

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

**4.00pm 18 DECEMBER 2012**

**COMMITTEE ROOM 1, BRIGHTON TOWN HALL**

**MINUTES**

**Present:** Councillor Rufus (Chair)

**Also in attendance:** Councillor C Theobald (Deputy Chair), Bowden, Cobb, Cox, Hamilton, Marsh, Sykes

**Other Members present:** David Watkins (LINK); Jack Hazelgrove (Older People's Council); Thomas Soud (Youth Council); Amanda Mortenson (Parent Governor); Susan Thompson (Diocese of Chichester)

**PART ONE**

**36. PROCEDURAL BUSINESS**

- 36.1 Substitutes – Councillor Les Hamilton was subbing for Councillor Alan Robins. Councillor Denise Cobb was subbing for Councillor Andrew Wealls.
- 36.2 Declarations of Interest – there were none
- 36.3 Declarations of Party Whip – there were none
- 36.4 Exclusion of Press and Public – as per agenda.

**37. MINUTES OF THE PREVIOUS MEETINGS**

- 37.1 The Part 2 minutes (item 50) – were not called, so were accepted as correct.
- 37.2 Amanda Mortenson made one change with regard to the item from the Parent Carers' Council; Sussex is 'one of the few areas' with no dedicated service, rather than the 'only' area.

**38. CHAIR'S COMMUNICATIONS**

- 38.1 At the last HWOSC Amaze and the Parents Carers Council introduced the Talk Health report on issues for children with complex needs. HWOSC agreed to champion the report; the Chair reported back that the Parents Carers Council has had meetings with the hospital trust to talk about their requests and have

formulated an action plan to address a number of the recommendations. Amaze are timetabled to come back to HWOSC later in the year to update on progress

- 38.2 The Chair gave a brief update on the existing panels –the panel looking at homelessness has had two scoping meetings, including a visit to a hostel, meeting with service users and taking part in the rough sleepers count. Three meetings have been scheduled for 2013, starting in January. Across the course of the meetings, panel members will talk to officers, service users, advocacy groups and service providers, landlords and temporary accommodation providers

The panel looking at the Youth Justice Plan held a workshop with Anna Gianfrancesco, Service Manager for Children and Families where they discussed the recent Youth Offending Team inspection outcomes and results. They heard that the team is undergoing a major restructure to address the problems that were highlighted in the inspection report. She was hopeful that, after a bedding in period, the new structure would deliver much better results for the city. The panel concluded that they had confidence that things were moving in the right direction, and asked to meet again in spring 2013 to see how the restructure was going in practice.

Both panels will bring formal reports to HWOSC in due course.

### **39. PUBLIC INVOLVEMENT**

- 39.1 There was no public involvement.

### **40. ISSUES RAISED BY COUNCILLORS AND CO-OPTees**

- 40.1 There were no issues raised by councillors or co-optees.

Items 41/42/43 were all requests for potential scrutiny panels and were heard together before deciding what further action should be taken.

### **41. AUTISM - SERVICES FOR CHILDREN AND YOUNG PEOPLE**

- 41.1 Alison Nuttall, Strategic Commissioner, CYPT and Tom Hook, Head of Scrutiny, gave an update of what had happened with regard to the services for children and young people with autism.
- 41.2 CAMHS had sent parents and carers a questionnaire to assess satisfaction levels with services that were being provided. Unfortunately only a small number had been returned – 10 from approximately 80 which had been sent out- which meant that it was not possible to carry out detailed analysis of the results. However the available information about the results could be found at 3.7 in the report.
- 41.3 Comments and questions included:

It was not really possible to decide about user satisfaction on the basis of only ten responses. This seemed a very small number of responses, given that Amaze has a database which could be used to contact a much higher number of parents and carers of children and young people with autism.

There had been various scrutiny reports and panels looking at autism for over 14 years. It was a key issue for the city and needed to be resolved.

Were surveys the best way of gathering realistic responses? What was put into place to ensure that they were sent to all service users?

