Brighton & Hove City Council

Health & Wellbeing Overview & Scrutiny Committee

Title:	**Health & Wellbeing Overview & Scrutiny Committee**
Date:	**18 December 2012**
Time:	**4.00pm**
Venue	**Committee Room 1, Brighton Town Hall**
Members:	**Councillors:** Rufus (Chair) C Theobald (Deputy Chair), Bowden, Cox, Marsh, Robins, Sykes and Wealls **Co-optees:** David Watkins (LINk), Jack Hazelgrove (OPC), Amanda Mortensen (Parent Governor Representative), David Sanders (Catholic Schools Service), Susan Thompson (Diocese of Chicester) and Youth Council
Contact:	**Kath Vlcek** **Scrutiny Support Officer** 01273 290450 kath.vlcek@brighton-hove.gov.uk

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AGENDA

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Ward Affected: *All Wards*

42. Scrutiny Request: Bullying in B & H Schools **17 - 32**

Contact Officer: *Kath Vlcek, Scrutiny Support Officer* *Tel: 01273 290450*

Ward Affected: *All Wards*

43. Scrutiny Request: Sexual Exploitation of Children **33 - 38**

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

Ward Affected: *All Wards*

44. Mental Health Acute Beds **39 - 52**

Contact Officer: *Kath Vlcek, Scrutiny Support Officer* *Tel: 01273 290450*

Ward Affected: *All Wards*

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Contact Officer: *Kath Vlcek, Scrutiny Support Officer* *Tel: 01273 290450*

Ward Affected: *All Wards*

46. Mental Health Support Review **63 - 78**

Contact Officer: *Kath Vlcek, Scrutiny Support Officer* *Tel: 01273 290450*

Ward Affected: *All Wards*

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Contact Officer: *Kath Vlcek, Scrutiny Support Officer* *Tel: 01273 290450*

Ward Affected: *All Wards*

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Contact Officer: *Steve Barton, Lead Commissioner, Children, Youth and Families* *Tel: 29-6105*

Ward Affected: *All Wards*

49. CCG Authorisation **111 - 122**

Contact Officer: *Kath Vlcek, Scrutiny Support Officer* *Tel: 01273 290450*

Ward Affected: *All Wards*

PART TWO

50. Part Two Minutes **123 - 128**

Part Two minutes of the Call-In meeting 24 October 2012.

51. Part Two Proceedings

To consider whether the items listed in Part Two should remain exempt from disclosure to the press and public.

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Date of Publication 12 December 2012

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 11 SEPTEMBER 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor C Theobald (Deputy Chair), Bowden, Cox, Marsh, Robins, Sykes and Wealls

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

PART ONE

24. PROCEDURAL BUSINESS

24A Substitutes

24.1 There were none, although Councillor Theobald was standing in as Chair as Councillor Rufus was unable to attend the meeting due to a personal matter.

Apologies had been received from Councillor Rufus and Carol Sajnog from the Catholic Schools Service.

24B Declarations of Interest

24.2 Councillor Graham Cox said that his wife worked as a community nurse.

Amanda Mortenson, Parent Governor representative, said that she had co-written the report from the Parent Carers' Council at item 29.

24C Exclusion of Press and Public

24.3 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 material as defined in section 1001(1) of the said Act.

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

25. MINUTES OF THE PREVIOUS MEETING

25.1 Councillor Wealls asked that 19.13 be amended to 'it should be clinicians directing priorities'. This was agreed.

Other than this amendment, the minutes were approved.

25.2 Councillor Marsh also updated members on what had happened at the Overview and Scrutiny Committee this week; OSC had agreed and approved a joint scrutiny panel on alcohol. The Head of scrutiny would be making contact for panel members shortly. David Watkins asked about the role of co-optees on the panel. Councillor Marsh said that her understanding was that there would be an appropriate co-optee/s on each panel. The Head of Scrutiny would have more information on this.

26. CHAIR'S COMMUNICATIONS

26.1 There were none other than to confirm that Councillor Theobald would be chairing the meeting as Councillor Rufus was unable to attend due to a personal matter.

27. PUBLIC INVOLVEMENT

27.1 There were no items to consider.

28. ISSUES RAISED BY COUNCILLORS AND CO-OPTEES

28.1 There were no issues to consider.

29. CHILDREN WITH COMPLEX NEEDS

29.1 Rachel Travers, Debbie Collins and Amanda Mortenson from Amaze and the Parent Carers' Council (PaCC) presented their report 'Talk Health' to HWOSC.

They explained that Amaze was a small charity in Brighton and Hove for parents of disabled children. The PaCC was a subgroup of Amaze especially for parent-carers. Amaze sees approximately 1,500 families and receives 4000 calls to its helpline per year. They understand that the numbers may be low in terms of population size but some of the children are very high cost in terms of the care and medical support that they receive, with high incident rates; therefore Amaze and PaCC believes that the children should be a priority group for the local authority and partners.

The 'Talk Health' report is the third annual report that the PaCC has produced; the other two are on the topics of education and therapies. PaCC is still working on the recommendations from the two previous reports.

29.2 With regard to the current 'Talk Health' report, it was recognised that children with complex need may attend a wide range of different services but the parents chose to focus the report on four specific services, the Royal Alexandra Children's Hospital, Seaside Children's Centre, GP services and CAMHS.

29.3 Amanda Mortenson told the committee her own story as the parent of a child with complex needs. Ms Mortenson is Co-Chair of the PaCC, and her daughter has very complex needs. Ms Mortenson gave an overview of the range of planned and unplanned hospital visits that her daughter undergoes on a regular basis and gave some examples of things that could be introduced that would benefit their lives to a great extent. One example was to have a specialist paediatric epilepsy nurse, possibly through a Sussex wide service who could offer care at home rather than having to necessarily attend or stay in hospital.

29.4 Debbie Collins, Parents' Participation Worker for PaCC, summarised the report and the recommendations for HWOSC members. Ms Collins noted that Brighton and Hove was extremely lucky to have the Royal Sussex County Hospital on our doorstep.

One of the overriding recommendations was for 'parent's journey training' for health care professionals to understand what it was like to be a parent carer. All staff at Seaside View have already had the parent's journey training and it has made a huge difference to parents' experiences. Other recommendations that would make a significant difference to parents would be for medical professionals to routinely copy parents in to all correspondence as this does not often happen.

29.5 Ms Travers clarified that there were a great deal of positive findings as well as recommendations in the full report. Andrew Lansley, former Health Secretary, had recently commissioned a national piece of work, the Children and Young People's Health Outcomes Forum. A large number of the national study's recommendations were mirrored in the local findings too.

29.6 Ms Travers asked whether it was possible to amend the recommendations in the cover report so that the HWOSC could agree to champion the recommendations in the Talk Health report, and ensure that Amaze got a response from the relevant bodies. Ms Travers also asked that HWOSC consider asking the Health and Wellbeing Board to consider the report.

29.7 Committee members thanked Ms Travers, Ms Mortenson and Ms Collins for their excellent report and for their presentation. Councillor Theobald, who was chairing the meeting, agreed to consider the recommendations as requested by Ms Travers. This was endorsed by other HWOSC members.

29.8 Councillor Theobald said that it was extremely moving to hear what it was like for parents of children with complex needs.

29.9 Councillor Marsh commented on the particular role of GPs in 'gatekeeping' access to further services. Ms Travers responded that it was crucial to have a good relationship between families and GPs, particularly if there was to be a reduction in people presenting to A&E. If families did not feel that they had a positive relationship with their GP, they would be more likely to attend A&E for assistance instead.

29.10 Councillor Robins asked for information on the number of children in Brighton and Hove with epilepsy and how many would be needed for a specialist paediatric epilepsy nurse to be appointed? Ms Mortenson said that there were approximately 160 children with epilepsy in the city. If there were 240 or more then it would be more likely that a

specialist paediatric epilepsy nurse could be considered. Ms Mortenson understood that investigations were being made into appointing a Sussex-wide specialist nurse.

29.11 Alison Nuttall, Strategic Commissioner, Children, Youth and Families, commented that Sussex Together, a regional NHS group, was considering appointing a specialist paediatric epilepsy nurse but the issue was about creating a sustainable service. For example it would not be possible to have just one nurse as this would not provide a consistent service so it would be necessary to appoint at least two nurses. Ms Nuttall confirmed that Sussex Together supported the appointment in principle.

Ms Nuttall also invited all HWOSC members to come and visit Seaside View if they had not been before; if they wished to take up the offer, they should contact Ms Nuttall on alison.nuttall@brighton-hove.gov.uk or telephone (29)3736.

29.12 Councillor Sykes asked whether the quote on page 5 of the Talk Health report was representative of a typical service user in the number of appointments that the child had had, or whether there had been any duplication. Ms Mortenson said that the quote had come from her own experiences, and in this situation each appointment had been necessary but that this was not always the case. Parents often found that they had to repeat their child's story to each different health care provider, which could be a painful and exhausting process.

29.13 Councillor Bowden said that the report and recommendations should be shared with the Royal College of General Practitioners to highlight the training needs. The issue of copying parents in to correspondence would be so simple and make such a difference to families.

29.14 Mr Watkins, representing the LINk, said that in his view, it would be really helpful to have information about hospital waiting times. The 'Talk Health' report was on the LINk agenda for next week. Statutorily LINk had not been able to deal with children's health issues but LINk is becoming Healthwatch will be able to consider children's health issues, which is why they are able to consider the report now. Mr Watkins suggested that a PaCC representative might like to become part of Healthwatch. He also suggested that a PaCC representative join the Patient Participation Groups (PPG) being established in local GP surgeries, although he understood that PaCC members had very busy lives and might not be able to commit to each meeting. Mr Watkins said that he had suggested that the PPG sit on Healthwatch.

29.15 Ms Travers said that Amaze had been involved with Healthwatch and the Clinical Commissioning Group (CCG) consultation. They had concerns that the CCG was only going to listen to the voice of PPGs; not everyone was able to attend PPG meetings and this would be especially difficult in they were caring for a disabled child. Ms Travers said investment needed to be made in supporting city-wide organisations to represent the views of under represented groups.

29.16 Councillor Cox said that he was keen to support the recommendations for increased community support. There was a need to reduce A&E visits in order to free up resources for community support services; this would require a change in people's behaviour.

29.17 Councillor Cox said that he was concerned that the provision of a specialist paediatric epilepsy nurse might raise parents' expectations about the service that they could expect; there was likely to be a high threshold to be able to access the service in order to address this.

Ms Mortenson said that Sussex was the only area in the country that did not have a dedicated paediatric epilepsy nurse.

29.18 Councillor Wealls said that CAMHS had been raised as a problematic area; this mirrored information that he had received when he had been a member of the Children and Young People's Overview and Scrutiny Committee (CYPOSC).

During his time on CYPOSC, Councillor Wealls said that a satisfaction survey had been commissioned for new CAMHS users; could there be an update on this? The Head of Scrutiny said that this was due to come back to the next HWOSC.

29.19 Mr Soud for the Youth Council asked whether there was anything that the Youth Council could do to help raise awareness of the report or of children with complex needs?

Ms Travers thanked Mr Soud for his offer and said that she would contact the Youth Council separately to discuss his suggestion.

29.20 Councillor Wealls asked whether it was more useful for HWOSC to pick particular recommendations from the Talk Health report and champion those. Councillor Robins said his view was that the Talk Health report was a wishlist from PaCC, and that it was not for HWOSC to pick and choose particular recommendations.

29.21 Councillor Marsh said that she would like the Talk Health report to be tabled not only at the Health and Wellbeing Board but also at the CCG, PCT etc. She would like the recommendation to be reworded to say that the report should be sent "to all commissioning bodies". This was agreed.

29.22 **RESOLVED –**

(a) the HWOSC champion the Talk Health report in order to seek responses from the relevant bodies to all of the recommendations. HWOSC agreed to write a letter of support that would be sent to commissioners, and

(b) that HWOSC table the report at all commissioning bodies.

