





Brighton & Hove  
City Council

# Health & Wellbeing Overview & Scrutiny Committee

Title:	<b>Health &amp; Wellbeing Overview &amp; Scrutiny Committee</b>
Date:	<b>24 July 2012</b>
Time:	<b>4.00pm</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Rufus (Chair), C Theobald (Deputy Chair), Bowden, Cox, Marsh, Robins, Sykes and Wealls  <b>Co-optees:</b> David Watkins (LINK), Jack Hazelgrove (OPC), Amanda Mortensen (Parent Governor Representative), David Sanders (Catholic Schools Sevice) and Mike Wilson (Diocese of Chichester)
Contact:	  01273 290450 kath.vlcek@brighton-hove.gov.uk

	<p>The Town Hall has facilities for wheelchair users, including lifts and toilets</p>
	<p>An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.</p>
	<p style="text-align: center;"><b>FIRE / EMERGENCY EVACUATION PROCEDURE</b></p> <p>If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:</p> <ul style="list-style-type: none"> <li>• You should proceed calmly; do not run and do not use the lifts;</li> <li>• Do not stop to collect personal belongings;</li> <li>• Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and</li> <li>• Do not re-enter the building until told that it is safe to do so.</li> </ul>

# AGENDA

**12. 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.*

**13. Minutes****1 - 6**

Minutes of the meeting held on 12 June 2012 (copy attached).

**14. Chair's Communications****15. Public Involvement**

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

- (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 16 July 2012;
- (c) Deputations** – to receive any deputations submitted by the due date of 12 noon on 16 July 2012.

**16. Issues Raised by Councillors and Co-optees**

To consider the following matters raised by councillors:

- (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.

**17. Annual Report of the Director of Public Health 7 - 10**

Report of the Director of Public Health. To be presented by Dr Peter Wilkinson, Consultant in Public Health/Deputy Director of Public Health, Brighton & Hove (cover report attached; copies of the 2011 DPH Annual Report to be circulated under separate cover)

*Contact Officer: Giles Rossington, Senior Scrutiny Officer      Tel: 01273 291038*

*Ward Affected: All Wards*

**18. HWOSC Work Programme 11 - 28**

Report of the Strategic Director, Resources, on the 2012/13 HWOSC work programme (copy attached)

**19. Mental Health Beds Update**

Update from Sussex Partnership NHS Foundation Trust (SPFT) and the Brighton & Hove Clinical Commissioning Group (CCG) on the temporary closure of in-patient acute mental health beds at Mill View hospital (verbal)

**20. Scrutiny Panel Requests: Scoping Reports 29 - 44**

Report of the Strategic Director, Resources, on scoping for requests for scrutiny panels on: (a) emergency hostel provision; and (b) Youth Justice Plan

**21. Sussex Community Trust: Foundation Trust Application**

Verbal update from Sussex Community Trust on the trust's plans to apply to become an NHS Foundation Trust (verbal)

**22. Letters to the HWOSC Chair 45 - 48**

To consider:

Letter to Brighton & Hove Clinical Commissioning Group (CCG) regarding plans to re-commission Adult Hearing Services and CCG response (copy

attached)

**23. For Information: Work Plan of the Children & Young People Policy 49 - 64 Committee**

For information: the work planning report and draft work programme agreed in June 2012 by the Children & Young People Policy Committee (copy attached)

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

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

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 XX, (01273 29XX – email XX) or email [scrutiny@brighton-hove.gov.uk](mailto:scrutiny@brighton-hove.gov.uk)

Date of Publication Date Not Specified

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 12 JUNE 2012**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Rufus (Chair)

**Also in attendance:** Councillor Cox, Marsh, Robins, Sykes, C Theobald (Deputy Chair) and Wealls

**Other Members present:** Mr David Watkins (LINK), Mr Jack Hazelgrove (Older People's Council), Mr Thomas Soud (Youth Council), Ms Amanda Mortenson (Parent Governor)

**PART ONE**

**1. PROCEDURAL BUSINESS**

**1 Procedural Business**

**1A Substitutes**

1.1 There were none.

**1B Declarations of Interest**

1.2 There were none

**1C Exclusion of Press and Public**

1.3 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.

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

**2. MINUTES**

2.1 Members considered the draft minutes from the last round of HOSC, CYPOSC and ASCHOSC meetings.

2.2 **RESOLVED - That the minutes of the Health Overview & Scrutiny Committee meeting (09 May 2012), the Children and Young People's Overview & Scrutiny Committee (18 April 2012), and the Adult Social Care and Housing Overview & Scrutiny Committee (08 March 2012) be approved and signed by the Chair.**

### 3. CHAIR'S COMMUNICATIONS

3.1 Cllr Rufus welcomed members to the newly constituted Health & Wellbeing Overview & Scrutiny Committee (HWOSC), in particular the co-optees from the LINK, The Older People's Council and the Youth Council, Parent Governors and the Diocesan representatives.

3.2 The Chair also thanked Mr Robert Brown, who recently stood down as LINK co-optee on HOSC, for all the contributions he had made to the work of the committee, and wished him well in his new role as a member of the local Shadow Health & Wellbeing Board.

### 4. PUBLIC INVOLVEMENT

4.1 There were no items to consider.

### 5. ISSUES RAISED BY COUNCILLORS

5.1 There were no issues to consider.

### 6. MENTAL HEALTH BED REDUCTION: UPDATE

6.1 This item was introduced by Dr Becky Jarvis (Brighton & Hove Clinical Commissioning Group [CCG] Clinical Lead for Mental Health), Anne Foster (CCG Lead Commissioner, Mental Health), Sam Allen (Sussex Partnership NHS Foundation Trust [SPFT] Service Director) and Dr Richard Ford (SPFT Executive Director for Commercial Development).

6.2 Members were informed that a review of mental health services across Sussex had indicated that Brighton & Hove used more bed space than comparable areas – largely due to longer than average length of stay in beds. The report recommended a reduction in beds of 19, with parallel improvements to community mental health services. Key local stakeholders approved plans to temporarily close 15 beds at Mill View hospital, with an independent Clinical Review Group, chaired by Dr Becky Jarvis, monitoring the impact of the closures to trial whether the local mental health system could cope with fewer beds.

6.3 The clinical review group has now met four times and has used a range of metrics to assess performance. There has been a significant reduction in length of stay, and an improvement in delayed transfers of care (although both have been subject to some fluctuation). Out of area placements have consistently exceeded the 95% target (i.e. 95% of patients placed in local beds) by a small percentage (between 1 – 3%). Work is



ongoing to analyse data on re-admissions and on complaint/incident reporting. It is becoming increasingly clear that working with a reduced number of in-patient beds is practicable, provided they are improved services for patients with Personality Disorders, better supported housing options for people leaving hospital and an ongoing reduction in the length of stay in hospital. There is broad agreement on how these services should be developed, but implementation will take time: neither improvement will be in place this year.

- 6.4 Given the time-lag involved in implementing the necessary service improvements, there is inevitably a question as to whether the temporary bed closures should be reversed until such a time as the required additional services are operational.
- 6.5 The Chair requested that future presentations of this data should address the issues of: (a) informal admissions (i.e. whether patients otherwise prepared to be voluntarily admitted to hospital for treatment might decline to be admitted if a local bed was unavailable); and (b) adjustment for appropriate out of area admissions (i.e. the number of patients placed out of area minus the number of patients placed out of area for therapeutic reasons, due to patient choice etc). Ms Foster agreed to reflect these concerns in future reports.
- 6.6 In response to a question from the Chair regarding in-year 'spikes' in admissions, Dr Ford cautioned members to be wary of over-interpreting admissions data, because of the low numbers involved. It was also the case that Mill View, as a relatively small hospital, would inevitably struggle to cope with spikes in demand, as it would have (under any likely configuration of beds) a limited ability to flex capacity.
- 6.7 Dr Ford told members that SPFT was working closely with commissioners on this initiative, and if the Clinical Review Group requested it, would be quite willing to re-open the Mill View beds. It was however important to use resources in the most effective way.
- 6.8 In response to a question from Cllr Wealls as to why 15 beds had been closed, Dr Jarvis told members that, in practical/economic terms, it made sense to shut a ward rather than reduce a smaller number of beds. It would be similarly tricky to increase the number of beds at Mill View without re-opening the ward in its entirety – and re-opening the ward would entail employing new staff etc, so it was not an action that should be taken lightly.
- 6.9 In answer to a question from Thomas Soud, the Youth Council representative, on whether, had the 15 beds still been open, it would still have been necessary to place patients out of area in recent months, Ms Allen told members that this was an important point: although the number of 'additional' beds in the system would have been greater than the number of patients referred out of area, there could be no guarantee that bed spaces would actually have been available – it is a well recognised phenomenon that the demand for hospital in-patient beds increases in line with bed availability, meaning that a given service will tend to function at near full capacity, even if allotted additional bed spaces.
- 6.10 In response to a question from Mr Watkins concerning the dangers of reducing bed capacity in a recession (which might result in more people than normal developing mental health problems), Dr Ford told members that most of the increased mental

illness associated with recessions was relatively low-level, for example depression and would therefore not lead to significant additional demand for in-patient beds, although it might well impact on other mental health services.

- 6.11 The Chair noted that he had concerns about backing any decision to re-open beds as he feared this might cloud the evidence-base for future decision making (e.g. the beds would inevitably get used even if not all of them were genuinely required which might paint a false portrait of bed demand in the city), but that he would back the judgement of the clinical review group.
- 6.12 Cllr Wealls noted that it was important to consider the financial (and down the line clinical) consequences of re-opening beds: the cost of this would have to be born by the mental health system and might result in a reduction of services in other areas which would prove more damaging than placing some in-patients out of area.
- 6.13 RESOLVED – That the HWOSC is pleased the Clinical Review Group is meeting to review the temporary closure and would support a decision taken by the Clinical Review Group. The HWOSC recommends the Clinical Review Group give consideration to re-opening some beds whilst action is being taken to improve community services and reduce length of stay in hospital, whilst being mindful of the cost / resources available.**

## **7. HWOSC WORK PROGRAMME**

- 7.1 Members discussed the 2012/13 HWOSC work programme, noting that it was important that outstanding issues from the former scrutiny committees: HOSC, ASCHOSC and CYPOSC were captured, and that stakeholders (e.g. the LINK, the Older People's Council, Parent Governors and the Youth Council) should be involved in work-setting.
- 7.2 RESOLVED – That all Councillors and key partners and stakeholders be asked to contribute ideas to a HWOSC work programme, and that a sub-group of the Committee be convened to assess submissions and prepare a draft work plan for approval at the 24 July 2012 HWOSC meeting.**

## **8. PROGRESS ESTABLISHMENT OF A LOCAL HEALTHWATCH**

- 8.1 This item was introduced by Richard Butcher Tuset, BHCC Head of Policy.
- 8.2 Members were told that the council was progressing the procurement of a local Healthwatch in line with government guidance. There were still some uncertainties at the present time as guidance/secondary legislation covering aspects of Healthwatch functions and funding has not yet been published.
- 8.3 RESOLVED – That HWOSC approved the council's planning with regard to establishing a local Healthwatch.**

## **9. SHADOW HEALTH & WELLBEING BOARD UPDATE REPORT**

- 9.1 This item was introduced by Giles Rossington, Shadow Health & Wellbeing Board (SHWB) Business Manager.
- 9.2 Members were told that the SHWB had met in May, and at this meeting had agreed a series of draft priorities to inform the development of the city Health & Wellbeing Strategy (JHWS). The JHWS draft priority areas are: healthy weight and good nutrition, smoking, dementia, emotional wellbeing and mental health, and cancer and access to cancer screening. Work is ongoing to develop detailed business cases for each of these priority areas.

