
- 68.3 In response to a question from Cllr Allen regarding what 'levers' the PCT had to encourage dental practices to operate in under-provided areas, Ms Hoban told members that PCTs had no powers to compel practices, but could try to attract dentists to specific areas, principally through sourcing suitable premises for dental practices.
- 68.4 In answer to a question from Cllr Marsh regarding the potential of negotiating with private dentists in under-provided areas to use part of their premises to deliver NHS care, Ms Hoban told the committee that the PCT had explored this notion, but that it was seldom very financially attractive to private practices unless the demographics of a local area provided the right mix of NHS and private patients.
- 68.5 In response to a question from Cllr Deane on dental outreach into schools, Ms Hoban told members that there was dental contact with schools, although this was focused on health promotion rather than on actual dental treatment.
- 68.6 In answer to a query from Cllr Rufus on whether there was unmet demand for NHS dental services in the city, Ms Hoban told members that this was difficult to quantify, but it was clear that there was dental capacity in Brighton & Hove that was going unused. The PCT was focusing its efforts on promoting use of dental services, with a particular concentration on those areas with fewest dental practices.
- 68.7 In response to a question from Cllr Harmer-Strange on special care dental services, Ms Hoban told members that the criteria for eligibility had been tightened in some respects for people who do not themselves have special care needs: for instance, the siblings of children who do require special care services. It was felt that generalist services would

be more appropriate for these patients. However, the PCT was not anticipating any reduction in care for those who do require specialist care services.

68.8 In response to a question from the Chairman on the percentage of people who used private rather than NHS dental services, Ms Hoban told the committee that this data was not collected. However, the PCT was focusing resources on the most deprived areas of the city – i.e. areas in which it was very unlikely that a low rate of NHS use was due to a high level of private use.

68.9 The Chairman thanked Ms Hoban for her contribution.

#### **69. MENTAL HEALTH: UPDATE ON RE-COMMISSIONING OF CITY ACCESS SERVICES**

69.1 This item was introduced by Ms Geraldine Hoban, Deputy Director of Commissioning, NHS Brighton & Hove.

69.2 Ms Hoban told members that the proposed re-design of mental health access services had been approved by the city Joint commissioning Board and would proceed to tender in the near future, although community elements of the contract would be tendered later at the request of the local voluntary sector.

69.3 In response to a question from a member of the public on the capability of voluntary organisations to deliver the appropriate levels of service and to protect patient confidentiality, Ms Hoban told members that the new contract would be more explicit than the current contract around detailing the competencies required from bidders.

69.4 The Chairman thanked Ms Hoban for her contribution.

#### **70. "SAFE AND SUSTAINABLE: A NEW VISION FOR CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND"**

70.1 **RESOLVED** – That members decline to take part formally in the consultation process, but continue to monitor the progress of this initiative via the South East Coast HOSC Network, and reserve the right to reconsider their involvement should later stages of the planned reconfiguration impact significantly upon Brighton & Hove residents.

#### **71. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING**

71.1 There were none.

#### **72. ITEMS TO GO FORWARD TO COUNCIL**

72.1 There were none.

The meeting concluded at 5.45pm

Signed

Chair

Dated this

day of



**Subject:** Primary Care Trust 'Legacy Reports'  
**Date of Meeting:** 15 June 2011  
**Report of:** The Strategic Director, Resources  
**Contact Officer:** Name: Giles Rossington Tel: 29-1038  
E-mail: Giles.rossington@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Health and Social Care Bill includes legislation which will abolish Primary Care Trusts (PCTs), transferring their responsibilities for commissioning NHS-funded services to GP commissioning consortia, local authorities, and the NHS Commissioning Board. Strategic Health Authorities (SHAs), the regional arm of the Department of Health, will also be abolished (in 2012).
- 1.2 PCTs are due to be phased-out by 2013. In preparation for this, existing PCTs have 'clustered' on a sub-regional basis – e.g. across Sussex the four Sussex PCTs have amalgamated their senior management teams and boards.
- 1.3 In undertaking such major organisational change there is inevitably a danger that there is a loss of corporate intelligence and knowledge. To mitigate this risk, individual PCTs are being asked to produce 'legacy reports' – documents containing key information about the local health economy which can be referred to by the bodies replacing PCTs.
- 1.4 Individual PCT legacy reports will be aggregated to produce PCT cluster legacy reports, and these will in turn form the basis for an SHA legacy report, covering PCTs areas across Sussex, Surrey and Kent.
- 1.5 Compiling legacy reports is expected to be an ongoing basis, starting in the early summer of 2011, but continuing until PCTs are finally abolished (currently planned for 2013).