30. GP PERFORMANCE

30.1 Geraldine Hoban, Chief Operating Officer from the Clinical Commissioning Group (CCG) presented a report on the GP Scorecards system for assessing GP performance.

30.2 The Health Overview and Scrutiny Committee had had an update from NHS Sussex about contractual issues; they had asked for more information about quality performance.

30.3 Ms Hoban explained the GP scorecard system for performance assessment. It is a national system and has been used in Brighton and Hove for three years. The benefit of the scorecard system is that it gives consistent data which can be more easily interpreted.

30.4 The intention was that GP surgeries could compare themselves with similar practices and find out which areas were high performing or which needed improvements. The assessments were carried out on an annual basis and surgeries were banded as A, B or C. In the last assessment, a number of surgeries had moved up a banding, showing that they were performing better than they had been previously, although two surgeries had moved down a banding.

30.5 Ms Hoban said that she understood that there were differing levels of knowledge about the GP performance system amongst HWOSC members. The CCG was offering to host a workshop on GP Performance later in the year so that people could learn more about the assessment process. This was welcomed.

30.6 Councillors thanked Ms Hoban for her presentation and the offer of the workshop, and commented on the report about GP performance.

30.7 Councillor Bowden queried the management costs for the CCG compared to the management costs for the PCT. Ms Hoban said that the CCG had been allocated running costs of £25 per head of population, in comparison to £40 per head which had been allocated to the PCT, so there would be a significant saving.

30.8 Councillor Marsh said that for a large number of people, there was no choice about which GP surgery they could use due to geographical constraints and/ or closed waiting lists for other surgeries.

30.9 Councillor Wealls and Councillor Bowden asked about the type of sanctions that the CCG had for poorly performing surgeries. Ms Hoban said that it was managed primarily through the relationships between GP practices and that there were no formal sanctions available to the CCG.

30.10 Councillor Robins asked if there was any information about the use of locums on GP performance statistics. Ms Hoban said that this could be taken up at the workshop.

30.11 Mr Watkins for the LINk said that he was aware that some surgeries were replacing doctors with ‘super-nurses’ and wondered about the impact that this would have on GP performance and patient care.

30.12 Councillor Wealls welcomed the scorecard information and said that there needed to be a significant amount of publicity for members of the public.

30.13 **RESOLVED – members agreed to take up the CCG’s offer of a seminar on performance and quality in Primary Care.**

31. MENTAL HEALTH BEDS (SEPTEMBER 2012)

31.1 Dr Becky Jarvis, GP Lead for Mental Health, Brighton and Hove CCG and Sam Allen, Sussex Partnership NHS Foundation Trust, presented HWOSC members with a written update on the bed reduction programme at Mill View Hospital and answered members' queries.

31.2 Dr Jarvis said that the planed date for moving patients into the renovated ward (Meridian) outlined at point 7.2 in the report had since been revised to end of January 2013. The windows at Millview need to be replaced because they have a red ligature risk rating so the Trust had decided to use the capacity on Meridian ward as a way of replacing the windows a ward at a time rather than a few beds on each ward at a time. This would reduce clinical risks for the patients. The move of Churchill Ward to Meridian would then proceed in the New Year.

31.3 Mr Watkins for the LINk said that he had been to a meeting at Millview recently and he had been very impressed with the feeling that was being engendered by management there. People with mental health problems were as much a part of our society as anyone else. Mr Watkins welcomed the proposals for investment in the paper and also sounded continued caution regarding the reduction in bed numbers due to increasing economic pressures and the impact they are having on the public.

31.4 Councillor Cox said that he was very pleased with the proposals and fully supported them.

31.5 Mr Soud for the Youth Council asked what would happen if the current realigned service did not work out as hoped. Dr Jarvis said that in that situation, they would have to re-open the beds as they had committed to not making a permanent decision until they could ensure that the new service worked.

31.6 Members thanked Dr Jarvis and Ms Allen for their presentation.

32. LOCAL IMPLEMENTATION OF THE 111 SERVICE

32.1 Ms Hoban presented a report on the 111 service on behalf of the CCG and answered questions.

32.2 Councillor Cox said that he had not been impressed with the service provided by NHS Direct and hoped that the 111 service would be different.

32.3 Ms Hoban said that it was about changing the direction for patients, so that patients could be signposted to a range of services. They had been working closely with the ambulance service to share learning. The CCG was monitoring the situation with the 111 service.

32.4 Members thanked Ms Hoban for her presentation.

The meeting concluded at 6.15

Signed Chair

Dated this day of

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

10.30am 24 OCTOBER 2012

COMMITTEE ROOM 2, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

Also in attendance: Councillor C Theobald (Deputy Chair), Cox, Marsh, Robins, Davey, Peltzer Dunn and Wakefield

Other Members present: Councillors

PART ONE

33. PROCEDURAL BUSINESS

33A Substitutes

33.1 Cllr Peltzer Dunn attended the meeting as substitute for Cllr Wealls; Cllr Davey attended the meeting as substitute for Cllr Sykes; Cllr Wakefield attended the meeting as substitute for Cllr Bowden.

33B Declarations of Interest

33.2 There were none.

33C Exclusion of Press and Public

33.3 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 material as defined in section 1001(1) of the said Act.

33.4 RESOLVED –that the press and public be excluded from the meeting during consideration of Item 35.

34. CHAIR'S COMMUNICATIONS

34.1 The Chair welcomed the attendance of a student from Longhill School accompanying Cllr Cox as part of a work experience programme.

34.2 The Chair expressed his disappointment at it having been deemed necessary to hold a call-in meeting in relation to this issue, noting that such a meeting would probably not have been called had all the members of the Children & Young People Committee (CYP) been in attendance when the issue was originally discussed.

34.3 In response to a query from Cllr Peltzer Dunn, the scrutiny officer, Giles Rossington, told members that the meeting papers had been sent out in an incomplete form to allow members time to read them. Since their despatch two additional items of information had been received: the draft legal implications contained in the call-in report had been signed off by the Council's lawyer, Andrew Peck; and an extract from the draft minutes of the October 15 CYP meeting had been approved and circulated.

34.4 It was also pointed out that Appendix 2 to the call-in report consisted of the report that *should* have been presented to the October 15 CYP meeting. This was identical to the report that was erroneously presented, save for there being additional text/information at points 3.8, 3.10, 3.12, 3.13 and 5.3. This additional information was italicised (save for the table at 3.12 which was also additional).

34.5 In response to a query from Cllr Marsh as to why no lawyer was present, Mr Rossington informed members that lawyers were not routinely present at scrutiny meetings, but that scrutiny staff could advise on constitutional matters pertaining to the call-in process. The department whose decision had been called in was responsible for deciding whether their lawyers should attend to answer substantive legal points relating to the decision.

35. CALL-IN REQUEST REGARDING A DECISION MADE AT 16.10.12 CHILDREN & YOUNG PEOPLE COMMITTEE: FAMILY GROUP CONFERENCE REVIEW

35.1 As listed in the Part Two minutes.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

HEALTH & WELLBEING OVERVIEW& SCRUTINY COMMITTEE	Agenda Item 41 Brighton & Hove City Council

Subject:		**Services for children with Autistic Spectrum Conditions**
Date of Meeting:		**18 December 2012**
Report of:		**Heather Tomlinson, Director of Children's Services**
Contact Officer:	**Name:**	**Alison Nuttall** **Tel: 29-3736**
	Email:	**Alison.nuttall@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE/

1. SUMMARY AND POLICY CONTEXT:

1.1 This report is produced as an update to HWOSC regarding services for children with autistic spectrum conditions (ASC). It sets out actions and assessment undertaken since this was last discussed.

1.2 This report should very much be seen as a discussion piece with Members being asked for a steer as to future scrutiny activity in this area.

2. RECOMMENDATIONS:

2.1 That HWOSC note the content of the report.

2. 2 That HWOSC determines what future scrutiny action is undertaken with regard to services for children with autistic spectrum conditions.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 On 4 July 2011 a member of the public tabled a letter at CYPOSC regarding her experience with her son of accessing diagnostic and intervention services for autistic spectrum condition (ASC). She also asked CYPOSC to respond to guidance produced by the National Autistic Society – Difference in Mind: Scrutinising Child and Adolescent Mental Health Services for Children with Autism.

3.2 In September 2011 a report was presented to CYPOSC describing local service provision for ASC. The committee asked a range of questions regarding this including expressing a wish to have greater information about the service user experience.

3.3 At the September 2011 meeting of CYPOSC it was agreed to undertake a survey of families who had experienced services for ASC. Following discussion with service providers and scrutiny officers it was agreed that as there is no database of children and young people with ASC it would be difficult to identify all current

ASC children and survey their families. It was therefore agreed that a survey be designed that could be sent or given to families at the point of diagnostic assessment and then followed up to better understand their experience of services.

3.4 The primary providers of ASC assessment are Seaside View Child Development Centre and Child and Adolescent Mental Health Services (CAMHS Sussex Partnership Foundation Trust). Seaside View assesses children under 11 and CAMHS sees secondary age young people. This is consistent with NICE /good practice guidance which states that a paediatrician should see younger children and a psychiatrist see older children to enable effective differential diagnosis.

3.5 Both providers were consulted as to the best format of the survey and, because Seaside View in particular, wanted the information received to be both satisfy CYPOSC and their own service improvement aspirations the design was developed in conjunction with the service. Due to information sharing constraints the council could not undertake a survey of this nature without the involvement of both service providers.

3.6 It was agreed that the survey would be sent out by the provider services prospectively from April 2012 to all those families experiencing an ASC assessment process. In fact CAMHS also sent out the survey retrospectively to all those seen since April 2011.

Survey results

3.7 To date ten surveys have been returned. From the small number of responses received to date it isn't possible to provide a comprehensive analysis of user satisfaction however feedback is summarised below: Of the 10 returned forms:

- 6 children/young people were described as having received services from both Seaside View and CAMHS
- 4 had been seen at CAMHS
- 6 children/young people had received other services in addition to Seaside View and/or CAMHS
- 7 of the children/young people were aged 11 or over at the time of completing the form
- The age range of the children/young people was between 3 years and 17 years
- 7 of the children/young people were described as having received a diagnosis of ASC
- 4 of the forms indicated that children had been first seen during 2012
- 5 of the children and young people had first been seen before 2012- one in 2010, on at the end of 2011, one first seen in 2008 and 2 since 2003 (one didn't respond to this question).
- 9 of the 10 surveys indicated that the respondents had been fairly satisfied or very satisfied with the staff they met during the assessment process

- 3 respondents specifically stated their disappointment that an earlier diagnosis had not been made
- 1 respondent was very satisfied across all areas of the survey and felt that they had been helped to better understand their child's needs.

3.8 Where respondents noted additional comments these included:

- A better understanding of the child and their needs (2)
- Improved access to services and DLA (1)
- concern (1) that there had been a lack of support re behaviour management
- importance of support for siblings and a concern about bullying particularly at secondary age (1)

3.9 5 of the respondents gave satisfaction levels across the survey of either very satisfied or fairly satisfied (with 1 or 2 neutral levels). 5 expressed some degree of dissatisfaction with information provided prior to and after the assessment, support offered and explanations given as to the child/young person's condition.

3.10 When asked to summarise their view of the service as a whole, 8 of the 10 expressed they had been fairly satisfied or very satisfied. One stated they had been fairly dissatisfied and one was very dissatisfied. The two most dissatisfied respondents had been known to services since 2003 and 2008 respectively. One of these children had received an ASC diagnosis, the other had not.

3.11 The total number of surveys returned is small though does reflect a range of experiences. The feedback received will be shared with services in order to inform service improvements. It is suggested that the responsible Commissioners follow up with the services regarding the quality and amount of information provided to families and the waiting times for assessment.

4. CAMHS user satisfaction survey

4.1 CAMHS routinely distributes a postcard survey to those attending appointments. These are placed in collection boxes on site or can be returned by post and are anonymous.

