



Brighton & Hove  
City Council

# Overview & Scrutiny

Title:	<b>Health Overview &amp; Scrutiny Committee</b>
Date:	<b>25 January 2012</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove 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

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<b>56. CHAIR'S COMMUNICATIONS</b>	
<b>57. PUBLIC QUESTIONS</b> No public questions have been received	
<b>58. NOTICES OF MOTION REFERRED FROM COUNCIL</b> No Notices of Motion have been received	
<b>59. WRITTEN QUESTIONS FROM COUNCILLORS</b> No questions have been received	
<b>60. SUSSEX COMMUNITY TRUST</b> Presentation on progress regarding integration with West Sussex community services	
<b>61. LETTERS TO THE CHAIR</b> Letters been received from Sussex Community Trust concerning trust plans to:  (a) make changes to the Children's Head Injury Services (CHIS) at Chailey Heritage;  (b) Enter into a 'Strategic Partnership Agreement' with Care UK (copies attached)	<b>11 - 16</b>
<b>62. BREAST FEEDING</b> Report of the Director of Public Health on breast feeding in the city (copy attached)	<b>17 - 34</b>
<b>63. SHORT TERM SERVICES</b> Verbal update on re-commissioning of Short Term Services from	

## HEALTH OVERVIEW & SCRUTINY COMMITTEE

Geraldine Hoban, Chief Operating Officer, Brighton & Hove Emerging Clinical Commissioning Group.

**64. CARERS' STRATEGY 35 - 54**

For Information: Refresh of the City Carer's Strategy (copy attached)

**65. MENTAL HEALTH: ACUTE BEDS**

Verbal update on progress in implementing planned changes to city acute mental health beds.

**66. HOSC WORK PROGRAMME 2011-12 55 - 58**

(copy attached)

**67. 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

**68. 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.

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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)

Date of Publication - Tuesday, 17 January 2012



## Agenda Item 54

### 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 55

## BRIGHTON & HOVE CITY COUNCIL

### HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 16 NOVEMBER 2011

### COUNCIL CHAMBER, HOVE TOWN HALL

#### MINUTES

**Present:** Councillors Rufus (Chair); Barnett, Bennett, Follett, Turton, Marsh, C Theobald (Deputy Chair) and Summers

**Co-opted Members:** Hazelgrove (Older People's Council) (Non-Voting Co-Optee)

#### PART ONE

#### 40. PROCEDURAL BUSINESS

##### 40A Declarations of Substitutes

40.1 Cllr Christina Summers attended as substitute for Cllr Alex Phillips

##### 40B Declarations of Interest

40.2 Cllr Carol Theobald declared a personal interest in Item 48 (Mental Health Acute Beds) as she is Chairman of Brighton & Hove MENCAP.

##### 40C Declarations of Party Whip

40.3 There were none.

##### 40D Exclusion of Press and Public

40.4 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.

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

**41. MINUTES OF THE PREVIOUS MEETING**

- 41.1 RESOLVED – That the minutes of the meeting held on 28 September 2011 be approved and signed by the Chairman.**

**42. CHAIR'S COMMUNICATIONS**

- 42.1 Mr Robert Brown, the LINK co-optee asked the Chair to consider the LINK's request that the Council appoints HOSC members for at least 2 years in recognition of the complexity of the health agenda.
- 42.2 The Chair suggested that the LINK should write directly to political group leaders with this request.

**43. PUBLIC QUESTIONS**

- 43.1 There were none.

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

- 44.1 There were none.

**45. WRITTEN QUESTIONS FROM COUNCILLORS**

- 45.1 There were none.

**46. SCREENING SERVICES**

- 46.1 This item was introduced by Dr Peter Wilkinson and Ms Martina Pickin from the NHS Sussex Public Health team.
- 46.2 In response to a question from Cllr Marsh on the likely impact on local screening uptake of the recently announced national review of breast cancer screening, Dr Wilkinson told members that it was possible that the national review would lead to a fall in breast screening uptake locally.
- 46.3 In answer to a question from Cllr Bennett on the use of mobile screening centres in the city, Dr Wilkinson told the committee that mobile centres had been discontinued at the time when the screening services was experiencing problems with its performance; it being thought necessary to focus attention on services provided from the main screening centre. Work is ongoing to determine whether the loss of the mobile centres has had an impact upon screening rates, particularly in the areas (e.g. Hollingbury) where mobile centres were previously located. Consideration would be given to



reintroducing mobile screening units if it was found that there has been a significant worsening of access for certain communities.

- 46.4 In response to questions from Cllr Follett on bowel cancer screening, Ms Pickin informed the committee that it was uncertain whether this year's targets would be met, as there was currently only one quarter's data from which to extrapolate (although this showed good performance). It was also necessary to differentiate between new screening referrals and returning users, as the latter were more likely to present for screening and might therefore give a skewed picture with regard to how successful the screening programme was in terms of encouraging new users to present.
- 46.5 In answer to a question from Cllr C Theobald on why the city rate for breast screening still lagged behind national and regional comparators, Dr Wilkinson told members that this was likely to be due to demographic factors. For example, the national discontinuation of screening for women under 24 was bound to have an impact on uptake figures for 24-30 year old women (as people who have used screening services before are more likely to present to services than are people who have never previously been screened), and this would impact disproportionately upon Brighton & Hove, given the relatively large number of women of this age in the city.
- 46.6 In response to a question from Cllr Barnett concerning self-referral for screening, Dr Wilkinson told members that people in some groups could self refer for screening in instances where they were not part of the targeted scanning cohort; for instance, over 65 men could self-refer to the aortic aneurysm programme. Rates of self-referral varied considerably from programme to programme, in part depending on the publicity a particular programme had received.
- 46.7 In response to a question from members as to the effectiveness of the 'Albion in the Community' bowel cancer campaign, Ms Pickin told the committee that there was little empirical evidence available, but anecdotal evidence was that the campaign had been effective.
- 46.8 The Chair thanked Dr Wilkinson and Ms Pickin for their contributions, noting particularly that the committee welcomed the comprehensive report they had compiled.

**46.9 RESOLVED – That members:**

- (1) Note the report and its appendices;**
- (2) Agree that recent city performance in breast screening is encouraging, and request an update on progress in 12 months' time (via a letter to the Chair if performance continues to be unproblematic).**

**47. BRIGHTON & HOVE HEALTH AND WELLBEING BOARD**

- 47.1 This Item was introduced by Dr Tom Scanlon, Brighton & Hove Director of Public Health, and by Ms Denise D'Souza, Director of Adult Social Services/Lead Commissioner, People.

- 47.2 Dr Scanlon explained to members that the draft model was 'live' and that it had been revised since the committee papers were published. The latest revision had seen the removal of 'observer' members, as it was felt that interested parties would be able to attend the public and open Health & Wellbeing Board (HWB) meetings without requiring formal 'observer' status.
- 47.3 In response to a question from Cllr Marsh about the future of the CYPT Board, Ms D'Souza told members that the shadow year of the HWB would feature an extensive mapping exercise with partnership bodies whose remits overlapped that of the HWB, the intention being to minimise unnecessary overlap and duplication.
- 47.4 In response to a question from Cllr Marsh regarding the potential impact on HWB plans of the Localism Bill (e.g. the possibility of the city council reverting back to a 'committee' system), Ms D'Souza told members that the implications of these were currently being assessed by the council's legal team.
- 47.5 The Chair thanked Dr Scanlon and Ms D'Souza for their contributions.