## **2. RECOMMENDATIONS:**

2.1 That members:

- (1) Note the information included in this report
- (2) Agree to maintain a watching brief on the development of a local legacy report and consider making comments on the contents of the report at an appropriate juncture.

## **3. BACKGROUND INFORMATION**

3.1 The NHS Quality Board (NQB) is tasked with maintaining quality across the NHS, particularly in terms of managing change. Recent instructions issued by the Board will require all PCTs to publish 'legacy reports' designed to make the handover to new commissioning organisations as trouble-free as possible. Although a template for these reports has not yet been published, the Board has indicated that they will be expected to include:

- information on all services provided to the local population, including primary care services;
- 'Pen Portrait' of the patch to include the key facts and figures on population, geographical boundaries and so forth;
- current state of play with regard to quality, finance, performance, capacity, and people; recognising that this will be a snap shot in time;
- relevant organisational memory – in each of the above categories, For example if a Trust is currently in surplus but actually has had many years of deficit and brokerage, or has seen 5 changes in leadership in 5 years, or has a long standing reconfiguration issue;
- future challenges/risks - a formal risk register to capture each of the above issues with proposed mitigating actions;
- library of knowledge/skills – a depository of all useful resources such as strategy documents, consultancy reports, so that incoming teams are not required to re-discover problems and/or re-invent answers; and
- directory of services and skills – to help people navigate their way round the various information sources/skills available regionally, including contact details for people who have corporate memory.

3.2 PCT clusters are be required to produce an initial draft legacy report by 30 June 2011. These will draw on individual PCT legacy reports which are currently being prepared. Legacy reports will be 'live' documents, being continually revised and updated until the handover of commissioning responsibilities to GP commissioning consortia in 2013.

- 3.3 SHAs will produce regional legacy documents by October 2011. These will be used to inform the handover of SHA responsibilities to the NHS Commissioning Board and the Provider Development Authority by March 2012. (The Provider Development Authority is a new NHS body charged with ensuring that all NHS trusts are able to progress to Foundation Trust status).
- 3.4 The NQB does not set out in detail how stakeholder views should inform these documents, but it does state that PCTs should draw on key stakeholders to support the “production and maintenance” of legacy reports.
- 3.4 More details about these and other NQB proposals can be found in the recent NQB publication: “Maintaining and improving quality during the transition: *safety, effectiveness, experience.*”  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_125497.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125497.pdf)

#### **4. CONSULTATION**

- 4.1 None has been undertaken in preparing this report.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 None to this report

##### Legal Implications:

- 5.2

##### Equalities Implications:

- 5.3 None directly, but the NHS Brighton & Hove legacy report will be expected to address key equalities issues across the city – e.g. progress in reducing health inequalities

##### Sustainability Implications:

- 5.4 None directly

##### Crime & Disorder Implications:

- 5.5 None directly, but the NHS Brighton & Hove legacy report will be expected to address crime and disorder related issues (e.g. alcohol and substance misuse)

Risk and Opportunity Management Implications:

- 5.6 PCT legacy reports are an important element in risk mitigation regarding the move from PCT commissioning to commissioning by GP consortia, local authorities etc.

Corporate / Citywide Implications:

- 5.7 Healthcare commissioning is an important element of city strategic planning and an effective handover of commissioning responsibility is therefore essential. High quality PCT legacy reports will help this process.

## **SUPPORTING DOCUMENTATION**

**Appendices:**

1. None

**Documents in Members' Rooms:**

None

**Background Documents:**

1. The Health and Social Care Bill (2011)
2. Maintaining and improving quality during the transition: *safety, effectiveness, experience* (Department of Health, 2011)

**Subject:** Mental Health Accommodation Strategy  
**Date of Meeting:** 15 June 2011  
**Report of:** The Strategic Director, Resources  
**Contact Officer:** Name: Giles Rossington Tel: 29-1038  
E-mail: Giles.rossington@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report for information presents details of a joint City Council/Sussex Partnership NHS Foundation Trust initiative to improve mental health accommodation services in Brighton & Hove.
- 1.2 **Appendix 1** to this report contains a letter from Sussex Partnership NHS Foundation Trust relating to the mental health accommodation initiative; **Appendix 2** contains additional information about the initiative.