4.2 In year quarter 1 12-13 18 postcards were received and the feedback is summarised below;

New - Brighton & Hove – 18 cards

Questions/responses	Strongly Agree	Agree	Disagree	Strongly Disagree	Unanswered
(1) Staff were kind and friendly	11	6	1	0	0
(2) Staff listened to me	7	9	2	0	0
(3) I was given the information I needed	5	9	4	0	0
(4) Staff helped me sort out my problems	5	8	5	0	0
5) I got the help I needed	5	10	2	0	1

4.3 For the full year 11-12 129 cards were returned in total. There was a change of questions part way through the year so only the data regarding the questions matching the 12/13 questions is included below:

New - Brighton & Hove – 89 cards

Questions/responses	Strongly Agree	Agree	Disagree	Strongly Disagree	Unanswered
(1) Staff were kind and friendly	60	28	0	1	0
(2) Staff listened to me	59	28	1	1	0
(3) I was given the information I needed	47	32	7	2	1
(4) Staff helped me sort out my problems	45	29	5	4	6
5) I got the help I needed	43	27	9	3	7

Other actions and progress

4.4 The Strategic Commissioner in Children's Services and the Head of the Integrated Child Development and Disability Service met with parent representatives from mASCot, a parent led ASC support group, in April 2012 to discuss concerns raised and it was agreed that a parent representative would be sought to be part of the ASC Intervention Group (a multi-professional group considering local service models and pathways).

4.5 In summer 2012 Amaze, the local parent support organisation, produced a Talk Health report based on feedback from parent carers regarding local health services. Within this CAMHS was highlighted and there has been a meeting between Amaze and the CAMHS services managers to discuss the recommendations. The Talk Health report has been presented to HWOSC who have chosen to champion the recommendations.

4.6 CAMHS has now an established group for parents post ASC diagnosis.

4.7 Within Brighton and Hove City Council Children's Services there is a Tier 2 Community Mental health and Wellbeing service which had been criticised by parents for lacking any autism specialist knowledge. This service is being funded to attend ASC specific training to enhance the knowledge and understanding of its staff.

4.8 Seaside View has sited within it a mental health service for those children and young people with a learning disability. To enhance this and enable access to psychological support for those children without a learning disability but with a constellation of complex needs additional clinical psychology time is being resourced from the health contribution to the Section 75 in children's delivery

4.9 Brighton and Hove is part of the SE7 group of local authorities as a pathfinder for the Governments Green paper re Special Educational Needs. Brighton and Hove is leading for the SE7 on parent support and work is being undertaken to better understand how schools communicate with parents and what more could be

done to increase parent confidence in the school's provision for their child. This is not ASC specific but covers the full range of special educational needs. Another strand of the pathfinder work is in the development of a single plan and personalising of support and a third is the development of a local offer. This would set out clearly for parent carers what schools, health and social care offer to pupils and families.

4.10 The SEN partnership board launches the city's new SEN strategy on 30th November 2012. Enshrined within this is a commitment to undertake further work on educational provision for children and young people with ASC which is welcomed.

5. Future scrutiny work

5.1 Members have a number of options open to them at this point. The survey was originally commissioned to inform a decision as to whether a full scrutiny review panel was required.

5.2 There is currently a waiting list for scrutiny panels so any further intervention would have to wait until spring 2013 at the earliest unless HWOSC members were to deem it a very urgent matter.

5.3 Members can therefore decide:

- To establish a panel now to commence spring/summer 2013
- To establish a panel and request that it commences immediately prioritising it over existing panels
- To allow the survey to continue until later in 2013 and make a decision then
- Decide no further action is required

6. COMMUNITY ENGAGEMENT AND CONSULTATION

6.1 Amaze and the local Parent Carer Council are represented on the Disability Partnership board. There is parent representation on the autism steering group

6.2 Service providers were consulted on the content of the survey.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no financial implications as a direct result of the recommendations of this report

Finance Officer Consulted: *Name David Ellis* *Date 05/12/12*

Legal Implications:

5.2 None at present

Lawyer Consulted: *Name Serena Kynaston* *Date: 11/12/12*

Equalities Implications:

5.3 Equalities impact assessments would be carried out on any service redesign or development as a result of this report or ongoing work

Sustainability Implications:

5.4 There are no sustainability implications from this report.

5.5 Crime & Disorder Implications:
Effective diagnosis of mental health and/or developmental conditions leads to increased likelihood of appropriate intervention and support being offered and reducing the risk of antisocial behaviour developing.

Risk and Opportunity Management Implications:

5.6 This report provides information about the current services. Where services are redesigned or reviewed full risk assessment and management plans would be put into place.

Public Health Implications:

5.7 The committee is assured that there has been a focus on raising awareness of autistic spectrum conditions to improve diagnosis and interventions.

Corporate / Citywide Implications:

5.8 The services described in this report support the outcomes of promoting health and wellbeing, inclusion and achievement and reducing health inequality.

SUPPORTING DOCUMENTATION

Appendices:

1. None

2.

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 42** Brighton & Hove City Council

Subject:		**Scrutiny Request: Scoping Report into Bullying in B&H Schools**	
Date of Meeting:		**18 December 2012**	
Report of:		**Head of law/Monitoring Officer**	
Contact Officer:	**Name:**	**Kath Vlcek**	**Tel: 29-0450**
	Email:	**Kath.vlcek@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Health & Wellbeing Overview & Scrutiny Committee (HWOSC) has been asked, by Cllr Wealls, to consider a member request to establish a scrutiny panel concerning bullying in Brighton & Hove schools.

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. **Appendix 1** to this report contains additional information provided by Children's Services.

2. RECOMMENDATIONS:

2.1 That the HWOSC decides how it wishes to progress Councillor Wealls' request to establish a scrutiny panel on bullying in Brighton and Hove schools.

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 Councillor Wealls' request is as follows:

<u>RE: Request for Scrutiny of Bullying in Brighton & Hove City Schools</u>
At a recent Young Carers' Project event, I was speaking to some parents and made a casual remark that I believed bullying in schools was now taken a great deal more seriously than it had been when I was younger. I was told emphatically that this was not the case, and that things were as bad as they had ever been
When asked whether a Scrutiny on bullying in schools would be welcome, Emma Lacey of the anti-bullying charity Safety-Net wrote, 'that would be fantastic, of course we would be supportive'.
Tamsin Knight, Bullying Prevention worker at Safety Net, said, 'I am very excited to hear that you are chasing the subject. I do believe that some schools have a way to go and I also believe that there will always be a place to teach children lifelong assertiveness skills and techniques'.
Ian Cunningham Principal of the Self-Managed Learning College supports the request, 'it (bullying) is endemic in all of Brighton's secondary schools. We have students from most of them. We have had experience of that'. He also pointed out the particular

challenges of some mixed race attendees at his school who have suffered particularly badly from racist bullying.
The Youth Council are pursuing this agenda and are keen to support this request for a HWOSC scrutiny into bullying in schools. This is currently one of their key campaigns.

To sum up the general sentiment of the Youth Council; 'young people felt that bullying does take place, and that most young people feel that everyone is affected by it at some point. Bullying does happen at school, and not just in the playground - it also happens in the classroom. They wanted to highlight that homophobic bullying is not always challenged by staff but they do feel like things are getting better.'
Sue A (introduced through Young Carers contacts), a mother of 5 children tells me that some of her children have been bullied whilst others were bullies, so she has seen both sides of the spectrum. She says her experience is that schools do not take the issue seriously, claim they will deal with the problem and she doesn't hear anything further. She and her children are happy to present as witnesses.
Julie (also introduced through Young Carers), a mother made accusations about teacher on pupil (her son) bullying.
Amanda Mortensen, Parent Governor Representative on HWOSC is very supportive, particularly with respect to young carers and children with Special Educational Needs and Disabilities.
Therefore, there is considerable support for this scrutiny from parents and organisations which are either directly or indirectly involved in children's welfare generally and bullying specifically.
I very much look forward to hearing from you in the near future.
Yours faithfully,

Andrew Wealls.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

[

4.1 None at this stage other than the references made in Councillor Wealls' request. 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 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 sustainability when determining whether to establish a scrutiny panel.

Crime & Disorder Implications:

5.5 Bullying and anti-social behaviour is a crime, and any attempts to address this should be welcomed.

Risk and Opportunity Management Implications:

5.6 Information supplied by the Schools, Skills and Learning Team in the appendix 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 the panel requests; b) refuse the panel request; c) 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 the Schools, Skills and Learning Team.

Documents in Members' Rooms

None

Background Documents

None

Anti-Bullying Work in Brighton & Hove Schools
- Response to request for scrutiny

Introduction
This paper provides a brief outline of the context of anti-bullying work in Brighton & Hove, a description of Local Authority support and a summary of the activities schools undertake with a range of partners.

1 The legal context and schools

The law and schools, extracts from *Preventing and Tackling Bullying; Advice for headteachers, staff and governing bodies*, DfE 2012

1.1 The Education and Inspections Act 2006

There are a number of statutory obligations on schools with regard to behaviour which establish clear responsibilities to respond to bullying:

- every school must have measures to encourage good behaviour and prevent all forms of bullying amongst pupils. These measures should be part of the school's behaviour policy which must be communicated to all pupils, school staff and parents
- Headteachers have the ability to discipline pupils for poor behaviour even when the pupil is not on school premises or under the lawful control of school staff.

The legislation outlined above does not apply to independent schools.

1.2 The Equality Act 2010

The Equality Act 2010 replaces previous anti-discrimination laws with a single act. A key provision is a new public sector Equality Duty, which came into force on 5 April 2011. The Duty has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the act
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it.

Schools are required from April 2012 to publish equality information and objectives. The Act also makes it unlawful for the responsible body of a school to discriminate against, harass or victimise a pupil or potential pupil in relation to admissions, the way it provides education for pupils, provision of pupil access to any benefit, facility or service, or by excluding a pupil or subjecting them to any other detriment. In England and Wales the act applies to all maintained and independent schools, including academies and Free Schools, and maintained and non-maintained special schools.

1.3 Safeguarding children and young people

Under the Children Act 1989 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'. Where this is the case, the school staff should report their concerns to their Local Authority children's social care. Even where safeguarding is not considered to be an issue, schools may need to draw on a range of external services to support the pupil

who is experiencing bullying, or to tackle any underlying issue which has contributed to a child engaging in bullying.

1.4 Criminal law

Although bullying in itself is not a specific criminal offence in the UK, some types of harassing or threatening behaviour – or communications – could be a criminal offence. If school staff feel that an offence may have been committed they should seek assistance from the police. For example, under the Malicious Communications Act 1988, it is an offence for a person to send an electronic communication to another person with the intent to cause distress or anxiety or to send an electronic communication which conveys a message which is indecent or grossly offensive, a threat, or information which is false and known or believed to be false by the sender.

2 The national context

2.1 The Local Authority is no longer required to collect racist and religiously motivated incident data. There are no statutory requirements on the Local Authority related to bullying in schools, unless they fall under local procedures for dealing with Child Protection and Safeguarding.

2.2 *The Importance of Teaching*, DfE 2010 increased 'freedom and autonomy for all schools, removing unnecessary duties and burdens, and allowing all schools to choose for themselves how best to develop' [and made it clear that] 'schools – governors, head teachers and teachers – have responsibility for improvement.'

