Brighton & Hove City Council

Overview & Scrutiny Commission

Title:	**Health & Wellbeing Overview & Scrutiny Committee**
Date:	**12 June 2012**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Rufus (Chair) Bowden Cox Marsh Robins Sykes C Theobald Wealls **Co-optees:** David Watkins (Brighton & Hove LINk), Jack Hazelgrove (Older People's Council) Youth Council Parent Governors Diocese Representatives
Contact:	**Giles Rossington** Senior Scrutiny Officer 01273 29-1038 Giles.rossington@brighton-hove.gov.uk

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AGENDA

Part One **Page**

1. Procedural Business

(a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest – Statements by all Members present of any personal interests in matters on the agenda, outlining the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.

(c) 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 Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

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

2. Minutes **1 - 28**

To approve the Minutes of the final meetings of: The Health Overview & Scrutiny Committee, the Children & Young People Overview & Scrutiny Committee and the Adult Social Care & Housing Overview & Scrutiny Committee (copy attached)

3. Chair's Communications

4. Public Involvement

To consider the following matters raised by members of the pubic:

(a) **Petitions:** to receive any petitions presented to the full Council or at the meeting itself;
(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 23rd May 2012;
(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 23rd May 2012.

5. Issues Raised by Councillors

To consider the following matters raised by councillors and/or members of the Shadow Board:

(a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
(b) **Written Questions:** to consider any written questions;
(c) **Letters:** to consider any letters;
(d) **Notices of Motion:** to consider any notices of motion.

6. Mental Health Bed Reduction: Update **29 - 40**

Report of the Strategic Director, Resources, on monitoring the impact of the temporary closure of acute mental health beds at Mill View hospital, Hove (copy attached)

7. HWOSC Work Programme **41 - 48**

Report of the Strategic Director, Resources, on developing a HWOSC work programme (copy attached)

8. Progress Establishment of a Local Healthwatch **49 - 56**

Report of the Strategic Directors Communities/People (report attached – appendices to follow)

Contact Officer: *Michelle Pooley* *Tel: 29-5053*
Ward Affected: *All Wards*

9. Shadow Health & Wellbeing Board Update Report **57 - 62**

Report of the Strategic Director, Place, updating members on the first meeting of the Shadow Health & Wellbeing Board (copy attached)

10. Requests for Scrutiny Panels

To consider requests to establish scrutiny panels on:

(1) Emergency Hostel Provision (Cllr Wealls)

(2) Youth Justice (Cllr Mitchell)

11. Letters To/From the Chair **63 - 64**

For information: a letter from the HWOSC Chair to the Brighton & Hove Clinical Commissioning Group (CCG) in regard to CCG plans to re-commission local adult hearing services (copy attached)

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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 291038 – email giles.rossington@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication Date Not Specified

BRIGHTON & HOVE CITY COUNCIL

HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00PM 9 MAY 2012

BANQUETING SUITE, HOVE TOWN HALL

MINUTES

Present: Councillors Rufus (Chair); Barnett, Bennett, Marsh, Phillips, Morgan and Wealls

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

PART ONE

82. PROCEDURAL BUSINESS

82A Declarations of Substitutes

82.1 Cllr Wealls attended as substitute member for Cllr C Theobald

Cllr Morgan attended as substitute member for Cllr Turton

82B Declarations of Interest

82.2 There were none.

82C Declarations of Party Whip

82.3 There were none.

82D Exclusion of Press and Public

82.4 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.

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

83. MINUTES OF THE PREVIOUS MEETING

83.1 RESOLVED – That the minutes of the meeting held on 21 March 2012 be approved and signed by the Chairman.

84. CHAIR'S COMMUNICATIONS

84.1 Mr Brown introduced Mr David Watkins, his successor as LINk co-optee on the HOSC (Mr Brown is to be a member of the Shadow Health & Wellbeing Board (HWB) and may not be a member of both the HWB and the HOSC).

84.2 The Chair and committee members from all political groups welcomed Mr Watkins and thanked Mr Brown for his contributions to the HOSC over a number of years.

84.3 The Chair advised members that, should he be appointed as the Chair the committee replacing HOSC from May 2012, the Health & Wellbeing Overview & Scrutiny Committee (HWOSC), it is his intention to ask all Councillors and stakeholder groups to contribute ideas to the HWOSC work programme.

84.4 Members also expressed a wish for a paper detailing the preparations to commission a local Healthwatch organisation to be brought to the first HWOSC meeting.

85. PUBLIC QUESTIONS

85.1 There were none.

86. NOTICES OF MOTION REFERRED FROM COUNCIL

86.1 There were none.

87. WRITTEN QUESTIONS FROM COUNCILLORS

87.1 There were none.

88. COMPARATIVE HOSPITAL MORTALITY RATES FOR WEEKEND AND WEEK DAY ADMISSIONS

88.1 This item was introduced by Dr Stephen Holmberg, Medical Director, Brighton & Sussex University Hospitals Trust (BSUH).

88.2 Dr Holmberg told members that there had recently been some public concern about the relative safety of hospitals at weekends following the publication of data by the Dr Foster organisation which demonstrated higher morbidity levels in hospitals at weekends, and particularly in hospitals with relatively few senior clinicians on site at weekends.

88.3 The performance of BSUH for patient mortality is better than the national average, with Dr Foster scoring the trust at 84.3 against an average 100 (or 91.1 when re-calibrated to take into account an unexpected national improvement in terms of patient mortality rates). This places BSUH in the top quartile of trusts nationally.

88.4 Looking in more depth at the local figures for mortality on particular days of the week, Dr Holmberg told members that there appears to be no statistically significant difference in morality rates for admissions on different days of the week, with the exception of Sunday admissions for elective procedures, where mortality appears to be several times the average. However, it seems likely that this anomaly is a result of statistical 'noise' due to the very small sample sizes. When these patient deaths were mapped against mortality for condition-type (e.g. Sunday admissions for cardiology which led to mortality mapped against all cardiology admissions) they did not appear anomalous.

88.5 The figures therefore appear reassuring. However, the trust is still committed to improving its safety record wherever it can, and has introduced or is in the process of introducing a number of measures intended to make the Royal Sussex a '24/7' hospital, including ensuring that more senior clinicians are on-site during off-peak hours, making more acute physicians available out of hours, providing more specialist assessment units, ensuring 24/7 A&E consultant cover etc.

88.6 In response to a question from Cllr Marsh on when these measures would be implemented and when an impact from them would be felt, Dr Holmberg told members that some had already been introduced and other would be shortly. The new measures would be unlikely to impact on mortality rates, as the trust was not currently operating in an unsafe manner, but they would produce benefits in terms of quality – e.g. the patient experience.

88.7 In answer to a question from the Chair on whether it was possible to attain more meaningful data by looking across longer periods of time etc, Dr Holmberg told the committee that the data was inherently not particularly robust – for example, hospitals could quite properly exclude some mortalities for patients who were undergoing palliative care, and therefore expected to die imminently irrespective of hospital quality, but the exclusion rates of some hospitals with apparently high mortality performance suggested that they might be excluding an unreasonable number of patients in order to boost their scores. In any case, the proper focus for hospital trusts was not on the details of mortality data, but on implementing improvements in services even when mortality data is encouraging.

88.8 In response to a question from Cllr Wealls regarding the annual total deaths at the Royal Sussex County hospital, members were told that it was typically in the order of 2-2.5000.

88.9 In response to a question from Cllr Wealls about data showing a general increase in hospital mortality at weekends, the committee was told that there was indeed an increase at weekends, although the mix of weekend admissions may differ from that of in-week admissions (because of the paucity of primary care services at weekends), so like-to-like comparison is not straightforward. To the degree that this is an issue, it is not just an issue for hospital, but for health systems as a whole.

88.10 In answer to question from Cllr Wealls, members were told that the data presented to them related to the mortality rates for patients admitted at weekends, not for patients who dies at weekends: the trust is currently researching this data, although in general there are relatively more deaths in hospitals over weekends than in the week.

88.11 In answer to a query from Cllr Bennett, members were told that statistics were not currently available for relative mortality figures at different times of the year (e.g. at peak holiday times), or for different times of day.

88.12 In response to a question from Cllr Bennett, the committee was informed that not all hospital diagnostics are available over the weekend for value for money reasons. However, everything potentially impacting upon patient safety should be available on a 24/7 basis.

88.13 In answer to a question from Cllr Morgan about a possible correlation between mortality rates and high rates of alcohol-related admissions at weekends, the BSUH Associate Director of Quality promised to investigate and respond.

88.14 In response to a question from Mr David Watkins (representing Brighton & Hove LINk), members were told that the degree of palliative care provision in a local area was unlikely to have a major impact on hospital mortality rates (as hospital trusts can exclude some categories of patients receiving palliative care from their mortality figures).

88.15 The Chair thanked Dr Holmberg, noting that this was an issue that the committee might well wish to return to at a later date.

89. RE-COMMISSIONING OF ADULT HEARING SERVICES

89.1 This item was introduced by Geraldine Hoban, Chief Operating Officer, Brighton & Hove Transitional Clinical Commissioning Group (CCG).

89.2 Ms Hoban explained that the NHS operating Plan for 2012/13 required Primary Care Trusts/CCGs to each commission or re-commission at least one service using the Any Qualified Provider (AQP) model. For Brighton & Hove, the CCG has decided to use the AQP model to re-commission adult hearing services. There is potential here to enable the development of a 'high street' service, similar to optician services.

89.3 The current provider, Brighton & Sussex University Hospitals Trust (BSUH) may opt to apply to be a provider under AQP, so may still be involved in delivering services alongside other providers, offering local people more choice.

89.4 Ms Hoban told members that there was no great enthusiasm in the CCG for increasing commercial involvement in healthcare markets, but that there was a real opportunity to use the AQP model to better engage with the city's voluntary sector providers. However, the additional choice AQP offered to commissioners had to be balanced against the additional demands it made: i.e. having to contract manage several providers rather than a single provider.

89.5 Providers working under the AQP model would have to agree to offering services for the NHS tariff payment: there is no opportunity for competition on price via AQP.

89.6 In response to a question from Mr Hazelgrove around the potential entry into the market of large national or international providers, members were told that there would be no formal restriction on the type of provider considered, but in practical terms it was likely that potential providers of hearing services would be relatively local, as the contract amount would not be that large.

89.7 In answer to a query from Cllr Marsh about the potential of providers pressuring service users into buying their products, Ms Hoban acknowledged that this could be a risk and would need to be addressed via contracting.

89.8 In response to a question from the Chair about the potential negative impact on the current provider, the committee was told that any shift from a hospital to a community-based service carried the potential risk that hospital activity (and consequently income) would be reduced without a concomitant reduction in capacity (e.g. that the hospital might still need to use the same resources to supply a reduced service). Such moves need to be carefully managed to minimise the risk to existing providers.

89.9 In response to a question from Mr Brown about the risk of 'cherry-picking' (e.g. new providers taking on relatively simple cases and leaving more complex patients to an NHS 'provider of last resort', Ms Hoban agreed that this was a potential issue and would need to be addressed via the contract service specifications.

89.10 In answer to a question from Mr Watkins about outreach services (e.g. to people in nursing homes), the committee was told that this would be included in the service specifications.

89.11 RESOLVED: That the Health Overview & Scrutiny Committee:

(1) Agrees to support the proposed model for adult hearing services, and

(2) Agrees to support the process outlined by the CCG for reaching a definitive decision on the selection of Any Qualified Provider (subject to the caveats outlined in the minutes above).

90. RE-COMMISSIONING MENTAL HEALTH COMMUNITY SERVICES

90.1 This item was introduced by Anne Foster, CCG Lead Commissioner for Mental Health.

90.2 Ms Foster told members that mental health community services were being re-commissioned to improve them, delivering more community-based services, improving the interface with Sussex Partnership NHS Foundation Trust mental health services, and being more responsive to user views and experiences. A prospectus approach to procurement was being pursued for this service.

90.3 In response to a question from Mr Brown about developing services for people with personality disorders (after many years of groups such as the LINk requesting these services), members were told that a day service for personality disorder was being

developed, although there were currently no plans to provide an overnight facility for this client group.

90.4 In answer to a question from Cllr Wealls about how groups not currently well-served by the service would be identified, Ms Foster told members that engagement/consultation around the re-commissioning should have identified such groups. Any decision to extend services to particular groups would have to be approved by the Joint Commissioning Board.