*Surveys were sent to all users, and responses were sent back directly to the scrutiny team to minimise the likelihood of any responses being mislaid.*

The committee then moved on to the next panel request before deciding whether to take this further.

## **42. SCRUTINY REQUEST: BULLYING IN B & H SCHOOLS**

- 42.1 Jo Lyons, Lead Commissioner, Schools Skills and Learning, and Sam Beal, Consultant, presented the report on bullying in Brighton and Hove schools and the work being done to address it. There is a particular focus on anti-bullying and equalities. The council supports schools assertively with anti-bullying work.
- 42.2 Due to a change in statutory guidance, schools no longer need to make returns to the local authority about racist and homophobic incidents, but the council has opted to work with schools to collect the data as it is important to tackle the problem.
- 42.3 Partnership working is a real strength in the city; the council has recently won a Stonewall award for its work.
- 42.4 There has been a move to develop restorative approaches to bullying solutions.
- 42.5 There has been a 10% reduction in bullying over the time that the survey has been carried out.
- 42.6 Comments and questions included:

What work is being done with parents and carers to help tackle bullying?

*Schools need to regularly communicate with parents. Schools should consult with parents about their anti-bullying policy. Everyone needs to have a shared definition of bullying and what will be done to address it. At an individual casework level, there is a lot of work done with parents on both sides of the bullying cases.*

It would be useful for HWOSC to hold a panel into bullying as it could be arranged to allow people to give confidential sensitive information.

Is any comparative work carried out to see where Brighton and Hove sits in relation to other authorities?

*Ofsted used to carry out a comparative data exercise, but this is no longer the case. When this was carried out, Brighton and Hove performed well against other authorities. There are resource implications for schools in carrying out their own benchmarking although they are responsible for their own improvement. The council would not become involved unless there was a particular problem area.*

How accurate do you consider the Healthy Schools survey to be? Its likely that some pupils will embellish or lie for effect.

*The data is cleaned by the Analysis team to mitigate against this. In addition, the schools explain to the young people how the survey results are used in affecting funding for the schools.*

On the Compass database, 49% of young people say that they have been bullied; special educational needs bullying is a huge issue.

The Youth Council welcomes all of the work that is going on but feels that bullying is still prevalent despite this. It is very hard to challenge bullying and the Youth Council therefore supports the request for a Panel.

The committee then moved on to the next panel request before deciding whether to take this further.

#### **43. SCRUTINY REQUEST: SEXUAL EXPLOITATION OF CHILDREN**

- 43.1 Giles Rossington, Senior Scrutiny Officer, introduced this report and request for a panel, which had been made by Councillor Alex Phillips.
- 43.2 It was proposed to take a slightly different approach than had been taken to the other two panel requests. Each area has a Local Safeguarding Children's Board (LSCB). It was proposed that the HWOSC ask the local LSCB to use a nationally produced self-assessment tool to assess their services and then report back to the HWOSC with their findings. It could then be decided whether further work was needed or not.
- 43.3 This approach was agreed
- 43.4 **RESOLVED** – to ask the LSCB to assess their services using the self-assessment tool and report back to HWOSC.

Tom Hook, Head of Scrutiny, then summarised the position with regard to the current list of scrutiny panels; there are nine panels underway or waiting to be started, with another four – alcohol, Community Mental Health Team, Social Value and cultural provision for older people – all agreed. It would be possible to add the two suggested panels to the list of agreed scrutiny review panels, depending on the wishes of HWOSC.

## 43.5 Comments and questions included:

Autism – services for children and young people

The CAMHS survey was sent to families who began using services within a certain timeframe. It was not sent to families who were assessed previously but were still using the services; this meant that their views were not taken into account.

Does scrutiny currently have enough data about autism services for children and young people to make a decision? Did the survey ask the right questions?

*The survey was consulted on and went through a number of drafts. CAMHS has recently changed its service provision so there may be a query over how useful any backwards looking data was. The survey could be redesigned and re-sent out, but this would mean that autism services would not be reviewed for a further 12-18 months, once time was allowed for responses to be sent back etc.*

Panels are there to have an overview of what is happening in a service area; there should be a panel looking at autism services for children and young people to check whether the right service was being provided. It would be necessary to talk to people who were affected by the service, whether in private or within an open meeting.