2.3 The principles of school inspection as described in the 'Framework for School Inspection', September 2012 states that the inspection will focus on the needs of pupils and parents by *evaluating the extent to which schools provide an inclusive environment which meets the needs of all pupils irrespective of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation*. The 'Ofsted School Inspection Handbook', September 2012 states that inspectors will request logs of *racist incidents and incidents of bullying, including homophobic bullying.* Under the Behaviour and Safety judgement of the Ofsted Evaluation Schedule inspectors are asked to consider:

- *types, rates and patterns of bullying and the effectiveness of the school's actions to prevent and tackle all forms of bullying and harassment – this includes cyber-bullying and prejudice-based bullying related to special educational need, sexual orientation, sex, race, religion and belief, gender reassignment or disability*
- *the effectiveness of the school's actions to prevent and tackle discriminatory and derogatory language – this includes homophobic and racist language, and language that is derogatory about disabled people*

3 Local Authority support for schools

3.1 The Local Authority provides support for whole school approaches to anti-bullying and equality through the Learning and Partnership Unit[1] funded by Direct Schools Grant and £12, 400 Council funds. In addition parents and carers who have concerns that their child is being bullied and the school is not responding effectively can contact the Access to Education Service. A risk assessment screening process has also been put in place for the victims of bullying and prejudice based incidents in partnership with the Neighbourhood Schools Officers (Police) and Community Safety Team.

3.2 From September 2012, the Local Authority has requested that schools return their bullying by type data to support city wide monitoring. This data will be collated and reported to various groups including head teachers, the Learning Partnership, the Racial Harassment Forum, the Disability Hate Incident Forum and the LGBT Safety Forum. Some local authorities no longer require schools to return any data.

3.3 The Local Authority provides guidance to schools. In September 2012 the *Bullying and prejudice-based incident recording and reporting guidance for Brighton & Hove Schools* was disseminated to all schools. This guidance provides definitions of bullying, prejudiced based incidents and types of prejudice, offers a rationale for recording bullying and prejudice based incidents by type and ideas for how to do this effectively. It also covers the risk assessment process outlined in 1.1 and how to report incidents to the Hate Incident and Anti-Social Behaviour Case Work Team.

3.4 The Local Authority in partnership with Health co-ordinates and analyses an annual Safe and Well School Survey for Years 4-11 (7 years old to 16 year olds) and is planning to provide this for Colleges in 2013. This survey asks questions about experiences of bullying and safety in school. Each school is provided with their own data set and the data from across the city to compare themselves with city averages. All secondary schools, four special schools and all but three primary and junior schools are participating in the 2012 survey. The Learning and Partnership Unit reviews individual school data with each secondary school and with primary schools where data is significantly above the city average.

3.5 The Healthy Settings Programme requires schools to have anti-bullying provision in place to secure Healthy School Status. Anti-bullying and equality are city wide priorities which schools can choose as their Planning for Change project.

3.6 The Learning and Partnership Unit offers some whole school anti-bullying and equality training to schools. Over the last academic year this has focused on support for staff teams to identify, challenge and record prejudiced based bullying and incidents. This has been offered as central training attended by 16 schools and as school-based training delivered in 10 schools with more planned. Historically a range of training has been provided including training to develop pupil / student social and emotional aspects of learning (SEAL). In addition the Learning and Partnership Unit offers schools anti-bullying

[1] Capacity within Learning and Partnership Unit = 2.5 days Partnership Adviser Health and Wellbeing, x2 days per week primary PSHE Lead teacher supporting all primary PSHE curriculum including diversity / equality elements

and equality monitoring visits; these have taken place in 4 secondary schools and 2 primary schools since April 2012. The Learning and Partnership Unit has liaised with Kidscape to provide training in supporting bullied young people for secondary schools in November.

3.7 The Learning and Partnership Unit provides training and resources to support schools to develop the anti-bullying and diversity aspects of the PSHE education curriculum. This includes resources on Family Diversity, Gender Stereotyping, and Disability Equality. Gypsy Roma Traveller Awareness, Human Rights, Cultural Diversity, Sexual Orientation and anti-homophobia, biphobia and transphobia. These resources are shared with schools through the Virtual Learning Environment Pier2Peer.

3.8 The Learning and Partnership Unit provides training, consultancy and resources to support schools to meet the requirements under the Public Sector Duty under the Equality Act to publish information and objectives. The Learning and Partnership Unit is also monitoring school compliance and working with schools that have not yet completed this task.

3.9 A range of other Local Authority services support equality and anti-bullying work in schools including the Ethnic Minority Achievement Service, Traveller Education Service, Community Mental Health and Wellbeing, Education Psychology Service, Participation Team, Youth Offending Service (Restorative Justice) and the Access to Education Service.

4 Partnership Working

4.1 The Learning and Partnership Unit co-ordinates and chairs the Anti-Bullying and Equality Strategy Group which includes Local Authority and community and voluntary sector partners. This group has developed a statement of commitment which is to be signed off by the Learning Partnership, has agreed definitions and is developing an action plan.

4.2 The Learning and Partnership Unit has a long history of working in partnership with Allsorts Youth Project to improve LGBT anti-bullying work in schools. This has included staff training, resource development and the use of Allsorts peer educators within staff training and PSHE lessons. This work resulted in Brighton & Hove being awarded first place in Stonewall's Education Equality Index. Currently policy and practice is being developed to support transgender or gender questioning children and young people and challenge transphobia.

4.3 The Learning and Partnership Unit has worked in partnership with the Traveller Education Service to develop resources for PSHE and staff training for schools. The Learning and Partnership Unit also promoted the theatre in education production Crystal's Vardo, developed by Friends and Families and Travellers.

4.4 The Learning and Partnership Unit has been commissioned to work in partnership with Rise to develop whole school approaches to the prevention of domestic abuse and sexual exploitations. This work is in the early stages but includes curriculum work on healthy relationships, gender stereotyping and activities to prevent and respond to sexist and sexual bullying.

4.5 The Learning and Partnership Unit supported Mosaic in the development of its Cric! Crac! story telling project and is working in partnership with Mosaic, Black and Minority Ethnic Young People's Project and a secondary school to pilot work consulting with the parents and carers of BME students.

4.6 A range of colleagues from the community and voluntary sector have been invited to attend PSHE Consortium and network meetings to talk with schools about the services they offer. These include Safety Net, Young Carers Project, YMCA Homeless Project and Allsorts.

5 Community and Voluntary Sector and private sector

5.1 Schools access a range of support from outside of the Local Authority and are not required to report to the Local Authority information about additional support received. Therefore, there will be good practice not known about by the Local Authority. Support known to be delivered in Brighton & Hove includes commissioning Safety Net to develop playground buddies and for groups to support the victims of bullying, Theatre in Education companies such as Big Foot, and schools will attend a range of training including from organisations such as Show Racism the Red Card. Some schools are working with colleagues from the Universities to develop the use of sociograms or develop resilience, for example.

6 Examples of work in schools

6.1 All schools have anti-bullying policies and to be a Healthy School are required to review these in consultation with the whole school community every three years.

6.2 All schools deliver PSHE which will include learning opportunities which develop social and emotional skills, empathy, resilience, self-awareness, assertiveness, understanding of the impact of bullying and strategies for challenging and responding to bullying.

6.3 All schools participate in Anti-Bullying Week activities and many celebrate additional equality calendar events such as Black History Month and LGBT History Month. Assemblies, enrichment days and theatre in education are also used to prevent bullying behaviour.

6.4 Schools provide a range of responses to bullying for the targets and perpetrators including restorative justice, circle of friends, small group work and referral to other services and support.

6.5 Many schools use their School Councils, buddies and peer mentors to promote pupil and student involvement in anti-bullying work.

7 Young people's voices

7.1 Through anti-bullying and equality monitoring visits to schools over the past academic year the Learning and Partnership Unit has spoken to focus groups of pupils and students about their experiences in school. The vast majority feel safe in their school

communities; many feel their school does respond to bullying although some think the school could do better. However, similar to the findings of the 2012 Ofsted Report *No place for bullying* pupils and students described a range of prejudiced based derogatory language that they heard in the school community some of which was not always challenged by school staff. The training described in 3.6 responds to this issue.

7.2 The Learning and Partnership Unit encourages other services and individuals who are aware of bullying issues within a particular school to get in contact and the Learning and Partnership Unit will act on this intelligence to discuss with the school the concerns and if appropriate offer support. Organisations such as Mosaic, the Black and Minority Ethnic Young People's Project, Safety Net and Allsorts have all provided this sort of feedback.

7.3 Andrew Wealls' letter to Councillor Sven Rufus of the 17th October outlines concerns about bullying voiced by Young Carers and their parents, the Youth Council and Safety Net. Bullying still happens in our schools and that on occasions it is not dealt with as well as it could be. It is also the case that vulnerable children and young people may experience more bullying inside or outside school and may, for understandable reasons, be less resilient in the way they deal with it. There is still a lot more work to do. It is important to remember that not everyone uses the same definition of bullying and that sometimes schools have not been informed of issues occurring. There will be many examples of times a school has resolved bullying.

8 Example Data

Safe and Well School Survey Trend Data Secondary (2011 sample 6846):

Year	I enjoy coming to school	My school is good at dealing with bullying	Been bullied this term
2005			26%
2006	71%	55%	25%
2007	74%	63%	26%
2008	79%	67%	22%
2009	79%	69%	15%
2010	76%	64%	17%
2011	**76%**	**63%**	**16%**

What was the bullying about?	2009	2010	2011
Ability	29%	23%	15%
Appearance	59%	69%	49%
Class or family background	23%	17%	13%
Disability or special need	10%	11%	8%
Gender	9%	7%	6%
Race or ethnic origin	9%	14%	9%
Religion	6%	6%	6%

Sexual orientation of you or family member	17%	23%	12%

Safe and Well School Survey Data Primary (2011 sample 5097):

Year	I enjoy coming to school	My school is good at dealing with bullying	Been bullied this term
2005	[redacted]	[redacted]	33%
2006	85%	79%	28%
2007	87%	84%	27%
2008	88%	86%	22%
2009	89%	85%	23%
2010	87%	84%	24%
2011	**89%**	**85%**	**21%**

What was the bullying about?	2009	2010	2011
Ability	24%	15%	15%
Appearance	28%	26%	25%
Class or family background	9%	10%	8%
Disability or special need	5%	5%	5%
Gender	10%	12%	13%
Race or ethnic origin	4%	5%	4%
Religion	6%	3%	5%
Sexual orientation (of you or family member)	7%	16%	15%

9 Conclusions

9.1 There is a lot of good anti-bullying work going on in schools supported by the Learning and Partnership Unit and other organisations and levels of bullying anonymously reported in the Safe and Well School Survey are decreasing. From September 2013 we will have further bullying by type data to interrogate. Please see Appendix 1 for a case study of good practice from St Luke's Primary.

9.2 However, it remains the case that there are some children and young people who experience bullying and this issue is not resolved as quickly as it could be. Often these are very complex cases. It is also the case that prejudiced based and abusive language is used by children and young people in school communities and that this is not always consistently challenged. The Local Authority and Brighton & Hove Schools are open to offers of support in the development of this challenging aspect of their work.

Case study - Family Diversity at St Luke's Primary

Contextual statement:
St. Luke's Primary School is a popular and vibrant community school with 628 children on roll. It was judged as Outstanding by Ofsted in 2010. Achievement and attainment at the end of KS1 and KS2 are well above average. The local area is distinctive for its social, cultural and economic diversity and the children come from a wide range of family units. 32% of the children live in one of the 20% most deprived areas in the country. 16% of the school population is FSM. 28% of children are on the SEN register. The percentage of children on the EAL register is 5% and BME pupils make up 16% of the population. The school building is over 100 years old. A key feature of the school is the wide ability range of its pupils and its inclusive nature. A commitment to equalities forms the foundation of the school's ethos and is central to our evaluation of provision and outcomes.