90.5 RESOLVED – That the report be noted.

91. MENTAL HEALTH: ACUTE BEDS

91.1 This item was introduced by Ms Anne Foster, CCG Lead Commissioner for Mental Health.

91.2 Ms Foster told members that performance at Mill View had continued to fail to meet the targets set by the Clinical Taskforce (e.g. in regard to out of area placements). It was evident that the targets would not be achieved across the long term without significant improvements in services for people with personality disorder and in supported accommodation.

91.3 In response to a question from Mr Brown about the impact of closing St Patrick's Night Shelter, members were told that there had been an impact in terms of delayed transfers of care, although an agreement was now in place with the West Pier Project.

91.4 Ms Foster agreed to circulate the Taskforce's meeting minutes and the metrics being used to monitor the impact of the temporary bed reductions.

91.5 The Chair thanked Ms Foster for her contribution and requested a written progress report for the next committee meeting (i.e. the first meeting of the Health & Wellbeing Overview & Scrutiny Committee).

92. LETTERS TO THE CHAIR

92.1 Members discussed a letter from Sussex Community Trust setting out the implementation of changes to Short Term Service with officers from the Trust.

92.3 Mr Brown welcomed the repatriation of beds from Newhaven Downs, noting that the provision of beds so far from the city had always been problematic.

93. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

93.1 There were none.

94. ITEMS TO GO FORWARD TO COUNCIL

94.1 There were none

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

BRIGHTON & HOVE CITY COUNCIL

CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE

4.00PM 18 APRIL 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Powell (Chair); Lepper (Deputy Chair), Bennett, Brown, Buckley, A Kitcat, Pissaridou and Wealls

Statutory Co-optees: with voting rights:: David Sanders (Diocese of Arundel & Brighton) and Amanda Mortensen (Parent Governor Representative)

Non-Statutory Co-optees: Liam Dunne (Youth Council Representative) (Non-Voting Co-Optee), Rachel Travers (Community Voluntary Sector Forum) (Non-Voting Co-Optee), Rohan Lowe (Youth Council) (Non-Voting Co-Optee) and Azdean Boulaich (Youth Council) (Non-Voting Co-Optee)

Apologies: Mike Wilson and Mark Price

PART ONE

35. PROCEDURAL BUSINESS

35a. Declarations of Substitutes

35.1 Apologies were received from Mike Wilson & Mark Price.

35b. Declarations of Interest

35.2 The Chair declared a personal interest as she works part time at the Friends Centre (which provides careers advice for all age groups), is a Governor at Queens Park Primary School and is a Trustee for Allsorts (project based in Brighton to support and empower young people under 26 who are lesbian, gay, bisexual, trans or unsure (LGBTU)).

35c. Declarations of Party Whip

35.3 There were none.

35d. Exclusion of Press and Public

35.4 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.

35.5 **RESOLVED** – That the press and public not be excluded from the meeting.

36. MINUTES OF THE PREVIOUS MEETING

36.1 Minutes of the 25 January 2012 were approved by the committee.

37. CHAIRS COMMUNICATIONS

37.1 The Chair informed the committee that this would be the last meeting and thanked all party members, her Deputy - Councillor Lepper and the Conservative spokesperson Councillor Wealls, Scrutiny Officer and the Head of Scrutiny for their commitment and input into these meetings, especially the youth council representatives who have made a tremendous contribution to this committee.

The Chair thanked the Lead Commissioner, for liaising with Children Services officers in preparation for these meetings.

The committee had tackled many pertinent items which included:

- Ofsted inspections
- Child Poverty
- Special Education Needs
- Youth Service Review
- Youth Justice Plan
- School performance
- Visit to City College

37.2 The Chair welcomed Councillor Sue Shanks- currently the Cabinet for Children & Young People who had come to observe the committee.

37.3 The Chair informed members that since the last meeting she and Councillor Wealls attended the 13 February, 2012 Draft Youth Justice Plan workshop. The notes from this meeting had been circulated out and the Plan was agreed at Full Council 22 March.

37.4 The outstanding information from the Ofsted Action Plan from the last meeting was e-mailed out to all members, plus the information requested on the new committee structure.

38. QUESTIONS AND LETTERS FROM COUNCILLORS AND THE PUBLIC

38.1 There were none.

39. SUPPORT FOR YOUNG CARERS' IN THE CITY

39.1 The Chair informed the committee that this item was requested by Councillor Wealls to be put onto the CYPOSC work programme back in June 2012.

39.2 Steve Barton – Lead Commissioner for Children's, Youth and Families presented the budget information for young carers' (which is included in paragraph 39.10 below).

39.3 Dave Higgins - Young Carers' Team Manager introduced Katherine Hoare-Exley a cared for mother. Ms. Hoare-Exley informed the committee of issues affecting some young carers'. These included feelings of isolation and bullying in their schools, either due to being perceived to being different or parents being different. Ms. Hoare-Exley thought that there seemed to be a lack of counselling in schools across the age groups to meet the emotional needs of young carers' and other vulnerable children. It was important to raise awareness within schools to ensure that young carers' were supported and could approach school staff for help.

39.4 The committee heard governors should be included in this programme too, to support the school in meeting these needs.

39.5 The committee was told that there were approximately 1,300 young carers' in Brighton and Hove. National research carried out by the BBC indicated that the number could be up to four times this amount. The Carers' Centre had 135 carers' and families supported at present with 180 cases over this year. Last year the figure was around 120 Young Carers' and families at any one time with 189 over the year. The Team Manager informed that through general awareness activities and the schools work programme, the referral rate had doubled recently. The dedicated schools worker was going into 60 city schools developing a schools programme and ongoing permanent links with schools staff around Young Carers' issues, through this the identification of Young Carers' in the city would most probably rise putting a strain on resources.

39.6 Ms. Hoare-Exley asked whether the council could raise awareness and support for young carers' rather than the onus being on young carers' to do this?

39.7 The Lead Commissioner confirmed that there were complex grant arrangements for third sector organisations and that it would be more beneficial to pool together the Carers' Centre budgets. A discussion would need to be arranged with commissioners and the Team Manager on how best to carry this out.

39.8 RESOLVED-

(1) The committee noted that the Carers' Centre had complex funding streams and that further work would need to be carried out by commissioners into how funding could be pooled together.

(2) The committee agreed that this item be passed over to the Health and Wellbeing Overview & Scrutiny Committee to review.

39.9 The following additional information was presented to the committee:

Support for carers'

Funding for adult carers':

Organisation/Service	*Council/PCT exp 1213 £'000s*	*Carers' of Adults only*

Alzheimer's Society	*268.6*	*relief care, info advice support, training, dementia cafes, singing for the brain, support groups*
Back Care Adviser Support Worker	*33.4*	*employed by Sussex Community Trust*
Care Management	*151*	*Carers' Care Managers, Social Worker, admin support*
Carers' Card Amaze	*10*	*maintain & develop offers*
Carers' Centre	*367.4*	*info advice & support, young carers', male carers', awareness training, support groups, counselling, positive caring*
Cherish	*5*	*youth group for young disabled adults*
Community Care budgets for respite	*150*	
Crossroads	*238.4*	*relief care*
Emergency Back Up Scheme CareLink Plus	*3*	
Engagement	*4.4*	*payments to carers', alternative care etc*
Headway carers" support group	*3.2*	
LD service, Belgrave	*10*	*monthly Saturday respite service*
Carer Support Service	*170*	*6x Carers' Support Workers in Integrated Primary Care Teams*
PATCHED	*71.5*	*support for substance misuse carers'*
Self Directed Support breaks	*95*	*allocated individually*
Self Directed Support services	*50*	*allocated individually*
Young Carers' Needs Assessments	*16.3*	*carried out by Carers' Centre*
Total exp	***1647.2***	

Young carers':

See below, the Children's services funding is for sibling carers', all other young carers' funding comes from Adult social care & the PCT. The allocation is the same for 12/13.

The needs assessments above are for young carers' of adults and the service was set up with the Carers' Centre to ensure that young carers' receive a service from an experienced children/youth worker (something not always available within ASC). The Carers' Centre has also been able to engage with families not willing to have "Social Services" involvement which has meant young carers' receiving support & services, reducing the impact of their caring role, liaison with school/college etc where child/young person's caring role previously unknown.

4

Additionally, young carers' of adults can, following a needs assessment, access self directed support budget to meet identified needs including funding contributions to access out of school activities including sports, drama, music, transport, laptop, holiday/after school play schemes, school trips, family holidays etc.

The schools worker is funded for a 3 year project September 2010 – July 1013 with the target of getting into every primary, junior, secondary & special school in that time.

Carers' Cards are issues to all young carers' including young carers' of siblings & there are some specific offers for young carers' including family farms, soft play, Sea Life Centre, Yellow Wave Climbing Wall & sports activities.

The Carers' Centre is funded to deliver carer awareness sessions training to staff across the council, LHE, & CVS & can offer tailored/specific training in relation to young carers'.

Long Term Conditions Community NHS services – redevelopment from January 2012 will include a carer support service within each of the 11 GP clusters. Included in the responsibilities of the carer support service will be to identify & respond to young carers'.

Carers' Strategy Refresh – we will be consulting on this in the autumn and taking to November JCB, so this would be the opportunity to include a specific target around identification of & support to young carers' in the city.

Current funded services provided by the Carers' Centre:

	ASC	***PCT***	***CS***
needs assessments	*16000*		
schools work		*18000*	
support, activities and groups	*29500*	*16500*	*18000*
totals	***45500***	***34500***	***18000***

Service Spec:

Young Carers'

2.22. Aim to minimise the caring role undertaken by children and young people

2.23. Identify sources of support for families and work with them to access and take up appropriate services

2.24. Run clubs, activities and holidays that give young carers' a break and time to be children

2.25. Provide one to one support and mentoring in schools to the most vulnerable young carers'

2.26. Offer training to schools' staff, NHS staff, youth workers and others to enable them to recognise the signs of a hidden caring role and offer support with young people's health, well being and education

2.27. The Young Carers' service will be delivered by 1 x FTE Young Carers' Team Manager, 0.5 FTE Support and Outreach Worker and two sessional workers.

2.28. To provide a carers' needs assessment and review service for young carers' aged under 18 years referred through the city council, Sussex Partnership Foundation Trust, health services, voluntary sector organisations and those identified through the Young Carers' Project. To share this information with the city council (with the agreement of the young carer and/or their family). This work is invoiced separately on a spot purchase basis.

Young Carers' Schools Work Service

Purpose

To employ a dedicated schools worker to work in schools to raise awareness with both pupils and staff, contribute to PSHE (personal, social and health education) curriculum, develop guidance, protocols and tools for schools. To identify individual young carers' and support transition between primary and secondary schools. Over three years this service would cover all junior, primary, secondary and special schools in the city.

In one year, the service will work across 15 schools, deliver 30 training sessions to school staff and pupils and identify up to 24 young carers'.

The services

The service will provide the following:

· *Over three years this service will cover all junior, primary, secondary and special schools in the city.*

Annually:

· *the service will work across 15 schools*
· *deliver a minimum of 15 training sessions to school staff*
· *deliver 15 awareness sessions to Year 7 and primary pupils*
· *identify up to 24 young carers' and refer them into the Young Carers' Project or other services as appropriate*
· *advise schools over the use of the Year 7 Resource Pack developed by the Young Carers' Project at the Carers' Centre including protocols around referrals, confidentiality and transitions*
· *develop the Young Carers' charter/top ten tips for schools, positive outcomes framework and action lists for schools and teachers*
· *identify (by role) and work with a named link worker for young carers' in each school, where possible developing the above and Young Carers' support groups in each school*
· *to develop a feedback process with individual young carers' and with schools visited to evaluate the impact of the service*
· *develop a schools work exit strategy and implement at each school to sustain work done around Young Carer awareness and identification*

Other ways of offering support:
The Disability Core Assessment asks within the Family & Environmental Factors :
Have parents/ main carers' received guidance regarding benefit entitlement ?
Needs of carer (s)
Impact on / Needs of siblings

The Occupational Therapy Assessment asks :
Are there any risks for the child/young person or the family/carers' concerning leisure or play activities.
What impact is there for other family members/carers' because of the young persons behaviour ?
Who is involved in managing the child/young persons behaviour ?

Once an assessment is complete, the social work service would develop a plan for the child and their family, including relevant support for the parent carers' and siblings. For example respite care may allow both the parent and sibling carers' to have a break, for parents to spend time with other children and for siblings to be supported to access activities.

Children accessing the integrated child development and disability service, will have a full holistic assessment which would identify the caring roles of both parent carers' and siblings regardless of whether they access the social work element of the service. A plan is made with the family and a keyworker allocated as appropriate who would hold the reins for the plan and ensure that all family members are supported.