Perhaps the panel could look at how to obtain more information from parents and carers, as it did not seem that the surveys were getting the results needed.

The majority of HWOSC members were in favour of setting up a panel looking at autism services for children and young people.

Bullying in Schools

There should be at least one young person on the panel.

All HWOSC members were in favour of setting up a panel looking at bullying in Brighton and Hove schools.

## 43.6 RESOLVED- that panels be set up to look at (a) autism services for children and young people and (b) bullying in Brighton and Hove schools.

**44. MENTAL HEALTH ACUTE BEDS**

44.1 Anne Foster and Dr Becky Jarvis from the Clinical Commissioning Group (CCG) presented the report on Mental Health acute beds. To give some additional background, Brighton and Hove's spend on Mental Health services is similar to other cities with a similar size need, but this does not necessarily mean that money is being spent in the right place. There is a move toward more preventative, community based service provision, as can be seen in the report.

## 44.2 Questions and comments included:

How many people were being sent outside the city?

*93% of service users were able to access a bed in the city; there are on average two admissions a day to Millview. However, some types of inpatient care are not available in the city- eg for female psychiatric intensive care – so the figures have been adjusted accordingly.*

It would be useful to see the readmission rates for service users in the city to see whether this provides any information.

*Re-admission rates are one of the key metrics monitored by the clinical review group. A re-admission audit has been undertaken to find out more about re-admission rates. However the numbers are small so it was not possible to draw any firm conclusions from the audit. Further scoping work is being undertaken to assess the merits of further more detailed audit work.*

When will the new care coordinators be in place?

*The posts are out to recruitment now.*

- 44.3 The Chair concluded that it was good to see extra investment going into mental health services. The HWOSC would look forward to seeing the changes going forward.

#### **45. MENTAL HEALTH ACCOMMODATION WITH SUPPORT**

- 45.1 Linda Harrington, Commissioner, presented the report on Mental Health accommodation with support.
- 45.2 The service review gave a number of key findings including the need for 100 extra units of accommodation with support, especially for high complex needs. The review also found huge outliers of costs for 19 current units of accommodation. This funding is to be reallocated to provide 120 units of accommodation.
- 45.3 SPFT met with each resident to talk about possible changes in providers and in accommodation. Initial feedback is that this seems to have gone well.
- 45.4 Comments and questions included:

It is amazing that costs for 19 units of accommodation can be reallocated to provide 120 units. How has this been allowed to happen? Has the NHS been paying too much for those units?

*The original contract was set up using an old approach to commissioning where block contracts were set up. It was harder to analyse where the money was going in those cases but this has now changed. The units provide high level of complex support for residents and therefore unit costs would be expected to be higher than for average need. However commissioners believe that by market testing the service through a procurement process the service can be provided at a lower cost.*

It is interesting that there was a high level of interest from potential accommodation providers, how was this achieved?

*A lot of work went in prior to the contract being advertised to raise awareness; this was very positive.*

What support is given to people who receive 'floating support'?

*Floating Support provides day to day support to people living in independent accommodation (owner occupiers, council, housing association and private sector tenants) with the aim of enabling individuals to live independently in the community. SPFT staff have been seconded to the Housing Options Team, working closely with different teams in the council to help support the tenants and their neighbours. The support element is to help people move through different tiers of accommodation support, to move on where appropriate with floating support as needed. You need space in all tiers of accommodation to help move people on to appropriate types of housing.*

*Proactive work is undertaken through tenancy support services to address problems before they escalate.*

Who will have access to the 100 new units of accommodation?

*They will be for Brighton and Hove residents who need mental health support.*

## **46. MENTAL HEALTH SUPPORT REVIEW**

46.1 Anne Foster from the CCG presented the report. There were 38 expressions of interest for contracts across five sectors. Ten contracts have been awarded to twelve organisations, all with local connections. The Prospectus approach that was used builds in a social capital element to procurement. This is the first time that the CCG has tried this approach; some elements of it have been more successful than others.