**47.6 RESOLVED – That the report be noted.**

**48. MENTAL HEALTH: ACUTE BEDS**

- 48.1 Dr Richard Ford, Executive Director of Strategic Development, and Ms Samantha Allen, Service Director, Sussex Partnership NHS Foundation Trust (SPFT); and Ms Geraldine Hoban, Chief Operating Officer, Brighton & Hove Clinical Commissioning Group (CCG), were present to answer members' questions.
- 48.2 Members of the HOSC who had attended the 10 November scrutiny workshop on city mental health beds explained their views to the Committee. In addition, a letter setting out the LINK position was circulated. Generally, the views expressed were supportive of the initiative proposed by SPFT, although all members had concerns about elements of the plans, particularly in terms of the availability of supported housing, investment in community mental health services, dementia care, and out of area placement.
- 48.3 Dr Ford addressed these concerns, stressing that the initiative was the result of much planning and that its implementation would be closely monitored. Dr Ford acknowledged that housing was a crucial issue, but noted that a good deal had already been done to improve the availability of appropriate housing in the city. However, there was a good deal more to be done.
- 48.4 In terms of resourcing, Dr Ford told members that SPFT's key community mental health teams (e.g. the Assertive Outreach and Crisis Resolution and Home Treatment teams) were well-resourced.
- 48.5 In terms of out of area placements, Dr Ford averred that it was in SPFT's interests to keep these to a minimum, as a good deal of staff time and resources would otherwise be wasted travelling to treat and assess patients placed in out of city beds.

- 48.6 In terms of dementia care, Dr Ford stated that the trust intended to continue treating 100% of dementia patients within the city, and investing in improved early diagnosis and support.
- 48.7 Ms Allen told members that the planned bed reduction would be phased, and there would be contingency plans in place to pause or adapt the programme should performance be affected. A clinical taskforce will be set up to monitor the initiative, ensuring clinician involvement at every step.
- 48.8 Ms Hoban told members that the CCG had concerns about accommodation issues and was also keen to see the further development of SPFT community services. Dementia was also a key priority, particularly in terms of ensuring that the dementia care pathway runs as smoothly as possible. The CCG welcomed the phased reduction of beds, and would also welcome further scrutiny involvement in terms of monitoring the initiative.
- 48.9 Cllr Follett proposed an amendment to the report recommendation, replacing the second recommendation with a resolution to have a progress report brought to the HOSC at every committee meeting until the bed reduction initiative has been completed. This amendment was seconded by the Chair and unanimously agreed by members.

**48.10 RESOLVED – That members:**

- (1) Support Sussex Partnership NHS Foundation Trust plans to reduce acute bed capacity at Mill View Hospital, with the understanding that bed capacity will be urgently reviewed should the new arrangements impact significantly upon performance;**
- (2) Will require a report on implementation of the initiative to be tabled at each HOSC meeting until the bed reduction has been completed. This report should include relevant feedback from the Clinical Taskforce established to oversee the initiative.**

**49. BRIGHTON & HOVE ADULT AUTISM STRATEGY**

- 49.1 This item was introduced by Ms Jane Simmons, Head of Partnerships and Commissioning, Adult Social Care.
- 49.2 In response to a question from Cllr Follett on how realistic the strategy was given the current financial climate, Ms Simmons told members that a good deal of the strategy could be delivered with existing resources – i.e. by rationalising care pathways, encouraging closer working with children's services and re-jigging existing training programmes. Where extra resources would be needed, or instance in terms of broadening the scope of autism awareness training, the sums involved were not necessarily unrealistically large. In any case, strategies are, to some degree, inherently aspirational.
- 49.3 In response to a question from Cllr C Theobald on the rising cost of care for autistic adults, particularly those with complex needs, Ms Simmons told the committee that social care was provided on the basis of need rather than of a particular diagnosis. Thus people with autism were (and when the strategy is implemented will be) no more or less likely to receive social care than people without an autism diagnosis; it will depend

entirely on their level of need. Better diagnosis of autism would therefore not automatically lead to increased care costs: it would depend whether those diagnosed met the thresholds for care; thresholds which would be the same whether or not there was a diagnosis of any particular medical condition.

49.4 The Chair thanked Ms Simmons for her contribution.

**49.5 RESOLVED – That members:**

- (1) **Note the contents of the strategy and its proposed strategic objectives, actions and outcomes;**
- (2) **Require a further opportunity to discuss the adult autism strategy once consultation has been completed;**
- (3) **Will submit a HOSC response to the consultation, based on the members' comments detailed above.**

**50. HOSC WORK PROGRAMME 2011-12**

50.1 Members considered the HOSC work programme and agreed that the next (January 2012) meeting should include items on:

- (a) the carers' strategy
- (b) the Short Term Services review
- (c) Sussex Community Trust (progress report on integration with West Sussex community services and new management structures for the trust)

**51. LETTERS TO THE CHAIR**

51.1 Members considered letters received from the CCG and Adult Social Care with regard to Short Term Services, the city carers' Strategy and the tender for Community Mental Health services. Members agreed to add all these items to the work programme, and also to receive a report on Long Term Conditions at a later date.

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

52.1 There were none.

**53. ITEMS TO GO FORWARD TO COUNCIL**

53.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of





Chailey Heritage Clinical Services  
Beggars Wood Road  
Chailey  
East Sussex BN8 4JN  
01825 724706  
[www.sussexcommunity.nhs.uk](http://www.sussexcommunity.nhs.uk)

Friday, 23 December 2011

Cllr Sven Rufus  
Chairman HOSC  
Brighton and Hove City Council  
King's House  
Grand Ave  
Hove BN3 2LS

CC Giles Rossington, scrutiny officer

Dear Cllr Rufus

### **CLOSURE OF RESIDENTIAL BEDS AT CHIS**

I am writing to advise you about a change we would like to make with regard to the Children's Head Injury Service (CHIS) based at Chailey Heritage Clinical Services.

CHIS offers residential and non-residential rehabilitation programmes to children and young people with head injury. However, the demand for the residential beds at CHIS has fallen markedly over recent years as I explain below. In the light of this, we would like to close the residential beds (six in total).

Before I explain in more detail the reasons for this step, I would like to emphasise that we remain committed to the rehabilitation programmes CHIS provides, and to the provision of services at Chailey Heritage Clinical Services as a whole.

Our plan affects only the dedicated provision of residential beds for this client group. Rehabilitation programmes are still being provided by the CHIS team to non-residential clients in their local environments or on a daily basis to clients attending the centre. We now rarely receive referrals for the residential service, but if we do in the future we would hope to accommodate the referral safely and appropriately within another bedded unit on our site.

#### **The reasons for the change**

CHIS has been commissioned by organisations from all over the South of England and London, although the bulk of our income has historically come from PCTs within Sussex.

There has been a growing emphasis over recent years on providing care for patients closer to home, and a reduction in out-of-area placements. In all sorts of ways this is welcome, for example as seen in the development of our specialist outreach nursing team. But it has seen a marked fall in demand for the residential beds at CHIS. The focus on providing care closer to home has been reflected in a change in the ways PCTs commission the CHIS service from block funding to case-

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Chairman Simon Turpitt    Chief Executive Andy Painton  
Trust Headquarters: Brighton General Hospital, Elm Grove, Brighton, BN2 3EW



by-case funding. This change, together with the decline in referrals, has resulted in a significant fall in income to support the beds.

Since the commissioning shift in 2009, we have continued to provide the residential beds to allow us to:

- Gain more certainty on our commissioners' intentions going forward.
- Properly determine demand in the light of referrals actually made.
- Explore different models of delivery.
- Explore alternative income streams.