***Amaze** are contracted to support parent carers' with a contract broken down as follows:*

Compass Database	*21,696*	
Compass Development	*55,000*	*(inc.adults £5000 for carers' card,not in contract)*
DLA	*20,000*	
PaCC	*5,000*	*(+£9000 participation costs,not in contract)*
Transition	*20,208*	*(ICDDS-£8083, Education-£8083, Adults-£4042)*
Helpline	*37,700*	*(inc £21,912 PCT)*
IPS	*23,000*	
Info & advice	*18,186*	

Total 200,790 (£111,053 ICDDS, £21,912 from PCT, Education £58,783, Adults £9042)

The Compass card supports access for disabled children to mainstream leisure activities and some of these arrangements also allow siblings/other family members to receive the benefits eg swimming.

40. ACADEMIES AND PARTNERSHIP WORKING

40.1 Michael Nix – Partnership Adviser, Secondary, Colleges and Adult Learning presented the report and answered questions with Jo Lyons – Lead Commissioner Learning & Partnership.

40.2 Honor Wilson-Fletcher (Chief Executive of the Aldridge Foundation) presented information to the committee which included:

- An invitation to visit both academies
- The local authority was a co-sponsor of Portslade Aldridge Community Academy (PACA)
- School partnership working was in progress and both Academies recognised that as well as sharing their good practice there was much that they could learn from the other schools in the city

40.3 Questions raised included:

- What did the academy do differently from a school?

  Members were informed how the students at BACA had a new world class building, and new buildings and refurbishment were also being provided at PACA. This capital investment was transformational. However, this alone did not guarantee excellence, and the Academies and the Foundation recognised the need for transformation in approaches to teaching and learning. This was being achieved through internal development within the Academies, partnership work with other schools in the city, and partnership work with Academies elsewhere.

  The Aldridge Foundation as sponsor was able to bring a wider perspective and different kind of challenge to the work of the Academy, and provide new opportunities for students. For example, a recent trip to Mumbai gave six students, one of whom was a young carer, the opportunity to experience new challenges. The trip had an enormous impact on all the students and helped them to develop personally and improve their standards and had a positive impact on the aspirations of other students at the academy

- Special Educational Needs (SEN) data from the academy showed that there were fewer referrals being made. Was there a reason for this and could information be given on the profiles of pupils with SEN?

  The committee heard how this year's Y11 was particularly challenging. The Brighton Aldridge Community Academy (BACA) had the highest number of children with SEN and statements in the city. There were smaller classes and also an increase in the SEN budget. The Governors and staff fully supported pupils with SEN and understood the students' attainment levels and their challenges.

  The SEN Partnership represented all nine secondary schools and Academies, and they would be able to help investigate referral levels. The SEN profile data was already in the public domain. The Swan Centre, a local authority funded special unit for 16 students with ASD/speech and language difficulties, is fully integrated into the Academy.

- A youth council representative asked what the difference was between Academies and Free Schools.

  Members were informed that in law there is no difference between Academies and Free Schools. The key difference is how they are formed. 'Traditional' Academies are normally formed from existing schools because they are seriously underperforming and failing to improve, 'converter' academies are formed because a good or outstanding school is seeking a new way of working in order to improve further. Free Schools are

new schools, driven by demand from parents or community or faith groups for a different type of school that is not currently available in their area. While some Academies have distanced themselves from the local authority in their area, many recognise the importance of working with other schools and the local authority. The Aldridge Foundation is committed to working in partnership, and for example the City Council is a co-sponsor of PACA.

- What are the plans for developing the sixth forms in the two Academies?

  The Foundation was committed to developing the sixth forms at both Academies. It was important to develop the right curriculum to meet the needs of the students, and to work with other schools, for example through the Connected Sixth Forms, to fill gaps that could not be filled in individual sixth forms. It was important to recognise also that although the first year's intake to the new sixth form at BACA was small, these students probably would not have continued in learning had the sixth form at BACA not been available and it was acknowledged by OFSTED that this was of real value. The plan for the Academy sixth forms envisages within five years up to 120 students at BACA and up to 150 at PACA.

- A youth council representative asked why City College was planning to turn into an Academy.

  The committee noted it was only schools that could become Academies. City College was exploring and developing work with the University of Brighton and the local authority to improve performance in poor performing schools that went into special measures like Whitehawk Primary.

- How does the Academy work with schools in deprived areas?

  Members were informed that both Academies served areas which included significant levels of deprivation and it was extremely challenging to raise aspirations and achievement in these contexts. New resources were needed, and the Academies and the Foundation were exploring many different ways of drawing in additional funding.

- Local Authority schools held training during INSET days, how did Academies ensure that they provided time to train their teachers?

  The Committee was told that teacher training was paramount, especially with changes in the new Ofsted framework and challenging targets. Academies needed to improve and develop their staff to meet these changes and targets. The Academies had a wide ranging internal programme for staff development, including INSET days as for other schools, and staff also participated in external development programmes, with other schools in the city and with other Academies. Both Academies had played a full part in the city wide Joint Development Day in February.

- When the council co-sponsors an academy, how much control and in what areas did it influence?

  In law, the local authority may not intervene in the work of an Academy. However, in Brighton & Hove the local authority works as a partner with the Academies, and in this

way can support and influence the Academies in the same ways as other partners, through working together. There is an additional dimension to the City Council's work with PACA, in that the Council and the Academy are entering into formal service level agreements for the continuation of community sports, the community library and adult learning on the PACA campus.

- Do the Academies teach religious education at GCSE level, and how are young carers supported?

  The Chief Executive believed that the Academies met requirements for teaching Religious Education, but agreed that she would check this with the Principals and write to the Committee Clerk.

  Young carers were sometimes identified from primary schools so it was clear to the Academies what individual support was required for them. However some young carers did not identify themselves. Teacher training was available for example through the Princess Royal's Trust for Carers to identify and support young carers.

40.4 The Chair thanked both the Partnership Adviser and the Chief Executive of the Aldridge Foundation for presenting information and answering questions.

40.5 RESOLVED: The committee agreed that the Health and Wellbeing Overview and Scrutiny Committee should invite the Academies to provide a further update on progress at a future meeting.

41. SUMMER ACTIVITIES FOR CHILDREN AND FAMILIES

41.1 The Chair informed the committee that this report had been requested by the Cabinet Member for CYPOSC to comment upon. Caroline Parker – Sure Start Service Manager introduced the report and answered questions.

41.2 Questions raised and discussions included:

- Would it be possible for sports centres to offer free or subsidised swimming to children and young people? The committee heard how swimming was free for children under 11. The Sports Development team offered subsidised taster swimming sessions.

- Members were informed that children with disabilities who had Compass cards received discounts and also free gym membership. Summer Fun includes information from Amaze in the section on activities for children and young people with special needs.

- The committee heard how the Summer Fun booklet was well used and providers received telephone calls from parents who referred to the booklet. The Extratime playscheme is very well used and it did not always have places available,

- Did Brighton and Hove Albion offer summer activities? Members were informed that the Albion ran courses at various venues and this was advertised in the

Summer Fun booklet.

.

- The Cabinet Member suggested that Summer Fun could display a calendar displaying the events in the centre pages to help parents plan activities for their children. .

- The Cabinet Member enquired as to whether there were drop in activities? The committee were informed that Summer Fun included information on drop in activities run by the Play Bus, Children's Centres, and the Library Service.

- A youth council representative asked why the council didn't use bus stops or boarded up shops to advertise the summer activities? Members were informed that the council had used the bus stops for advertising before but this was costly and the stops had to be individually identified. Consultation feedback from young people was that they preferred to receive information via facebook which was also a cost effective.

- A youth council representative asked what did co-producing actually mean? The committee were told that this was partnership working with the delivery of services.

- A youth council representative asked why the Summer Fun publication came out at a certain time, then there was a further flyer nearer the time. Why were there two publications and not just one nearer the time right before the summer holidays began? Members were informed that Summer Fun was published in June to allow parents time to book activities for the summer. Summer Fun extra is an one line supplement which includes information received after the Summer Fun deadline.

- A youth council representative asked whether elderly people over 65 had free activities that they were offered to them? The committee heard how there are activities for older people and that more information would be provided.

- The parent governor spoke highly about the range of activities on offer to families compared to other authorities who offered a much more limited amount.

14.3 RESOLVED- CYPOSC noted and commented on the report.

42. HOUSING FOR VULNERABLE YOUNG PEOPLE

42.1 Steve Barton – Lead Commissioner, Children's Youth and Families introduced the report and answered questions with Jo Sharp –Commissioning Officer, Housing Commissioning Unit

42.2 The Lead Commissioner explained that the Service Commission process had almost completed the needs assessment process. The Lead Commissioner highlighted the following key points:

- The youth homelessness working group would be consulted on the final recommendations in May
- It was anticipated the strategy would support close working with the Joint Commissioning Strategy for Services for Young People and especially the provision of information, advice and guidance by the city's youth work services to ensure young people receive a clear message that the city has extremely limited housing options for young people
- A range of potential options were emerging through the needs analysis process to improve service provision including commissioning supported lodging schemes.
- The final report would go to the relevant committees in July 2012.

42.3 Questions raised included:

- What emergency provision was there for 16-19 year old young people who had a family breakdown that night? Members were informed that included in the current housing pathway were options for emergency provision which incorporated emergency bed spaces within supported housing schemes. Where there were no other options bed and breakfast emergency accommodation was provided.

- How was emergency provision managed as some establishments were inappropriate for young people, due to ex-offenders staying there too? The committee were told that this was a particularly challenging issue and one of the key reasons why services were being reviewed. There was some effective accommodation provision in place, with appropriate resources to support young people. But there were also areas where improvements were necessary.

- Councillors could sometimes be involved with youth homelessness issues, what was the best forum to feedback? Members were informed that the youth homeless working group which was made up of council staff and service providers was a suitable forum to speak to providers. The Lead Commissioner would explore this further with housing colleagues and feedback.

- There was a huge need for emergency accommodation, was the charity Night Stop included in this provision? The committee were told that there were a range of services, which did include the service run by Sussex Central YMCA which enabled a young person to stay in a host person's home for a limited period. Other options were being explored as part of the service commission.

- A youth council representative asked why the housing allocation policy was changing. Members were informed that this issue had been dealt with through a report to Cabinet. As a result care leavers would still have "Band A" eligibility, unless a social work assessment proved otherwise.

- A youth council representative asked how the points listed from the City's Commissioning Work Plan, would be carried out? The committee were informed how issues were explored during the needs assessment process drawing together information from a range of services.

- At a YMCA youth homelessness workshop it was explained how some young people were sent back to the city they came from, why was this? Members were informed that every Local Authority had to meet their statutory duties to young people under 18. As a result, and after discussion between authorities some young people could be advised to return to where they came from. Options would be explored for each young person through individual assessment.

- It would be useful to know the numbers of young people affected, and it would be helpful to know what proportion had SEN? The committee were told that there were 278 young people who accessed services at Ovest House, last year who were between the ages of 16 and17 years old. The numbers for the previous year was slightly less. The needs assessment was currently collating data about the particular needs of young people, including those who had special educational needs.

- A youth council representative asked which young people had were consulted and how had this been done? Members were informed that key workers in different supported housing schemes were asked to speak to young people about what services were helpful and those which were less helpful.

42.4 The Chair thanked the Lead Commissioner and the Commissioning Officer for introducing the report and answering questions.

42.5 RESOLVED –

(1) The committee noted the progress and made comments on the service commission review of housing for vulnerable young people.

(2) CYPOSC agreed that the Health and Wellbeing Overview & Scrutiny Committee follow up the progress made on the city's Youth Homelessness Strategy.

43. CYPOSC WORK PROGRAMME

43.1 Members were informed that the new governance arrangements for scrutiny meant that the Health and Wellbeing Overview & Scrutiny Committee (HWOSC) would be commissioning work through workshops and scrutiny panels for matters concerning children and young people.

43.2 The statutory co-optees ie. the diocesan representatives and the parent governor representative who had voting rights for education matters would be invited to workshops/scrutiny panels/ HWOSC meetings when education items were being heard.

43.3 Workshops or scrutiny panels could be identified from the Children and Young People's policy committee, other councillors or committees.

43.4 RESOLVED:

(1) Members noted the work programme.

(2) The committee agreed that the following items be forwarded to the HWOSC work programme:

- Support for young carers in the city – follow up needed on how commissioners could pool funding together to streamline funding for the Carers' Centre
- Academies – invite to give a further update on their progress
- Housing for Vulnerable Young People – follow up on the strategy.