#### 2. RECOMMENDATIONS:

- 2.1 That members:

(1) Note the contents of this report and its appendices.

#### 3. BACKGROUND INFORMATION

- 3.1 Further information is included in the appendices to this report.

#### 4. CONSULTATION

- 4.1 None in relation to this report.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

5.1 For information only – no implications for this committee

### Legal Implications:

5.2 For information only – no implications for this committee

### Equalities Implications:

5.3 This report concerns people with severe and enduring mental health problems – a group very likely to experience inequalities, including inequalities of income, of general health, of access to good quality housing etc. These issues should be explicitly addressed by the initiative (see report appendices).

### Sustainability Implications:

5.4 For information only – no implications for this committee

### Crime & Disorder Implications:

5.5 For information only – no implications for this committee

### Risk and Opportunity Management Implications:

5.6 For information only – no implications for this committee

### Corporate / Citywide Implications:

5.7 For information only – no implications for this committee

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. letter from Sussex partnership NHS Foundation Trust
2. Additional information on the mental health accommodation initiative

### **Documents in Members' Rooms:**

None

### **Background Documents:**

None

24<sup>th</sup> May 2011

Councillor Sven Rufus  
HOSC Chair  
Brighton and Hove City Council  
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NHS Brighton and Hove  
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www.brightonandhove.nhs.uk

Dear Councillor Sven Rufus,

I am writing to update you regarding a project relating to adult mental health accommodation in the City. This project is funded by the Strategic Health Authority (SHA) and being run in partnership between Brighton & Hove City Council and Sussex Partnership NHS Foundation Trust under their joint Section 75 partnership arrangements.

The SHA have awarded £85k for this project which will fund for one year:

1. Full time Development and Reviewing Officer
2. Part time Support Time Recovery Worker
3. Increased funding to existing Rent Deposit Scheme
4. Incentive scheme for adult residential care providers

The key objectives of this project are two fold. Firstly to review community care funded residential placements for adults who are currently residing both outside of the City and within Brighton & Hove to establish whether they are value for money, providing an appropriate service and identifying those people who are able to return to supported accommodation. There will be dedicated support available to assist those able to return to more independent accommodation, additional monies from a rent deposit scheme and financial incentives for residential providers to work intensively with identified service users for a period of time around activities of daily living and tenancy sustainment skills. Further aftercare will be provided by Sussex Partnership mental health teams in partnership with Adult Social Care.

Secondly this project proposes to develop a service specification for further supported accommodation for users of adult mental health services. It is envisaged that this service will offer a genuine alternative to residential care and be able to accommodate service users with diagnosed functional mental illness, high levels of assessed need and risk and likely dual diagnosis primarily around substance misuse issues. It is proposed that support would be offered by the accommodation provider and specialist flexible mental health care input would be provided by Sussex Partnership NHS Foundation Trust. Adult Social Care

Interim Chair: Denise Stokoe Chief Executive: Amanda Fadero

NHS Brighton and Hove is the working name of  
Brighton and Hove City Teaching Primary Care Trust.



## **Brighton and Hove**

would provide services funded by community care following assessed and commissioned via the Section 75 partnership arrangements with Sussex Partnership NHS Foundation Trust. It is acknowledged that this work links with the review of the City's dual diagnosis services where a shortage of appropriate accommodation was acknowledged.

The proposed outcomes for this work include:

- A financial saving to the community care budget held by the Council and Sussex Partnership Trust.
- Greater intelligence around future commissioning of residential care provision around length of stay, cost, outcomes and recovery and reablement.
- Reduced length of stays in acute psychiatric hospital due to accommodation difficulties.
- An improvement in the number of people known to secondary mental health services in settled accommodation.
- Improved outcomes for service users including a return to independent living and a return to Brighton & Hove.
- To commission a supported flexible tiered mental health accommodation service.

The project will report to the Mental Health Accommodation Strategy Group chaired by NHS Brighton & Hove and report quarterly to the SHA. It is anticipated that any learning will be shared across Sussex and more widely within the SHA networks.

We will of course keep you updated and will present progress to the Committee as requested.