Family Diversity at St Luke's Primary
An Equalities audit was undertaken in 2009 and this highlighted that gender equality and family diversity needed to be promoted more mindfully i.e. in anticipation of children's needs rather than an ad hoc response to arising needs. This work recognised the relationship between gender stereotyping and homophobia and transphobia. An equalities action plan was devised and included:

- ***Whole school Family Diversity week*:** A review of our teaching and learning environment was undertaken to ensure it reflected all children's family experiences, including those with lesbian, gay or bisexual family members. Running a special week was the beginning of this process and now consideration of family diversity is now part of our everyday practice e.g. resources reflecting family diversity are in place across the school, in guided reading packs, embedded in our PSHE curriculum; assembly programme, welcome packs and induction for new families.
- ***Whole school language code*:** A language code was researched and developed to reflect St Luke's commitment to equalities practice. An example of this process was taking on the term *grown up* to describe a child's parent – this was to ensure all children feel their family-type is valued by not referring to 'mums and dads' as a general term and instead referring to 'your grown-ups' as our preferred general term. The language code also included guidance about homophobic language. Procedures for reporting such incidents were introduced in staff training sessions and strategies to challenge usage were explored.
- ***Children's Equality-team**:* An E-team of children was set up to make St Luke's a more welcoming place for everyone. Playtime was investigated to see if it was fair for everyone and what sort of put downs were being used. The E-team took part in a gender trail around the school which led to a series of assemblies on gender equality. The children presented images and historic examples to illustrate gender stereotypes and discussed how these attitudes can limit choices and possibilities for everyone. The link between gender stereotypes and potential homophobic bullying was powerfully established by a member of the E-team describing some aspects of his appearance (which did not conform to gender norms) and the negative reactions he had experienced and what needed to change to help him feel safe. A whole school children's language code was agreed which included the use of the term *gay* as a put down as both prejudicial and never acceptable.

- ***Support for an individual child***: One member of the E-team, whose gender or gender identity was seen as being different to typical gender norms and who had struggled with this experience, made a presentation to some 300 of his peers about how he could feel safer and more welcome at school. This child was supported in school by an approach that was inspired by an application of the social model of disability to gender issues. Instead of trying to fix him staff worked to find ways for him to be who he wanted to be and evolved a more fluid understanding of gender. He became an integrated member of St Luke's school community and valued for who he was. His experience of homophobic bullying was reduced and his peers were actively seen to challenge any put downs towards him. After some specific transition planning meetings he has now successfully begun his journey through secondary education.
- ***Say no to Bullying week 'Words can hurt' 2011****:* Inspired by the Stonewall *The School Report* and Stonewall's *Different Families, Same Love* campaign, a series of lessons were run across all year groups to explore issues of gender stereotyping, family diversity and devise strategies to cope with and challenge homophobic and other put downs relating to these issues.
- ***Allsorts workshops 2012:*** Local (LGBTU) youth group Allsorts ran a workshop with year 6 as part of the secondary transition programme. Children explored terms to describe gender identity and sexual orientation; listened to the secondary school experiences of lesbian, gay, bisexual and transgender young people and devised strategies to cope with and challenge the use of *gay* as a put down in a safe way. It is St Luke's aim that this will become part of the annual transition programme.

All of this work has been supported and developed in partnership with staff from the Learning and Partnership Unit's Healthy Schools Team and disseminated and shared in the local schools through the network of PSHE primary school co-ordinators.

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 43** Brighton & Hove City Council

Subject:		**Scrutiny Panel Request: Sexual Exploitation of Children**
Date of Meeting:		**18 December 2012**
Report of:		**Monitoring Officer/Head of Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Health & Wellbeing Overview & Scrutiny Committee (HWOSC) has received a request from Cllr Alex Phillips asking for the establishment of a scrutiny panel to examine issues relating to the sexual exploitation of children. This report suggests an approach to this scrutiny request.

1.2 **Appendix 1** to this report consists of a report issued in 2011 by the University of Bedfordshire which assesses the preparedness of Local Safeguarding Children Boards (LSCBs) across England in terms of their duties to prevent child sexual exploitation. This report includes a self-assessment tool to be used by individual LSCBs to measure how robust their arrangements are.

2. RECOMMENDATIONS:

2.1 That HWOSC members ask the Local Safeguarding Children Board (LSCB) to submit a report to the February 2013 HWOSC meeting, addressing the issue of child sexual exploitation (and including completion of the University of Bedfordshire self-assessment tool – included in papers in members' rooms).

2.2 That HWOSC members consider this information provided by the LSCB before deciding whether a scrutiny panel should be established.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The Government defines the sexual exploitation of children as:

"sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability" (DCSF statutory guidance, 2009)
https://www.education.gov.uk/publications/eOrderingDownload/Safeguarding_CPY_from_sexual_exploitation.pdf

3.2 In recent months the issue of protecting children from sexual exploitation has received a good deal of media attention following revelations about organised, large-scale grooming and abuse in Rochdale, and the manifest failure of local safeguarding agencies to identify or stop this exploitation. The Rochdale Local Safeguarding Children Board has recently published a report on this issue. http://www.rbscb.org/CSE2.pdf

3.3 There is a clear and pressing need for local areas to ensure that the mistakes made in Rochdale cannot happen elsewhere. There is a similar need for local areas to ensure that they have robust systems in place to deal with other types of sexual exploitation, such as peer abuse and exploitation within families.

3.4 Each local area has its own Local Safeguarding Children Board (LSCB) - independently chaired bodies bringing together senior professionals to provide expert oversight of safeguarding services across the local area. (Elected members are involved in the work of the Brighton & Hove LSCB via the attendance of the Chair of the Children & Young People Committee, who has observer status at LSCB meetings). The LSCB is explicitly tasked with ensuring that local safeguarding services, including services for the prevention of sexual exploitation of children, are fit for purpose. More information on the Brighton & Hove LSCB can be found at the LSCB website.
http://www.brightonandhovelscb.org.uk/

3.5 Given that there is an independently chaired, expert body (with elected member involvement) already established in the city to look at child exploitation issues, there is an obvious risk that a scrutiny panel would end up duplicating the work of the LSCB, and might even hamper safeguarding (services are already subject to oversight/regulation by several bodies, including the LSCB and Ofsted).

3.6 However, simply taking the LSCB's 'word' that local child sexual exploitation measures are robust may not constitute an appropriate response to this scrutiny request. In the first place, it is evident from the Rochdale scandal, that there were catastrophic failures both in the actions of specific safeguarding services, and in terms of the bodies responsible for assuring these services, including (it could be argued) the Rochdale LSCB. In the second place, a recent report from the University of Bedfordshire ("What's Going On") demonstrates that LSCB responses to 2009 statutory guidance on child sexual exploitation have been extremely patchy, with (by October 2011) only around 25% of LSCBs having

implemented the 2009 statutory guidance. A copy of the "What's Going On" report has been left in Members' Rooms and can be found at http://www.beds.ac.uk/__data/assets/pdf_file/0004/121873/wgoreport2011-121011.pdf.

3.7 Therefore, whilst it may well be the case that assessing the functionality of local safeguarding services is properly the role of the LSCB rather than a member-led scrutiny panel, there is a compelling argument to made for the HWOSC seeking detailed assurance that the LSCB is itself fit for purpose in terms of its child sexual exploitation role. To be absolutely clear, this assurance should be sought because of the evidence of systemic failure in safeguarding in Rochdale, and because of the patchy national response to the broader issues of safeguarding against child sexual exploitation; not because the HWOSC has any specific reason to suppose that the Brighton & Hove LSCB is malfunctioning.

3.8 The 2011 University of Bedfordshire "What's Going On" report includes a self-assessment tool that was distributed to every LSCB in England as part of the survey on which the report is based. This survey garnered a response rate of 70%, meaning that the survey results should provide a robust model of national practice to compare the activities of any individual LSCB against. By asking the Brighton & Hove LSCB to respond to the University of Bedfordshire survey/self assessment tool and to report the results to a future HWOSC meeting, it should therefore be possible to gauge with some degree of accuracy where we stand locally in terms of good practice around child sexual exploitation. Using this information, HWOSC members will then be able to come to an informed decision on whether to devote further resources to scrutiny of this issue (e.g. by setting up a scrutiny panel).

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 No formal consultation has been undertaken with regard to this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 No financial advice has been sought– there are no financial implications to the Council in regard to the report recommendations, any subsequent decision to establish a scrutiny panel would be managed within existing scrutiny team budgets.

Legal Implications:

5.2 No legal advice has been sought at this stage.

Lawyer Consulted: *Name* *Date: dd/mm/yy*

Equalities Implications:

5.3 None directly for this report, which is essentially seeking HWOSC approval to seek further information from the LSCB. Whilst sexual exploitation of children can affect anyone, there is evidence (e.g. from Rochdale) that it may impact disproportionately on children in care, children already in contact with child protection services, and on children from the most deprived communities. Media reports on the Rochdale scandal have focused on the fact that the perpetrators of abuse were South Asian Muslim men, whilst the victims were white. Whilst there were clearly significant ethnic factors at play in Rochdale, it seems unlikely that areas which feature very different demographic and political pressures to Lancashire mill towns can be confident that they are not at significant risk from child sexual exploitation (particularly in the broader context of sexual exploitation – see point 3.3 above).

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 Child sexual exploitation is clearly a serious criminal matter and should be viewed as such by local agencies. Care should be taken to understand that grooming may involve a series of acts that are not in themselves inherently criminal (such as giving children gifts), but which may be undertaken for criminal ends.

Risk and Opportunity Management Implications:

5.6 The body of the report sets out the risks associated with running a scrutiny panel which directly seeks to engage with safeguarding agencies, vulnerable children etc. This is specialised and very sensitive work, already being undertaken by the LSCB and by other organisations with regulatory functions, and there are real dangers of duplication and/or overload. The approach suggested mitigates these risks by dealing directly with the LSCB and seeking to gauge, in the first instance, the ability of the LSCB to assure local safeguarding services, rather than engaging directly with services themselves. By requiring the LSCB to provide assurance of its own oversight (against a robust self-assessment model that a majority of English LSCBs have completed), the suggested course of action also mitigate risks associated with the *cui custodiet custodes* question that may always be posed about bodies with an oversight function – i.e. how can we be sure that the bodies charged with oversight are themselves competent?

Public Health Implications:

5.7 Sexual abuse in childhood is strongly linked to a range of health issues in later life, including an increased risk of developing serious mental health problems, self-harming, increased suicide risk, alcohol and substance misuse etc. There is also evidence to suggest that the children at the greatest risk of sexual exploitation are disproportionately from more economically deprived communities

and from the communities with the poorest health outcomes. Therefore, reducing the incidence of child sexual exploitation is likely to have a positive impact upon health inequalities in the longer term (although whether this is significant impact in population health terms depends on the numbers involved).

Corporate / Citywide Implications:

5.8 Tackling child sexual exploitation is in line with the Council priority to “tackle inequality” and the Sustainable Community Strategy priorities to “reduce crime and improve safety” and “improve health and wellbeing”.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The obvious alternative options would be for the HWOSC to either: A) reject the scrutiny panel request on the grounds that the LSCB is responsible for overseeing safeguarding services in the local area; or B) agree to establish a scrutiny panel without first attempting to gauge the competence of the LSCB in this area.

6.2 A) carries the risk of assuming that any given LSCB must be competent in terms of overseeing sexual exploitation services, even when events in Rochdale and recent research have indicated that this may not always be the case. B) carries the risk of by-passing the expert body charged with overseeing safeguarding issues, and consequently duplicating/interfering with the work of the LSCB.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The report recommendations seek to progress this important issues in a manner which addresses the central concerns without placing an undue burden on safeguarding services.

SUPPORTING DOCUMENTATION

Appendices:

1. None

Documents in Members' Rooms

What's Going On": University of Bedfordshire, 2011

Background Documents

1. Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance to "Working Together to Safeguard Children": Department for Children, Schools & Familes, 2009

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 44** Brighton & Hove City Council

Subject:		**Mental Health Acute Beds**	
Date of Meeting:		**18 December 2012**	
Report of:		**Monitoring Officer**	
Contact Officer:	**Name:**	**Kath Vlcek**	**Tel: 29-0450**
	Email:	**Kath.vlcek@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The purpose of this paper is to update the HWOSC regarding proposals to invest further in community mental health service to support the whole system programme of work to reduce the number of acute mental health beds in Brighton and Hove.