However, it has now become clear that there is not (and will not be) a level of demand going forward to allow us to maintain the residential beds at CHIS. In July 2011 the beds were temporarily closed because the referral rate was so low. We now want to make this closure permanent, using other bedded units at Chailey Heritage Clinical Services to provide safe and effective residential care if and when this is required by CHIS clients. Non residential CHIS clients continue to be seen by the CHIS therapy and medical team.

#### **How the closure proposal will affect staff**

The service employs clinical, catering and housekeeping staff. Working together they provide a safe and caring environment in which they manage complex clinical presentations and support individuals to regain maximum functionality.

Our aim is to retain the specialist skills of the team for the benefit of the local health economy, and we can offer appropriate redeployment opportunities to all the specialist residential staff affected within Chailey Heritage Clinical Services. We have worked closely with our staff most directly affected, and their staffside representatives to manage the process.

#### **Conclusion**

As I have said, the closure of the CHIS beds is proposed for the simple reason that there is no longer sufficient demand for them. The national drive to care for patients closer to home has seen a marked fall in referrals to the residential service. This is reflected in a shift from block funding to case-by-case funding.

The skills of the specialist staff involved in the residential aspect of the service have been retained within the remaining existing services. The rehabilitation programmes will continue to be offered through a different service model.

I would like to restate our intention to continue to offer a range of safe, effective, quality healthcare services at Chailey Heritage clinical services generally including within our Head Injury Service.

Please feel free to contact me if you require any further information.

With best wishes.

Dr Donna Cowan BSc PhD MIPEM MIET  
Consultant Clinical Scientist/Interim Managing Director  
Chailey Heritage Clinical Services  
Beggars Wood Road  
East Sussex





BN8 4JN





Directorate of strategy & new business  
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01273 696011 x3588  
[www.sussexcommunity.nhs.uk](http://www.sussexcommunity.nhs.uk)

Friday, 13 January 2012

Dear colleague

**Re: Sussex Community NHS Trust & Care UK – Strategic Partnership**

Sussex Community NHS Trust (SCT) and Care UK have entered into a strategic partnership agreement with the objective of improving community healthcare and developing innovative new services. This partnership means that our two organisations will collaborate as 'first choice partners' in improving current services and developing new service models.

The first stage of this work is a 'diagnostic' exercise being undertaken by Care UK, which will look at patient pathways for urgent care in north-west Sussex. This will involve an analysis of current service provision at SCT, the link with Surrey and Sussex Healthcare NHS Trust services and the needs of patients in the Crawley and Horsham area.

During January and February, Care UK will work with SCT staff to analyse these patient pathways. Their findings and recommendations for further development of the services will be reported to the SCT Board in March 2012 and subsequently discussed with our NHS Sussex and clinical commissioning colleagues and other partners.

In the future, SCT and Care UK hope to work together to provide healthcare services in line with these proposals. What this will look like will be based on the diagnostic work and other further discussions between our two organisations. We will also engage with other partners, including our local scrutiny committees and LINKs.

SCT is seeking ways to deliver rapid improvements and developments in our services, based on evidence of best practice in the NHS and elsewhere, in support of our aspirations to become a Foundation Trust. Care UK is an established independent health and social care provider that works extensively for the NHS and have a proven track record in delivering high quality, innovative services in health and social care. Care UK is thus strongly placed to support us as we strive to improve community healthcare and develop innovative new services.

With best wishes

Clodagh Warde-Robinson  
Acting chief executive

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Chairman Simon Turpitt    Chief Executive Andy Painton  
Trust Headquarters: Brighton General Hospital, Elm Grove, Brighton, BN2 3EW



**Subject:** **Breastfeeding**  
**Date of Meeting:** **25<sup>th</sup> January 2012**  
**Report of:** **The Director of Public Health**  
**Contact Officer:** Name: Lydie Lawrence Tel: 01273 295281  
Public Health Development  
Manager  
E-mail: Lydie.lawrence@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

This paper is intended to support the presentation which will be delivered at the HOSC meeting on 25<sup>th</sup> January 2012.

- 1.1 Breastfeeding has a major role to play in public health, promoting health in both the short and long term for baby and mother. There is extensive evidence that feeding experiences in infancy influence health and development in childhood and later life.
- 1.2 Breastfeeding rates in the city are relatively high compared to nationally. However, there are variations across the city with rates being generally lowest in the East area and highest in the Central area. Prevalence and coverage data will be presented at the meeting. Work is underway to promote breastfeeding and increase prevalence in areas of inequalities.

#### 2. RECOMMENDATIONS:

- 2.1 That members:

(1) Note the information contained in this report.

#### 3. BACKGROUND INFORMATION

- 3.1 The Brighton and Hove Breastfeeding Strategy 2009/10-2011/12 outlines a series of actions for a range of partners in the city including Brighton Sussex University Hospital (BSUH), Brighton and Hove Children and Families services and Public Health. The actions were developed based on evidence from the National Institute of Health and Clinical Excellence and Department of Health guidance. One of the actions has been to work with agencies such as the National Childbirth Trust (NCT) and Brighton and Hove LINK to increase acceptance of breastfeeding in public places and promote the Breastfeeding Welcome Scheme.
- 3.2 There is a range of support available to mothers both in community and hospital settings. There are Breastfeeding Support Workers focusing on areas of inequalities where breastfeeding prevalence at 6-8 weeks is relatively low (East Brighton, North Portslade and Woodingdean) compared to other areas in the city.
- There is specialised support in children centres across the city with a group of Breastfeeding Champions who support the Community Breastfeeding Team;
- A network of breastfeeding support groups;
- A Peer Support Volunteer programme of 40 active trained volunteers with almost daily presence on the post-natal ward at the Royal Sussex County Hospital and in community groups;
- The maternity unit at Royal Sussex County Hospital is working towards achieving the World Health Organisation and UNICEF Baby Friendly Initiative (BFI) status stage 2. Implementing BFI standards has shown to improve breastfeeding rates.
- 3.3 Cumulative data for quarters 1 and 2 for 2011/2012 shows at 6-8 weeks a prevalence average of 79.8% in Central area, 65% in East area and 74.8% in the West area of the city. For that period, the total cumulative prevalence for the city is 75.1% and the coverage 97.8%. Initiation rates are 87%. The presentation will outline more detailed prevalence and coverage data including in specific areas of the city where prevalence is relatively lower.

#### **4. CONSULTATION**

- 4.1 Local consultation with a range of stakeholders was conducted as part of the Brighton and Hove Breastfeeding Strategy 2009/2010-2011/2012).

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

##### Financial Implications:

- 5.1 The breastfeeding community team is funded through the contract with Sussex Community Trust (SCT). The Peer Volunteer Support Programme and the Breastfeeding Support Worker are funded through Public Health.

Legal Implications:

- 5.2 No implications to this report for information.

Equalities Implications:

- 5.3 The Breastfeeding Strategy was subject to an Equality Impact Assessment.

Sustainability Implications:

- 5.4 No implications to this report for information.

Crime & Disorder Implications:

- 5.5 No implications to this report for information.

Risk and Opportunity Management Implications:

- 5.6 No implications to this report for information.