Yours sincerely

Cc:

Interim Chair: Denise Stokoe Chief Executive: Amanda Fadero

NHS Brighton and Hove is the working name of Brighton and Hove City Teaching Primary Care Trust.

race for health



## **Sussex Mental Health Services Application for funding from SHA/ GOSE Housing Programme**

### **Project Aims**

Within the 'Transforming Mental Health 2010-2013' strategy for commissioning mental health services in Brighton and Hove are commitments to providing accommodation and support services in a way that promote independence and deliver greater value for money.

As part of the local commissioning strategy for Brighton & Hove one of the key areas identified for improvement is the increased need for settled accommodation with appropriate support for adults of both working age and older people with functional mental health needs currently receiving services under the Care Programme Approach.

There is also a need to strengthen the specific commitment to agree care pathways and improve services for people with complex needs and dual diagnoses.

Additionally there is a commitment to reduce the reliance on residential care both within the city and within East and West Sussex.

Therefore a plan is being developed as a joint initiative between the Sussex Partnership NHS Foundation Trust, Brighton & Hove City Council, NHS Brighton & Hove and third sector partners.

### **Project Descriptions**

#### **A. Independent Housing Initiative, Rent Deposit Scheme, Financial Incentives for residential / nursing providers, Support Time Recovery Worker**

The plan is to commission and develop a tiered mental health supported accommodation service for people with complex needs in Brighton & Hove. This will enable improved movement through acute services, residential care, supported tenancies and into independent accommodation for adults with functional mental health needs.

This accommodation initiative will be delivered by partnership working between Brighton & Hove City Council's Adult Social Care and Housing Commissioning Units which includes Supporting People, Sussex Partnership NHS Foundation Trust, NHS Brighton & Hove and voluntary / third sector partners.

This project will redirect money currently spent on supported accommodation and residential / nursing accommodation via Supporting People and the community care

budget respectively to provide accommodation with tiered, flexible support services able to respond to rapidly changing complex need and dual diagnosis.

It is envisaged that the accommodation and key worker support will be provided by a third sector provider. There will be further specialist mental health support provided by Sussex Partnership NHS Foundation Trust with additional community care funded services following assessment against Fair Access to Care Services eligibility criteria.

Whilst the aim of this project is to improve outcomes for service users related to settled accommodation, reduction in loss of tenancies and use of inappropriate temporary accommodation, reduction in hospital admissions and increased opportunities for employment and meaningful activities it is envisaged there will be a financial saving.

It is proposed the accommodation costs of this project will be met by Housing Benefit and the support work will be funded by Supporting People monies. It is envisaged that the specialist mental health input is provided by Sussex Partnership NHS Foundation Trust and could be financed by the re-provision of community care money redirected from residential care. This innovative approach would be possible due to the Section 75 arrangements between Brighton & Hove City Council and Sussex Partnership NHS Foundation Trust.

Whilst this project is the responsibility of the joint commissioners in Brighton & Hove it is envisaged this role will provide support to this process strategically having detailed clinical knowledge of the current service provision through experience, mapping and data analysis and those people who use services in order to inform local decision making processes.

#### **Rent Deposit Scheme:**

Within Brighton & Hove there is a rent deposit scheme in existence jointly funded by Supporting People and the Council's Housing Department. As a result of using this scheme participants receive a six month course in tenancy management. It also provides training for landlords and a matching service for tenants / landlords. To date this service is only offered to people in receipt of Supporting Peoples money but it is proposed to extend this scheme as a pilot for 1 year for people in residential care in order to facilitate a return to supported accommodation. It is envisaged that this will support 10 people to return from residential care over the course of 12 months.

#### **Financial Incentives for residential / nursing providers:**

A key role in this process is to review high cost residential placements in East and West Sussex with a view to re-providing these services locally in residential care or supported accommodation via the rent deposit scheme. To facilitate this process it is suggested that a financial incentive is offered to residential providers as a pilot project identified through the reviewing process to enable them to work intensively

with people for a three month period prior to a change in accommodation. It is suggested that this will offer a recovery approach and aim to maximize people's independent living skills. A pilot scheme will inform future plans for the commissioning of adult mental health residential / nursing placements. It would provide helpful intelligence as to the feasibility of splitting accommodation and care costs as an alternative to a single fee relating to assessed needs and recovery focused work. This would potentially allow for longer term financial savings but provide a more personalized service and allow people to have increased choice and control.