46.2 Questions and comments included:

There appears to have been a problem in procuring some BME support services, what was the situation?

*Only two bids were received, one which was too narrow, and one which did not address the specific requirements that were needed. It was therefore decided to keep the existing contract for a year and in that time to work with community groups to see how to move forward in future years.*

What happens to those organisations who did not win the contracts? It would be a shame to lose their expertise.

*Some organisations chose not to bid whilst it was felt that some other bids were not strong enough. In addition some other providers may be sub-contracted to provide some services eg Southdown Housing Association may subcontract some of their day services provision*

Will the Prospectus approach be rolled out? It would be useful to have more information on Prospectus.

*It has been a positive approach for contracting for Mental Health services and matching providers to services. However it may not work for all services.*

*A report on Prospectus can be bought to a future meeting.*

This was welcomed.

#### **47. DEMENTIA - PROGRESS UPDATE**

47.1 Kate Hirst gave an update on the National Dementia Strategy. Approximately 3000 people locally were likely to have a diagnosis of dementia. Of those, approximately 1000 had been diagnosed. The Shadow Health and Wellbeing Board has identified dementia as a local priority.

47.2 The Memory Assessment Service contract had recently been awarded to a consortium including Brighton and Hove Integrated Care Service, Sussex Partnership Foundation Trust and the Alzheimer's Society and the Carer's Centre.

47.3 Ongoing funding for a Dementia Champion post at the Royal Sussex County Hospital has just been agreed.

47.4 Questions and comments included:

Are residents in care homes assessed?

*There is a Care Home In Reach Team which goes to care homes and assesses residents. The Community Mental Health Team also goes into homes.*

Is there a shortage of specialist Mental Health beds?

*There is not enough local provision in care homes at present which means some residents access care homes outside the City. However, the CCG is anticipating three new providers to set up in the next year. There have also been care home closures which affect numbers of available beds.*

47.5 The Chair welcomed the report and asked for an update in summer 2013.

#### **48. TROUBLED FAMILIES INITIATIVE**

48.1 Mat Thomas from the Stronger Families, Stronger Communities (SFSC) Team presented the report. The SFSC Team was Brighton & Hove City Council's approach to central Government's Troubled Families agenda.

48.2 Brighton & Hove City Council has been asked to turn around 675 families in the city, to make them more able to cope. The approach is a 'Payment by Results' one, which gives local authorities a percentage payment for engaging families and producing results, which is split in different ways over the three year life of the programme.



- 48.3 The service is delivered by Family Coaches, who can spend up to 10 hours per week with a family. Coaches have a very small caseload, with no more than five families per coach, and they deliver a very intensive service. There are 24 FTE staff and a partnership board.
- 48.4 The family doesn't necessarily need to have a young person in it to qualify for intervention - there are certain criteria that are looked for: school attendance below 85%, anti social behaviour or youth offending, and or a history of worklessness.

The family must have two out of three of the above criteria to be eligible; many will have all three.

- 48.5 In order to receive Payment by Results, strict results need to be achieved, for example, all children in the family must have an over 85% school attendance for three terms, or anti social behaviour should be reduced by at least 60%.
- 48.6 Questions and comments included:

How does the approach differ from the family intervention project work?

*The team works with the whole family, targeting specific areas as needed. The team is trying to work with slightly less priority cases in order to address their behaviour before it escalates. The Family Coach agrees the approach with the family, eg discussing what is reasonable and sharing outcomes.*

How are families identified?

*There are a number of ways, mainly through professionals identifying eg the school or social worker. The team then holds a team meeting to decide which families to take forward.*

- 48.7 The Chair thanked Mr Thomas for his presentation and asked for an update in six months or so, with a cost benefit analysis. This was agreed.

#### **49. CCG AUTHORISATION**

- 49.1 The report was noted.

#### **50. PART TWO MINUTES**

#### **51. PART TWO PROCEEDINGS**

The Part Two minutes were not called, so were agreed as accurate.

The meeting concluded at 6.30pm

Signed

Chair

Dated this

day of