Corporate / Citywide Implications:

- 5.7 The breastfeeding work meets Brighton and Hove City Council's Corporate Plan 2011-2015 priority to tackle inequalities.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Copy of Powerpoint presentation (circulated separately)

**Documents in Members' Rooms:**

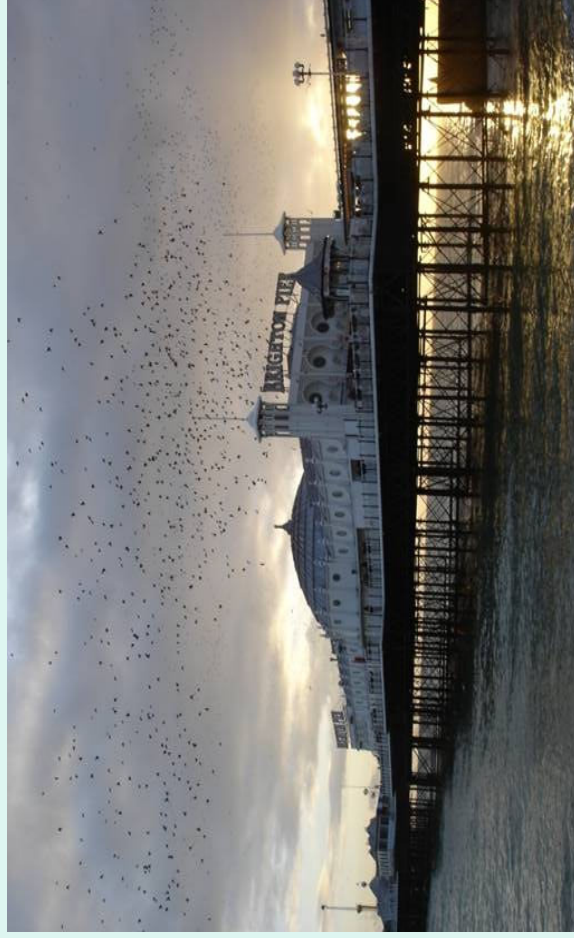
**Background Documents:**

1. N/A





# Breastfeeding in Brighton and Hove



Clare Jones & Lynda Watson  
Breastfeeding Co-ordinators

For HOSC 25/1/12

# The Community Breastfeeding Team

- 2 Peer Support Coordinators (1FTE)
- 2 Breastfeeding Support Workers
- 2 Breastfeeding Coordinators (1FTE)
  - 1 working in East Brighton
  - 1 project worker - Woodingdean & North Portslade
- Admin support – 6 hours week
- Peer Support Volunteers

## Other Breastfeeding Support

- Specialised support in Children’s Centre Teams from “Breastfeeding Champions” (staff who have had additional training)
- Children’s Centre teams offer ongoing support at home, in Breastfeeding Support Groups & Child Health Clinics
- Network of Breastfeeding Support Groups across the city

# **Breastfeeding in the City**

- **Breastfeeding Steering Group**
- **Social Marketing Work**
- **Brighton and Hove Breastfeeding Strategy**
- **Brighton Breastfeeding Initiative**

# Breastfeeding at 6-8 weeks in Brighton and Hove

	Q1	Q2	Q3	Q4	Cumulative Prevalence	Cumulative Coverage	Inequality Gap
2009/10	63%	74%	71.8%	67.9%	69.3%	94.3%	35.9%
2010/11	66.7%	66.7%	79.7%	68.9%	70.5%	96.3%	25.1%
2011/12	74.3%	75.9%			75.1%	97.8%	33.2%

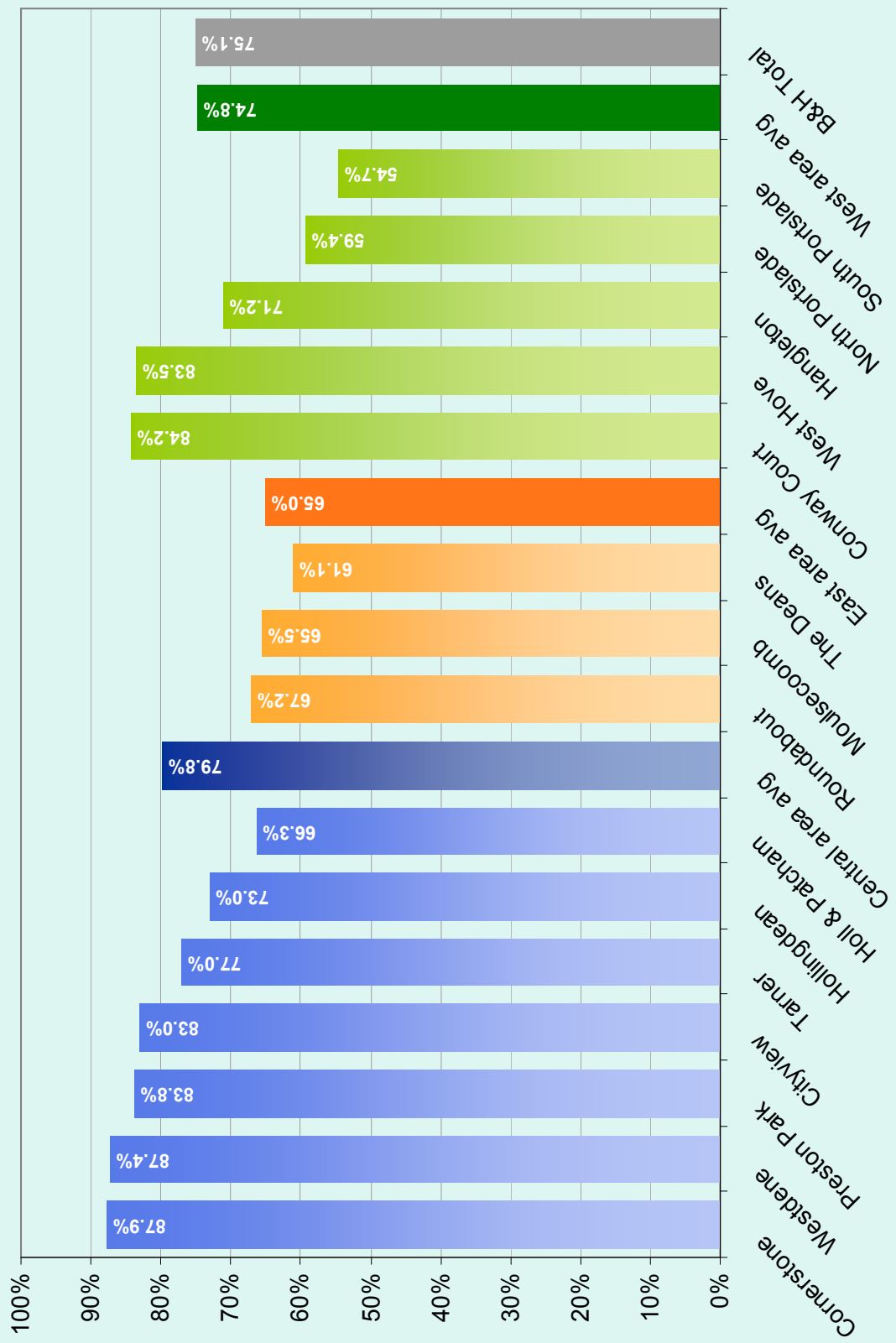
# Prevalence of breastfeeding at 6 to 8 weeks, England

**Table 2: Prevalence of breastfeeding at 6 to 8 weeks, England**

Source: Department of Health, Integrated Performance Measure Return  
Crown Copyright © 2011