2. RECOMMENDATIONS:

2.1 That HWOSC members note the content of the report and progress with regards to mental health beds.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Previous papers have described the rationale for the proposals and the agreed local approach to ensure the arrangements are implemented safely. The last report to the HWOSC was in September 2012 and is included as background information in Appendix A of this report.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 No further information is available.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this cover report for information. However details of costs associated with changing the numbers of acute mental health beds can be found in the appendices.

Legal Implications:

5.2 None to this report for information.

Lawyer Consulted: *Name* *Date: dd/mm/yy*

Equalities Implications:

5.3 None to this report for information.

Sustainability Implications:

5.4 None to this report for information.

Crime & Disorder Implications:

5.5 None to this report for information.

Risk and Opportunity Management Implications:

5.6 None to this report for information.

Public Health Implications:

5.7 None to this report for information although the subject of the report is mental health bed provision and so has implications for public health.

Corporate / Citywide Implications:

5.8 None to this report for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

[

6.1

6.2

7. REASONS FOR REPORT RECOMMENDATIONS

7.1

7.2

SUPPORTING DOCUMENTATION

Appendices:

1. HWOSC update September 2012.

2.

Mental Health Acute Beds

HWOSC Update - December 2012

1. Purpose of the Paper

The purpose of this paper is to update the HWOSC regarding proposals to invest further in community mental health service to support the whole system programme of work to reduce the number of acute mental health beds in Brighton and Hove.

2. Background

Previous papers have described the rationale for the proposals and the agreed local approach to ensure the arrangements are implemented safely. The last report to the HWOSC was in September 2012 and is included as background information in Appendix A of this report.

3. Update on Community Investment Proposals

3.1 Since the last report to the HWOSC in September 2012 the Clinical Review Group has met twice further. Two areas for further investment in community mental health services have been progressed.

3.2 Crisis Resolution Home Treatment Team. Proposals to invest and £429k in additional staffing (nursing, medical and support workers) in the Crisis Resolution Home Treatment Team (CRHT) were outlined in the September report. The CRHT provides a seven day a week crisis support and home treatment as an alternative to hospital admissions for a period of up to six weeks.

3.3 Recruitment is underway for additional staffing (night time senior nursing cover, additional nursing resource to support early discharge and weekend medical cover) and it is anticipated that the enhanced CRHT will be fully operational by February 2013.

3.4 Investment in Additional Care Co-ordinators. Proposals to invest an additional £329k per annum in **Care Co-ordinators** have been approved by the Clinical Review Group. This recommendation is based on the following:

- Current average caseload of Care Co-ordinators in Brighton & Hove is high - average is 38
- National best practice in terms of a safe caseload is between 25 and 35.
- Brighton and Hove case-load mix is more complex than the national average because of our need profile.

- High caseloads meant that care co-ordinator time is currently focused on managing high risk patients rather than more pro-active management of the full case-load which does not provide optimum care.

3.5 The additional investment will enable:

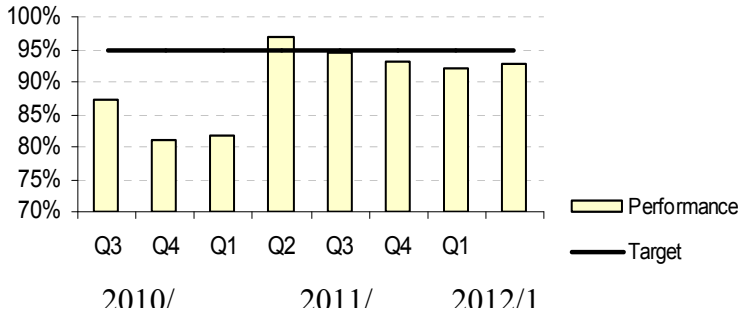
- an additional 7 WTE Care Co-ordinators to be employed and reduce the average case load to 30 - in line with national recommendations for safe caseloads. This represents an increase in Care Co-ordinator capacity of almost 30%
- more pro-active working with the CRHT supporting timely transitions between CRHT and the Assessment and Treatment Service.

4. Update on Performance

4.1 The performance metrics were reviewed by the Clinical Review Group at the meeting on 16 October. Key headlines are as follows.

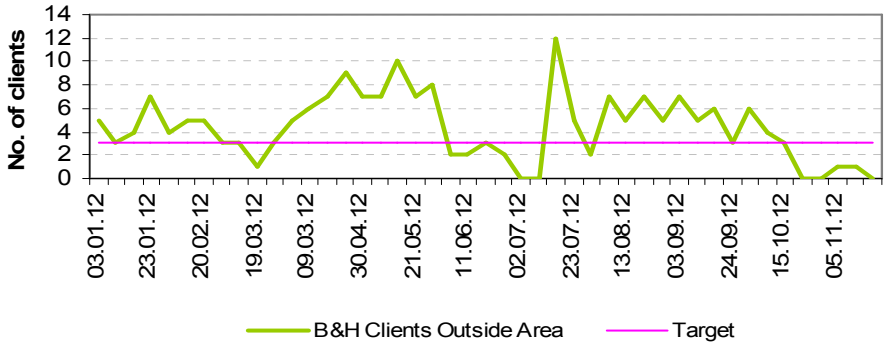
4.2 **Access to Acute Mental Health Beds within the City**. The latest data for Quarter 1 2012-13 (July to September 2012) shows that 93% of people have been able to access a bed within the City. This is slightly below the target of 95%. This is show graphically in Table 1 below.

Table 1: **% Accessing a Mental Health Acute Bed within the City**



4.3 Since September the numbers of people accessing a bed outside the City on a week by week basis has ranged from 7 to zero. This is shown graphically in Table 2.

Table 2: Numbers of B&H Clients Accessing a Bed Outside the City



4.4 Since the last report in September 2012, there has been one complaint from a relative and service user regarding an internal transfer between Caburn Ward at Mill View and Churchill Ward at Nevill Hospital. The complaint was investigated and responded to. The complainant was satisfied with the outcome. There have been no incidents reported that relate to use of beds / bed reductions.

4.5 A hospital re-admission audit has been completed and it has shown a lower readmission rate than that demonstrated in the metrics. The data in the metrics currently includes patients from East and West Sussex, who have differing levels of community support and social care funding arrangements. Data specific to Brighton and Hove residents will be available at future meetings. Scoping work is being undertaken to identify the value in undertaking more detailed audit work on the readmissions to assess how the proposed investments described in section 3 may reduce the risk of patients being readmitted in future.

4.6 Plans for additional patient satisfaction audits are being developed and will be discussed in more detail at the next meeting of the Clinical Review Group.

4.7 The relocation of the Churchill Ward (Nevill Hospital) to the Meridian Ward at the Millview Hospital is now planned to take place in February 2012 to enable a window replacement and refurbishment programme at Millview Hospital to be undertaken.

5 Summary

5.1 The Clinical Review Group has approved additional investment in community mental health services to provide more support as an alternative to hospital admission. The planned service changes are not yet in place largely because of the necessary lead-in time to recruit and induct new staff. Because of this, the Clinical Review Group original timescale of being able to undertake an initial evaluation of the service changes has moved from January 2013 to March 2013.

5.2 A further progress report will be provided to the next HWOSC meeting.

Mental Health Acute Beds

HWOSC Update - September 2012

1. Purpose of the Paper

The purpose of this paper is to update the HWOSC regarding proposals to invest further in community mental health service to support the whole system programme of work to reduce the number of acute mental health beds in Brighton and Hove.

2. Background

Previous papers have described the rationale for the proposals and the agreed local approach to ensure the arrangements are implemented safely. The HOSC at it's meeting In January 2012 gave support to proceed with a temporary phased reduction in bed numbers with the agreement that a Clinical Review Group would oversee the process and provide updates to the HOSC (which has now been superseded by the HWOSC). The last detailed update paper was provided in June 2012 and should be used as a reference document to this paper. The paper is detailed in Appendix A.

3. Progress

3.1 The purpose of the Clinical Review group is to assess the point at which there have been sufficient system changes to enable 19 beds in Brighton and Hove to close on a permanent basis. The group has met a total of six times and has agreed a set of metrics to measure the system readiness to function safely and effectively with fewer beds. The metrics were detailed in Appendix A of the June 2012 paper.

3.2 Since the last written report provided to the HWOSC in June 2012 the Clinical Review Group has met twice further.

4. Decision to Invest Further in Community Mental Health Services

4.1 At its meeting on 17 July the Clinical Review Group undertook a detailed option appraisal to assess whether the beds should re-open or whether further investment in community services was necessary to help support people's care in out of a hospital settings.

4.2 On balance the clinicians recommended that the preferred option was to invest further in community services and not to re-open the beds at this stage. The key elements of the debate that informed the decision are as follows:

- National best practice is that people should always be cared for in the least restrictive setting and the minimum disruption to their lives.

- Patient preference in the main is for care in the community rather than in hospital settings.
- Clinicians felt that there are still a number of patients admitted to Millview Hospital who would be better cared for in the community if additional resources were available
- There is scope to make further improvements in community services to provide more care outside hospital as an alternative to inpatient admission

4.3 The group agreed that specific additional investment proposals for community services would be developed and a decision made on preferred investment proposals at the next meeting on 17 August.

4.4 The investment proposals are **in addition** to the investment plans already agreed including the intensive day care facility for people with personality disorder development and increased supported accommodation options. Plans for both of these developments are in place to deliver service changes by the summer of 2013.

4.5 The investment proposals are also **in addition** to new investment the Clinical Commissioning Group have made in relation to the Audacious Goal programme to improving urgent care services and reduce reliance on emergency services at the Royal Sussex County Hospital (A&E and unplanned hospital admission services). The service changes agreed as part of this Audacious Goal programme of work are to enhance the Brighton Urgent Response Service (BURS) by developing a 24/7 urgent response that patients/carers/ambulance will be able to access directly. The service will include a 24/7 phone line and 7 day a week rapid access clinics. This value of this investment is an additional 391k with the enhanced BURS service due to commence by 1 December 2012 at the latest.

5. Specific Investment Proposals

5.1 At its meeting on 17 August the Clinical Review Group considered proposals for additional investment in community services.

5.2 **Crisis Resolution Home Treatment Team**.
The group agreed the priority area for investment was an investment of 429k in additional staffing (nursing, medical and support workers) in the **Crisis Resolution Home Treatment Team (CRHT).** This represents a 28% increase in resource over and above the existing investment of 1,531k.

5.3 The CRHT is a team for adults with severe mental illness (e.g. schizophrenia, manic depressive disorders, severe depressive disorders) with an acute psychiatric crisis. It provides a seven day a week crisis support and home treatment as an alternative to hospital admissions for a period of up to six weeks. The specific investment areas agreed are:

- Additional night time senior nursing cover

- Additional nursing resource to help support early discharge from hospital
- Additional weekend medical cover.

5.3 The decision was informed by a number of factors:

- There is a wealth of national research & evidence that demonstrates that a responsive CRHT can significantly reduce bed use, particularly in terms of supporting patients in the community to help admission avoidance[1]
- Latest bench-marking undertaken against nationally recommended staffing and caseload indicators has identified Brighton and Hove having lower staffing levels than indicated for our population need.
- National best practice is that people experiencing severe mental health difficulties should be treated in the least restrictive environment with the minimum disruption to their lives. This is based on research that has shown that most service users and carers prefer community based treatment and that clinical and social outcomes are at last as good as those achieved in hospital.[2]
- Length of stay in hospital should be the minimum time required to address the reason for admission, and there is potential to expand the current early discharge arrangements to 7 days a week.

5.4 In summary the investment decision was made on the basis that the current CRHT resource is less than indicated for the Brighton and Hove population and on the basis of the available evidence that CRHT's have positive outcomes in terms of patient satisfaction and clinical care and that they can support a reduction acute mental health bed usage.

5.5 The additional investment was made in context of some further changes to the working practice of the CRHT to maximise the productivity and efficiency, for example use of geographical caseload zoning to minimise staff travel and clinical handover time.