### **Support Time Recovery Worker**

The Support Time Recovery Worker would work intensively with the client, their current residential placement, their Recovery and Well Being Teams, future accommodation provider and any third sector / voluntary providers involved in the person's care to support their move from residential care to supported accommodation. This would include both psychosocial and practical support.

### **Key Tasks**

1. To coordinate with key partners and develop a service specification for a tiered mental health supported accommodation service. Included within this the development of a robust quality assurance mechanism.
2. To commission and arrange intensive reviews of all high cost and out of area residential / nursing accommodation. Implement recommendations of the reviewers report based on cost, value for money, length of stay, re-ablement and quality of recovery activities provided.
3. Analyse the data relating to delayed discharges for Brighton & Hove patients from acute psychiatric settings.

This will include:

- Those delayed where accommodation has been a factor in being discharged.
  - Those patients who at the time of admission were NFA or living in temporary accommodation.
  - Those patients discharged to temporary accommodation or NFA.
  - Those patients discharged to residential / nursing placements.
4. For all accommodation categories provide a report on the highest cost placements and make recommendations based on length of stay, value for money, re-ablement and recovery activities provided. This will have a particular focus on out of area placements including quantity, type and length of stay.

5. With reference to the above increase throughput and reduce length of stay from residential care to supported accommodation due to intensive working and incentive scheme for providers.
6. Identify those service users with the most frequent loss of accommodation, most frequent readmissions to in-patients services and the longest stays in temporary accommodation. This role will include arranging multi agency reviews of each service users' circumstances which will generate an individual plan to include involvement from Recovery and Well Being Teams, Community Safety Team, social care agencies, third sector support and accommodation providers. This deliverable reflects one of the top ten high impact changes that NHS Brighton & Hove has identified as a key priority for mental health services.

### **Project Outcomes**

1. That the tiered mental health supported accommodation service is successfully delivered for mental health service users on CPA within Brighton & Hove in collaboration with partners. It is envisaged this will create 15-20 units of supported accommodation within 12 months.
2. A reduction of 10% in delayed transfers of care and length of stay in acute settings because of accommodation issues.
3. Improvement in the number of people on CPA in settled accommodation. This includes the retention of accommodation for service users who may have dual diagnosis, frequent mental health crises, a history of repeated readmissions to acute services with loss of accommodation.
4. Reduction by 10% of residential / nursing placements outside of the City within the project time frame. This includes a reduction in admission to residential / nursing care on discharge from acute settings. This will be evidenced by a reduction in expenditure on the community care budget for residential / nursing placements, increased move on and reduced length of stay in residential care.
5. Evidence of a 10% increase of positive move on and throughput in the supported accommodation pathway in Brighton & Hove. This will be reported via Supporting People within Brighton & Hove.

### **Funding Bid Details**

**Development and Reviewing Officer**  
**1 Band 7 FTE -£40,157 April 2011- March 2012**

**Support Time Recovery Worker**

**0.5 Band 4 FTE – £14,500 April 2011 – March 2012**

**Incentive Scheme for Residential Providers:**

**£15,000 April 2011- March 2012**

**Rent Deposit Scheme:**

**£15,000 April 2011-March 2012**

The Development and Reviewing Officer and Support Time Recovery Worker would be based within the Sussex Partnership NHS Foundation Trust and work across integrated services in partnership with Brighton & Hove City Council. Both posts would work to the key tasks and outcomes as above and report to the General Managers in Brighton & Hove for Recovery and Social Care.

Project Leads John Child / Dave Dugan, General Managers



Your Ref:  
Our Ref: RF/ss

**Swandean**  
Arundel Road  
Worthing  
West Sussex  
BN13 3EP

3 June 2011

Cllr S Rufus  
Brighton & Hove City Council  
King's House  
Grand Avenue  
Hove  
BN3 2LS

Tel: 01903 843048  
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Email: richard.ford@sussexpartnership.nhs.uk

Dear Cllr Rufus

Congratulations on your appointment to chair the Health Overview and Scrutiny Committee. I thought it would be helpful to update the Brighton & Hove HOSC on developments at Sussex Partnership NHS Foundation Trust. I shall be joining your meeting on 15<sup>th</sup> June along with Dr Mandy Assin, Clinical Director and Sam Allen, Service Director. We look forward to answering any questions that committee members may have.