The meeting concluded at 6.20pm

Signed Chair

Dated this day of

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

4.00PM 8 MARCH 2012

COMMITTEE ROOM 1, BRIGHTON TOWN HALL

MINUTES

Present: Councillors K Norman (Chair); Buckley (Deputy Chair), Jones, Peltzer Dunn, Wealls, Morgan, Follett and Robins

Co-opted Members: Averil Fuller (Brighton & Hove Local Involvement Network)

PART ONE

47. PROCEDURAL BUSINESS

47A Declaration of Substitutes

47.1 Cllr Follett attended as substitute member for Cllr Philips
Cllr Morgan attended as substitute member for Cllr Turton
Cllr Robins attended as substitute member for Cllr Gilbey

47B Declarations of Interest

47.2 There were none.

47C Declarations of Party Whip

47.3 There were none.

47D Exclusion of Press and Public

47.4 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.

47.5 **RESOLVED –** that the press and public be not excluded from the meeting.

48. MINUTES OF THE PREVIOUS MEETING

48.1 RESOLVED – That the minutes of the meeting held on 12 January 2012 be approved and signed by the Chairman.

49. CHAIRMAN'S COMMUNICATIONS

49.1 The Chair welcomed Cllr Buckley as deputy Chair.

50. PUBLIC QUESTIONS

50.1 There were none.

51. LETTERS FROM COUNCILLORS

51.2 There were none.

52. NOTICES OF MOTIONS REFERRED FROM COUNCIL

52.1 There were none.

53. TELECARE: TRAINING SESSION

53.1 This item was introduced by Diana Bernhardt, Lead Commissioner, Learning Disability; Anne Hagan and Paula Martin, ASC General Managers.

53.2 In response to a question regarding the danger of telecare technologies replacing ASC staff, members were told that demographic changes would place increasing pressure on social care services in the next few years; it was essential that technology was used to free carers from routine tasks, allowing them to concentrate on work where their skills were most needed.

53.3 In answer to concerns that the use of telecare to replace direct human contact could increase loneliness/isolation, members were told that this was a risk, and that telecare solutions were therefore not universally applicable: some clients would derive greater benefit from personal contact. However, it was stressed that people experiencing isolation might typically be better supported via social activities rather than simply time-limited personal contact with a carer. In addition, many people found a carer's presence intrusive and would prefer to be supported via telecare.

53.4 In response to questions regarding telecare equipment, the committee was told that the equipment was regularly checked and tested. Care was taken to ensure that clients understood and were confident using their aids. If necessary the council would consider paying for the installation of a landline to support telecare in a client's home.

53.5 The Chair thanked the presenters for their contribution.

54. HOUSING ALLOCATIONS

54.1 This item was introduced by Terry Parkin, Strategic Director, People. Sylvia Peckham, Head of Temporary Accommodation and Assessment, Housing Strategy, was also present to answer members' questions.

54.2 Mr Parkin told committee members that the current allocations policy for care leavers had been legally challenged. Legal advice is that the allocations policy meets the requirements of housing law, but may not meet the corporate parenting requirements set out in the 1989 Children's Act. The council is therefore potentially vulnerable to judicial review, and indeed one application for judicial review is pending.

54.3 After consulting widely with interested parties, it was clear that most looked after children wanted to be placed in social housing when leaving care – i.e. being given Band A status on the housing waiting list. Given that the numbers involved are relatively small (10-20 young people per year), and given that that the council has an excellent record of effectively supporting care leavers to manage their tenancies (with an 85% success rate), the best option was to revert to granting care leavers Band A status. This would only apply to those young people assessed as being capable of living independently with an appropriate care package. Other young people would be offered supported housing solutions. An officer-led allocations committee chaired by the Strategic Director, People, would be established to manage the allocations process.

54.4 Although not a committee member, Cllr Mary Mears asked to be permitted to address the committee, and the Chair agreed. Cllr Mears made a number of points about the planned change in policy and how it was being introduced, telling members that:

- Housing Management Consultative Committee (HMCC) had not declined to comment on the allocations report; rather, HMCC members were unwilling to consider the report at their 06 February 2012 meeting whilst the consultation around the allocations policy was still ongoing.

- While the council did have a duty to find suitable accommodation for care leavers, this need not be in council housing, but could include the private rental sector.

- Information to tenants in the report was currently unclear or inaccurate – for instance, it was stated that there was no call on Housing Revenue Account (HRA) funding for care leavers, where in fact there could be (for example if a tenancy failed). Tenants were worried about the potential impact, on the HRA and on waiting lists, of the planned change in allocations policy.

- People should be aware that care leavers would be predominantly housed in East Brighton rather than being spread across the city.

- CYPT has 15 places per annum that it can use to house young people – these could be used for care leavers.

- Some care leavers could be asylum seekers with only a limited leave to stay in this country; there was potentially an issue with this group being granted secure (i.e. life-long) council tenancies.

- The Government was currently reviewing housing priority for current and ex-service people, and any consequent changes in legislation/guidance could impact upon local housing availability.

- The current allocations policy was agreed after extensive consultation only a year ago, and no concerns about the legality of the council's policy with regard to care leavers had been voiced.

- She had made a formal complaint to the Chief Executive and requested an internal review by Audit. In particular, Cllr Mears believed that the financial information included in the allocations report was misleading, and that the tone of the report might needlessly cause anxiety.

54.5 In response to Cllr Mears' points, Mr Parkin told members that he did not want tenants to be anxious, but that anxiety might be caused by misinformation, with some tenants believing that the number of care leavers seeking social housing was much larger than it really was. Neither was it the case that there was a policy for housing a majority of care leavers in any one part of the city – care leavers could use the Choice Based lettings system to choose their own accommodation, although many preferred to return to the communities where they had roots and family ties. (This was a difficult issue to talk about in public due to data confidentiality, but Mr Parkin was happy to talk privately with members.) It was true that CYPT had access to a number of housing places, but these were required for young people with a range of needs, not just for care leavers.

54.6 In answer to a question on elected member involvement on the proposed allocations committee, Mr Parkin told members that legal advice was that elected members should not be directly involved in making allocations decisions. However, the work of the allocations committee would be scrutinised by the member-led corporate parenting committee.

54.7 In response to a query as to which body would have oversight of children's issues when the CYPT Board was abolished, Mr Parkin told the committee that there were no immediate plans to abolish the CYPT Board, although the Board would be placed in abeyance. Current board responsibilities would be taken on post-May 2012 by the new Children's Committee.

54.8 Ms Peckham told members that there had been two consultations around the planned changes to allocations policy: one with the general public, and one with council tenants. The public consultation had closed on January 29, but the tenant consultation had been extended until February 19 so as to allow the first 2012 round of Area Panels to be included in the consultation. However, given the need to fit in with the Council's decision-making timetable, this required that the report presented to HMCC at its 06 February meeting was necessarily a work in progress. The completed report will be presented to HMCC at its 19 March meeting.

54.9 In response to a question on actions taken by other local authorities, Mr Parkin told members that it was not necessarily easy to find comparable authorities. However, most similar authorities do either grant Band A status to their care leavers or offer very comprehensive support to other housing solutions.

54.10 It was noted that the security of tenure that came with assured council tenancies was a very important factor for care leavers, who typically lacked the resort of staying with their family should a private sector tenancy fail.

54.11 Members also noted that there were a number of inconsistencies and inaccuracies in the report, notably in terms of a reference to an Appendix 8 (which was not included in the report) and an unintelligible graph in Appendix 2.

54.12 Cllr Peltzer Dunn proposed an amendment to the report recommendation, namely that the committee should:

"request that Cabinet delays making a decision on the housing allocations policy report until the report has been presented to the 19March 2012 meeting of the Housing Management Consultative Committee"

Councillor Wealls seconded this amendment and it was put to the vote, with members agreeing 6-2 to accept the amendment.

54.13 RESOLVED –

(1) that the report be noted;

(2) that the Adult Social Care and Housing Overview & Scrutiny Committee request that Cabinet delays making a decision on the housing allocations policy report until the report has been presented to the 19 March 2012 meeting of the Housing Management Consultative Committee.

55. COMMUNITY MEALS, REPORT BACK

55.1 This item was introduced by Philip Letchfield, Head of Commissioning, ASC.

55.2 RESOLVED – that the report be noted.

56. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

56.1 Members agreed to forward an extract from the draft meeting minutes to Cabinet in relation to Item 54: Housing Allocations Policy.

57. ITEMS TO GO FORWARD TO COUNCIL

57.1 There were none.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 6 Brighton & Hove City Council

Subject:		**Mental Health Beds Update (June 2012)**	
Date of Meeting:		**12 June 2012**	
Report of:		**Strategic Director, Resources**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report provides an update on monitoring of the temporary reduction of in-patient mental health beds at Mill View hospital.

1.2 **Appendix 1** to this report contains information, supplied by Brighton & Hove Clinical Commissioning Group (CCG), relating to the ongoing work of the independent Clinical Taskforce established to monitor the impact of the temporary bed reductions.

2. RECOMMENDATIONS:

2.1 That the Health & Wellbeing Overview & Scrutiny Committee considers and comments on this report and its appendix.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Sussex Partnership NHS Foundation Trust (SPFT) plans to reduce its acute mental health bed capacity in Brighton & Hove by around 18 beds; arguing that more effective community mental health services, coupled with more efficient discharge planning, will mean that it can provide a better quality service to local people with fewer acute beds.

3.2 Aspects of this plan have been presented to the Brighton & Hove Health Overview & Scrutiny Committee (HOSC) on several occasions. In general, HOSC members were persuaded that better community mental health services, more effective hospital discharge planning, and appropriate supported accommodation could be used to reduce the local health economy's reliance on acute mental health hospital beds. This would be in line with NHS policy, in both mental and physical health, to provide more services in the community rather than in hospitals.

3.3 However, HOSC members were not convinced that the factors which might permit a reduction in beds without impacting on services were actually in place locally, and were therefore reluctant to approve SPFT's plans, a view shared in large part by other stakeholders, including the CCG/NHS Brighton & Hove and BHLINk. It was therefore agreed that the beds in question should be closed on a temporary basis and that an independent Clinical Taskforce, chaired by Dr Becky Jarvis, the CCG mental health lead, should be established to monitor the impact of the temporary closures.

3.4 The HOSC was updated on the work of the Clinical Taskforce at its 21 March and 09 May 2012 meetings; on both occasions members were informed that the Taskforce's targets had not been attained. **Appendix 1** to this report includes the latest information from the Taskforce. It remains the case that SPFT's performance is below target – i.e. that the temporary bed closures are having a measurable negative impact on local mental health services.

3.5 The Clinical Taskforce has stated that it will not consider approving any move to permanent bed reductions until its targets have been consistently achieved (e.g. for three consecutive months). Given that the targets have been so consistently missed thus far, it may be interesting to ask whether SPFT can realistically improve its performance without making significant improvements to key services.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None has been undertaken in compiling this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this update – members are not being asked to make any decision which might have financial implications.

Legal Implications:

5.2 None to this update

Equalities Implications:

5.3 None to this update

Sustainability Implications:

5.4 None to this update

Crime & Disorder Implications:

5.5 None to this update

Risk and Opportunity Management Implications:

5.6 None to this update

Public Health Implications:

5.7 None to this update

Corporate / Citywide Implications:

5.8 None to this update

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 At some point, should performance continue to be below target, the HWOSC may wish to reconsider its approval of the temporary bed closure at Mill View hospital – i.e. should it become evident that there is no realistic prospect in the short term of SPFT managing with fewer local beds without impacting on the level of care provided to local people.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 This is an ongoing issue which the Council's statutory health scrutiny committee has been monitoring for some time. As the HWOSC is assuming statutory health scrutiny responsibilities, it makes sense for it to continue its predecessor's activities in this important area.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by Brighton & Hove Clinical Commissioning Group.

Documents in Members' Rooms

None

Background Documents

None

Mental Health Acute Beds

HOSC Update - June 2012

1. PURPOSE OF THE PAPER

The purpose of this paper is to update the HOSC regarding the proposals to reduce the number of acute mental health beds in Brighton and Hove.

2. BACKGROUND

Previous papers have described the rationale for the proposals and the agreed local approach to ensure the arrangements are implemented safely. The HOSC has given its support to proceed with a temporary phased reduction in bed numbers with the agreement that a Clinical Review Group will oversee the process and provide updates to the HOSC.