5.6 Other Investment Proposals

In addition to the approval to invest further in the CRHT, the Clinical Review Group agreed that further changes to the system should be considered including whether any additional investment in terms of the community mental health teams was necessary. Effective and timely discharge from the CRHT to the community mental health teams (the Assessment and Treatment Service (ATS) is essential to ensure whole system working. The Group agreed to consider a specific proposal in terms of additional investment in the ATS and the impact this would have on bed usage at its next meeting on 18 September.

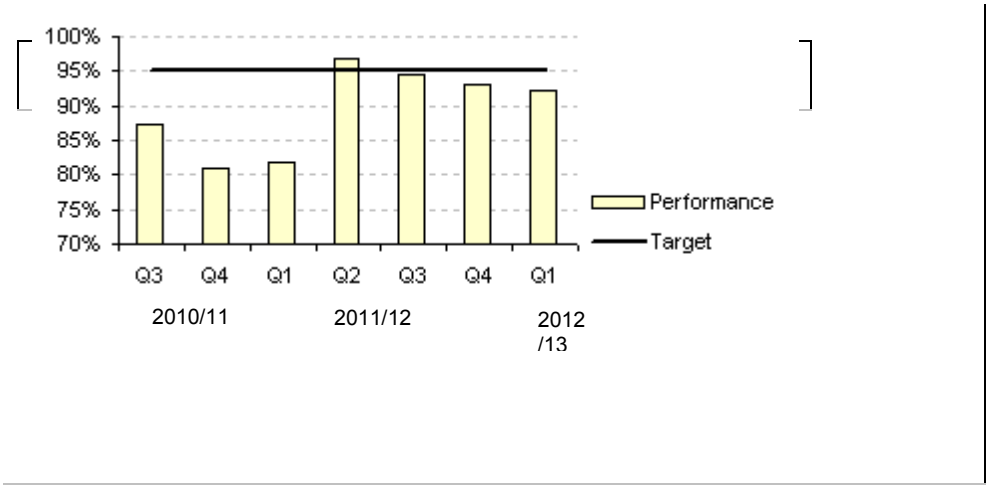
[1] (Glover et al, (2006) Crisis Resolution/Home Treatment Teams and Psychiatric Admissions in England.

[2] Department of Health, (2001) The Mental Health Policy Implementation Guide)

6. Update on Performance

6.1 The performance metrics were reviewed by the Clinical Review Group at the meetings on 17 July and 17 August. Key headlines are as follows.

6.2 **Access to Acute Mental Health Beds within the City**. The latest data for Quarter 1 2012-13 (April to June 2012) shows that 92% of people have been able to access a bed within the City. This is slightly below the target of 95%.



6.3 There have been no additional complaints or Serious Untoward Incidents in relation to the beds.

6.4 The hospital re-admission audit described in the June HWOSC report is in progress and the results will be reviewed at the September meeting

6.5 Plans are in place for additional patient and staff satisfaction audits, in relation to the additional .

7. Summary

7.1 The Clinical Review Group has agreed to additional investment in the Crisis Resolution Home Treatment Team to provide more support as an alternative to hospital admission. It will take approximately 10 weeks to recruit additional staff to the Team and the planned changes will take effect from November 2012. The Clinical Review Group anticipate being able to evaluate the changes at the end of January 2013.

7.1 This is alongside other changes planned including:

- Enhanced 24/7 Brighton Urgent Response Service
- New Intensive Day Facility for people with Personality Disorder
- Increased Supported Accommodation Options

7.2 The Clinical Review group has also agreed that the staffing of the Churchill Ward (Nevill Hospital) should be relocated to staff the Meridian Ward at the Millview Hospital. This move is planned to take place in October 2012 and will enable the benefits of the newly refurbished ward to be experienced by patients and the benefits around team working and consolidation of clinical expertise to be realised. The spare capacity in terms of beds will be maintained at Churchill ward and reviewed by the Clinical Review Group until any final decision to close beds. The option of re-opening beds will therefore be maintained until this point.

7.3 A further progress will be provided to the HWOSC next meeting including any additional investment agreed by the Clinical Review Group at its meeting on 18 September.

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 45** Brighton & Hove City Council

Subject:		**Mental Health Accommodation with Support**	
Date of Meeting:		**18 December 2012**	
Report of:		**Monitoring Officer**	
Contact Officer:	**Name:**	**Kath Vlcek**	**Tel: 29-0450**
	Email:	**Kath.vlcek@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The purpose of this briefing is to update the HWOSC on:

- key findings from the multi-agency mental health accommodation review which was undertaken during 2011 and 2012; and
- consequent plans for service changes/ improvements.

2. RECOMMENDATIONS:

2.1 The HWOSC is asked to note plans to improve capacity for mental health accommodation with support.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The Brighton and Hove Clinical Commissioning Group (CCG) led a multi-agency review into accommodation with support for adults with mental health needs in Brighton and Hove during 2011-12.

3.2 The review included an assessment of need, and analysis of demand and capacity including complexity of need, bench-marking of unit prices and analysis of blocks in the system. See **Appendix 1** for more detail.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Service user involvement is planned throughout the procurement process. A meeting with service users is scheduled for December 2012 to enable them to contribute to the development of service specifications for the new services. Service users will also be involved in the evaluation of the tender bids.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information but financial information is included within the main briefing.

Legal Implications:

5.2 None to this report for information.

Equalities Implications:

5.3 None to this cover report but the briefing focuses on mental health supported accommodation, which will have its own equalities implications. These will have been considered during the review process.

Sustainability Implications:

5.4 None to this cover report.

Crime & Disorder Implications:

5.5 None to this cover report.

Risk and Opportunity Management Implications:

5.6 None to this cover report.

Public Health Implications:

5.7 None to this cover report but the briefing focuses on mental health supported accommodation, which will have its own public health implications. These will have been considered during the review process.

Corporate / Citywide Implications:

5.8 None to this cover report.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this cover report.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To update HWOSC members on progress with the mental health accommodation review.

SUPPORTING DOCUMENTATION

Appendices:

1. Mental Health Accommodation with Support briefing

Documents in Members' Rooms

1. None

2.

Background Documents

1. None

2.

HWOSC Briefing

Mental Health Accommodation with Support

1. Purpose

The purpose of this briefing is to update the HWOSC on:

- key findings from the multi-agency mental health accommodation review which was undertaken during 2011 and 2012 and
- plans for service changes/ improvements.

2. Background

2.1 The Brighton and Hove Clinical Commissioning Group (CCG) led a multi-agency review into accommodation with support for adults with functional mental health needs in Brighton and Hove during 2011-12.

2.2 The review included an assessment of need, and analysis of demand and capacity including complexity of need, bench-marking of unit prices and analysis of blocks in the system.

2.3 The purpose of providing support is to enable individuals to be supported to live independently in the community, rather than in institutional care settings such as hospitals. Wherever possible a move to recovery and independent living in general housing is the goal. The term "supported accommodation" covers a wide range of provision including:

- Housing with 24 hour on-site support staff
- Housing with day time support and on-call night time support
- Floating Support – a few hours a week of support is provided to individuals living in independent housing

2.4 The type of support provided includes support with personal care, managing money, living independently and diet. Most provision of supported accommodation is through the Community & Voluntary Sector (mainly Housing Associations) with some more limited direct provision by the NHS through Sussex Partnership Foundation Trust.

3. Findings of the review

3.1 The key finding of the review was that there was insufficient supply to meet local need and in particular for people with more complex needs such as dual diagnosis[1]. Insufficient capacity impacts on the system in a number of ways but in particular it creates "blocks" including:

- Delayed transfers of care at Millview and the Nevill Hospitals' and subsequent unnecessary usage of acute mental health beds through longer lengths of stay. Insufficient supported accommodation is one of the key reasons why the proposals to close 19 acute mental health beds in Brighton and Hove have not yet been recommended for approval.
- Dependence on a number of expensive out of area placements.
- Delays in move on from higher levels of support to more independent living opportunities.

[1] Dual Diagnosis – Both mental health and substance misuse.

3.2 The gap between current provision and need was estimated to be 100 units ranging from intensively supported accommodation units staffed 24/7 through to lower levels of support such as floating and tenancy support.

3.3 The review also found significant variation in the unit prices for supported accommodation. The key outlier in terms of unit prices were the Recovery Support Houses, 19 units of supported accommodation commissioned jointly by the Housing Department and the CCG and provided by Sussex Partnership Foundation Trust. The service supports those with high and medium support needs and people are accommodated within 4 houses:

- 3 Windlesham road; BN1 3AG
- 6 Westbourne Gardens; BN3 5PP
- Stowford Withdean Road; BN1 5BL
- 39 Osmond Road; BN3 ITD

3.4 Whilst it is not always possible to compare like for like in terms of services due to variations in service models, commissioners identified an opportunity to improve value for money. Financial modelling indicated that it would be possible to redesign the resource associated with these 19 units of accommodation to:

- both re-provide the 19 units and
- commission the additional 100 units required that were identified as part of the review.

4. Plans for Service Change/Improvements

4.1 As a result of these findings commissioning plans were developed with the aim of:

- increasing capacity within the city,
- improving support to those with complex needs,
- extending opportunities for positive move on
- ensuring value for money services.

4.2 There have been two key plans that have been progressed as a result of the review:

4.3 Additional Investment in Hostel Style Accommodation

Supporting People funding of £175k and Adult Social Care funding of £20k has funded an additional 14 placements at West Pier Hostel. This increased investment has resulted in a total of 25 beds for mental health and enabled a redesign of the West Pier service to strengthen its support for those with some of the most complex needs including dual diagnosis. This type of provision was identified as a key gap as part of the review process. The support is focused on the Service User maintaining & developing coping strategies including support to avoid admission to hospital or to assist at point of discharge from hospital. The service will work with the service user to develop independent living skills with the aim of assisting move on to permanent accommodation in the longer term. The West Pier Hostel has close links with Sussex Partnership Foundation Trust Care Co-ordinating staff in terms of managing mental health issues. Since redesign the service has been operating at near to full capacity.

4.4 Procurement for Additional 100 Units of Accommodation with Support.

The resources associated with the 19 units of accommodation currently provided by SPFT provides an opportunity to release and re-invest resources to enable support to be provided to more people and also to increase the choice of accommodation support available.

4.5 A joint CCG/Local Authority procurement programme is underway to utilise the released resource to secure 100 additional units of accommodation with support as well as the re-provision of the 19 units of existing supported accommodation. In total resources will be reinvested to provide approximately 120 units of support. The additional units of support will be for a range of different needs and are detailed in table 1 below and described in more detail in Appendix 1.

Table 1: Types of Supported Accommodation

Description	Number of Units	Contracting Authority
High Support	20	CCG
Medium Support	30	CCG
Floating Support	30	Housing
Tenancy Support	40	Housing
Total	**120**	

4.6 An advert and Pre-Qualification Questionnaire was placed on the South East Business portal on the 31st October 2012. There has been significant interest in the procurement from providers both at a soft market testing event held in September 2012 and through the number of expressions of interest via the SE Business portal. Following PQQ evaluation invitation to tenders will be issued in January 2013. We expect new services to start from September 2013.

4.7 Service user involvement is planned throughout the procurement process. A meeting with service users is scheduled for December to enable them to contribute to the development of service specifications for the new services. Service users will also be involved in the evaluation of the tender bids.

4.8 Meanwhile we will continue to work closely with SPFT to ensure that the transition to the new service for residents and their carers is smooth and to minimise any service voids during the re-commissioning of services. SPFT have developed and will maintain a needs register for all residents. This will identify an individuals' future accommodation and support needs. Individual action plans and profiles will be developed for each resident to assist transition and discussions with new providers. All new referrals to the service will be aware of the planned changes and the timescales for these. SPFT have scheduled individual time with residents in early December week to discuss the planned changes.