Quarter	Infants due a 6-8 week check		Infants being breastfed (Totally + Partially)				Totally		Partially	
	No.	No.	% of all infants (NHS Operating Framework indicator)	95% confidence interval	% of those who status is known	95% confidence interval	No.	% of all infants	No.	% of all infants
2008/09 Q1	160,258	53,345			48.7%	48.4% - 49.0%	37,137		16,208	
2008/09 Q2	165,743	58,521			<b>49.3%</b>	49.0% - 49.5%	41,447		17,074	
2008/09 Q3	166,962	60,962			<b>48.8%</b>	48.5% - 49.1%	42,632		18,330	
2008/09 Q4	158,733	63,793			<b>49.2%</b>	49.0% - 49.5%	43,898		19,895	
2009/10 Q1	158,961	70,891	<b>44.6%</b>	44.4% - 44.8%	<b>50.3%</b>	50.0% - 50.5%	50,190	31.6%	20,701	13.0%
2009/10 Q2	165,726	74,494	<b>45.0%</b>	44.7% - 45.2%	<b>49.6%</b>	49.4% - 49.9%	52,383	31.6%	22,111	13.3%
2009/10 Q3	167,065	74,878	<b>44.8%</b>	44.6% - 45.1%	<b>48.9%</b>	48.7% - 49.2%	52,046	31.2%	22,832	13.7%
2009/10 Q4	163,476	73,843	<b>45.2%</b>	44.9% - 45.4%	<b>48.3%</b>	48.0% - 48.5%	50,631	31.0%	23,212	14.2%
2010/11 Q1	160,664	73,017	<b>45.4%</b>	45.2% - 45.7%	<b>48.2%</b>	48.0% - 48.5%	50,885	31.7%	22,132	13.8%
2010/11 Q2	166,781	77,618	<b>46.5%</b>	46.3% - 46.8%	<b>49.4%</b>	49.2% - 49.7%	53,890	32.3%	23,728	14.2%
2010/11 Q3	173,545	79,258	<b>45.7%</b>	45.4% - 45.9%	<b>48.9%</b>	48.7% - 49.2%	54,856	31.6%	24,402	14.1%
2010/11 Q4	167,290	75,645	<b>45.2%</b>	45.0% - 45.5%	<b>47.8%</b>	47.6% - 48.1%	51,880	31.0%	23,765	14.2%
2011/12 Q1	162,929	74,349	<b>45.6%</b>	45.4% - 45.9%	<b>49.1%</b>	48.9% - 49.4%	51,370	31.5%	22,979	14.1%
2011/12 Q2	171,204	80,603	<b>47.1%</b>	46.8% - 47.3%	<b>50.0%</b>	49.7% - 50.2%	55,565	32.5%	25,038	14.6%

Breastfeeding at 6 weeks by Health Visiting Team and CYPT Area: Cumulative 2011/12



## **Key insights**

No obvious area specific reasons for women not continuing to breastfeed to 6-8 weeks

Key themes and barriers identified include:

- Isolation and lack of support
- Fear and uncertainty
- Unexpected problems arising

The first point could have some links to the target areas:

- A number of participants had recently moved out to location
- Quite low awareness of services available in area
- Poor quality provision in Woodingdean specifically
- Some comments about “cliquey” groups in North Porstlade

Text from FORSTER



# Breastfeeding Support Workers

- Focus on areas of inequalities
- Antenatal contact
- Early, proactive, postnatal support
- Signposting to other support services
- Consistency and continuity of care

# North Portslade Breastfeeding data, 6-8 weeks.

	Q1	Q2	Q3	Q4	Inequality Gap/west	Inequality Gap/city	City Inequality
<b>2009 / 10</b>	<b>43.2%</b>	<b>54.5%</b>	<b>51.4%</b>	<b>57.7%</b>	<b>18.8%</b>	<b>18.2%</b>	<b>35.9%</b>
<b>2010 / 11</b>	<b>53.1%</b>	<b>54.8%</b>	<b>63.9%</b>	<b>58.5%</b>	<b>15.2%</b>	<b>12.5%</b>	<b>25.1%</b>
<b>2011 / 12</b>	<b>62.9%</b>	<b>55.9%</b>			<b>15.4%</b>	<b>12.7%</b>	<b>33.2%</b>

\*B/F Support Worker started work in Q3 2010/11

## **Breastfeeding inequality data for North Portslade during project period.**

	<b>Inequality gap west</b>	<b>Inequality gap city</b>
<b>Q3 2009/10 – Q2 2010/11</b>	<b>16.7%</b>	<b>14.0%</b>
<b>Q3 2010/11 – Q2 2011/12</b>	<b>15.1%</b>	<b>14.4%</b>

# East Brighton Breastfeeding data, 6-8 weeks.

	Q1	Q2	Q3	Q4	Inequality Gap / City
<b>2009/10</b>	<b>58.1%</b>	<b>65.6%</b>	<b>50.3%</b>	<b>53.6%</b>	<b>12.5%</b>
<b>2010/11</b>	<b>51.4%</b>	<b>52.7%</b>	<b>71.2%</b>	<b>58.9%</b>	<b>12.7%</b>
<b>2011/12</b>	<b>63.5%</b>	<b>66.3%</b>			<b>10.1%</b>

# Breastfeeding Peer Support Volunteer Programme

- Breastfeeding Peer Support Volunteer Programme – commenced in 2008.
- 2 Peer Support Coordinators
- Seven 9 week training courses completed since November 2008.
- 40 active volunteers from 66 trained.
- Almost daily presence on postnatal ward and at some community groups.

Thank you for your attention

- [Clare.jones@nhs.net](mailto:Clare.jones@nhs.net)
- [Lynda.watson@nhs.net](mailto:Lynda.watson@nhs.net)

<b>Subject:</b>	<b>Carers Strategy Refresh</b>		
<b>Date of Meeting:</b>	<b>25 January 2012</b>		
<b>Report of:</b>	<b>The Director of Adult Social Care and Lead Commissioner, People, Brighton &amp; Hove City Council.</b>		
	<b>Chief Operating Officer, Brighton &amp; Hove Clinical Commissioning Group, NHS Sussex</b>		
<b>Contact Officer:</b>	Name: Tamsin Peart	Tel: 29-5253	
	E-mail: tamsin.peart@brighton-hove.gov.uk		
<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report updates the Carers Strategy published November 2009 informing HOSC of key achievements detailing agreed priorities in the strategy for 2012/13.
- 1.2 This report describes the development of a universal offer of services which will be available to all carers of adults in the city from April 2012.

#### 2. RECOMMENDATIONS:

- 2.1 That members:
  - (1) Note the Carers Strategy refresh and key priorities to March 2013.
  - (2) Note the development of a universal offer for carers of adults to be piloted from April 2012 for one year.

#### 3. BACKGROUND INFORMATION

### 3.1 ***The Carers Strategy refresh***

3.1.1 The Carers Strategy is a multi-agency strategy and details priorities for both the city council and Brighton & Hove Clinical Commissioning Group, NHS Sussex as well as the wider local health economy and voluntary sector. It is to be noted that NHS expenditure on carers' services in Brighton & Hove continues to be above average compared with other Clinical Commissioning Groups (Princess Royal Trust for Carers).

3.1.2 This report highlights key achievements to date and recommends priorities for the work programme to March 2013. A delivery plan update is attached at Appendix 1. Key achievements include:

- Carers Card launched April 2011
- The development of an End of Life and Bereavement Support service
- Young Carers Schools Worker in place
- A range of training courses to support carers in their caring role including:
  - Carers Information Project for Dementia Carers,
  - Amaze's "Looking After You" relaxation course for parent carers,
  - Mindfulness Based Cognitive Therapy
  - "Positive Caring" an introductory course for any carer delivered by the Carers Centre
- Carer Awareness training co-delivered by voluntary sector providers and carers offered widely across the city council, local health economy and independent sector

3.1.3 There is a wide range of priorities identified through the refresh, many of which are already underway or in the planning stages. A detailed summary is attached at Appendix 2.