**9.3 RESOLVED – that the update be noted.**

## **10. REQUESTS FOR SCRUTINY PANELS**

- 10.1 The committee considered requests for scrutiny panels on: a) emergency hostels, and b) the Youth Offending Plan, and agreed to request scoping reports on each issue for consideration at the next HWOSC meeting (24 July 2012).
- 10.2 RESOLVED – That further information regarding the scrutiny panels requests for a) emergency hostels, and b) the Youth Offending Plan be requested from the responsible council departments – to be considered at the July 24 HWOSC meeting.**

## **11. LETTERS TO/FROM THE CHAIR**

- 11.1 Members agreed that a letter regarding the re-commissioning of adult hearing services should be considered at the next committee meeting when there had been time for the Brighton & Hove clinical Commissioning Group to respond to the points raised.

The meeting concluded at 6:15pm

Signed

Chair

Dated this

day of



# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 17

Brighton & Hove City Council

<b>Subject:</b>	<b>Director of Public Health: Annual Report</b>		
<b>Date of Meeting:</b>	<b>30 May 2012 SHWB 12 June 2012 Health &amp; Wellbeing Overview &amp; Scrutiny Committee</b>		
<b>Report of:</b>	<b>The Director of Public Health</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-1038</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Directors of Public Health are required to publish an independent annual report focusing on the health of the local area.
- 1.2 Dr Tom Scanlon's 2011 annual report for Brighton & Hove will be published in summer 2012. A copy of the report will be circulated to HWOSC members in advance of the 24 July HWOSC meeting.

#### 2. RECOMMENDATIONS:

- 2.1 That the HWOSC:

Considers and comments on the Director of Public Health's Annual Report for 2011 (circulated under separate cover).

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Directors of Public Health (DPH) are employed by NHS Primary Care Trusts (PCTs), or jointly by PCTs and local authorities, to provide public health leadership for local areas. (From April 2013 the responsibility for public health will devolve to local authorities, and DPH's will be jointly employed by local authorities and by Public Health England.)
- 3.2 One of the DPH's duties is to publish an annual report providing an independent oversight of the health of the local population.
- 3.3 A hard copy of the report will be circulated to HWOSC members in advance of the 24 July meeting. It can also be found on the following link:  
<http://www.bhlis.org/PHAR2011>

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 None for this cover report, but the DPH's annual report will detail engagement/consultation undertaken around the report itself.

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

##### Financial 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. Equalities groups are discussed in the body of the DPH Annual Report, and health inequalities are a core focus of the DPH report.

##### 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 Improving population health represents a key opportunity to reduce or ameliorate spending on social care, healthcare and a range of related budgets, as well as improving the lives of individual city residents. Worsening population health represents a very significant risk to many city budgets, particularly in terms of healthcare, social care, housing and worklessness.

##### Public Health Implications:

- 5.7 None to this cover report – public health issues are dealt with in detail in the body of the DPH report.

##### Corporate / Citywide Implications:

- 5.8 The annual DPH report assesses the health of the city's population and is therefore a key document in terms of addressing the corporate and citywide priorities to reduce health inequalities and to improve population health.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. The Annual Report of the Director of Public Health 2011 (circulated under separate cover)

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

None

### **Background Documents**

None





# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 18

Brighton & Hove City Council

**Subject:** Work Programme Report  
**Date of Meeting:** 24 July 2012  
**Report of:** Strategic Director, Resources  
**Contact Officer:** Name: Kath Vlcek Tel: 29-0450  
E-mail: Kath.vlcek@brighton-hove.gov.uk  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides Members with information on the suggested work plan for the Health and Wellbeing Overview and Scrutiny Committee (HWOSC). It is presented to Members for information and to help with the future work-planning for this committee.
- 1.2 The Committee needs to engage with co-opted members of the HWOSC separately to ensure that they can contribute to the work plan.
- 1.2 Appended to this report is the Committee's draft work programme (**Appendix 1**) and the work programme items suggested for each meeting (**Appendix 2**).

#### 2. RECOMMENDATIONS:

- 2.1 That members:
  - (1) Agree the work programme for the next committee, as set out in **Appendix 1** to this report.
  - (2) Agree to engage with co-opted members of the HWOSC separately to ensure that they can contribute to the work plan.

### **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 (in partnership with the Adult Care & Health Policy Committee)
- (d) Scrutiny of local Children's Services (in partnership with the Children & Young People Policy Committee)

#### **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.

## **4. THE FORMAT OF WORK PROGRAMMES**

4.1 O&S work programmes should:

- (a) List all items for scrutiny in the current council year;
- (b) Indicate the date when an item is to be considered;
- (c) In instances where an item has not been requested by committee members, indicate where the item originated (e.g. referral from Cabinet, public question etc);
- (d) Indicate a mode of enquiry (e.g. review panel, workshop, report for information etc);
- (e) Indicate why the O&S committee is looking at a particular item – e.g. pre-decision policy development, performance monitoring, scrutiny of area of concern.

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

has already undertaken in the current year and what work it is planning to undertake.

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

## **5. CONSULTATION**

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

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

### Financial Implications:

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

### Legal Implications:

- 6.2 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:

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

### Sustainability Implications:

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

### Crime & Disorder Implications:

6.5 None identified.

Risk and Opportunity Management Implications:

6.6 None identified.

Corporate / Citywide Implications:

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

**7. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

7.1 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.

**8. REASONS FOR REPORT RECOMMENDATIONS**

8.1 Agreeing the report recommendations will allow the HWOSC to plan its work. A robust work programme is key to engaging effectively with partners, particularly external partners, and ensuring that resources are used efficiently.

**SUPPORTING DOCUMENTATION**

**Appendices:**

- 1) Committee draft work programme
- 2) Suggested work programme items meeting by meeting

**Documents in Members' Rooms:**

None

**Background Documents:**

None





# Appendix 1

## HWOSC Work Programme 2012/13

### 1 Introduction

- 1.1 We asked city Councillors, senior council officers, Local NHS commissioners and providers, the Community & Voluntary Sector Forum and the LINK for their ideas for the 2012/13 HWOSC work programme. These ideas were then considered by Cllrs Rufus, Theobald and Marsh at the recent HWOSC Chair's meeting.
- 1.2 A précis of each submission, a recommendation for how the issue might best be dealt with and an explanation of the thinking behind each explanation are provided below.
- 1.3 Following the Chair's meeting we received a number of suggestions for work programme items from the Brighton & Hove Clinical Commissioning Group (CCG). Although members have not had the opportunity to discuss these suggestions, it has been assumed that the HWOSC, as the Council's statutory health scrutiny committee, will be eager to act as formal consultee for local NHS initiatives. The CCG suggestions have therefore been added to the draft work programme.
- 1.4 The recommended work programme is essentially indicative. It will almost certainly alter to include in-year plans brought forward by our NHS partners, as well as issues of topical concern raised by elected members and co-optees. In addition, it has not proved possible to engage fully with our co-optees from the Older People's Council, Youth Council, LINK, Parent Governors or the Churches in preparing this report. It is our intention to engage with all our co-optees and, wherever possible, take forward their ideas in the committee work programme.

### 2 Suggestions Received

#### (a) Issue: Community Mental Health Services

**Suggested by:** Cllr Turton (and supported by a number of other Cllrs)

**Details:** Look at performance of B&H community mental health services, with a particular focus on impact of reorganisation of services, ease of access for members of the public with MH problems, and generally whether services are fit for purpose.

**Recommendation:** This is clearly an important issue, and given the complexity and sensitivity of the subject matter, might be best suited to exploration via a scrutiny panel of Cllrs (with co-optees from the LINK, and potentially from local MH advocacy/support organisations). Since there have been major recent changes to the configuration of city community mental health services, it might be sensible to allow some time for these service changes to bed in before scrutinising them (i.e. so as to distinguish between systematic and topical service issues).

**Scrutiny panel early 2013**

- (b) **Issue: Public Toilets**  
**Suggested by:** Cllr West  
**Details:** Look at what can be done to persuade city businesses to offer increased public access to their toilet facilities to improve accessibility to public toilets across city.  
**Recommendation:** Members recognised that this was an important issue, but, whilst recognising the matter has health/public health implications, saw it as a core environment function, and therefore a matter for OSC rather than HWOSC. The HWOSC Chair subsequently met with the Chair of OSC who agreed that this issue will be taken forward in the OSC work programme.  
**Referred to OSC**
- (c) **Issue: Autism – services for Adults**  
**Suggested By:** Cllr Wealls  
**Details:** Look at services for adults with autistic spectrum conditions following the recent creation of a city autism strategy. Has the strategy been implemented properly and has it led to better services/better value for money etc? Also follow up on implementation of the recommendations of the Adult Autism scrutiny panel set up to help inform the development of a city autism strategy).  
**Recommendation:** An important issue – to be run as a committee item initially – with potential option to reconvene the autism scrutiny panel to consider implementation of its recommendations and the impact of the autism strategy on city services. Potentially ask Steve Harmer-Strange (who chaired the scrutiny panel) back as a co-optee to assess the effectiveness of the strategy.  
**Committee item January 2013**
- (d) **Issue: Autism – services for children and young people**  
**Suggested By:** Cllrs Shanks and Powell  
**Details:** CYPOSC commissioned a survey of families of young people with autistic spectrum conditions accessing CAMHS services after issues were raised about the quality of aspects of the service. This survey is ongoing, and data from it will not be analysed until Autumn 2012.  
**Recommendation:** Committee report following analysis of survey data – further action to depend on results of this analysis.  
**Committee item December 2012**
- (e) **Issue: Community Care – maintaining quality**  
**Suggested By:** Cllr Pissaridou  
**Details:** To look at how BHCC intends to maintain quality of community care provision when re-tendering at reduced prices – focus on both service users and their families/carers.

**Recommendation:** This is an issue that should, in the first instance, be addressed by Adult Care & Health Policy Committee – i.e. when it considered the relevant contract tenders. HWOOSC may wish to pick this issue up if members feel it has not been adequately addressed at Policy committee.

***Monitor policy committee action in regard to community care contracts***

**(f) Issue: Nursing/Care homes – inappropriate routines**

**Suggested By:** Cllr Barnett

**Details:** It is suggested that some city care/nursing homes have their night staff wake and dress residents before their shifts end (i.e. by around 6am), so as to reduce workloads for day shift staff – but at the cost of resident convenience/autonomy.