3. PROGRESS

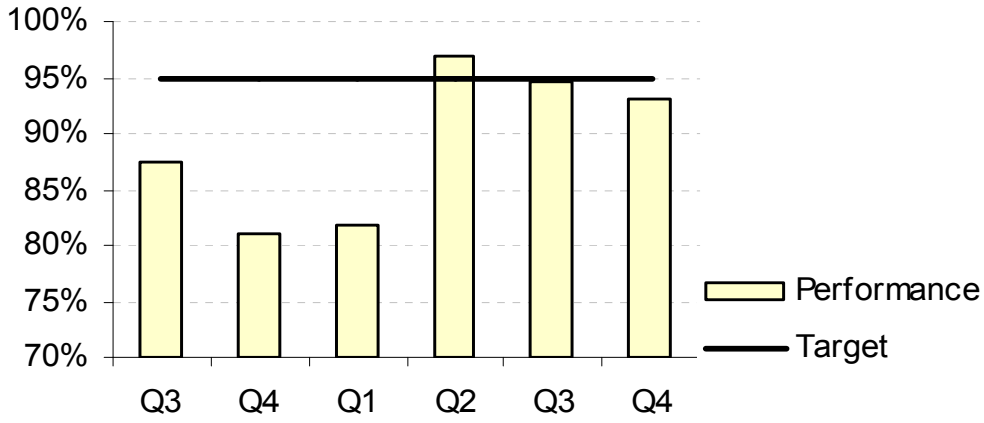
3.1 The Clinical Review group have held four meetings to date. The purpose of the group is to assess the point at which there have been sufficient system changes to enable 19 beds in Brighton and Hove to close on a permanent basis.

3.2 The Clinical Review Group has agreed a range of clinical metrics that will be monitored and measured to assess whether the system is ready for the beds to close. The metrics are detailed in Appendix A. An update on progress against key metrics are as follows:

3.3 **Access to Beds in Brighton and Hove**.

One of the key metrics is that **95%** of residents are able to access a bed within the City. This equates to no more than 3 Brighton and Hove residents being admitted out of area at any one time (excluding female psychiatric intensive care where there is no local facility). The data contained in figure 1 plots the trend from Q3 2010 (September to December 2010) until the most recent quarter (January to March 2011). It shows that during the most recent quarter that this target has not yet been achieved – the proportion of bed occupancy within Brighton and Hove is at **93%**. There is also softer intelligence that some residents who agree to an informal admission, chose not to enter hospital treatment, if the available bed is not within Brighton and Hove. A potential negative impact is that a patient's condition could deteriorate whilst they are waiting for a local bed to become available and it may take longer for them to recover once they are admitted.

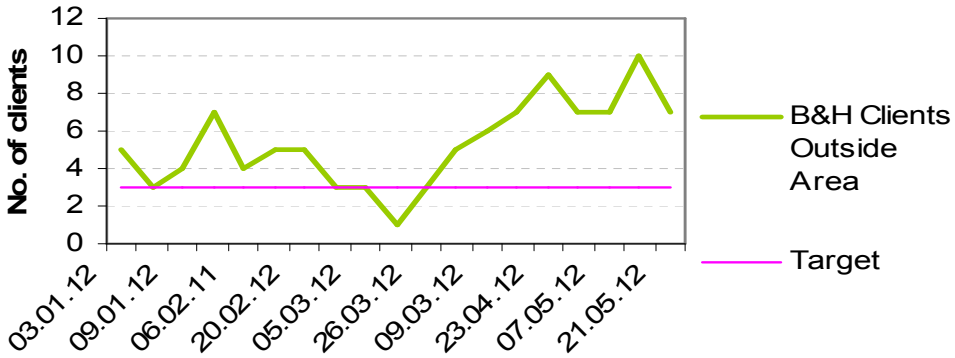
Figure 1: Proportion of Occupied Bed Days that are located within Brighton and Hove



Note
Data excluded female psychiatric intensive care unit – as there is no local facility.

More detailed data for the period since January 2012 (figure 2 below shows that the target of no more than 3 Brighton and Hove residents has only been achieved for 5 out of the 19 weeks (26% of the time). However it needs to be recognised that within the data for admissions outside Brighton and Hove included are small numbers of people where this is appropriate e.g. (a patient still registered with a Brighton and Hove GP but living in another part of Sussex, or because they are member of Millview Hospital staff, or because of patient choice).

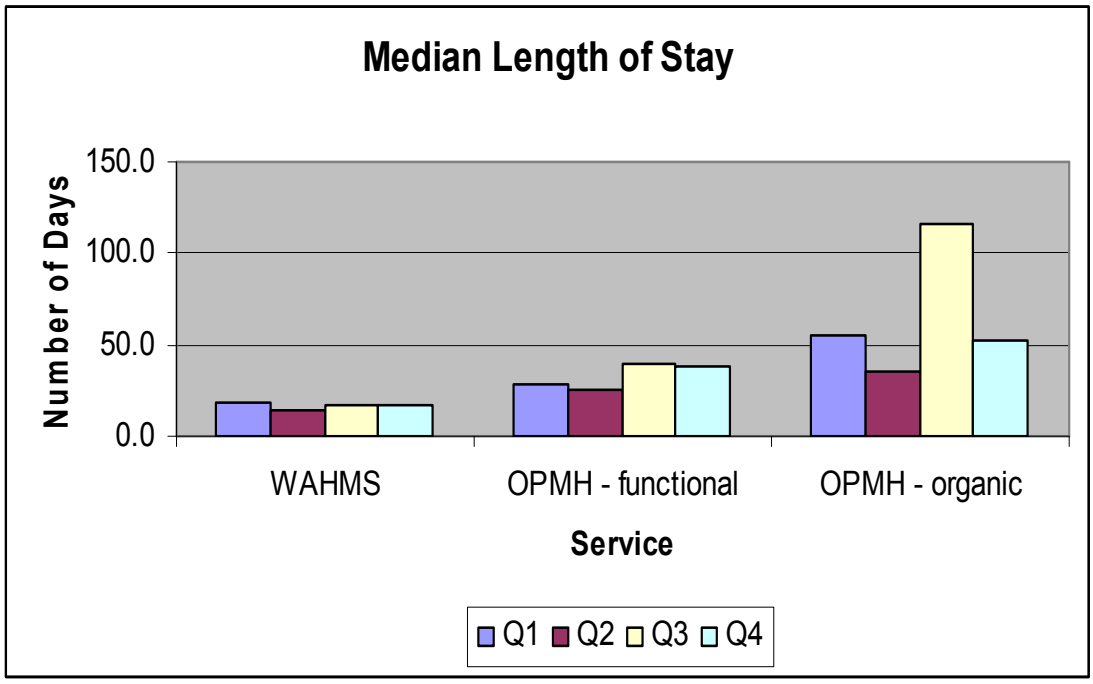
Figure 2: Number of B&H Residents Admitted Out of Area



3.4 **Length of Stay**

Median Length of stay has fluctuated, with increases shown in older people services for the last two quarters of 2011-12. The data is detailed below in Figure 3.

Figure 3: Median Length of Stay



Notes
WAHMS – Working Aged Mental Health Service
OPMH – Older People Mental Health Service

3.5 Delayed Transfer of Care

The target is for delayed transfers of care to be no more than 5%. For working aged service the figure has stayed at 5% or below during 2011-12, but for older people the target has not been achieved for quarters 3 and 4 of 2011-12. Lack of suitable supported accommodation remains one of the key reasons for delayed transfer of care.

Figure 4 – Delayed Transfer of Care – Working Age Services

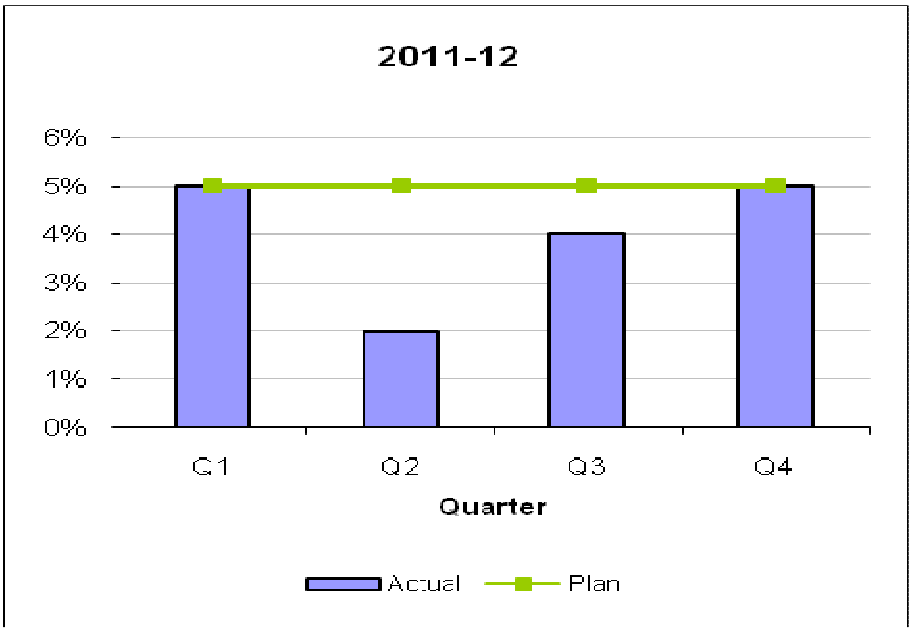
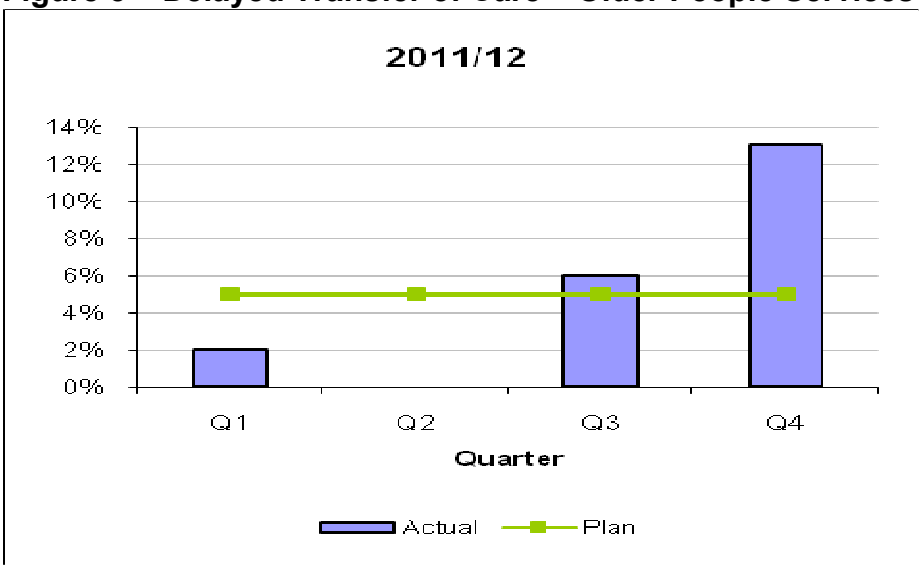


Figure 5 – Delayed Transfer of Care – Older People Services



3.6 **Re-admission Rates**

Re-admission rates appear to have increased in 2011-12 compared with the previous year for working age services (figure 6).The pattern appears to be more variable in older people services (figure 7). Sussex Partnership Foundation Trust (SPFT) is undertaking a more detailed clinical audit to examine and understand this issue in more detail.