#### **Dementia Services**

Improving services for people with dementia is right at the top of our list of priorities at Sussex Partnership. We are working closely with commissioners at the PCT and Council as well as with our provider colleagues at Sussex Community and BSUH. We are all determined to develop integrated services that recognise people's physical and mental health go hand in hand together. Developments are at the planning stage and include:

- In-reach into care homes by mental health professionals due to go live in July
- Improving psychiatric liaison services through Integrated Discharge arrangements from Royal Sussex County Hospital
- Memory assessment services
- Reducing the use of anti-psychotic medication
- Specialist community dementia services
- Admission to Nevill Hospital when required

#### **Mill View Hospital**

Work is now just about complete to upgrade the Psychiatric Intensive Care Unit (Pavilion Ward) and the ward will re-open this month. This will enable us to then increase acute bed availability. We are working with NHS Brighton and Hove to make sure we have the right level of bed availability for the City. As community services continue to improve we will certainly become less reliant on inpatient beds. At the same time we will make sure that there is always a bed for anyone who clinically needs admission. There is a local group chaired by Dr Mandy Assin and Sam Allen. The group is focusing on high impact changes including:

- An urgent referral service for GPs
- Reducing length of stay and sustaining current admission rates
- Improving care for people with a personality disorder
- Meeting the needs of carers
- An assessment and treatment centre for people with more severe and complex mental health problems
- Intensive case management using a recovery approach
- Services open to adults of all ages based on need

### **Community Mental Health Services**

Improved performance, previously reported to the HOSC, has been sustained. While there are important areas where there is continued focus on improving performance the vast majority of targets are being met (April 2011 data).

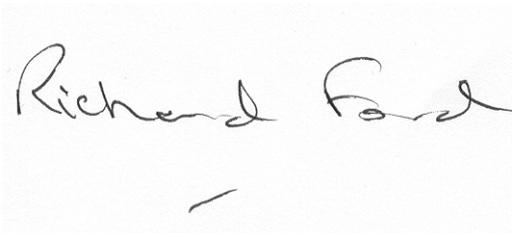
- 7 day follow up – no breaches in last 3 months
- Delayed transfers of care below 7.5% (5.8% working age, 3.4% older people)
- 100% admissions screened by crisis resolution and home treatment team who have treated 70 people in April against a target of 50
- Early Intervention in Psychosis team treating 135 people against a target of 135
- Assertive outreach team treating 103 people against a target of 120
- In April 33 out of 34 urgent referrals seen within 4 hours and over 53% of 443 non-urgent seen within 4 weeks. All other services >99% - CAMHS, older people, learning disability and recovery
- 99% of people received their treatment within 18 weeks
- 7 out of 7 'long term' service users re-referred by their GP seen in 7 days
- 172 referrals received by the liaison team at RSCH – 19 emergency (0 breach) – 104 urgent (0 breach >24 hr) – 40 non-urgent from general wards) (5 > 72 hrs)
- Use of routine outcome measures introduced (>90% completed for adults)

### **Mental Health Access Service**

We have all recognised for some time that access services in Brighton & Hove need redesigning. There is no doubt that practitioners are providing excellent care while feeling huge pressure. The difficulty stems from the current service model not being close enough to primary care. Our clinicians have actively worked with the GPs and Commissioners who have designed this new primary mental health care service model. As the provider responsible for delivering the current service we have built up useful experience and insights and these have positively influenced the design of the new service. Our clinicians have been grateful for this opportunity and we are now actively involved in the tendering process. As this is a competitive process commercial confidentiality makes it difficult to discuss our plans at this stage.

Sussex Partnership also provides children and young peoples mental health services, secure and forensic mental health services, substance misuse services and specialist learning disability services for Brighton and Hove resident. Further details are available on request.

With best wishes



**Dr Richard Ford**  
**Executive Director of Strategic Development**

cc. Dr Mandy Assin  
Sam Allen  
Lorraine Reid

**Subject:** **Work Programme Report**  
**Date of Meeting:** **15 June 2011**  
**Report of:** **Strategic Director, Resources**  
**Contact Officer:** Name: Tom Hook Tel: 29-1110  
E-mail: Tom.hook@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides Members with information on scrutiny committee work programmes. It is presented to Members for information and to help with the future work-planning for this committee.
- 1.2 It is suggested that the committee nominates some members to meet informally as a working group and agree a draft work programme. This draft programme will then be presented to the committee for endorsement at its next meeting. It is anticipated that the working group will consider suggestions from committee members, other Councillors, the Brighton & Hove LINK, the Older People's Council, local NHS trusts, council officers, and of course, local residents.