**Recommendation:** Refer to Adult Health & Care Policy Committee for a response as this is a core policy committee issue

***Refer to policy committee***

**(g) Issue: GP Performance**

**Suggested By:** Cllr Marsh/legacy issue

**Details:** Recent data on city GP performance shows some very good results, but also high variation between practices, even in some instances between practices with demographically similar patient lists. Look at reasons for this variation and local health economy plans to raise the standards of poorly performing practices.

**Recommendation:** Committee item – ask CCG and NHS Sussex for report detailing reasons for variability and outlining plans to improve performance.

***Committee item September 2012 – ask Chair of CCG to address committee on performance and his vision for city healthcare***

**(h) Issue: Mental Health Bed Reduction**

**Suggested By:** legacy

**Details:** Ongoing issue regarding plans to reduce bed capacity at Mill View hospital

**Recommendation:** Committee item when required

***Standing item until issue is resolved***

**(i) Issue: ‘3T’ Development of Royal Sussex County Hospital**

**Suggested By:** legacy

**Details:** Ongoing plans to develop RSCH site as regional tertiary care centre/trauma centre. HOSC had previously expressed interest in aspects of these plans, particularly in terms of the plans to continue to host key services while works are undertaken/decant to Brighton General site etc.

**Recommendation:** Committee item when BSUH has advanced planning sufficiently.

***Committee item January 2013***

- (j) **Issue: Cancer screening (and other screening and immunisation/vaccination programmes)**  
**Suggested By:** legacy  
**Details:** HOSC has been monitoring performance of city breast cancer screening following problems with the screening programme. Also opportunity to hear about other programmes such as city bowel screening pilot. Plus opportunity to look at city vaccination/immunisation rates, particularly where low uptake may be compromising community herd immunity.  
**Recommendation:** Liaise with Shadow Health & Wellbeing Board (which has cancer screening as one of its priorities for the city Joint Health & Wellbeing Strategy). Possible committee report to HWOSC. Also possible report on vaccination/immunisation – i.e. are we still performing poorly and what is being done to increase immunisation rates?  
***Committee item screening January 2013; Committee item immunisation/vaccination April 2013***
- (k) **Issue: Alcohol**  
**Suggested By:** legacy/Cllr Rufus  
**Details:** There was agreement that a scrutiny panel should be established some time ago to look at the issue of alcohol-related hospital admissions. This was postponed as the alcohol Intelligent Commissioning pilot covered very similar ground. A new piece of work would look at implementation of the IC pilot recommendations, but would also look more broadly – e.g. at the city’s leisure economy and whether the income produced by B&H ‘party’ culture outweighs the negative impacts of binge-drinking etc.  
**Recommendation:** Joint piece of scrutiny work with OSC as the issue cuts across health/public health/environment/licensing/economic development boundaries. Initially this should look at the IC pilot and the development of a City Alcohol Partnership, but could be broadened out to look at the issue of the city’s night time economy.  
***Joint scrutiny panel with OSC***
- (l) **Issue: Children with Complex Needs**  
**Suggested By:** Cllr Powell/Amaze  
**Details:** The Parent Carers’ Council has recently published its ‘talk Health’ report, setting out the views of parent carers and highlighting the issues that children with complex needs and their carers face.  
**Recommendation:** Table as a committee item and invite PaCC/Amaze in to address the committee.  
***Committee item September 2012***

**(m) Issue: Community Meals**

**Suggested By:** Cllr K Norman/legacy (ASCHOSC)

**Details:** ASCHOSC spent a good deal of time looking at the planned re-tender of the community meals contract and made a number of recommendations.

**Recommendation:** report back on progress in re-tendering, particularly in terms of encouraging local providers to offer locally-sourced and prepared meals

**Committee item April 2013**

**(n) Issue: Joint Health & Wellbeing Strategy (JHWS) Priorities**

**Suggested By:** officers

**Details:** The JHWS is the city high level strategy for health, public health and adult and children's social care, to be agreed by the city Health & Wellbeing Board (HWB). Locally, rather than being an all-encompassing strategy, the JHWS will focus on 'high impact' areas (identified through the Joint Strategic Needs Assessment), where there is also evidence of relatively poorly-developed partnership working. The draft JHWS priorities are:

- Healthy weight and good nutrition
- Smoking
- Cancer and access to cancer screening
- Emotional health and wellbeing and mental health
- Dementia

The HWOSC might choose to complement the work of the HWB by scrutinising commissioning plans in any of these areas.

**Recommendation:** report to committee once the JHWS has been agreed, focusing on the detailed planning for each area. HWOSC can then decide how best to engage with the JHWS agenda.

**Committee item December 2012**

**(o) Issue: Joint Health & Wellbeing Strategy (JHWS) Non-Priorities**

**Suggested By:** officers

**Details:** In choosing priorities for the JHWS the Shadow HWB was obliged to prioritise some high impact areas over others, essentially choosing the areas where it was felt that better partnership could make the most impact on services. There are therefore a number of issues which present high impact issues for the city, but which are not JHWS priorities, either because it was felt there were already robust partnership arrangements in place, or because the issue was essentially the preserve of one body rather than a core-partnership issue. The non-JHWS high impact issues are:

- Alcohol
- Diabetes
- Musculoskeletal conditions
- Coronary Heart Disease

- Flu Immunisation
- Domestic and sexual violence
- HIV & AIDS
- Disability

The HWOSC may wish to explore some or all of these issues, seeking assurance that these matters are indeed being dealt with properly.

**Recommendation:** Report to committee setting out reasons for not including high impact issues in the JHWS plus an explanation of how these issues are being taken forward by other bodies.

**Committee item December 2012**

**(p) Issue: Troubled Families**

**Suggested By:** Cllr Marsh

**Details:** Seek information on the new initiative to support troubled families across the city.

**Recommendation:** invite the lead officer (Steve Barton) to explain the work of this project.

**Committee item September 2012**

**(q) Issue: Clinical Commissioning Group Strategic Commissioning Plan**

**Suggested By:** CCG

**Details:** The CCG's Strategic Commissioning Plan sets out the CCG's high-level healthcare commissioning intentions for the coming several years. It is therefore a key document for anyone interested in the health of Brighton & Hove

**Recommendation: Committee item December 2012**

**(r) Issue: CCG Annual Operating Plan**

**Suggested By:** CCG

**Details:** The CCG Annual Operating Plan represents the CCG's commissioning intentions for the coming year (i.e. a more detailed iteration of the intentions expressed in the Strategic Commissioning Plan).

**Recommendation: Committee item February 2013**

**(s) CCG Authorisation**

**Suggested By:** CCG

**Details:** CCGs can become statutory bodies from April 2013, but need to be 'authorised' by the NHS Commissioning Board before they can take formal control of commissioning budgets and responsibilities. Key local stakeholders, such as Health & Wellbeing Boards and HOSCs, should be involved in this authorisation process.

**Recommendation: Committee item December 2012**

**(t) Integrated Primary Care Teams: Outcomes of the evaluation**

**Suggested By:** CCG

**Details:** Recent initiatives have seen the creation of integrated primary care teams: teams providing a range of care in patients' homes and in

the community, based around clusters of GP practices. This item will report on the success of this new way of working.

**Recommendation:** *Committee item April 2013*

- (u) **Issue: Local Implementation of 111 Services and Associated Change to Out of Hours**  
**Suggested By:** CCG  
**Details:** '111' is the new NHS service to deal with emergencies that do not require a 999 response. This item will explain the local plans for implementing the nationally agreed service model and how this will impact upon local GP OOH services.  
**Recommendation:** *Committee item September 2012*
- (v) **Issue: Review of changes to Short Terms Services**  
**Suggested By:** CCG  
**Details:** City short terms services (e.g. care for people leaving hospital but unable immediately to return to their homes/care for people struggling to maintain independence) are currently being rationalised. There will be an opportunity to assess the impact of the changes made at this point.  
**Recommendation:** *Committee item May/June 2013*
- (w) **Issue(s): Mental Health:**  
(i) changes following MH support review (Dec 12);  
(ii) progress report on B&H Wellbeing services (Feb 13);  
(iii) Dementia – progress update (Dec 12);  
(iv) Improving Quality in Primary Care – output from peer review work (Sep 12);  
(v) Improvements to Dual Diagnosis services (April 13);  
(vi) MH accommodation (Dec 12)  
**Suggested By:** CCG  
**Details:** Various streams of MH work, most of which have already come to scrutiny and are reporting progress. Some of these issues may relate to **Suggestion (a) Community Mental Health Services** above, but others do not, and it is recommended that all these matters are treated separately.  
**Recommendation:** *Committee items on dates specified above*
- (x) **Hospital Mortality: week-day admissions Vs week-end admissions**  
**Suggested By:** Cllr Wealls/legacy  
**Details:** Follow up to report to HOSC on relative outcomes for patients admitted to RSCH on week-days and on week-ends (and more broadly on the quality of hospital care in normal working hours Vs the quality of 'out of hours' care)  
**Recommendation:** Further report from BSUH giving members a fuller picture of the data on hospital safety – to include, but not limited to, mortality figures.  
**Committee item January 2013**





## **Appendix 2**

### HWOSC - Work Planning Suggested Timetable

#### **11 September 2012**

**Issue: GP Performance (g)**

**Issue: Children with Complex Needs (l)**

**Issue: Mental Health Bed Reduction (h)**

**Issue: Troubled Families (p)**

**Issue: 111 Service (u)**

**Issue: Improving Quality in Primary Care (wiv)**

#### **18 December 2012**

**Issue: Autism – services for children and young people (d)**

**Issue: Joint Health & Wellbeing Strategy (JHWS) Priorities (n)**

**Issue: Joint Health & Wellbeing Strategy (JHWS) Non-Priorities (o)**

**Issue: CCG Strategic Commissioning Plan (q)**

**Issue: CCG Authorisation (s)**

**Issue: MH Support Review (wi)**

**Issue: Dementia (wiii)**

**Issue: MH Accommodation (wvi)**

#### **26 February 2013**

**Issue: Autism – services for Adults (c)**

**Issue: ‘3T’ Development of Royal Sussex County Hospital (i)**

**Issue: Cancer screening (and other screening and immunisation/vaccination programmes) (j)**

**Issue: CCG Annual Operating Plan (r)**

**Issue: B&H Wellbeing Service (wii)**

**Issue: Hospital Mortality (x)**

**23 April 2013**

**Issue: Community Meals (m)**

**Issue: Integrated Primary Care Teams (t)**

**Issue: Short Term Services ? (v)**

**Issue: Dual Diagnosis (wv)**

**HWOSC Panels 2012-13**

**Issue: Community Mental Health Services (a)**

**Issue: Alcohol (k)**

**Issues to be referred on to other Committees**

**Issue: Public Toilets (b)**

**Issue: Community Care – maintaining quality (e)**

**Issue: Nursing/Care homes – inappropriate routines (f)**

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 20

Brighton & Hove City Council

<b>Subject:</b>	<b>Scoping Report for Scrutiny Panels (July 2012)</b>		
<b>Date of Meeting:</b>	<b>24 July 2012</b>		
<b>Report of:</b>	<b>The Strategic Director, Resources</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-1038</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Health & Wellbeing Overview & Scrutiny Committee (HWOSC) has been asked to consider two member requests to establish scrutiny panels: a request from Cllr Wealls concerning city emergency hostel provision; and a request from Cllr Mitchell regarding the Council's youth offending planning.
- 1.2 The HWOSC considers member requests to establish scrutiny panels on issues which fall within its remit. The HWOSC may choose to establish a panel, or to decline to establish one, or to deal with the issue in a different manner (e.g. via a committee report), or to refer the issue on to another body.
- 1.3 Should the HWOSC agree to establish a panel, members may also wish to consider: the timing of a panel (with particular regard to scrutiny officer and member resources – it is only possible to support a limited number of panels running concurrently); and the scope/duration of the panel (e.g. a single meeting or a series of meetings). However, members may prefer to leave these issues to the determination of panel members.
- 1.4 The HWOSC will not usually make any decision on whether to establish a scrutiny panel without first considering a scoping report on the matter in question. Scoping reports will typically include additional information on the panel requests. **Appendices 1** and **2** to this report contain information supplied by Housing Strategy and Children's Services respectively.