Figure 6 – Re-admission Rates – Working Age Services

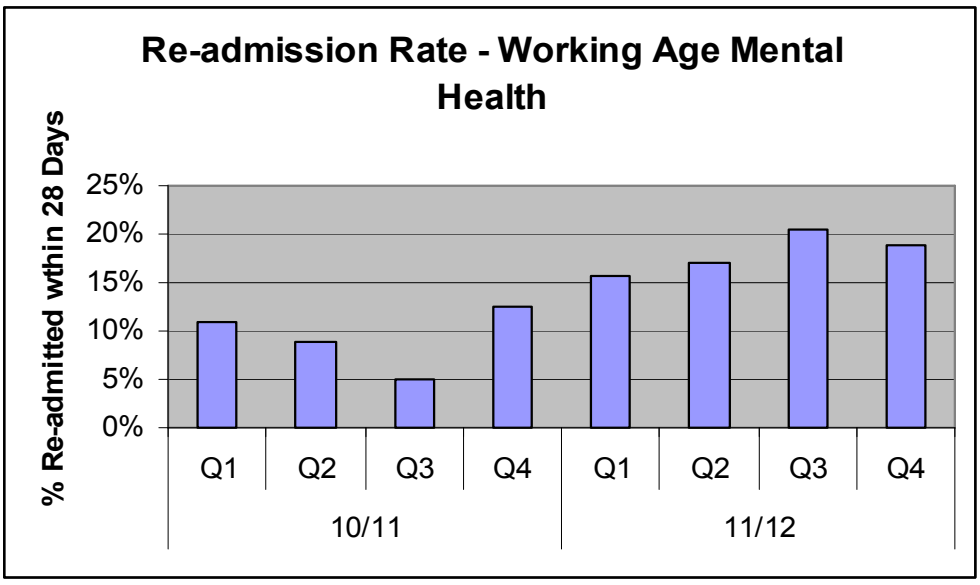
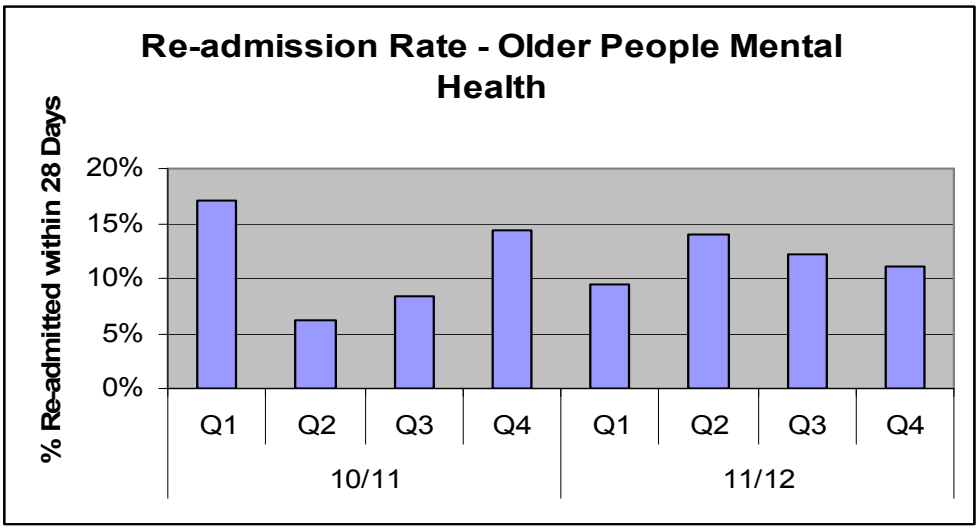


Figure 7: Re-admission Rates – Older People Services



3.7 Complaints & Serious Untoward Incidents (SUI's)

Over the period September 2011 to April 2012 a total of 31 complaints were received by SPFT relating to Millview Hospital and urgent care services in Brighton and Hove. Three of these related to access to beds

- Long wait in A&E for assessment and delay in admission due to bed availability.
- Two people raised concerns about admission outside of Brighton and Hove.

All three complaints have been investigated and responded to.

In addition there has been a recent unexpected death of a patient being care for by the crisis team. This SUI is in the process of being investigated. Part of the scope of this investigation will include attempting to establish whether the incident had any connection with inpatient bed availability.

4. PLANS TO ENHANCE COMMUNITY MENTAL HEALTH SERVICES

There a further updates to report on two important ongoing pieces of work that will contribute to the reduction in number of admissions and the length of stay:

4.1 Development of a community based service for people with personality disorder. We have reached agreement to develop a new community based facility which will help support people with personality disorder in the community and prevent some hospital admissions. The new service will start in April 2013. SPFT will provide the overall management of the service as well as the clinical aspects of service delivery. The CCG is currently inviting bids via our Commissioning Prospectus for the community and voluntary sector to provide a range of supporting activities such as peer support and volunteering opportunities, and a range of social and therapeutic activities.

4.2 **Improvement of Supported Accommodation** Delayed transfers of care due to housing still remains a significant issue. Bench-marking work undertaken in 2012 has identified opportunities to secure improved value for money from the funding available for mental health accommodation support. During 2012 the CCG plan to under-take a procurement process and re-commission an increased number of units of supported accommodation to help prevent delayed transfers of care due to insufficient support accommodation. It is anticipated that increased accommodation units will be available from June 2013.

4.3 In addition to the updates on these two developments, SPFT have undertaken a review of the crisis resolution home treatment team (CRHT) and the team will be working more closely with the wards to help facilitate early discharge from hospital. These changes will be introduced on a three month pilot basis and the effectiveness will be evaluated.

5. SUMMARY

Since January 2012, 15 beds have been temporarily closed at Millview Hospital whilst we have been testing out the safety of the system in terms of operating with fewer beds and also to undertake refurbishment work. A range of metrics have been agreed via the Clinical Review Group and it is evident that the targets have not yet been achieved. The two key developments that have been identified as supporting the bed closures (increased units of supported accommodation and a community based personality disorder service) will not be available until 2013. The fundamental question for the Clinical Review group to consider and agree at the next meeting on 3rd July is whether the beds should re-open until these key developments are in place.

6. RECOMMENDATION

The recommendation of the clinical review group is that the system is not yet ready to close beds on a permanent basis. The clinical review group at its' next meeting on 3rd July will consider whether the beds should re-open until further improvements to community mental health support services are in place.

Appendix A

CLINICAL METRICS

	Description	Target	
1	Access to Bed in Brighton & Hove	95% of patients able to access bed in the City	
		Length of wait for CRHT assessment	
		Length of time between the decision to admit & the time a bed is identified	
2	Average Length of Stay	WAHMS	28 days
		OPMH - functional	50 days
		OPMH - organic	60 days
3	Median Length of Stay	WAHMS	
		OPMH - functional	
		OPMH - organic	
4	Admission Rates	WAHMS	73 per 100,000 weighted population
		OPMH - functional	48 per 100,000 weighted population
		OPMH - organic	106 per 100,000 weighted population
		Variation in admission rate over the course of the year	
5	Re-admission Rates	No increase in the emergency re-admissions rates (no of emergency re-admissions within 28 days)	
6	Delayed Transfer of Care	Less than 5%	
7	Impact on Recovery Teams	7 Day Follow Up from discharge from CRHT	
8	Impact on CRHT Team	CRHT caseload To be agreed following output of CRHT review	
9	Number of complaints		
10	Number of Adverse Incidents		
11	Number of SUI's		

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 7** Brighton & Hove City Council

Subject:		**Health & Wellbeing Overview & Scrutiny Committee (HWOSC) Work Programme 2012-13**
Date of Meeting:		**12 June 2012**
Report of:		**The Strategic Director, Resources**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out proposals for developing a 2012-13 work programme for the HWOSC, with reference to the work plans of Council policy committees, the draft city Joint Health & Wellbeing Strategy priorities, priority areas for local NHS commissioners and providers, and the views of key partner and stakeholder organisations.

2. RECOMMENDATIONS:

2.1 That The Health & Wellbeing Overview & Scrutiny Committee agrees to develop a work programme in accordance with the procedure suggested in XXXX of this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The HWOSC has four distinct areas of work:

(a) Statutory scrutiny of NHS-funded healthcare commissioning and provision
(b) Scrutiny of the local Health & Wellbeing Board
(c) Scrutiny of local Adult Social Services
(d) Scrutiny of local Children's Services

3.2 (a) Statutory scrutiny of NHS-funded healthcare commissioning and provision

3.2.1 Local Authority Health Scrutiny committees (HOSCs) have statutory powers (under the 2006 NHS Act) to scrutinise the commissioners and providers of NHS-funded healthcare services for local residents. Local (and regional/national) NHS bodies are required to consult with the relevant HOSC(s) when planning to make 'substantial variations or improvements' to their services. The HOSC work programme will therefore need to reflect:
(1) local NHS commissioner plans to make significant service changes
(2) local NHS provider plans to make significant service changes
(3) other areas of local NHS commissioning/provision that HWOSC members consider of importance
(4) areas of regional/national NHS commissioning/provision which in the opinion of HWOSC members may have an impact on local people (e.g. commissioning of specialist services)
(5) Very major regional/national developments in NHS policy or planning – e.g. that will impact significantly upon local services.

3.2.2 In order to reflect the above areas in its work planning, the HWOSC will need to consult with local NHS commissioners and providers, including: the Brighton & Hove Clinical Commissioning Group (CCG), NHS Sussex, the NHS Commissioning Board (NCB), Brighton & Sussex University Hospitals Trust (BSUH), Sussex Partnership NHS Foundation Trust (SPFT), Sussex Community Trust (SCT), and the South East Coast Ambulance Service (SECamb). Whilst a good deal of NHS planning is done in advance, some is unavoidably reactive or in response to in-year initiatives etc. The HWOSC work programme will therefore need to be flexible enough to respond to NHS requests for issues to be tabled at relatively short notice.

3.2.3 Statutory NHS consultation with HOSCs may only be undertaken with individual HOSCs (or with a formally constituted joint HOSC: JHOSC). However, members should be aware that there is an existing network of South East Coast HOSC Chairs and lead officers (Brighton & Hove, West Sussex, East Sussex, Surrey, Kent and Medway) which informally considers and responds to regional/national NHS initiatives (e.g. around specialist commissioning) where it is felt that there is unlikely to be strong interest at an individual HOSC level.

3.3 (b) Scrutiny of the local Health & Wellbeing Board

3.3.1 The 2012 Health & Social Care Act requires local authorities to establish local Health & Wellbeing Boards (HWBs) by April 2013. HWBs will be responsible for: the local Joint Strategic Needs Assessment (JSNA); a local Joint Health & Wellbeing Strategy (JHWS); promoting better co-working/integration between health and social care services; and facilitating local resident and stakeholder engagement in decision-making in health and social care. The HWB must be held to account for its decisions, particularly in relation to its ownership of the city Joint health & Wellbeing Strategy (JHWS). Since there is an overlap between Shadow HWB membership and that of the Council's Adults and Health and Children & Young People policy committees, these committees cannot effectively hold the HWB to account, and this duty falls naturally to the HWOSC.

3.3.2 The Shadow HWB will agree a JHWS for the city which will identify some key health, public health and social care priorities and set outcomes targets for service improvements in these areas. Council (and NHS) commissioners will be expected to reflect these JHWS priorities in their commissioning plans. The shadow HWB is not itself directly responsible for individual commissioning plans, and, as a 'high-level' board, will not be directly engaged in scrutinising commissioning plans. There is an obvious role here for the HWOSC in ensuring that key city commissioning plans do in fact pay due regard to the JHWS priorities.

3.3.3 In order to reflect the above area in its work planning, the HWOSC will need to bear the JHWS priorities in mind when developing its work programme, and may wish to scrutinise any commissioning plans that relate directly to achieving JHWS goals. The HWOSC may also wish to liaise with the shadow HWB to ensure that the committee's respective work programmes are effectively integrated.

3.4 (c) Scrutiny of local Adult Social Services and (d) Scrutiny of local Children's Services

3.4.1 Under the new system of governance for the city council, the HWOSC has subsumed the adult social care and children's services functions of the former Adult Social Care & Housing and Children & Young People Overview & Scrutiny Committees. However, under the new system, there will also be cross-party policy committees looking at these areas (e.g. the Adult Care & Health and Children & Young People committees). In order not to duplicate the work of the Council's policy committees, it has therefore been agreed that, in areas where both policy and O&S committees have overlapping remits, O&S committees should concentrate on 'commissioning' member-led scrutiny panels to conduct in-depth investigations of specific issues, leaving the day-to-day discussion of matters to the members of the relevant decision-making committee.

3.4.2 In the areas of ASC and children's services therefore, the intention is for HWOSC to be a commissioning body, meaning that, with the exceptions of considering whether to establish scrutiny panels, receiving panel reports etc, the HWOSC work programme will not routinely feature these issues.

3.4.3 In some instances it may not be entirely clear whether a matter should come to a decision-making committee, the HWOSC, or to both. For example, for some jointly commissioned services, the Council's decision-making processes may require the matter to be considered by Adult Care & Health or the Joint Commissioning Board, while NHS processes require consultation with the local statutory health scrutiny committee: HWOSC. When planning the HWOSC work programme, the HWOSC Chair will meet with his counterparts on decision-making committees to manage these cross-cutting issues.

3.4.4 In planning its work programme the HWOSC will need to be aware of the work programmes for relevant decision-making committees – e.g. Adult Care & Health, Children & Young People, Joint Commissioning Board and may need to agree a pathway for cross-cutting issues with the Chairs of those committees and/or NHS commissioners. The HWOSC work programme will need to be flexible enough to accommodate in-year requests for scrutiny panels on any relevant topic, but particularly in respect of the HWOSC's adult social care and children's services responsibilities.

3.5 Other Stakeholders

3.5.1 In addition to co-ordinating the HWOSC work programme with those of the committees and organisations detailed above, it is our intention to ask for work programme ideas from:

(a) HWOSC members
(b) HWOSC co-optees – e.g. the LINk, the Youth Council, the Older People's Council and the CoE/Catholic diocesan representatives (and by extension the organisations they represent)
(c) Other elected members of the city council
(d) The local Community & Voluntary Sector Forum.