Key priorities include:

- Carers Centre Reaching OUT project for Black and Minority Ethnic communities (BME), Lesbian, Gay, Bisexual and Transgender (LGBT) and other disadvantaged communities
- Long Term Conditions Carer Support Service
- Increase numbers of Key Workers for parent carers
- Support to working carers
- Support to carers to access education, training and employment
- Universal offer for carers
- Development of independence/life skills training with cared for person including through respite provision
- Range of training courses that include information, coping skills, relaxation, peer support, health and wellbeing etc
- Joint working between services for adults and services for children and whole family work and young carers pathway across all services



3.1.4 A specific area of work, to be led by the city council, will be to look at how working carers can be supported and how current and former carers can access education, training and employment opportunities.

### 3.2 ***Universal Services and Targeted Services***

3.2.1 It has been agreed to develop a universal offer for all carers of adults in the city. Universal offers will be available to all carers who are caring for an adult living in the community in Brighton and Hove. Carers will be able to access these services directly without meeting any additional eligibility criteria. The aim of Universal services is to enable carers to access low level, low cost, support services to sustain their caring role, enable them to have a life of their own and stay mentally and physically well thus preventing or delaying the need for more targeted, higher cost services or emergency placements etc. Children's Services are also looking at the possibility of developing a similar offer for parent carers, subject to funding.

3.2.2 The offer will cover the following themes:

- Information and advice
- Support and peer groups
- Health and wellbeing
- Training courses
- Concessions
- Engagement

3.2.3 A detailed breakdown of these universal services is attached at Appendix 3. These will be piloted during 2012/13 in order to monitor both the financial impact and the outcomes for carers. It is also to be noted that although Universal services will be for all carers there will be some that are targeted at specific groups such as a dementia carers training programme, a stroke carers support group and support for male carers, etc.

3.2.4 Other targeted services will be available to carers based on eligible need. Services to individual carers will follow a carer's needs assessment or review.

3.2.5 An outcomes survey of carers receiving self directed support was carried out for those receiving breaks and services over a three month period. The results show that 83 percent of carers were satisfied or very satisfied with the service, 63 percent were more able to manage their caring responsibilities and 66 percent were more relaxed since they had received a funded service.

### 3.3 ***Carers Challenge 2011***

3.3.1 This year the Carers Challenge was issued jointly by the Chief Executives of the Brighton & Hove City Council and NHS Brighton

and Hove, administered by the Carers Centre for Brighton & Hove it took place over four weeks from 31<sup>st</sup> May to 24th June 2011 with the following aims:

- To raise the profile of carers across the city
- To encourage organisations to consider the impact of their services on carers
- To encourage employers to think about how they can support carers in the workplace
- To enable professionals taking part the chance to learn first-hand what it is like to be a carer, allowing them to use that learning in their respective jobs and to disseminate that knowledge to colleagues

23 matches took place and feedback from both carers and those they met with was very positive. The Carers Strategy Group has agreed to continue the Carers Challenge in 2012. An evaluation of this year's challenge is attached at Appendix 4.

#### **4. CONSULTATION**

- 4.1 Consultation for both the Carers Strategy refresh and the development of a universal offer for carers has taken place through the Carers Strategy Group membership of which includes Adult Social Care, Children's Services, the local NHS Trusts, local carers organisations and two carer representatives. Consultation has also been held with a range of carers support groups facilitated by the Carers Centre. The views of carers and the strategy group have been included in the refreshed priorities of the strategy.

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

##### Financial Implications:

- 5.1 The Carers Strategy is expected to be delivered within the current financial envelope subject to decisions on the 2012/13 budget. Joint health and social care funding available to support carers in 2011/12 is £1,491,000 (£763,000 Council, £728,000 Health).

The Universal offers will be delivered within the current financial envelope. The majority are delivered at a very low unit cost and can prevent the need for more expensive individualised services. The demand for these services and financial impact of the pilot will be monitored and reported back.

##### Legal Implications:

- 5.2 JCB is the body with responsibility for approving commissioning and delivery of services within the joint arrangements agreed between the Local Authority and PCT in addition to monitoring of the same. In considering commissioning and delivery arrangements regard must be paid to the duty to the public purse and value for money.

The specific legal duties and powers of the Local Authority in relation to carers are referred to in the body of this report. Provision of any services must take into account individuals' Human Rights as enshrined in the Human Rights Act 1998; in particular the Right to Privacy and Family Life.

Equalities Implications:

- 5.3 The Equality Impact Assessment undertaken as part of the original Carers Strategy development has been updated. (Appendix 5.)

Sustainability Implications:

- 5.4 Services for carers will contribute to the building of sustainable communities by supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages; will maximise health promotion by supporting carers to remain mentally and physically well and support a sustainable economy by enabling those with caring responsibilities to fulfil their educational and employment potential. There is specific priority in Carers Strategy re support to working carers and access to education, training and employment

Crime & Disorder Implications:

5.5

Risk and Opportunity Management Implications:

5.6

Corporate / Citywide Implications:

5.7

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Carers Strategy Refresh Delivery Plan Update
2. Carers Strategy Refresh proposed priorities

3. Proposed Universal and Targeted Services
4. Carers Challenge 2011 Evaluation
5. Equalities Impact Assessment Action Plan update

**Carers' Development and Commissioning Strategy  
Delivery Plan 2009 – 2012**

**Integrated & personalised services:** Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

<b>Provide and further develop appropriate, good quality information</b>
Information Prescriptions Website will hold and manage all relevant, up to date health and social care information for the city, staff appointed in council and PCT to manage this
<b>Information Sharing Policy Implementation</b>
In place with SPFT
<b>Develop equality of access to services for all carers through targeted information and outreach work across all communities underrepresented in statutory and provider services</b>
Carer Awareness workshop to be delivered to all Gateway organisations Carers Centre Lottery funding for BME, LGBT and other disadvantaged communities
<b>Offer good quality, timely and proportionate outcome focused carers' needs assessments and reviews to meet National Indicator 135</b>
Carers Contact Assessments at Access Point, Crossroads, Patched
<b>Self Directed Support options available to carers</b>
In place and outcome monitoring underway
<b>End of Life Care information and support</b>
Joint PCT and Macmillan funding to Carers Centre to provide End of Life and Bereavement support to carers in place Information Resource completed and on Information Prescriptions website
<b>Carer involvement in the development and provision of services</b>
Carer reps on Strategy Group; Community Engagement Gateways in place for carers through Carers Centre and Amaze
<b>Carers involved when cared for in hospital and in planning their discharge</b>
Carer Support in Hospital Pilot Project January –December 2010 in place, evaluation through University of Sussex LTC Carer Support Team will support hospital discharge
<b>Provision of key workers for children and young people with special needs and their carers to ensure services and care are well integrated</b>
Over 60 families now have a key worker, aimed at more complex situations where a number of professionals involved

**A life of their own:** Carers will be able to have a life of their own alongside their caring role.

<b>To extend the choice and accessibility of quality break opportunities for carers</b>
Additional PCT funding made available for breaks
<b>Support to carers wishing to access leisure activities</b>
Carers Card in place

<b>Support to carers to plan for the future</b>
---

Free legal surgeries available at Carers Centre
---

**Income & employment:** Carers will be financially supported so that they are not forced into financial hardship by their caring role.