#### 2. RECOMMENDATIONS:

- 2.1 That the HWOSC decides how it wishes to progress member requests to establish scrutiny panels on: (a) emergency hostels, and, (b) youth offending planning.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Scrutiny panels are informal groups of members (and potentially co-optees) established to look, in-depth, at specific issues, and to make recommendations for improving services. Depending on the issue being examined, panels can vary in length from one meeting, or a one-day 'workshop' type event, to a number of meetings across several months.
- 3.2 The HWOSC may choose to accept as many member requests for panels as it wants, but panels tend to be resource intensive in terms of both officer and member time. Typically, the scrutiny team would expect to be able to support no more than two panels at any one time (although this may vary depending on the size of each panel, what stage it is at etc). Therefore, it may not be possible to set up a panel immediately.
- 3.3 When considering a request to establish a scrutiny panel, the HWOSC has several options:
- It may decide that a request does not warrant further action.
  - It may agree to set up a panel (immediately or at some future date, subject to capacity within scrutiny support).
  - It may decide to refer the matter to OSC (or to pursue it jointly with OSC).
  - The HWOSC may also decide that an issue would be better dealt with as a committee report, or a letter from the HWOSC Chair requesting information etc.
  - It may decide that an issue should be referred to the relevant policy committee for investigation (or to another body – e.g. a regulatory committee).
  - In instances where the subject of the request is one over which a council Policy Committee exercises control (e.g. adult social care or children's services), the HWOSC will need to consider whether a Policy Committee itself intends to address the matter in question, and if so, whether the matter might better be dealt with by that Policy Committee (or delay consideration until the results of Policy Committee 'scrutiny' are apparent).
- 3.4 Cllr Mitchell's scrutiny request is as follows: “

I am writing to request that the Health & Wellbeing Overview and Scrutiny Committee undertake a review of the restructure of the council's Youth Offending Service following the critical HMIP inspection in 2011 and the subsequent Peer Review.

The council's Youth Offending Team has been placed in the bottom 25 of all local authority YOTs in the country and therefore a scrutiny review is timely and should include the following areas;

- The HMIP inspection report and subsequent report to CYP CMM in 2011
- The recommendations of the Scrutiny Workshop held in February 2012
- The outcome and recommendations from the service Peer Review
- The current commissioning method and future proposals for the relevant services
- Progress on addressing the priority actions contained in the Youth Offending Strategic Plan 2012 – 13, particularly in respect of reducing re-offending.
- Regular reporting and accountability to Elected Members – the Youth Justice Plan, required since the year 2000, should have been reported to full council on an annual basis.

I hope that the Committee will give due consideration to this request and that a positive scrutiny review of this important service can be undertaken.”

**Appendix 1** to this report includes a response to this request from Children’s Services.

3.5 Cllr Wealls’ request is as follows:

“Emergency accommodation typically houses vulnerable people who present with a vast range of problems. I understand that some young(ish) people prefer to be homeless and live on the streets rather than live in such accommodation, where drug taking and alcohol abuse is rife. The places are noisy and threatening for some people with fragile mental health.

The second issue is how much we are paying for such accommodation. The rates may well be fine. I have no idea, but it would be good to look at what is provided for how much money”.

**Appendix 2** to this report includes a response to this request from Housing Strategy.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 None at this stage – if members wish to establish a panel then there may be the opportunity to engage with local communities/stakeholders.

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

##### Financial Implications:

5.1 None. All scrutiny panels will be supported using existing scrutiny team resources.

##### Legal Implications:

5.2 In accordance with the Council’s constitution, and in addition to the point about resources set out at 3.2 above, HWOSC shall have regard to the following considerations in determining whether or not to establish a scrutiny panel:

- The importance of the matter raised and the extent to which it relates to the achievement of the Council’s strategic priorities, the implementation of its policies or other key issues affecting the well being of the City or its communities;
- Whether there is evidence that the decision-making rules in the constitution have been breached; that the agreed consultation processes have not been followed; or that a decision or action proposed or taken is not in accordance with a policy agreed by the Council;

- The potential benefits of a review especially in terms of possible improvements to future procedures and/or the quality of Council services;
- What other avenues may be available to deal with the issue and the extent to which the Councillor or body submitting the request has already tried to resolve the issue through these channels (e.g. a letter to the relevant Member, the complaints procedure, enquiry to the Chief Executive or Chief Officer, Council question etc.);
- The proposed overview and scrutiny approach (a brief synopsis) and resources required, resources available and the need to ensure that the Overview and Scrutiny process as a whole is not overloaded by requests;

*Lawyer Consulted:*

*Oliver Dixon*

*Date: 13/07/12*

Equalities Implications:

- 5.3 None directly. HWOSC members may wish to consider the potential impact of issues on equalities groups when determining whether to establish a scrutiny panel.

Sustainability Implications:

- 5.4 None directly. HWOSC members may wish to consider the potential impact of issues on equalities groups when determining whether to establish a scrutiny panel.

Crime & Disorder Implications:

- 5.5 None directly. HWOSC members may wish to consider the potential impact of issues on sustainability when determining whether to establish a scrutiny panel.

Risk and Opportunity Management Implications:

- 5.6 Information supplied by the relevant council departments (in **Appendices 1 and 2**) includes an assessment of risks/opportunities associated with agreeing specific panel requests.

Public Health Implications:

- 5.7 None directly. HWOSC members may wish to consider the potential impact of issues on population health when determining whether to establish a scrutiny panel.

Corporate / Citywide Implications:

- 5.8 Members should consider whether undertaking a particular panel would be likely to help achieve corporate/citywide priorities.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 This report offers members the options to: a) agree to both panels requests; b) agree to neither panel request; c) agree to one panel request but not the other; d) agree to request(s) and specify the scope/duration of any panels; e) decline requests but pursue the issue via other means (a report to committee, referral to another body etc). Members have therefore been given a choice of options, with no obvious alternatives having been discounted.

## **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 This report is intended to facilitate HWOSC's choice of the scrutiny panels it wishes to establish.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Additional Information provided by Housing Strategy.
2. Additional information provided by Children's Services

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

None

### **Background Documents**

None



## Rough Sleeping & Single Homeless Briefing Local Service Provision, Key Challenges & Good Practice July 2012

### **Introduction**

This briefing summarises local authority commissioned services in Brighton & Hove for single, homeless people and rough sleepers. These services include:

- Emergency Placement Accommodation
- Hostel Accommodation
- Rough Sleepers Street Services & Relocation Team (RSSSRT)

The following information details types of housing and support these services provide, current capacity in terms of units of accommodation available, key challenges and examples of good practice locally to address demands.

### **Emergency Placement Accommodation:**

There are 373 units of emergency accommodation within Brighton & Hove; the accommodation is divided up into the following categories:

<b>Type of Accommodation:</b>	<b>Number of units</b>
Guest house style – shared facilities	117
Guest house style – self contained	18
Self contained - studios	38
Self contained - 1 bedroom	87
Self contained – 2 bedrooms	77
Self contained – 3 bedrooms	18
Self contained – 4 bedrooms	18
<b>Total number of units:</b>	<b>373</b>

There are only 5 wheelchair accessible emergency placement properties and last year we placed 24 households with a wheelchair user at an additional cost to the local authority of over £10k.

The average length of stay in emergency placement accommodation is 150 days and as of the 12<sup>th</sup> July 2012 there were 336 households placed, 260 of these were classed as Homeless and 76 were placed under Service Level Agreements with services such as Adult Social Care to meet the social care needs of clients.

The individuals placed in this accommodation are offered support through the Housing Support Service (funded by the 'Supporting People' Welfare Grant for housing-related support services) should they require it. This service provides 112 units of support to assist those in emergency placements to move on to more permanent accommodation, provide resettlement support and ensure that individuals are able to access other services to acquire/maintain a level of independence. There is not only a significant and growing demand for this service (it currently has a waiting list of 163 households) but also the level of vulnerability that clients are presenting with, have also increased significantly. Clients have much higher levels of need and in June 2012 alone, 50 individuals were assessed to have high, complex and multiple needs. This includes clients with substance misuse/addiction support needs, mental health support needs or physical health issues.

### **Rough Sleeper & Hostel Services:**

The rough sleeper and hostel services detailed below are commissioned as part of the wider Integrated Support Pathway (ISP). The ISP is divided into different bands of services that provide

different levels of housing and support. The overall objective of the ISP is to progressively move clients from high, to medium and low level housing and support services, ultimately to enable clients to live independently.

- Band 1 provides outreach services to rough sleepers and floating support to those in emergency placement accommodation
- Band 2 is 24 hour staffed hostel accommodation
- Band 3 is supported accommodation
- Band 4 is floating support for those who have moved into independent accommodation
- Band 5 provides drop in services and crisis support.

The ISP is supported by a number of supplementary services including work and learning services, the behaviour support service, which promotes psychological interventions to change behaviour and substance misuse services to enable clients to access treatment services.

**Band 1 Rough Sleeper Street Services & Relocation Team (RSSRT):**

CRI are commissioned by the local authority to provide services to rough sleepers. This is an outreach based service which operates across Brighton & Hove to identify people sleeping rough and assist them into accommodation or support them to relocate where they have no local connection. The team operates a free phone number for members of the public to report rough sleeping and works closely with Sussex Police and the hostels within Brighton & Hove. CRI are also commissioned to provide services to A10 nationals by seeking solutions for those residing on the streets who have no recourse to public funds. The rough sleeper’s team has referral rights into the First Base Day Centre, a number of hostels (detailed below), emergency placement accommodation and substance misuse treatment services.