3.5.2 There is no intention to canvass members of the public directly. However, there is an annual appeal to city residents/organisations for ideas to inform scrutiny panels, and ideas submitted to this could influence the work programme. In addition, there are opportunities at every committee meeting for members of the public to table issues via Public Questions, Petitions etc.

3.6 Proposal for Work Programme

3.6.1 It is proposed that we invite ideas for the HWOSC work programme from: HWOSC members; HWOSC co-optees (and the organisations they represent); other elected members of the Council; Chairs of relevant policy committees; senior council officers (including the statutory Directors of Adult Social Services, Children's Services and Public Health); NHS commissioners; NHS providers; CVSF; the Local Strategic Partnership; and the shadow HWB.

3.6.2 A sub-group of HWOSC members (e.g. a member representing each political group) will then meet, with input from NHS and council commissioners, to determine which of the submitted ideas will be taken forward by the HWOSC in 2012-13. (Some ongoing issues from the former HOSC, ASCHOSC and CYPOSC may also need to be added to the work programme.) This sub-group will also determine the agenda for the July 2012 HWOSC meeting. The sub-group will devise its own methodology for assessing work programme submissions, but will be expected to consider suggestions in terms of corporate priorities, the draft Joint Health & Wellbeing Strategy priorities and equalities considerations.

3.6.3 A report, based on the findings of this sub-group will then be brought for endorsement to the July 2012 HWOSC.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None to date, but intentions to consult on the work programme are detailed in points 3.1 to 3.6 to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 All HWOSC activity for 201-13 will be funded via current Scrutiny team budgets.

Legal Implications:

5.2 Agreeing a work plan is provided for in the council's overview & scrutiny committees' terms of reference. HWOSC is therefore acting within its authority to agree the recommendation at 2.1 above.

Lawyer Consulted: Oliver Dixon *Date: 01/06/2012*

Equalities Implications:

5.3 The HWOSC sub-group (proposed in 3.6.2 above) will consider equalities issues when agreeing a draft work programme.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None identified.

Risk and Opportunity Management Implications:

5.6 None identified.

Public Health Implications:

5.7 None identified

Corporate / Citywide Implications:

5.8 The sub0group assessing work programme submissions will be expected to take corporate and citywide (e.g. LSP) priorities into account when agreeing a draft work programme.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Other options would include a less inclusive process – e.g. one where a work programme was agreed by committee members with no external consultation. Although easier to manage, such a process would fail to engage with the broader community and would risk being un-integrated with the work plans of other committees and bodies.

7. REASONS FOR REPORT RECOMMENDATIONS

[Main grounds for the decision that is being sought, justifying why the recommendations should be approved. This information is required by Regulations].

7.1 Agreeing the report recommendations will allow the HWOSC to begin the process of work planning. A robust work programme is key to engaging effectively with partners, particularly external partners, and ensuring that resources are used efficiently.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

Health & Wellbeing Overview &Scrutiny Committee	Agenda Item 7 Brighton & Hove City Council

Subject:		**Progress Establishment of a Local Healthwatch**
Date of Meeting:		**Health Overview and Scrutiny Committee 12th June 2012**
Report of:		**Strategic Director, Communities Strategic Director, People**
Contact Officer:	**Name:**	**Michelle Pooley** **Tel: 295053**
	Email:	**michelle.pooley@brighton-hove.gov.uk**
Key Decision:	**Yes/No**	**Forward Plan No:**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY

1.1 The purpose of this report is to update Members of the Health Overview and Scrutiny Committee on progress and endorse the recommendations made in relation to Healthwatch, since the Cabinet Report Decisions taken on 19th January 2012.

1.2 The report gives an update on the activities and recommendations that are being carried out to ensure progression from LINks[1] (Local Involvement Networks) to Local HealthWatch (LHW) Brighton and Hove by April 2013

2 BACKGROUND AND POLICY CONTEXT:

2.1 The Health and Social Care Act (2012) received Royal Assent on 27th March 2012. It seeks to strengthen the collective voice of patients, users of care services and the public through the establishment of a new structure known as Healthwatch. It includes two entities a) Healthwatch England and b) Local Healthwatch organisations.

[1] Statutory support for public involvement in health and social care is currently provided by Local Involvement Networks (LINks). LINks were established in 2008 in every local authority area with social care responsibilities (in accordance with the 2007 Local Government and Public Involvement in Health Act). LINks are volunteer-led organisations that enable local people to have a say in the commissioning and provision of health and social care services. LINks have statutory powers enabling them to hold NHS and local authority social care commissioners and providers to account. These powers include a right to 'enter and view' premises where care for adults is provided and a power of referral to the local Health Overview & Scrutiny Committee. The work of LINk is supported by professional administrative staff: the LINk 'host'. Hosts are contracted by the relevant local authority, but must be independent of local authorities and NHS trusts. Currently, host services for the Brighton & Hove LINk are provided by the Brighton & Hove Community & Voluntary Sector Forum (CVSF). The LINks will cease to exist as of 31st March 2012.

2.1.1 Healthwatch England, launching in October 2012, will work with local Healthwatch and will:

- advise the NHS Commissioning Board, English local authorities, Monitor and the Secretary of State;
- have the power to recommend that action is taken by the Care Quality Commission (CQC) when there are concerns about health and social care services.

2.2.2 The Act requires local authorities to commission a new organisation known as Local Healthwatch which will launch on 1st April 2013. LHW will deliver current LINk services and will have additional responsibilities for NHS complaints advocacy and for elements of NHS signposting. LHW must also have a seat on the local Health & Wellbeing Board, enhancing its ability to engage with strategic planning and commissioning issues.

2.2.3 In summary, LHW will:

- carry out statutory functions;
- be corporate bodies, embedded in local communities;
- act as the local consumer champion, representing the collective voice of patients, service users, carers and the public, on statutory health and wellbeing boards;
- play an integral role in the preparation of the statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based;
- have real influence with commissioners, providers, regulators and Healthwatch England using their knowledge of what matters to local people;
- report concerns about the quality of health care to Healthwatch England, which can then recommend that the CQC take action;
- signposting – providing information to patients and public who need to access health and care services and promoting choice in line with health and social public information and advice guidelines and policies;
- support individuals to access information and independent advocacy if they need help to complain about NHS services.

2.2 Changes made to the Health and Social Care Act in the late stages of its passage through parliament mean that we will need to wait for secondary legislation (due autumn 2012) before being certain of the detailed requirements in relation to the commissioning of the LHW. However it is clear that the Council will have a duty to contract with a LHW organisation for the functions outlined above. LHW organisations will not themselves be statutory bodies (Section 182).

2.3 The Act also makes provision for contractual arrangements between local authorities and LHW, which must now be a social enterprise. It enables local authorities to authorise LHW organisations to contract with other organisations or individuals (LHW contractors) to assist them to carry out their activities.

2.4 Local authorities are given a number of duties in relation to monitoring and reporting on the work of LHW (Section 183). The Secretary of State has powers to regulate the contractual relationships between local authorities, LHW organisations and LHW contractors (Section 184).

2.5 Under the Act, the Secretary of State can make regulations to require commissioners and providers of health or social care to respond to requests for information or reports or recommendations of LHW organisations and to allow members of LHW entry to premises (Section 186).

2.6 LHW organisations must produce an annual report on their activities and finance and have regard to any guidance from the Secretary of State in preparing these reports. Copies of the annual reports must be sent to the NHS Commissioning Board, relevant Clinical Commissioning Groups and Healthwatch England among others specified in previous legislation (Section 187).

2.7 The legislation permits the Secretary of State to transfer property, rights, liabilities and staff from Local Involvement Networks (LINks) to LHW, to assist local authorities to transfer arrangements from LINks to LHW, A transfer scheme may require a local authority to pay compensation to a transferring organisation/LINk (Section 188).

2.8 Local authorities must have regard and must require LHW to have regard to guidance from the Secretary of State on managing potential conflicts of interests between being funded by local authorities and being able to challenge them effectively when required (Sections 183 and 187).

2.9 The Health and Wellbeing Boards being set up by each second-tier and unitary local authority are required to have a representative of LHW among their members (Section 194).

2.10 The Healthwatch brief extends across all services provided as part of the National Health Service in England, for all ages. However in respect of social care, DoH guidance restricts the brief to adult care services for people over 18. However, it is evidently important that key links are made with Children's Services and the Children's Board especially when considering transition. The original legislation makes reference to "social services functions as prescribed within the meaning as in the Local Authority Social Services Act 1970". This may also mean that other services in respect of children may come within the remit. We are waiting for further national guidance. The Council will ensure that representation is made from all stakeholders including minority groups to meet its responsibilities with regard to equality and diversity. In the absence of further information at this stage the proposed arrangements for Children and Young People's representation on the Shadow Health and Wellbeing Board are an important safeguard. These arrangements include Youth Council representation on the Shadow Board.

3. DEVELOPMENTS FOR HEALTHWATCH BRIGHTON AND HOVE:

3.1 The LINk contract has been awarded for 2012-13 and has taken into account the public information and advice guidelines and policy requirements relating to the Shadow Health and Wellbeing Board. Appropriate changes have been made to ensure that the LINk can act as a Shadow Healthwatch representative on the Shadow Health and Wellbeing Board. Also work has commenced to enable LINk to input into the required engagement, Joint Strategic Needs Assessment strategy and commissioning issues.

3.2 The Healthwatch Commissioning Group has been set up with LINk representation and reports into the Public Health and Well Being Group. The set up process also ensured that there is no conflict of interest in the procurement process.

3.3 The Healthwatch Commissioning group has completed a full risk assessment process. The risk table is reviewed on a regular basis and used to inform progress. The group has also looked at the implications of the legislation on the setting up of a LHW for Brighton and Hove. They have reviewed and drawn on the learning from the recently published Building successful Healthwatch organisations Report, which was based on informed observations from emerging practice in 15 local Healthwatch Pathfinder case study areas across England. This has helped to assist them in planning and implementing robust and fit-for-purpose LHW organisations by April 2013.

4. Recommendations to be taken forward to maximise effectiveness

4.1 It had originally been intended to commission the LHW for Brighton and Hove by holding a competitive tender process. However the Government has clearly stated that it will be up to local authorities to decide how they commission and fund their LHW, and that this may include grant in aid funding. Given the lack of certainty caused by the changes made to the Health and Social Care Act, and without clarity of the finance which is to be made available, it is felt that establishing the LHW through grant-aid to a suitable organisation, using the 'commissioning prospectus' is more appropriate.

4.1.1 The Healthwatch Commissioning Group recommends that a grant funding approach is used, based on an initial grant period of three years with the Council having an annual option to extend by periods up to a further 24 months subject to confirmation of funding.

4.1.2 We also recommend that, in order to develop a "Brighton and Hove Healthwatch model" that reflects local circumstances; there should be a stakeholder engagement and consultation process across the city to seek views and opinions on LHW and to determine local need. The process will integrate consensus building and also give time to absorb any further guidance that emerges from the Government. The process needs to acknowledge that the success of LHW in Brighton and Hove requires a whole system model of citizen led quality assurance that will need to have real clout.

4.2 It is also recognised that LHW must be delivered at an economic cost which balances the importance of the Healthwatch function against the priorities set by the Council and the acute financial pressures on direct health / social care service provision. Best value and social capital will have to be sought against a limited budget and built into the shared vision, expected outcomes and specification from the outset.

4.3 The consultation and engagement activity will take place between June and September 2012 and will bring key stakeholders - whether residents, patients or members of community and voluntary organisations as clients, volunteers or staff, statutory or the business sector - together to:

- inform them on key issues surrounding LHW;

- seek their views and expertise on the vision, development, functions and outcomes - including assessing views on the appropriate delivery model; and
- help inform the mapping of existing Primary Care Trust Patient Advisory and Liaison Services, complaints advocacy and complaints services that are provided locally.

It is anticipated that the findings will help the Healthwatch Commissioning Group to set the vision, objectives and outcomes for the Healthwatch Commission. This will help to ensure that the specification is enabling rather than perspective for applicants.

A series of presentations will be carried out at various service user forums, including the Patient Participation Group (PPG) Forums, CVSF, LINk Steering group and Engagement Consortium. The purpose of the presentation is two-fold: to raise awareness of LHW and to seek initial views and to raise awareness of the Brighton and Hove LINk projects as a way of encouraging future volunteers to become involved, thereby creating a pool of active and skilled volunteers in readiness for LHW.