<b>To work with partners and local employers to help carers take up and/or remain in employment.</b>
--

Carers Centre have taken Flexible Working presentation to present to local employers Adult Social Care developing links with BrightonandHoveJobs.com, the local hub for the city's best jobs and employment challenges
--

**Health & well-being:** Carers will be supported to stay mentally and physically well and treated with dignity.

<b>Access to support in NHS services</b>
--

LTC Carer Support Team will be integrated with GPs and community health services
--

<b>Access to advice and training</b>
--------------------------------------

Advice available through Carers Centre, Alzheimer's Society and Patched; dementia training, Looking After Me, Mindfulness Based Cognitive Therapy, Positive Caring Back Care Support Workers will provide advice to all carers with service based at Daily Living Centre and also to support hospital discharge and access from other short term services
---

<b>Access to emotional support</b>
------------------------------------

Male cancer carers support extended to all male carers with city council funding from autumn 2010
---

Emotional support available through Carers Centre, Alzheimer's Society and Patched;
---

Counselling available to all carers through Carers Centre, Patched counselling for substance misuse carers
--

**Young Carers:** Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

<b>Identification and recognition of young carers at point of assessment of cared for person</b>
--

Young carer awareness training delivered to range of teams
--

City council funding Carers Centre to undertake needs assessments of young carers including substance misuse
--

<b>Peer support through activities and group work</b>
---

In place through Carers Centre
--------------------------------

<b>Support for young carers in schools</b>
--

PCT funded Schools Worker at Carers Centre for 3 years from September 2010





## Carers Strategy Refresh November 2011

### Recommended Priorities

<p><b>Identification and recognition</b>  <i>Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages</i></p>	<ul style="list-style-type: none"> <li>• Information Sharing Policy Implementation across LHE</li> <li>• Monitor and address issues raised by Carers Centre Reaching OUT project for BME, LGBT and other disadvantaged communities</li> <li>• Integrated Primary Care Teams Carer Support Service</li> <li>• Carers Contact Assessments available from range of providers and self assessment</li> <li>• End of Life and Bereavement support</li> <li>• Embrace initiative</li> <li>• Increase numbers of Key Workers for parent carers</li> <li>• Transitions</li> <li>• Review Learning Disability carer engagement</li> <li>• Parent carer engagement - reach and thus represent the more vulnerable families.</li> <li>• Accessible community services in order to reach dementia carers at an early stage</li> <li>• Involvement and feedback from carers to shape appropriate services</li> <li>• Increased recognition of needs of mental health carers</li> </ul>
<p><b>Realising and releasing potential</b>  <i>Enabling those with caring responsibilities to fulfil their educational and employment potential</i></p>	<ul style="list-style-type: none"> <li>• Support to working carers</li> <li>• Support to carers to access education, training &amp; employment</li> <li>• Services in place long enough for carers to work full day, i.e. 8am – 6pm</li> </ul>
<p><b>A life outside of caring</b>  <i>Personalised support both for carers and those they support, enabling them to have a family and community life</i></p>	<ul style="list-style-type: none"> <li>• Universal offer for carers</li> <li>• Services for carers</li> <li>• Quality, flexible breaks</li> <li>• Support to parents to develop independence/life skills training with cared for person</li> <li>• Respite that develops life skills</li> <li>• Continue to promote and develop the Carers Card</li> <li>• Maintain current levels of respite provision for parent carers</li> <li>• Ability to access alternative care at times and days to suit carer</li> <li>• Activities available for both carer and cared for</li> </ul>

<p><b>Supporting carers to stay healthy</b>  <i>Supporting carers to remain mentally and physically well</i></p>	<p>person together</p> <ul style="list-style-type: none"> <li>• Advice and support available through Carers Centre, Alzheimer's Society and Patched;</li> <li>• Dementia training,</li> <li>• Looking After Me,</li> <li>• Mindfulness Based Cognitive Therapy,</li> <li>• Positive Caring</li> <li>• Back Care Support Workers will provide advice to all carers with service based at Daily Living Centre and also to support hospital discharge and access from other short term services</li> <li>• Male carers support</li> <li>• Counselling</li> <li>• Concurrent support groups for carers and people with dementia at same time and venue</li> <li>• Amaze "Looking After You" relaxation course for parent carers</li> <li>• Online support networks</li> </ul>
<p><b>Young Carers</b>  <i>Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.</i></p>	<ul style="list-style-type: none"> <li>• Joint working between services for adults and services for children and whole family work &amp; young carers pathway across all services</li> <li>• Support for young adult carers including befriending/mentoring</li> <li>• Sibling carers</li> <li>• Raise profile of young carers in Youth Strategy</li> <li>• Healthy living programme</li> <li>• Additional capacity in Young Carers Team for 8-12s and teens work</li> <li>• Family support work</li> <li>• Ensure respite options considered for young carers</li> </ul>

### Universal and Targeted Services from April 2012

<b>Universal Services</b>	<b>Providers</b>
<b>Information and Advice</b> Web, telephone and face to face	Carers Centre, Alzheimer's Society, Patched, Access Point
<b>Support and peer groups</b>	
Coffee mornings/drop in support groups	Carers Centre
Stroke carers support group	Carers Centre
Dementia carers support group	Alzheimer's Society
Male carers support group	Carers Centre
<b>Health and wellbeing</b>	
Back Care Support Worker	Sussex Community Trust
Emotional Support	Carers Centre, Alzheimer's Society, Patched
Buddhist Centre Drop-ins	Brighton Buddhist Centre
Emergency Back Up Scheme	Brighton & Hove City Council
End of Life/Bereavement Support	Carers Centre
Carers Garden	Carers Centre
<b>Training courses</b>	
Positive Caring	Carers Centre
Dementia Information Programme	Alzheimer's Society
<b>Concessions</b>	Carers Centre, Amaze
Carers Card	
<b>Engagement</b>	Carers Centre
Carers Voice	

<b>Targeted Services</b>	<b>Providers</b>
Buddhist Centre day retreats	Brighton Buddhist Centre
MBCT	Mindful Health
Educative Group	Patched
Advocacy	Carers Centre
Counselling	Patched
Self Directed Support	any
Young carers - needs assessments, casework, activities, group work	Carers Centre





## **Carers' Challenge 2011 – Evaluation Report Summary**

### **Introduction**

The key aims of the Challenge were to:

- raise the profile of carers across the city
- encourage organisations to consider the impact of their services on carers
- encourage employers to think about how they can support carers in the workplace
- enable professionals taking part the chance to learn first-hand what it is like to be a carer, allowing them to use that learning in their respective jobs and to disseminate that knowledge to colleagues

### **Participation**

- 23 matches were arranged between adult carers and professionals. Participants included a councillor, MP, NHS, local authority and voluntary sector staff.
- One Children's Services manager attended a young carer activity during the half term break and another met up with a young carer for an hour during the Challenge.
- Four adult carers from PATCHED met with three managers for a group discussion.
- Mm

### **Feedback**

- Delightful and an ambassador for carers everywhere.
- The manager was open and genuinely interested in my perspective and point of view. We were able to discuss some of his issues as well as mine.
- One of the most valuable things I have done this year
- Very interesting insight into things and services that carers find helpful and the challenges of understanding health and local authority service
- Very, a humbling experience from an exceptional young woman. I was amazed that someone so young, who had been caring for so many years with such poor support, could be so accepting of her caring role with absolutely no trace of bitterness at a number of services and organisations who had clearly let her down repeatedly.
- It was useful to hear feedback from a self-funding carer and how he experienced difficulties in accessing services.
- An insight into the experience of caring for someone with a mental health problem
- I learnt an awful lot about resilience, hope and courage
- We need to be more flexible and realise that people are individuals and need individual contact and help