CRI are commissioned to work with all rough sleepers and in 2011/12 they worked with 732 individuals, this was a 24% increase on the previous year, 467 of these individuals did not have a local connection.

**Band 2 Accommodation – Hostels:**

The following hostels are commissioned to provide accommodation and keywork support to rough sleepers and single homeless individuals. These hostels provide 24 hour staff cover and often work with clients who have complex needs and exhibit challenging behaviour.

<b>Name of Accommodation:</b>	<b>Number of Units of Accommodation:</b>	<b>Client Group / Referrer:</b>
BHCC, Glenwood Lodge Hostel	44	Male Only 75% referrals from Probation Service 25% Single Homeless. The service takes clients with an offending history often directly from prison.
BHCC, New Steine Mews	20	Rough Sleepers
BHCC, West Pier	15	Rough Sleepers. The hostel has an additional 25 beds in the mental health pathway for those with mental health & substance misuse issues.
BHT Phase One	52	Single Homeless (referrals from BHCC Allocations Team)
Brighton YMCA, William Collier House	96	90 Single Homeless, 4 Rough Sleeper Beds and 2 Probation beds.
Brighton YMCA, George Williams Mews	25	Single Homeless

Riverside, St Patricks	25	Rough Sleepers
<b>Total number of units :</b>	<b>277</b>	

There are also a number of services commissioned to house and support young people who are homeless, these are:

<b>Name of Accommodation:</b>	<b>Number of Units of Accommodation:</b>	<b>Client Group</b>
Impact Initiatives, Stopover One	8	Women only aged 16-25
Sussex Central YMCA, Gareth Stacey House	15	16-25
Sussex Central YMCA, Lansworth House	18	16-19
Sanctuary, The Foyer	25	16-25
<b>Total number of units:</b>	<b>66</b>	

The total cost of rough sleepers services and hostel accommodation for both adults and young people in 2012/13 is just over £3.5m, funded by the Supporting People Welfare Grant for housing-related Support and the Homelessness Prevention Grant. Each service and contract is reviewed periodically by applying a continuous improvement contract monitoring framework to assess quality, performance, value for money and outcomes for clients. Analysis is also undertaken to benchmark the costs of these services against comparator local authorities across the south east region and at a national level. This analysis highlights that in comparison to other similar services across the region, housing-related support services in Brighton & Hove offer excellent value for money.

#### **Pressures / Challenges:**

There are a number of challenges facing the local authority in tackling rough sleeping and homeless in the city, these include:

- The number of households in emergency placement accommodation awaiting support from the Housing Support Service including those who have high and multiple, complex needs.
- The increasing numbers of individuals with high and multiple, complex needs being placed in emergency placement accommodation.
- The current economic climate and impact of the changes to Housing Benefit and wider Welfare Reform are expected to result in greater numbers of homeless households within Brighton & Hove due to an increasing shortfall between Housing Benefit and costs in the private rented sector.
- The increase in rough sleepers being identified and supported by the Rough Sleepers Team, up 24% from 2010/11 to 2011/12.
- There are a high number of people rough sleeping in Brighton & Hove without a local connection and the rough sleepers team is having increasing problems relocating them outside the area due to the diminishing resources of other local authorities.
- An increase in individuals who are homeless due to economic circumstances and do not fit into the traditional hostel pathway which tends to cater to the needs of individuals with complex issues such as substance misuse.
- 34 individuals being supported by the rough sleeper's team are currently awaiting hostel accommodation.
- The increase in clients with complex needs within hostel accommodation. For example a sample of 48 clients in New Steine Mews in 2011/12 showed that 12 had physical disabilities, 5 were elderly or infirm, 15 had mental health issues and 31 had alcohol misuse issues. The majority of these 48 clients presented with multiple needs.
- Revolving door clients – those with complex needs who exhibit unacceptable behaviour towards residents and staff and are repeatedly evicted from hostel services.

- Meeting the needs of vulnerable clients in hostel accommodation for example those with learning disabilities.

### **Meeting Challenges & Good Practice:**

Detailed below is a brief overview of some of the work taking place to address these challenges by working towards building capacity in current service provision and improving delivery of services to achieve better outcomes for clients:

- A review of the Integrated Support Pathway is currently in progress.
- An evictions protocol has been implemented for hostel accommodation utilising good practice from Homeless Link to tackle challenging behaviour and prevent evictions.
- CRI are undertaking research into the problems of relocating rough sleepers with no local connection with the aim of addressing the barriers they are experiencing.
- A small project is taking place with three service providers to pilot personalised services to entrenched rough sleepers, revolving door clients and clients who are unable to move on from hostel accommodation.
- An alcohol nurse is employed within hostels to provide intensive support to those with alcohol dependency issues.
- The commissioning team is working with service providers to develop substance free areas of accommodation.
- CRI & BHT have made a successful bid for external funding ('Homelessness Transitions Fund' from central government) to employ two staff to work with people new to rough sleeping to ensure they are swiftly supported and accommodated to prevent them becoming entrenched. We have also supported more recent local applications submitted for grants from the fund.
- Joint work is taking place with neighbouring local authorities to respond to rough sleeping and homelessness issues across Sussex to utilise additional government funding made available. To date, additional outreach support staff have been recruited to build capacity in the CRI Rough Sleepers Team to work with rough sleepers across Sussex and to deliver services in line with the national 'No Second Night Out' approach. Other actions to utilise this fund over the next year include developing county-wide reconnections policy, joint working protocols to promote good practice and purchasing an IT system / database to 'track' clients rough sleeping
- The local authority is working with Community & Voluntary Third Sector organisations to develop proposals to meet housing and support needs of clients with multiple and complex needs from Big Lottery funding available for the south east region

### **Additional Information:**

Additional information is available on request.

Jenny Knight  
 Commissioning Officer  
 (Lead Officer for single, homeless & rough sleeper client groups)  
 Housing Commissioning Unit

13<sup>th</sup> July 2012



## Appendix 2

### Ideas for Overview & Scrutiny – Scoping Paper

<b>Title</b>	Youth Justice Service Plan
<b>Summary of Issue</b>	Is the youth offending plan fit for purpose?
<b>Request originator</b>	Councillor Gill Mitchell
<b>Lead officers</b>	James Dougan/ Anna Gianfrancesco
<b>Relevant legislation/ summary of most recent legislative changes</b>	See 'Key Issues' below
<b>Policy context/ summary of most recent policy changes</b>	<p>Youth Offending has recently completed a 12page action plan, following HMIP inspection, a peer review and staff input.</p> <p>A management restructure is underway, after which there will be a wholesale service review.</p> <p>A Youth Justice plan has been brought to Council and signed off</p>
<b>Pre-decision (Yes/No)</b>	no
<b>Committee Work Programme (date &amp; link)</b>	
<b>Key issues</b>	<p>Information from James Dougan, Head of Children and Families:</p> <p>The following is the format of the plan that will be signed off by the Youth Justice Management Board on Tuesday 17<sup>th</sup> July of the updated action plan, following on from the inspection and peer review, as well as a reorganisation as a result of the peer findings, as require of the Ministry of Justice governance arrangements.</p>

	<p>The following is the outline of the shape and contents of the plan to be agreed:</p> <p><b>Service description</b> – The YOT works with children and young people and victims of crime as well as the wider community. The service includes assisting with parenting skills, multi-agency approach to community safety, providing a clear strategy for ensuring that young people and their families are responsible for their actions, a diverse range of programs that are evidence based to prevent reoffending and VFM, reparation to the victim of the offence and the community at large, support for young people who misuse drugs or alcohol and work in partnership with our colleagues to return young people not in full time education.</p> <p><b>Service Priorities</b> – we need to be clear what our main priorities are, and build the action plan strengthening around these priorities; i.e.</p> <ul style="list-style-type: none"> <li>○ reduce reoffending in children and young people</li> <li>○ reduce the number of young people going into custody</li> <li>○ develop a restorative approach with young people and victims</li> <li>○ reduce the number of LAC offending.</li> </ul> <p><b>Service Activities and volumes</b> – activity levels within the team</p> <p><b>Customer profile</b> – this is informed by the needs assessment</p> <p><b>Value for Money:</b></p> <ul style="list-style-type: none"> <li>○ reduce the rate of reoffending</li> <li>○ reduce the number of first time entrants into the youth justice system – this is clearly green in terms of RAG rating, but also a good story for the action plan around partnership working</li> <li>○ reduce the use of custodial sentences</li> </ul> <p><b>Strategic Partners</b> – description of governance arrangements and partnership working</p> <p><b>Area context</b> – Brighton &amp; Hove description and profile</p> <p><b>Risk Register</b></p> <p><b>Opportunities</b> – these could be both internally and externally</p> <p><b>Delivering Outcomes</b></p> <ol style="list-style-type: none"> <li>1. What success would look like</li> <li>2. Risks to achieving</li> <li>3. Critical activities</li> <li>4. Performance measures</li> </ol> <p><b>Workforce and people management</b> – we need to add this section to talk about the reorganisation and workforce development and training, and how this is crucial to implementing the strengthened service development plan.</p>
<b>Focus</b>	



<b>Performance data (BHLIS/ CPP/ Inspection reports)</b>	See 'Key Issues'
<b>Key partners</b>	
<b>Possible outcomes</b>	
<b>Timetable</b>	<p>Action plan to be signed off by Youth Justice Management Board on Tuesday 17<sup>th</sup> July</p> <p>An impact plan will be presented to the children's committee in January 2013 which will review the impact of the action plan so far.</p>
<b>Panel/workshop/ referral</b>	
<b>Co-option(?)</b>	



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 ophthalmology 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 issue 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 issue 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

A handwritten signature in black ink that reads "Sven Rufus". The signature is written in a cursive, flowing style.

Councillor Sven Rufus  
Chair, Brighton & Hove HWOSC



**Brighton and Hove  
Clinical Commissioning Group**

Councillor Sven Rufus  
Chairman  
Brighton & Hove HWOSC  
Brighton & Hove City Council  
Kings House  
Grand Avenue  
Hove  
BN3 2LS

**Lanchester House  
Trafalgar Place  
Brighton BN1 4FU  
Tel: 01273 295490  
Fax: 01273 574737**

**Email: [geraldine.hoban@nhs.net](mailto:geraldine.hoban@nhs.net)  
Tel: 01273 574671**

Ref: GH124/JAF/CCG  
31<sup>st</sup> May, 2012

Dear Sven,

Thank you for writing to outline the main issues raised by committee members following my attendance at HOSC to discuss the use of an Any Qualified Provider (AQP) procurement approach for the provision of direct access hearing services for age related hearing loss. We do value your input and I hope that the responses below will satisfy committee members, but if not please come back with any further queries.

**Pressure to Buy Additional Products/Services**

The package or pathway of care will be funded for a single sum, so if patients are provided with more expensive equipment the extra cost will be carried by the provider. There is a clause in the specification that prohibits providers from marketing their private services to NHS patients. We will be very clear about this in the patient information leaflet, so that if providers do promote their private services they are acting outside of their contractual obligations and we will ask patients to feed this back to us via the patient satisfaction questionnaires.