#### 2. RECOMMENDATIONS:

- 2.1 That members:
- (1) Note the general information on Overview & Scrutiny work programmes;
- (2) Agree to nominate a group of members to meet and agree a draft work programme to be presented for endorsement at the next committee meeting (27 July 2011).

### 3. BACKGROUND INFORMATION

- 3.1 Each Overview & Scrutiny (O&S) committee is required to have its own work programme, setting out the committee's schedule (Constitution Part 6.1, para 3.2). Setting a work programme in advance in this way facilitates effective planning by council officers, and should ensure that all reports to O&S Committees are delivered on time and are of a high quality.
- 3.2 One of the duties of the Overview & Scrutiny Commission (OSC) is to "co-ordinate the work of the Overview & Scrutiny Committees" (Constitution Part 6.1, para 2.1.1) so as to ensure that "there is efficient use of the Committees' time and that the potential for duplication of effort is minimised" (Constitution Part 6.1, para 3.1). In order for the OSC to carry out this task effectively, it is important that each individual O&S committee maintains its own coherent, readily comprehensible work programme.
- 3.3 O&S committees are essentially autonomous bodies, responsible for determining their own work schedules (Constitution Part 6.1, para 12.2), providing these accord with the Committee Terms of Reference; and subject to co-ordination and monitoring by the OSC (as detailed in point 3.2 above).
- 3.4 However, it is incumbent upon O&S committee members to ensure that Overview & Scrutiny is as effective as possible. To this end, members should seek to ensure that items placed on committee work programmes are:
- significant issues;
  - issues where there is a genuine opportunity for O&S to make a positive contribution. Try not to have reports purely to note;
  - dealt with at the appropriate time (i.e. when there is the greatest opportunity for O&S to 'add value');
  - aligned with the council's corporate priorities;
  - coordinated with work being undertaken with the Council's partners.
- 3.5 O&S committees are, as noted above, free to develop their own work programmes. Each quarter 'tripartite' meetings are held with the Committee Chair, relevant Cabinet Members and senior officers to discuss the Committee's work programme.

Sources that should be considered for the work programmes include:

- 3.5(a) **Plans or strategies which comprise part of the Council's Budget and Policy Framework.** The council's constitution requires the

Executive to consult with O&S before formulating its final proposals for these plans and strategies. The Executive must take account of any O&S response in drawing up firm proposals to be submitted to Full Council (Constitution Part 4.4, para 2(b)).

- 3.5(b) **Other plans and strategies.** Members of the Council's Cabinet and senior officers in the council's directorates may choose to consult with O&S concerning the development of plans and strategies which do not form part of the Budget and Policy framework, but are nonetheless considered to be of particular importance (including, but not limited to, items which feature on the Council's Forward Plan).
- 3.5(c) **Items put forward by other members.** Any member of the Council may place a written question to the Leader of the Council, Cabinet members or Chairmen of any Committee or Sub-Committee (including O&S committees). Such questions should be included on the agenda of the next suitable committee meeting, where members will determine how best to deal with them (Constitution Part 3.2, rule 9.2).
- 3.5(d) **Public Questions.** Members of the public may submit questions to O&S committees no fewer than 5 working days before a scheduled committee meeting. Providing a question is relevant to the work of the committee, is not vexatious, and is not substantially similar to a question which the committee has recently debated to its satisfaction, it will be added to the agenda for the appropriate meeting (Constitution Part 9.9).
- 3.5(e) **Referrals from other Council bodies/committees.** Any Council body or committee may choose to refer items to the appropriate O&S committee for consideration.
- 3.5(f) **Referrals from Outside Bodies.** Other organisations (e.g. the Older People's Council, the Youth Council, LAA partners, neighbouring Local Authorities etc) may refer items to O&S committees for consideration.
- 3.5(g) **Referrals from Outside Bodies with statutory powers of referral.** In some instances, external bodies may have a statutory power/obligation to refer items to O&S committees for consideration. These include:
- (i) **Local Involvement Networks (LINKs).** LINKs were granted powers of referral by the Local Government and Public Involvement in Health Act 2007. LINKs can refer items to any local O&S committee responsible for aspects of adult health and social care and/or children's health issues. In the context of Brighton & Hove, this means that the Brighton & Hove LINK has a statutory power of referral to the Health Overview & Scrutiny Committee (HOSC), the Adult Social Care and Housing Overview & Scrutiny Committee (ASCHOSC), and the Children and Young People Overview & Scrutiny Committee (CYPOSC).