4.4 The indicative timelines are set out below.
These are subject to Department of Health guidelines and secondary legislation:

Consultation period - July to September 2012
Prepare and release funding opportunity documentation - November 2012
Application funding closes - mid December 2012
Initial evaluation and bidder discussions - December - January 2013
Receive final submissions and decision to award – end of February 2013
Local Healthwatch launched - 1 April 2013

4.5 The above timeline is dependent upon the passing of secondary legislation and the release of further guidance from Government. Scrutiny is asked to note that, if there is a slippage in timescale within the Commissioning of Local Healthwatch for Brighton & Hove, an extension on the LINk contract will be requested in good time so as to ensure that there is no break in service between the ending of LINk and start of the LHW.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The Department of Health has indicated that an announcement on the provisional funding allocation for the additional functions of Local Healthwatch will be made by the end of the year, following the consultation on allocation options in July 2011. The funding will be allocated through the specific revenue grant for Learning Disabilities and Health Reform and plus an additional £15,000 for start up costs. This will be in addition to the current level of funding allocated to LINk functions of £147,000 which is planned to increase by inflation subject to agreement of the budget strategy for 2012/13.

Finance Officer Consulted: Anne Silley *Date:*

Legal Implications:

5.2 The Legal implications of this update are set out in the body of the report.

Lawyer Consulted: *Jill Whittaker* *Date:*

Equalities Implications:

5.3. Use of a grant programme is one of the mechanisms through which the council implements its equality aims in relation to communities in the city. As part of the process of defining the vision, objectives and outcomes on which the grant will be evaluated, actions to promote equalities issues are prioritised. Working with stakeholders an EIA will support and influence the practical implementation of the programme and wider service. This will specifically ensure that as many potential organisations as possible are identified that are able to address the needs of the diverse demographic of Brighton and Hove.

Sustainability Implications:

5.4 The setting up of a local HealthWatch will fall within the City Council's Corporate plan (2011) priority area of creating a more sustainable city. Sustainability of health and wellbeing means improving conditions, which influence health, and promote healthy lifestyles, treating illness, providing care and support and reduce inequalities in health. Within the procurement process of commissioning support for Health Watch, effective evidence of sustainability will need to be integrated into this approach with due regard to the One Planet Framework.

Crime & Disorder Implications:

5.5 HealthWatch has a key role in the engagement aspects of the JSNA and the Joint Health and Wellbeing Strategy. Any findings of the wider determinants of health and wellbeing, including crime and disorder, will be fed into relevant city wide strategies via the B&H Strategic Partnership family of partnerships.

Risk and Opportunity Management Implications:

5.6 Policy development in this area is undertaken with due regard to the council's approved risk management process. A risk register is being maintained by the Healthwatch Commissioning Group, and actively inform project actions and future arrangement*s.*

Public Health Implications:

5.7 Healthwatch will be an important mechanism to support the improvements in public health, especially through the engagement work of the organisation which will contribute a wider and more effective development of the JSNA that will in turn enhance the Joint Health and Wellbeing Strategy to ensure that patients and communities have a voice in the development of Health and Wellbeing. The LINK is already on the Shadow Health and Wellbeing Board and this will inform the process for Healthwatch as a statutory representative on the Health and Wellbeing Board and therefore will enable a much more wider engagement and feedback mechanism to communities to be developed.

Corporate / Citywide Implications:

5.8 This commission supports two of the council's corporate priorities, tackling inequality and engaging people who live and work in the city. Local Healthwatch will act to promote the voice of local service users and carers in the commissioning of services and, in doing so, champion equality of health and care access and provision. A representative of Local Healthwatch will have a seat on the local Health and Wellbeing Board, ensuring there is a route to influence decisions about local service provision.

5.9 The commission of Healthwatch is being lead by the Communities and Equalities Team to ensure the work supports implementation of the Community Engagement Framework and makes links with other commissions and engagement projects aimed at representation, engagement and reducing inequality. As part of this work the Communities and Equalities Team are in discussions with the Clinical Commissioning Group concerning opportunities to either align or joint commission Healthwatch and the new patient engagement arrangements for the city.

LIST OF APPENDICES

List of Appendices Referred to

1. Appendix A – Dept of Health definition of a Corporate Body
2. Appendix B – Dept of Health document, Local HealthWatch: A strong voice for people - the policy explained, March 2012
3. Appendix C- Healthwatch Commission Action Plan

Background Papers Used to Compile this Report

4. Letter from David Behan, Director General for Social Care, Local Government & Care Partnerships, 2nd March 2012, Gateway Reference: 17330
5. Health and Social Care Act (2012)

HEALTH & WELLBEING OVERVIEW & SCRUTINYCOMMITTEE	Agenda Item 9 Brighton & Hove City Council

Subject:		**Shadow Health & Wellbeing Board: Update**
Date of Meeting:		**12 June 2012**
Report of:		**Strategic Director, People**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Brighton & Hove Shadow Health & Wellbeing Board (SHWB) held its first meeting on 30 May 2012. This report provides Health & Wellbeing Overview & Scrutiny Committee (HWOSC) members with information on the SHWB's decisions in regard to draft priorities for the city Joint Health & Wellbeing Strategy (JHWS).

2. RECOMMENDATIONS:

2.1 That the Health & Wellbeing Overview & Scrutiny Committee considers and comments on the draft Shadow Health & Wellbeing Board priorities for the city Joint Health & Wellbeing Strategy (as detailed in part)

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The key responsibilities of local Health & Wellbeing Boards (HWBs) are to manage the local Joint Strategic Needs Assessment (JSNA) process, and to use data from the JSNA to inform a Joint Health & Wellbeing Strategy (JHWS). Although HWBs do not become statutory bodies until April 2013, our local Shadow HWB (SHWB) has already begun work on its first JHWS.

3.2 For Brighton & Hove, the vision for the JHWS is that it will not seek to describe every health, public health and social care issue in the city, but rather will be an accessible, high-level document which focuses on a small number of key priorities for the city, and sets outcomes goals for commissioners which will result in measurable improvements in services.

3.2 In order to move from the wide-ranging data of the JSNA to key priorities for the JHWS, a group, with members from city Public Health team, BHCC, city GPs and the local voluntary sector, followed a prioritisation pathway.

3.3 Initially the JSNA data was spilt up into 80 broad areas, including specific conditions (e.g. cancer, diabetes etc), social factors causing ill health (smoking, obesity etc), and the wider determinants of health (e.g. worklessness, child poverty, poor housing etc). Where it made sense to do so, these areas reflected the 'life pathway' approach to public health – i.e. focusing on issues in terms of their impact at different life stages: thus looking at issues from the distinct perspectives (where relevant) of children and young people, working age adults, and older people.

3.4 These 80 JSNA areas were then scored against a matrix which included measures such as the impact upon health life expectancy, the impact upon wellbeing, specific impacts upon equalities groups and performance (against national/regional averages/comparator groups/targets/trends).

3.5 Around 30 areas scored highly in several categories. Some of the JSNA areas were then combined (for instance, several categories concerned with diet and excess weight were designated as 'health weight and nutrition'), giving a total of 18 areas to go forward to the next stage of scoring as a 'long-list'.

3.6 Several of the long-list issues related to the wider determinants of health – e.g. they identified issues such as housing, worklessness or child poverty which represent the root causes of poor health without themselves being core health or social care issues. As these issues are 'owned' by other bodies (e.g. housing quality is the responsibility of the Strategic Housing Partnership), it was felt that they should not also be the primary focus of the SHWB. These wider determinant issues were therefore discounted (this is not to say that the wider determinants of health may not play an important role in terms of finding ways to improve city performance with regard to particular conditions etc).

3.7 The remaining 13 issues were then assessed against criteria which included whether there were already robust partnership structures in place; whether the issues were 'core' partnership matters, or fell mainly to one partner; and whether the issues chimed with Council and citywide priorities. Six issues emerged from this process as recommended priorities.

3.8 The SHWB considered these recommended priorities at its 30 May 2012 committee meeting and agreed to adopt five of them. These were: **smoking; healthy weight and nutrition; cancer and cancer screening; mental health and emotional health and wellbeing**; and **dementia**. For all of these issues, SHWB members felt that there was a very significant problem in the city, that two or more organisations had a key role to play in improving services, and that there was a realistic prospect of improving services by working together more effectively.

3.9 The shortlist items *not* adopted were: **alcohol, domestic and sexual violence, disability, HIV & AIDs, musculoskeletal conditions, diabetes, coronary heart disease,** and **flu immunisation**. In terms of alcohol and domestic and sexual violence, the reasoning was that there has been a good deal of recent work on these issues (via the Intelligent Commissioning Pilots), and that there are plans in place to continue to improve partnership working. It is therefore unclear what value the SHWB could add. For disability it was also felt that local partnerships were robust and that there was limited scope for the SHWB to drive further improvement in the short term. A similar point was made for HIV & AIDs, with the additional complication that these services will in the future be commissioned nationally by the NHS Commissioning Board. For musculoskeletal conditions, diabetes and coronary heart disease, there was a consensus that improving services was primarily the responsibility of healthcare commissioners rather than a core partnership matter. SHWB members also rejected a recommendation that flu immunisation be a JHWS priority, arguing that this was essentially a matter of improving operational details rather than a strategic issue.

3.10 It should be stressed that inclusion/rejection of issues is of relevance *only* in terms of the SHWB's work programme and what board members feel is realistically achievable via improved partnership working. It is not the case that issues which did not make the final list of draft JHWS priorities are not priorities for other bodies or corporate priorities etc.

3.11 Officers will develop detailed business cases for each of the agreed draft JHWS priorities (including equality impact assessments) over Summer 2012 and will present these plans for approval at the September SHWB meeting. If approved, these plans will form the basis of the JHWS.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 There has been engagement with the local voluntary and community sector, with city GPs, and with NHS commissioners in terms both of compiling the JSNA and prioritising issues for the JHWS.

4.2 As part of the process of developing business plans for the draft JHWS priority areas there will be stakeholder consultation.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 None to this report for information.

Legal Implications:

5.2 None to this report for information

Equalities Implications:

5.3 None to this report for information

Sustainability Implications:

5.4 None to this report for information

Crime & Disorder Implications:

5.5 None to this report for information

Risk and Opportunity Management Implications:

5.6 None to this report for information

Public Health Implications:

5.7 None to this report for information

Corporate / Citywide Implications:

5.8 None to this report for information

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None directly to this report. Section 3.9 of the report details the evaluation of alternative priorities by the SHWB.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To keep HWOSC informed about the work of the SHWB.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

Geraldine Hoban
Chief Operating Officer
Brighton & Hove Clinical Commissioning Group

Date: May 21 2012

Dear Geraldine,

I'd like to thank you for attending the recent (05 May 2012) Brighton & Hove HOSC meeting to explain plans for re-commissioning adult hearing services. I felt that the discussion around this was useful, and thought it might be helpful to capture the main issues raised by committee members.

Pressure to buy additional products/services.
We know that some users of NHS opthamology services have felt pressured to buy additional services, spectacles etc. when they've visited high-street opticians for 'free' NHS eye-testing – locally, this is something that's been raised as an isue by the LINk and by the Older People's Council. There's an obvious worry that a 'high street' model for hearing services would present a similar temptation to commercial providers. We'd therefore want assurances that the contract for hearing services will bar providers of NHS services from improperly promoting commercial services to NHS patients.

'Cherry-picking'.
We've seen, with the Independent Sector Treatment Centre initiative, that there's a risk that new providers can come into a market and take on only relatively simple procedures, leaving more complex matters (such as dealing with patients who have significant co-morbidities) to the NHS 'provider of last resort'; and clearly this can have an impact on the finances of the provider of last resort, as it's widely recognised that the NHS tariff on average offers fewer risks and more opportunities for profit at the lower end of complexity. We'd therefore like to see the contract minimise the opportunity for providers to cherry-pick services, and ensure that risk and opportunity are fairly shared between providers.

Impact on Current Provider
You made the point at the HOSC meeting that moving services from an acute to a community setting inevitably involves a risk for the acute provider, which will lose income but might not be able to adjust capacity accordingly (e.g. a hospital might lose some beds from a ward but still be required to keep the ward open to provide other services). Again, the HOSC would like to see this risk reflected in the planning for this re-commissioning.

Outreach.
Our LINk co-optees raised the isue of 'outreach' services at the HOSC meeting – i.e. hearing services delivered in the homes of vulnerable service users/nursing homes etc. Once more, we trust that this will be picked up in the service specification.

I'd be really grateful if you could address each of these issues, perhaps in the first place via a letter, and then ultimately by presenting your final re-commissioning plans to the Health & Wellbeing Overview & Scrutiny Committee.

Yours sincerely

Councillor Sven Rufus
Chair, Brighton & Hove HWOSC