**'Cherry-picking' and Impact on Current Provider**

Under AQP all qualified providers have equal opportunity to attract patients who are referred by their GP. Information for patients will detail all of the possible AQP providers and patients will choose their provider. The AQP specification defines what must be offered and bidders will have to agree to provide all of the service as defined by the specification.

Brighton and Sussex University Hospitals NHS Trust (BSUH) is the current service provider. Under the AQP model BSUH could bid to be one of the AQP providers and maintain a proportion of their current activity thus reducing any loss of income and consequent service instability.

Cont./...2

**NHS Sussex represents the following primary care trusts:**

NHS East Sussex Downs and Weald  
NHS West Sussex

NHS Hastings and Rother  
NHS Brighton and Hove

Ref: GH124/JAF/CCG

31<sup>st</sup> May 2012

- 2 -

The impact on the remainder of the Audiology service is something that will be discussed with BSUH in June as part of the transition discussion. We are keen to ensure that the more medically focussed part of the Audiology service that is not appropriate for AQP remains locally provided and affordable and we will be discussing this specifically.

### **Outreach**

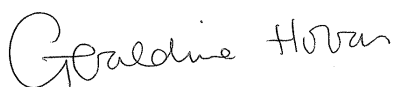
This has not been included in the AQP specification as it might not be cost effective for multiple providers to provide this aspect of the service. We intend to maintain this function within the ongoing contract with BSUH, and will continue to make this available to patients. Again, this will be discussed with BSUH in June as part of the transition discussion.

### **Timescale**

This AQP process is part of a national programme and as such will be advertised on 1<sup>st</sup> June 2012. The queries raised by HOSC members have not needed any changes to be made to the specification and we are therefore proceeding with a specification very similar to the version seen by HOSC with a few other minor changes. I am happy to provide an update to HOSC on the AQP model at a future date so look forward to hearing when this would be convenient for the committee.

I hope that this answers your questions, but as stated above, please do come back if more detail is required.

Yours sincerely,



**Geraldine Hoban**  
**Chief Operating Officer**  
**Brighton & Hove Clinical Commissioning Group**

### **NHS Sussex represents the following primary care trusts:**

NHS East Sussex Downs and Weald  
NHS West Sussex

NHS Hastings and Rother  
NHS Brighton and Hove

<b>Subject:</b>	<b>Children's Committees – business planning</b>		
<b>Date of Meeting:</b>	<b>11 June 2012</b>		
<b>Report of:</b>	<b>Strategic Director People</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Jo Lyons</b>	<b>Tel: 29-3514</b>
	<b>Email:</b>	<b>Jo.lyons@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The revised constitution allows for a number of committees to direct and oversee work with children. These include the Children's and Young people's Committee, the Corporate Parenting Committee and the Health and Wellbeing Board. Public and community health matters relating to children may also be considered at the Adult and Public Health Committee. The work of these various committees is overseen by the strategic director people, who serves also as the Council's statutory director of children's services (DCS). Scrutiny of decisions by these various boards and committees will be the responsibility of a revised scrutiny process.
- 1.2 This paper aims to help committee members ensure that their programme of work does not duplicate that of related committees or groups. The various responsibilities of the committees mentioned in the body of this paper are given as appendices and have all been approved through the Council's proper Constitutional Practices.

### 2. RECOMMENDATIONS:

- 2.1 That the draft annual plan as given in 3.7, and reflecting the Corporate Plan should be used to direct the work of this Committee and the officers servicing it
- 2.2 That chairs of the various children's committees should meet bi-annually to agree a common forward plan

### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

#### 3.1 The Children's and Young People's Committee (Appendix 1)

The Children's Committee is to take-on the corporate responsibilities for children and young people which will include the duties of the Children's Trust (CYPT - which is to be held in abeyance, rather than be disbanded). This note is intended as a briefing document to help members new to the work of our children's workforce to understand

local and national priorities, and we are organised to meet them. It will also have a complete programme of work in line with the agreed schemes of delegation.

### **The local Children's Trust – The Brighton and Hove Children's and Young People's Trust Partnership (CYPT)**

Our local trust was formed from a merger of the council's Children, Families and Schools Directorate with South Downs Health Children and Families Directorate in April 2006. It had overall responsibility for supporting and leading the education, health and social care services for children and young people across the city, for supporting families and for ensuring children are brought up in a caring, secure and healthy environment. Its duties are now carried-out through the *Children and Families Delivery Unit*, and through the *Learning and Partnership* and *Children, Youth and Families* commissioning teams. A key part of this work is delivered through so-called section 75 agreements with the health sector which allows budgets to be shared and NHS functions to be delegated to the local authority. The Trust is, then, the embodiment of these arrangements and historically its priorities captured in the Children's and Young People's Plan, a device which is no longer statutory.

**The Children's and Young People's Plan**, which ended in March 2012, had four priorities:

1. Strengthen safeguarding and child protection, early intervention and prevention
2. Reduce child poverty and health inequality
3. Promote health and wellbeing, inclusion and achievement
4. Develop the CYPT partnership and drive integration and value for money

This has been subsumed into the council's corporate plan for 2012 onwards, but members might want a simple brief outcome driven plan to help monitor the work of the Council in this area.

Although the government made several changes to the Children's Trust responsibilities on taking office, there remains a duty to co-operate and a responsibility to secure the five outcomes for children:

- **Being Healthy** - enjoying good physical and mental health, and living a healthy lifestyle.
- **Staying Safe** - being protected from harm and neglect and growing up able to look after themselves.
- **Enjoying & Achieving** - getting the most out of life and developing broad skills for adulthood.
- **Achieving Economic Well-being** - overcoming socio-economic disadvantages to achieve their full potential in life
- **Making a Positive Contribution** - to the community and to society, and not engaging in anti-social or offending behaviour.

The requirement that each local authority appoints a suitably qualified first tier officer as director of children's services and reporting to the chief executive remains. In Brighton and Hove, this responsibility is discharged by the Strategic Director, People, who will be the lead officer for the children's committee.

### **Health and Social Care**



This is the primary work of the delivery unit and seeks to improve outcomes for children through effective early help. Its staff work in a variety of situations including family homes, schools, children's centres, youth centres, GP surgeries and hospital settings.

These teams although integrated, retain a number of specialist functions including education psychology, health visiting, teaching and social work. A £10m contract with Sussex Community Trust (SCT) provides for the secondment of around 200 NHS staff to the city council allowing us to deliver a fully integrated paediatric community health services to Brighton and Hove. This means managers also come from a wide variety of professional backgrounds including social workers, teachers, nurses, health visitors, doctors, as well as the more traditional local and national government professional manager routes. It is the wish of officers of both the Council and our health partners to continue and strengthen these links as we move forward. Members will certainly want to form a view on this.

A major change in service organisation was implemented in 2011 with integrated teams established to address particular issues such as children in need or those looked after. This approach is paying dividends with a reduction in children on children in need plans of around 15% year on year. This will ultimately allow the money spent on delivering plans to be reinvested in early help. As the early help impacts further on improving outcomes, we will see costs decrease. However, there remain high numbers of children looked after by the council and understanding this further and bringing numbers down in partnership with the **Corporate Parenting Sub-Committee** (appendix 2) will be vital.

### 3.2 Safeguarding

A key role of the Children's Committee will be to oversee the safeguarding arrangements of the Council and to ensure our contribution to the work of the **local safeguarding children's board (LSCB)** is of the highest quality. The constitution of the Brighton and Hove Local safeguarding Children Board is given in appendix 5. It reports annually to the Children and Young people's Committee. This might include monitoring numbers of children on plans, the flow of children through the care system and our responsiveness to need. Much of this is inspected by Ofsted on a three yearly basis with the report itself used to support service improvement. Receiving regular updates on this work will therefore form a significant part of the business, and the link across into the LSCB will need to be managed carefully. Unlike other members, the Lead Member for children has a nationally prescribed job description given by Parliament: the chair of the Children's Committee will be accountable to this job description.

Safeguarding is an area of potential confusion and overlap in business. It is the intention to have a **Corporate Parenting** sub-committee of Policy and Resources: we are required to have a LSCB, and a **Health and Wellbeing Board (appendix 3)**. The work plans of these four committees will need close co-ordination. This may be best facilitated by the chairs meeting, say, twice a year to agree a common forward plan. A statement of agreement exists between the CYPT and the LCSB: this will need to be updated to reflect these new arrangements

### 3.3 Schools and Learning

Successive governments have progressively weakened the statutory links between schools, colleges and academies and the local authority. The term familiar to many – Local Education Authority – now has little legal standing, and we have an ever decreasing roster of statutory functions. However, we do have a number of responsibilities that will be overseen by the Children's Committee:

- Sufficiency of school places, including capital programmes

- Catchment areas (although at present this is reserved to full council)
- Supporting schools in intervention
- SEN, including behaviour and placements
- Music and arts provision

Data sharing arrangements are very complex, as are our statutory responsibilities. The Government has released academies from a wide range of local accountabilities (it would say 'freed') but this means for example that we are reliant on our good relationship with local academies for information on progress and even attendance. However, it would seem reasonable for Children's Committee to receive updates on each.

### **3.4 Youth and Community**

The Council commissions around £2m of youth activity. The vast majority of this is non-statutory, and so the Council traditionally uses its monies to ensure gaps in provision are filled, and priorities, which may change from year to year, are adequately resourced and meet certain agreed quality standards. We are in the first year of our new commissioning strategy and so regular updates on progress and impact will be essential so that members provide proper overview and governance.

### **3.5 Youth Offending**

The Youth Offending Service has a separate management board chaired by the DCS. The accountable bodies for the management board have been the local community safety partnership and the CYPT. The Children's Committee may want to receive regular reports from the Board to ensure proper governance and accountability. The YOS also has clear child protection responsibilities for which it is accountable to the LSCB. The Director of Children's Services chairs the Youth Offending Service management board and provides a link between it and the Children's and Young people's Committee.

### **3.6 Health and Wellbeing Board**

The 2011 Health & Social Care Act requires every upper-tier local authority to establish a Health & Wellbeing Board (HWB). HWBs are partnership bodies, bringing together councils, NHS commissioners and user representatives to set the local health and care agenda.

Constitution

HWBs will be committees of the relevant Council. This means that they are subject to the regulations governing council committees and will have their membership and Terms of Reference agreed annually by the Full Council (i.e. the elected members) of the relevant local authority.

Duties

HWBs will be responsible for:

- Overseeing and agreeing the local Joint Strategic Needs Assessment (JSNA) – an ongoing analysis of health and care needs and provision in the area
- Agreeing a Joint Health and Wellbeing Strategy (JHWS) – a high-level plan for health, public health and adult and children's social care services for the local area

- Holding local Clinical Commissioning Groups (CCG) to account for their commissioning plans
- Encouraging co-working between health and social care
- Encouraging public engagement with health and social care decision-making

These are the *minimum* requirement duties set out in legislation: HWBs can take on other roles as well if agreed locally.