(ii) **NHS trusts.** NHS trusts are required by regulations made under the National Health Service Act 2006 to refer plans for 'substantial variations or developments' of local healthcare services to the appropriate HOSC(s).

3.5(h) **Councillor Call for Action.** This is a power which was introduced in the Local Government and Public Involvement in Health Act 2007. It enables ward Councillors to bring items of local concern, which could not be resolved via other avenues, to the appropriate O&S committee for investigation.

3.5(i) **Councillor Call for Action in relation to Crime and Disorder.** The Police & Justice Act 2006 introduced a power for ward Councillors to refer crime and disorder matters to a Crime and Disorder Committee (CDC). In Brighton & Hove, the Environment and Community Safety Overview & Scrutiny Committee (ECSOSC) has been designated the council's statutory CDC. Councillors may therefore refer crime and disorder issues to ECSOSC in cases where previous attempts to resolve the matter through standard channels, including the Community Safety Forum, have not succeeded.

3.5(j) **Scrutiny of Petitions.** The Council has agreed procedures for dealing with petitions received by members of the public.

3.6 The above list is not intended to be prescriptive; Overview & Scrutiny has an important role to play in encouraging closer working between various parts of the council; between the council and its key city partners; and in fostering better relationships between the council and local residents. Any suggestion for the work programme which may help achieve these goals should therefore be given serious consideration, whether or not it accords with the formal means of referral listed above.

## 4. THE FORMAT OF WORK PROGRAMMES

4.1 O&S work programmes should:

- (a) List all items for scrutiny in the current council year;
- (b) Indicate the date when an item is to be considered;
- (c) In instances where an item has not been requested by committee members, indicate where the item originated (e.g. referral from Cabinet, public question etc);
- (d) Indicate a mode of enquiry (e.g. ad hoc panel, workshop, report for information etc);

(e) Indicate why the O&S committee is looking at a particular item – e.g. pre-decision policy development, performance monitoring, scrutiny of area of concern.

4.2 An updated copy of the work programme should be included in each committee agenda for information. (There should generally no need for members to agree the work programme at each meeting.) Items which have already been dealt with should remain on the work programme, with an indication of the date they were addressed and any action agreed. Therefore, anyone consulting an O&S committee work programme should be able to tell at a glance what work the committee has already undertaken in the current year and what work it is planning to undertake.

4.3 There is an obvious utility in committees agreeing and keeping to an annual work programme. However, it may well be necessary to add items to the work programme throughout the year (e.g. in response to unanticipated events etc). In general it should be possible to add individual items at the Chairman's discretion. However, if very significant changes to the work schedule are required, it may be necessary to ask committee members to agree a revised work programme.

## **5. CONSULTATION**

5.1 No formal consultation has been undertaken in compiling this report.

## **6. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

6.1 There are no financial implications to this report. Issues relating to O&S committee work programmes may impact upon the allocation of resources within the Scrutiny team, but this will relate to the existing Scrutiny budget and will not involve additional funding.

### Legal Implications:

6.2 The O & S Commission's authority to co-ordinate the work of the council's O & S committees is detailed in paragraph 3.2. Relevant parts of the council's constitution and any relevant legislation or government bills are referred to at appropriate points in the report.

### Equalities Implications:

6.3 O&S committee work programmes should be formulated with equalities issues in mind.

### Sustainability Implications:

- 6.4 Members should consider whether the draft committee work programme adequately reflects the importance of sustainability issues to the committee's Terms of Reference.

Crime & Disorder Implications:

- 6.5 Members should consider whether the draft committee work programme adequately reflects the importance of crime and disorder issues to the committee's Terms of Reference.

Risk and Opportunity Management Implications:

- 6.6 Members should consider whether risk and opportunity management issues have adequately been addressed in formulating the draft committee work programme.

Corporate / Citywide Implications:

- 6.7 O&S committee work programmes should reflect corporate and citywide priorities.

**SUPPORTING DOCUMENTATION**

**Appendices:**

None

**Documents in Members' Rooms:**

None

**Background Documents:**

None