**Action Plan**

Agreed action	Timescale	Lead officer	Review date	Update November 2011
<p><b>Carers Survey</b> –address key issues relating to communities of interest identified through the survey.</p>	<p>Initial results available October 2009 Final report due end November 2009</p>	<p>Tamsin Peart</p>	<p>January 2010 report to Strategy Group</p>	<p>No significant differences in survey responses based on sexual orientation, faith, Only 4% of respondents from BME communities 70% respondents female – not reaching male carers Cost of accessible transport an issue Age range reflected carers in the city</p>
<p><b>Community Engagement – Gateway Organisations</b> – several third sector organisations have been commissioned to develop user and carer involvement in the development, monitoring and delivery of services. These organisations include the Carers Centre, Spectrum, Mind, the Black and Minority Ethnic Partnership, Age Concern and the Federation of Disabled People. It is expected that these</p>	<p>January 2009 – March 2010</p>	<p>Martin Campbell</p>	<p>Quarterly through contract monitoring</p>	<p>Consultaion, review and recommissioning Jan – Sept 2012</p>

organisations will work together to engage a wide range of communities and address issues such as carers' needs, mental health etc.					
<b>Carers Needs Assessment Guidance</b> – ensure this is updated to include reference to support available to address religion/belief activities; that co-caring is recognised and recorded and needs of individual as both user and carer are identified and addressed appropriately	December 2009	Tamsin Peart	March 2010	Needs updating as tools changed	
<b>Male Cancer Carers' Support Service</b> – monitor uptake and report back on outcomes	2009/11	Chris Lau	March 2010 report to Strategy Group	Now generic male carers support service	
<b>Schools</b> – work with schools to raise awareness of the issues facing young carers with pupils, teachers and other staff and provide casework for those young carers identified through this. Identify funding to facilitate this work.	Funding identified by December 2009 Service to start April 2010	Chris Lau Tamsin Peart	Quarterly (if funding identified) through contract monitoring	Service started September 2010 funded for three school years, working well	
<b>Primary Care</b> – through GP Link Worker scheme encourage identification of carers and ensure signposting/referral to appropriate carers' services Ensure carers included in primary care commissioning strategy	2009/12	Chris Lau Anne Foster	6 monthly to Strategy Group	Community MDTs based around GP practice clusters with additional carer support	
<b>Cost of Services</b> – address discrepancies in current charging policies across a range of carers' services	March 2010	Tamsin Peart	6 monthly to DMT	Report to JCB November 2011	



<b>Support to Disabled parents</b> – to minimise the caring role of their children	ongoing	Martin Farrelly	Ongoing through applications to Carers Grant	Funding available for carers to attend Rock Clinic counselling. Services shortly available for all through primary care.
<b>Access to Psychological Therapies</b> – monitor uptake and outcomes for carers	2009/10	Simon Scott	March 2010 report to Strategy Group	Carer support service to work alongside community multi-disciplinary teams. Seeking funding to extend remit to MH carers.
<b>Services to people with long-term conditions</b> – ensure carers are fully involved in any changes to these services	2010/11	Juliet Warburton		

<b>NEW actions November 2011</b>	<b>Timescale</b>	<b>Lead officer</b>	<b>Review date</b>
Carers Centre Reaching <i>OUT</i> work will focus on BME and LGBT communities and carers from disadvantaged communities	Summer 2011-16	Chris Lau	6 monthly feedback to Carers Strategy Group
Engagement – consultation & commissioning of engagement model	Consultation Jan – March 2012 Commissioning Apr-Sept 2012	Martin Campbell	April 2012

Carers Strategy Refresh Appendix 5.

Access to education and employment and support to working carers	2012/13	Tamsin Peart	June 2012
Stroke carers group review outcomes	ongoing	Chris Lau/Tamsin Peart	November 2011
End of life and bereavement support in place, some funding required beyond April 2013	Ongoing	Chris Lau/Tamsin Peart/Anthony Flint	September 2012
Young adult carers – consider options	Current funding ends March 2012	Chris Lau/Tamsin Peart	January 2012
Male carers support group	Ongoing	Chris Lau/Tamsin Peart	November 2011
Sibling carers – additional funding required to meet demand	Some services in place	Chris Lau/Alison Nuttall	March 2012
Carers Needs Assessment - Guidance to be updated	Completed by January 2012	Tamsin Peart	March 2013

### HOSC Work Programme 2011/12

Issue	Date to be considered	Referred/Requested By?	Reason for Referral	Progress and Date	Notes
3T development of the Royal Sussex	Sep 2011	BSUHT	Ongoing monitoring of major project to re-design RSCH		Members requested additional information re use of BGH during construction period
GP practice quality	Sep 11	HOSC	Monitoring relative performance of city GPs		Members requested information on individual Practice 'scores'
City MH beds	Sep 11	SPFT/PCT	NHS plans to reconfigure city MH beds		Workshop 10 Nov 2011 – updates requested Jan/March/May 2012
PCT annual operating plan	TBA	PCT	Scrutinise PCT strategic commissioning plans for coming year		Workshop

<b>Issue</b>	<b>Date to be considered</b>	<b>Referred By?</b>	<b>Reason for Referral</b>	<b>Progress and Date</b>	<b>Notes</b>
Sussex Community Trust - merger	Jan 12	SCT	Update on progress of trust following merger with WSX community		
MH re-commissioning	March 12	PCT	Update on re-commissioning of MH access services		
Screening	Nov 2011	HOSC	Update on city screening programmes (inc. breast and cervical screening + pilot on co-rectal screening)		Completed
Health & Social Care Bill	Sep 11, Nov 11 March 12	HOSC	Ongoing update on progress of Health Bill, focusing on elements requiring local implementation		Nov 11 – HOSC to be consulted on model for local Health and Wellbeing Board Further update requested March 2012
Continuity of care for people with MH problems leaving prison	TBC	Cllr Deane	Worries about quality/continuity of care for people leaving prison (esp transfer of information between prison services and GPs)		To be scoped before deciding on course of action
Maternity	TBC	Cllr Buckley	Look at performance of city maternity services – to include info on a city midwife led service		

<b>Issue</b>	<b>Date to be considered</b>	<b>Referred By?</b>	<b>Reason for Referral</b>	<b>Progress and Date</b>	<b>Notes</b>
End of Life Care	TBC	Cllr Wealls	Look at city strategies for EoL care and what providers do to guarantee dignity/quality		Workshop event – April/May 2012
Alcohol issues	March 2012	Cllrs Duncan and Powell	Look at issues re the negative impacts of alcohol on city health		Chair to liaise with executive to identify which aspects of this issue can best be taken forward by HOSC
NHS Provider Quality	March/April 2012	PCT/BSUH	Examine quality of healthcare provision across city inc. annual patient survey		Workshop event
Short term services	Jan 2012	ASC	Look at revised short term services strategy		Agreed by JCB Nov 11
Carers' Strategy	Jan 2012	ASC	The refreshed strategy: for information		
Breast Feeding	Jan 2012	Chair	Update on city performance on encouraging/supporting breastfeeding		

Issue	Date to be considered	Referred By?	Reason for Referral	Progress and Date	Notes
Air Quality	TBC	Cllr Rufus	Examine health impact of poor air quality		Letter from HOSC Chair
Sussex Together	March 2012	NHS Sussex	Initiative to integrate NHS planning across Sussex		