- 3.7 An draft annual plan for the Children’s and Young People’s Committee, covering the relevant business carried forward from Cabinet, Cabinet Member’s Meeting (CMM) and Scrutiny gives an outline as shown in table 1:

Table 1

### Children’s Committee: 2012/13 Work Plan

Month	Agenda Items
11 <sup>th</sup> June	<ul style="list-style-type: none"> <li>• Children’s Committee – Business Planning (TP)</li> <li>• A Review of Secondary Admissions Process for September 2014/15 (JL/GS)</li> <li>• Annual Standards and School Performance Report (&amp; MOU with Aldridge Foundation &amp; Secondary Compact) (JL/HF)</li> <li>• Children’s Social Care Update (JD)</li> </ul>
17 <sup>th</sup> September	<ul style="list-style-type: none"> <li>• Annual Report on School Attendance, Access and Exclusion (JL/MB)</li> <li>• Equalities update (including bullying and racist incidents) (JL/SB)</li> <li>• Annual School Organisation/Admissions Report (JL/GS)</li> <li>• Annual Report on Music and Arts Service (JL/PC)</li> <li>• Funding Arrangements for the Extension of free entitlement for 2 year olds</li> <li>• Children’s Centre Consultation</li> <li>• Housing for Vulnerable Young People</li> <li>• Provision of Family Group Conferences</li> </ul>
12 <sup>th</sup> November	<ul style="list-style-type: none"> <li>• Annual Standards and School Performance Report (JL/HF)</li> <li>• Annual Report of the work of the Learning Partnership (LP chair/JL)</li> <li>• Annual Report from SACRE (JL/MN)</li> <li>• The new SEN Strategy (JL/member of the partnership)</li> <li>• Programme Budgets 2013-15 (LH)</li> </ul>

14 <sup>th</sup> January	<ul style="list-style-type: none"> <li>• Children's Social Care Performance Update (JD)</li> <li>• Report on commissioning and delivery of Youth Services (SB/JD)</li> <li>• Child Poverty Strategy Update JL/SB)</li> <li>• Annual YOT performance report (SB/JD)</li> <li>• Fees and Charges (LH)</li> </ul>
11 <sup>th</sup> March	<ul style="list-style-type: none"> <li>• Review of S75 Agreement Partnership Agreements (SB)</li> <li>• Commissioning Strategy for services for children with disabilities: Progress Update (SB/JD)</li> <li>• Annual SEN performance report (JL)</li> <li>• Annual Report of the Behaviour and Attendance Partnership (JL/EM)</li> </ul>

3.8 The Council's Corporate Plan, which is available both on line and in Members' rooms, details the priority outcomes for the Council's work in the coming year, 2012-13 and is subject to approval by Policy and Resources Committee. A number of these relate directly to the work of this Committee. These include:

**PRIORITY 1: TACKLING INEQUALITY  
2012/13 COMMITMENTS**

1. Look to reorganise services to vulnerable children and adults to provide more early help, reducing the need for crisis intervention
2. Establish a new service for 'troubled families', working with 225 families this year to help prevent them from falling into need and helping them stay out of crisis.
3. Improve services for vulnerable teenagers by improving access to psychological therapies and supported accommodation.

**4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 The work plan suggested here arises out of manifesto commitments as well as statutory requirements placed on the Council. As such, they have been arrived at through a range of consultative methods.

**5. FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

5.1 There are no financial implications arising from this Report.

*Finance Officer Consulted: Louise Hoten*

*Date: 17/05/12*

#### Legal Implications:

- 5.2 The report provides a plan for the business of the committee. In relation to school admissions and the School Organisation Plan these issues are reserved to full council for decision making. This means under the current constitution these areas could only come to this committee for noting or recommendations, but not decision making.

*Lawyer Consulted: Natasha Watson Date: 29.05.12*

#### Equalities Implications:

- 5.3 For any change that has significant equalities implications a full impact assessment will be undertaken.

#### Sustainability Implications:

- 5.4 There are no sustainability implications from this report. Individual items may have sustainability issues and these will be addressed at the time.

#### Crime & Disorder Implications:

- 5.5 Links across to the community safety partnership through the Youth Offending Service will be vital in ensuring we meet our targets for reducing the numbers of young people engaged in crime, and the numbers of offences committed.

#### Risk and Opportunity Management Implications:

- 5.6 The Risks within this report relate to how various committees and boards will co-ordinate their work in the light of the statutory requirements placed on the statutory post holders of the chair of the children's committee and that of director of children's services (DCS).

#### Public Health Implications:

- 5.7 Clear relationships and co-ordination with both the adults and health committee and the health and wellbeing board will be vital to the success of the Children's Committee. Public Health commissioning will be agreed as part of the annual Joint Strategic Needs Assessment (JSNA).

#### Corporate / Citywide Implications:

- 5.8 The recommendation to manage business effectively across the named committees and boards, if accepted, should be able to ensure that work is co-ordinated both across the Council and its partners. The Children's Committee takes-on the statutory role of the Children's Trust Board and so will play a significant role in the wider partnership work of the Council.

## **Appendices**

### **1. CHILDREN AND YOUNG PEOPLE COMMITTEE**

#### Explanatory Note

This Committee is responsible for education, children's health and social care services, public health relating to children and young people, including services to young people up to the age of 19, and exercises the council's functions as Local Education Authority. Most of these services are delivered jointly with the Health Service and, to reflect this, the Committee is also the Council's Children and Young People's Trust Board for the purposes of the Children Act 2004.

#### Delegated Functions

To exercise the functions of the Council:

1. as a Local Education Authority under any enactment relating to education, youth services and the employment of children;
2. in relation to educational charities;
3. in partnership arrangements with other bodies connected with the delivery of education;
4. in relation to social services for children and young people;
5. in partnership arrangements with other bodies connected with the delivery of services for children, young people and families;
6. regarding families in connection with the functions of the Committee set out above or where there are no other arrangements made under this scheme of delegation;
7. under or in connection with the children and young people's partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 ("the section 75 Agreements");
8. in relation to children's public health including but not limited to:
  - sexual health
  - physical activity, obesity, tobacco control programme
  - prevention and early detection
  - immunisation
  - mental health
  - NHS health check and workplace health programmes
  - dental health
  - social exclusion
  - seasonal mortality;
9. in relation to those aspects of children's public health which transfer to the council under the Health and Social Care Act 2012.

#### NOTE

(a) All the above functions shall be exercised subject to any limitations in the section 75 Agreements.

(b) Policy issues which are relevant both to this Committee and the Adult Care & Health Committee may be considered by either of those Committees or by the Policy & Resources Committee.

### **2. CORPORATE PARENTING SUB-COMMITTEE**

## Explanatory Note

The Corporate Parenting Sub-Committee has the status of a Sub-Committee of the Policy and Resources Committee. It acts as an advisory committee to the Council, its partners and its Committees on matters related to the Council's looked after children.

Its role is to ensure that the Council and its partner agencies have a joint commitment to:-

- (a) Achieving improved outcomes for children in care and care leavers;
- (b) Developing and overseeing implementation of the Corporate Parenting Strategy to drive improved outcomes;
- (c) Providing challenge to ensure that the Council's duties as Corporate Parent are carried out effectively and consistently.

### Delegated Functions

1. To assist in the development, operation, monitoring and review of the Council's policies and strategies as they affect children in care and care leavers.
2. To develop, monitor and review a Corporate Parenting Strategy and work plan.
3. To promote a co-ordinated and partnership approach to the delivery of Council services as they affect children in care and care leavers and to challenge services where this is not evidenced or effective.
4. To advise the Council and its Committees on issues relevant to children in care and care leavers and to ensure that policies implemented by the Council which affect these children and young people are effective and appropriate.
5. To review and monitor outcomes for looked after children and care leavers, including data from the Corporate Parenting Report Card and feedback from the Standards & Complaints and Quality Assurance Framework officers in respect of children in care and care leavers.
6. To ensure that clear and accessible information is readily available to children in care and care leavers on the corporate parenting they can expect from the council.
7. To ensure that systems are in place which mean that the views of children and young people are represented in the development of services that affect them.
8. To report to the Council's Policy and Resources Committee and Council on a twice yearly basis.
9. To make recommendations to the relevant Committee where responsibility for a particular function rests with that Committee.
10. To appoint non voting Co-opted Members.
11. To ensure arrangements are made for the training and development of Councillors (and others as appropriate) on the Corporate Parenting role.
12. To receive reports on the discharge of the Council's functions regarding the provision of accommodation for looked after children and care leavers, and to make recommendations to the appropriate body of the Council.

### **3. HEALTH & WELLBEING BOARD**

#### **Explanatory Note**

This Board is established as a shadow board in anticipation of the Health and Social Care Act 2012 coming into force. The Health and Wellbeing Board (“the H&W Board”) in its shadow form is responsible for advising the Council, the Sussex Primary Care Trust Board (“SPCT Board”) and the Clinical Commissioning Group (“CC Group”) on work to improve the health and wellbeing of the population of Brighton & Hove through the development of improved and integrated health and social care services. In particular it will be responsible for preparing a Joint Health and Wellbeing Strategy and a Joint Strategic Needs Assessment. The H&W Board’s procedures are similar to those of Council Committees, with modifications to reflect its purpose, composition and shadow status. The H&W Board comprises 7 Councillors and 7 further members determined having regard to the requirements of the Health and Social Care Act 2012.

#### **Delegated Functions**

1. To carry out its functions in shadow form until the requirements of the Health and Social Care Act 2012 comes into force (anticipated date 1 April 2013) when the Board will become a fully functioning Committee of the Council.
2. To lead and act as an advisory body to the Council, the SPCT Board and the emerging CC Group on work to improve the health and wellbeing of the people of Brighton & Hove, through the development of improved and integrated health and social care services.
3. In support of the foregoing, to advise the Council, the SPCT Board and the CC Group in relation to the following matters:-
  - (a) Providing city-wide strategic leadership to public health, health and adults and children’s social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts;
  - (b) Making ready for its future role of preparing and publishing the Joint Strategic Needs Assessment (JSN Assessment) for the City;
  - (c) Preparing and publishing a Joint Health & Wellbeing Strategy (JHW Strategy), monitoring the outcomes goals set out in the JHW Strategy and using its authority to ensure that the public health, health and adults and children’s commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the City;
  - (d) Receiving the annual CC Group’s commissioning plan for comment.
  - (e) Supporting joint commissioning and pooled budget arrangements where agreed by the H&W Board that this is appropriate;
  - (f) Promoting integration and joint working in health and social care across the locality;
  - (g) Establishing and maintaining a dialogue with the Council’s Local Strategic Partnership Board, including consulting on its proposed strategies and reporting on outcomes in line with the City’s Performance and Risk Management Framework.
  - (h) Involving stakeholders, users and the public in quality of life issues and health and wellbeing choices, by communicating and explaining the JHW Strategy;
  - (i) Developing and implementing a Communications and Engagement Strategy;
  - (j) Representing Brighton & Hove on health and wellbeing issues at all levels, influencing and negotiating on behalf of the members of the Board and working closely with the LINKs/local HealthWatch;
  - (k) Ensuring robust arrangements are in place for a smooth transition into the statutory H&W Board by April 2013.



#### **4. The Health and Wellbeing Overview and Scrutiny Committee**

To exercise powers with regard to the scrutiny of health services pursuant to the National Health Service Act 2006 and in particular:-

- To scrutinise matters relating to the health of the Authority's population and contribute to the development of policy and service to improve health and reduce health inequalities;
- To scrutinise matters relating to public health;
- To undertake all the statutory functions of the health scrutiny committee in accordance with the National Health Service Act 2006;
- To review and scrutinise the impact of the Authority's own services and of key partnerships on the health of its population;
- To encourage the Council as a whole to take into account the implications of their policies and activities on health and health inequalities;
- To make reports and recommendations to the National Health Service, the Council, the committees and sub-committees, and to other relevant bodies and individuals;
- To monitor and review the outcomes of its recommendations.

In all of the above, to liaise with other bodies that represent patients' views in order to seek and take account of the views of the local populations

To perform the Overview and Scrutiny function in relation to all matters, decisions and service provision connecting to Adult Social Care.

To perform the Overview and Scrutiny function in relation to all matters, decisions and service provision connecting to Children and Young People and in particular:

- the provision, planning and management of children's social services
- the provision, planning and management of education
- the health of the authority's children and young people, including contribution to the development of policy and service to improve health and reduce health inequalities, all in accordance with the principles of section 244 National Health Services Act 2006
- all of the functions of the Council as an education authority

#### **5.**

### **STATEMENT OF AGREEMENT BETWEEN BRIGHTON AND HOVE CHILDREN'S TRUST BOARD AND BRIGHTON AND HOVE LOCAL SAFEGUARDING CHILDREN BOARD**

#### **Purpose of agreement:**

This agreement sets out the accountability arrangements and working relationship between Brighton and Hove's Children's Trust Board (CTB) and Brighton and Hove's Local Safeguarding Children Board (LSCB). It covers their respective roles and functions and mutual accountability arrangements. This agreement is about the relationship with the CTB and not the joint services.

The CTB and LSCB have formally agreed to the arrangements set out in this document, which will be subject to review annually (from the date of initial agreement).

## **Role of Local Safeguarding Children Board (LSCB)**

The LSCB is a statutory partnership with responsibility for agreeing how relevant local organisations will co-operate to safeguard and promote the welfare of children. The LSCB's role is to monitor and evaluate the effectiveness of local arrangements to safeguard all children.

The LSCB's key responsibilities include the following:

- To participate in local planning and commissioning of children's services (through contributing to the Children's and Young People's Plan) – to ensure that safeguarding and promoting welfare is taken into account, or to initiate activities which investigate and improve practice in relation to safeguarding.
- Develop and promote policy and procedure for safeguarding children and young people. This includes training people who work with children, ensuring safe recruitment and working practice, and investigating allegations and concerns.
- Monitor and evaluate the effectiveness of what is done by the local authority and Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve
- Communicate and raise awareness of the need to safeguard and promote the welfare of children to those who work with children, including volunteers, and members of the public.
- Collect and analyse information about child deaths, with a view to learning from experience and safeguarding and promoting the welfare of all children.
- Undertake Serious Case Reviews where abuse or neglect is known or suspected to be a factor in a child's death or serious injury – especially where there is cause for concern about the way professionals or agencies have worked together.
- Lead on or contribute to specific safeguarding initiatives, e.g. e-safety, missing children, safer workforce, and sexual exploitation.
- Produce and publish an annual report on the effectiveness of safeguarding in Brighton and Hove

LSCBs are now expected to have an independent chair so that the LSCB can exercise its local challenge function effectively. There is a statutory list of member agencies and recent guidance has added lay members and school representatives to the list.

## **Role of Children's Trust Board**

The CTB provides the interagency governance of cooperation arrangements to promote children's well being in Brighton & Hove. These cooperation arrangements are made

pursuant to Section 10 of the Children Act 2004, whereby arrangements are to be made with a view to improving the well-being of children in the authority's area. . The CTB is responsible for developing a local strategy for improving children's lives by delivering better services – including their health and wellbeing. In particular the CTB promotes strong joint planning and commissioning of services and is responsible for ensuring services deliver improved outcomes for children and young people.

The key responsibilities of the Children Trust Board are as follows:

- Undertaking a joint strategic needs assessment to identify and agree local priority outcomes and setting out these priorities in a Children and Young People's Plan.
- These include identifying vulnerable children and intervening early to ensure they are safe and thriving, narrowing the gap between vulnerable children and others who are not in areas such as educational attainment, and reducing child poverty.
- The CTB will do this by listening to the views of children, young people, and their parents and carers; by promoting joint working, by ensuring effective commissioning of services, by using resources effectively and creatively, by aligning or pooling budgets, and by overcoming unnecessary barriers to sharing and communication.

#### **The relationship between the LSCB and the CTB:**

The LSCB is responsible for monitoring and evaluating local safeguarding arrangements whereas the CTB is responsible for bringing together, and monitoring, a common strategy for improving the well-being of children in the authority's area through the Children and Young People's Plan.

- The LSCB should be consulted on issues that affect how children and young people are safeguarded and how their welfare is promoted and to be a formal consultee during the development of the CYPP.
- The LSCB has the authority to call all agencies represented on the CTB to account for their safeguarding activity but is not accountable for the operational work of individual agencies or the CTB.
- The LSCB should provide robust, independent challenge to the safeguarding work of the CTB and its partners.
- The LSCB should provide an annual report to the CTB setting out an assessment of local safeguarding arrangements and its key findings from the monitoring and evaluation of local safeguarding arrangements during the year, and recommendations of areas of safeguarding which should be included in the CYPP.

#### **Roles and responsibilities:**

The roles of the LSCB and CTB must have a clear distinction. The LSCB is not an operational subcommittee of the CTB, and should not relate to the CTB in a way that

might compromise its separate identity and independent voice. The LSCB must be able to form a view on the quality of local activity to challenge organisations as necessary, and speak with that independent voice

The Independent Chair (IC) of the LSCB is accountable to the Local Authority (LA) locally by virtue of the fact that the LA is responsible for establishing the LSCB. The IC is accountable through the Director of Children's Services (DCS) and/or Council Chief Executive, for the delivery of effective partnership arrangements to safeguard children and for ensuring that the LSCB delivers its statutory functions effectively.

Members of LSCBs retain their own existing lines of accountability for safeguarding and promoting the welfare of children by their services as well as being responsible for contributing to effective arrangements for how agencies work together to safeguard children. However statutory guidance requires members to give precedence to their role as LSCB members when recommending or deciding upon the necessary steps to put something right. Members of LSCBs are responsible for;

- Ensuring, including through a programme of monitoring and evaluation, that their agency discharges its responsibilities to safeguard children effectively and taking appropriate action when required, including taking action internally and alerting the LSCB when shortfalls in arrangements are identified.
- Ensuring, including through participating in a programme of multi-agency monitoring and evaluation activity, that all agencies are working together effectively to safeguard children.

Members of CTB are required to contribute to the planning and delivery of services to children and young people in accordance with the CYPP and to specify their contribution to the joint strategy, including, as appropriate, local representatives of the private and third sectors.

Specific statutory responsibilities of LSCB members include;

- The DCS and Lead Member, working with the Chief Executive of the local Primary Care Trust, play a key part in developing effective joint leadership and clear local accountability arrangements.

The DCS and the Lead Member lead and facilitate local partnership arrangements, including the co-operation arrangements that underpin the local Children's Trust, the Children and Young People's Plan, information sharing databases, the Local Safeguarding Children Board and any section 75 arrangements relating to children's health. These responsibilities are the key to uniting partners and integrating services to make each local area the best possible place for children to grow up.

The DCS has responsibility for the safety and welfare of all children, especially looked after children, across all agencies; this includes:

- statutory responsibility for ensuring that an effective LSCB is in place on behalf of the Local Authority

- being a member of the LSCB and working closely to support the Independent Chair to ensure it functions effectively
- contributing to monitoring the extent to which other Board members act in accordance with the CYPP, and hold them to account through the CTB
- ensuring that children, young people, parents and carers are at the heart of consultation in the strategic planning of services and are able to feed back on their experience of the quality of service.
- considering data on child protection and information emerging from the LSCB and regularly reviewing all points of referral where concerns about a child's safety or welfare are received, to ensure that they are sound in terms of the quality of assessments of any risks of harm to the child, decision-making, onward referral and multi agency working.
- Supporting, advising the LSCB Chair, and monitoring progress

The Lead Member, as an elected representative, should be proactive in developing the local vision and driving improvements for local people, including through the CTB (and CYPP) and the LSCB. The LM should:

- Chair the CTB;
- be a participant observer of the LSCB;
- provide the political leadership needed for the effective co-ordination of work with other relevant agencies with safeguarding responsibilities;
- take steps to assure themselves that effective quality assurance systems for safeguarding are in place and functioning across service areas and levels of need.

The LSCB chair has a crucial role in making certain that the LSCB operates effectively and has an independent voice. The Chair should:

- Not be a member of the CTB but be able to be a participant observer;
- Provide leadership to the LSCB so it fulfils its functions;
- Provide when necessary an independent public voice on behalf of the LSCB;
- Promote partnership and mutual scrutiny.

## **5 Operational arrangements**

In order to deliver local services effectively the LSCB and CTB will:

- Have an ongoing and direct relationship, communicating regularly through identified lead individuals. The DCS and LSCB chair will meet at least quarterly, and the Lead Member will meet with both at least twice per annum;
- Work together to ensure action taken by one body does not duplicate that taken by another;
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.

This means that:

- The LSCB will undertake safeguarding audits and feedback the results to the CTB, advising on ways to improve, highlighting areas of underperformance and highlighting gaps in service for the CT to consider as part of its joint commissioning process
- The CTB will consult the LSCB on issues, policies and strategies which affect how children are safeguarded and their welfare promoted, for example; the LSCB has in particular a statutory duty on developing threshold so this will be subject of consultations
- The CTB will take note of recommendations and identified areas for improvement made by the LSCB and report back to the LSCB on subsequent progress
- The CTB will ensure the LSCB is formally consulted during the development of the CYPP
- The CTB will ensure that those issues raised in the LSCB's annual report into the effectiveness of safeguarding arrangements are responded to as part of the development of the CYPP
- The CTB will ensure that messages and information provided by the LSCB are appropriately disseminated within CTB member organisations
- The CTB will take an overview of the LSCB's activities as part of its monitoring arrangements, as the work of the LSCB falls within the framework of the CYPP.

## **Documents in Members' Rooms**

1. Corporate Plan Refresh 2012/2013

## **Background Documents**