5. Summary

Improving mental health accommodation with support is a key priority for the city. The plans outlined in this report above highlight the way that some of the capacity gaps will be addressed. The procurement process will help to achieve our objective to ensure the provision of high quality, cost effective accommodation solutions which offer choice, positive move on and independent living opportunities, wherever possible.

6. Recommendation

The HWOSC is asked to note plans to improve capacity for mental health accommodation with support.

Appendix 1: Tiered model of mental health accommodation with support	
Service	**Key Functions**
Lot 1 High Support Provides accommodation with support services for people with enduring and complex mental health needs.	• Accommodation with provision of intensive support services (approx 20hrs per service user per week). • The service will be a bridge between higher care services e.g. Hospital, residential and forensic services and independent living • Service will provide on site 24/7 support • Service will manage and work with varying levels of risk and deliver personalised programme of support • Delivery of personalised programmes of support will include: support with mental health needs, assistance with medication management, health and well being including addressing substance misuse and lifestyle concerns, risk management, active move on planning and development of independent living skills
Lot 2 Medium Support - Provides accommodation with support services for people with mental health needs	• Accommodation with provision of support services for people with medium support needs (approx 10 hrs per service user per week) • The service is a transitional support service and will be a key step down service from higher support services (intensive supported housing) providing a higher level of care than floating and tenancy support • Support will be provided on site • Delivery of personalised programmes of support to include: support with mental health needs, assistance with medication management, health and well being including addressing substance misuse and lifestyle concerns, risk management, active move on planning and development of independent living skills
Lot 3 Floating Support Delivers community support to those living in independent accommodation	• Support focuses on continued recovery, maintaining independence, support to prevent crisis and maintaining independent accommodation • May form key component of an individuals care plan
Lot 4 Tenancy Support Provide support to access long term independent accommodation	• Support focuses on building independent living skills and tenancy management skills • Delivered via individual and group work • Service will work proactively with landlords to support relationships with tenants.

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 46** Brighton & Hove City Council

Subject:		**Mental Health Support Review**		
Date of Meeting:		**18 December 2012**		
Report of:		**Monitoring Officer**		
Contact Officer:	**Name:**	**Kath Vlcek**	**Tel:**	**29-0450**
	Email:	**Kath.vlcek@brighton-hove.gov.uk**		
Ward(s) affected:		**All**		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 During 2011-12 a review of Community Mental Health Support services was undertaken which included public consultation on proposed service changes. Following public consultation, proposals for service change were approved by the Joint Commissioning Board (JCB) in February 2012. In April 2012 the JCB approved proposals to secure new service provision using a Prospectus Approach. An update was last provided to the HWOSC in May 2012 (see **Appendix 1**).

1.2 Bids for new services were invited in May 2012. This paper provides summary details of the bidding process as well as details of the new providers of services which will start 1 April 2013.

2. RECOMMENDATIONS:

2.1 That HWOSC members consider the update on support services and changes to support provision.

2.2 That the HWOSC notes that the JCB has approved the award of ten funding agreements for provision of community mental health support services to commence on 1 April 2013

2.3 That the HWOSC notes that alternative plans will be developed to secure psycho-social & outreach support for Black & Minority Ethnic Communities.

2.4 That a further update is provided to the HWOSC at a later date on the broader learning from the Prospectus approach as a means of procuring services from the community and voluntary sector.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 During 2011-12 a review of Community Mental Health Support services was undertaken. Following public consultation, proposals for service change were approved by the Joint Commissioning Board (JCB) in February 2012. In April 2012 the JCB approved proposals to secure new service provision using a Prospectus Approach. An update was last provided to the HWOSC in May 2012

3.2 Bids for new services were invited in May 201. New service providers will begin in April 2013.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Public consultation was undertaken as part of the review in 2011-12; see **Appendix 2** for more information.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this cover report for information. **Appendix 2** has details about the prospectus approach that was applied in preference to undertaking a full procurement approach, and the financial benefits of doing so.

Legal Implications:

5.2 None to this report for information.

Lawyer Consulted: *Name* *Date: dd/mm/yy*

Equalities Implications:

5.3 The focus of the report is on Mental Health support service changes; there will be equalities implications within this which will have been considered during the service review.

Sustainability Implications:

5.4 None to this cover report for information.

Crime & Disorder Implications:

5.5 None to this cover report for information.

Risk and Opportunity Management Implications:

5.6 None to this cover report for information.

Public Health Implications:

5.7 The focus of the report is on Mental Health support service changes; there will invariably be public health implications within this which will have been considered during the service review

Corporate / Citywide Implications:

5.8 None to this report for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this report for information.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To keep HWOSC members updated with progress in the Mental Health Support Services Review.

SUPPORTING DOCUMENTATION

Appendices:

1. Award of Funding Agreements for New Community Mental Health Support Services

2. Community Mental Health Services Review Update for May 2012 HOSC Meeting

Documents in Members' Rooms

1. None

Background Documents

1. None

HWOSC Update – December 2012

Award of Funding Agreements for New Community Mental Health Support Services

1. SUMMARY

1.1 During 2011-12 a review of Community Mental Health Support services was undertaken which included public consultation on proposed services changes. Following public consultation proposals for service change were approved by the Joint Commissioning Board (JCB) in February 2012. In April 2012 the JCB approved proposals to secure new service provision using a Prospectus Approach. An update was last provided to the HWOSC in May 2012 and this report is included as background information in Appendix A.

1.2 Bids for new services were invited in May 2012, and this paper provides summary details of the bidding process as well as details of the new providers of services which will start 1 April 2013.

2. RELEVANT BACKGROUND INFORMATION

2.1 Community Mental Health Support Services in the context of this report is a term used to describe a range of services that support people living in the community to manage their mental health and wellbeing. The services discussed in this report are mainly provided by the community & voluntary sector.

2.2 Community Mental Health Support Services have been divided into four categories and the commissioning aim for each category is detailed in paragraphs 2.2.1 to 2.2.5.

2.2.1 **Advice & Information**. The aim is to commission face to face information in a greater range of community setting, and provide on-line and written materials as a dedicated mental health resource to be shared with agencies providing more generic information and advice.

2.2.2 **Psycho-Social Support (including Out-reach)** The aim is to broaden the groups targeted for out-reach services focusing resources on the most at-risk communities to help ensure equity of access to mental health services. We also aim to provide better links and minimise duplication/overlap with the Brighton and Hove Wellbeing Service which started on 1 June 2012[1].

2.2.3 **Day Services**. The aim is to broaden the range of day service activities and provide an increasing proportion of services in more generic settings whilst maintaining up to two building based day centres.

[1] The new model of service delivery provided by the Mental Health Partnership (Brighton and Hove Integrated Care Service, 7 GP Practices in Brighton & Hove, MIND in Brighton and Hove, Turning Point & Sussex Partnership Foundation Trust) provides treatment and advice to adults of all ages with common mental health conditions such as anxiety and depression based on the best available evidence in terms of outcomes of care. The service is provided in a range of primary and community settings and includes out-reach, homes visits and an option for self-referral.

2.2.4 **Day Services for people with Personality Disorder**. The aim is to provide a new day service for people with personality disorder[2] in partnership with Sussex Partnership Foundation Trust and service users.

2.2.5 **Employment Support**. The aim is to provide employment support based on evidence based best practice located as an integral part of day services and Assessment & Treatment Services provided by Sussex Partnership Foundation Trust and day services.

3. PROCUREMENT PROCESS

3.1 Prior to advertising any bidding opportunities, the potential advantages of using a prospectus approach rather than the full procurement process were evaluated. The decision was made to utilise a Prospectus Approach which specifically includes evaluation of Social Capital as evaluation process. It was anticipated that the process would encourage bids from the community and voluntary sector In addition the bidding is less onerous than with full procurement and will, therefore, not discourage or preclude smaller organisations from taking part. It also allows greater innovation from prospective service providers and more input into shaping new services.

3.2 The Brighton & Hove Commissioning Prospectus was published on the South East Business Portal on 15th May 2012. The Prospectus included a range of different services including the five categories of community mental health support services outlined in section 2.2.

3.3 In addition to advertising on the Portal, the Prospectus was promoted to all community and voluntary sector organisations currently holding an agreement/contract for community mental health support services as well as being promoted through the Brighton and Hove Community and Voluntary Sector Forum.

3.4 Prospective bidders were invited to Briefing Meetings which were held in May and June. These meetings provided an opportunity for interested organisations to gain a better understanding of the services being commissioned as well as the process of preparing and submitting bids. In the region of 70 people attended the meetings and questions and answers were captured in writing and circulated to all attendees. An FAQ sheet was also posted, updated and maintained on the Business Portal so that information was made available to all interested parties.

3.5 On the closing date of 27th July, 38 bids had been received and the breakdown is detailed in Table 1.

[2] There is evidence that outcomes can be improved for this client group when specific rather than generic services are provided.

Table 1: Bids by Service Category

Service Category	Number of Bids
Information & Advice	5
Psycho-Social Support (including Out-reach)	19
Day Services	8
Day Services – Personality Disorder	2
Employment Support	4
Total	**38**

3.6 The bids were evaluated by a panel of representatives including Mental Health Commissioner, GP Clinical Lead for Mental Health, Procurement, Finance, Equality & Diversity, Public Health, Contracts, Service Users/Lay representatives. Equal weighting was given to criteria in each of the following three sections:

- quality;
- social capital; and
- cost.

3.7 Where the panel believed that further clarification and/or negotiation would be beneficial, bidders were invited to attend Clarification and Negotiation Meetings to discuss outstanding points relating to their proposed service model and/or the amount of money being requested. These organisations were asked to consider submitting amended bids by the deadline of 14th September 2012.

3.8 Of the thirty eight bids, twelve bids were discounted and not invited to submit amendments through to the 2nd stage. 25 of the 26 bids original bids that were invited for re-submission were returned by the deadline of 14 September. In addition one bidder submitted a combined bid for two services making a total of 26 individual bids that were re-submitted at the second stage. Where amendments were made to the bids they were re-scored by the Panel.

4. BIDS RECOMMENDED FOR AWARD

4.1 Advice & Information

Only one bid was invited to the 2nd stage of the bidding process. The bid submitted by **MIND in Brighton and Hove** was comprehensive and met all the requirements outlined in the prospectus and was approved by the JCB for funding agreement award.

4.2 **Psycho-Social Support (including Out-reach**). This category of service had the most bids submitted and was the most complex to evaluate as submissions covered a wide range of target groups. The target groups identified in the Prospectus were as follows:

- Men with a high risk of poor mental health
- Homeless/rough sleepers
- LGB communities
- Transgender people
- Older people
- Groups who may have difficulties in accessing services such as people with disabilities, people with autism spectrum conditions and carers
- BME communities and groups with cultural barriers (including migrants, refugees, travellers and asylum seekers, for whom English might not be their first language)
- Military veterans
- People with suicidal thoughts
- Criminal offenders

4.3 The highest scoring bids that covered the target communities were approved for funding agreement award by the JCB and these are detailed in Table 2. Where there was more than one bid covering the same client group, the highest scoring bid was recommended to the JCB for contract award.

Table 2: Psycho Social Support & Out-reach: Funding Agreements Approved for Award

Number	Organisation	Target Community
1	Allsorts Youth Project	LGBT Youth
2	MIND OUT LGB&T Mental Health Project & Switchboard	LGBT
3	Brighton Housing Trust (in partnership with Care Co-operatives and Sussex Central YMCA)	Homeless Men Offenders Dual Diagnosis Older People Substance Misuse Women Military Veterans
4	Assert Brighton & Hove	Autism & Aspergers
5	The Carers Centre Brighton and Hove	Carers
6	Rethink Mental Illness	Offenders and Suicide Prevention

4.4 The process has resulted in a broadening of the target communities currently served, although it has not resulted in complete coverage of all target groups. The key gaps in terms of target communities is BME communities. Whilst two bids were submitted neither fully met the Prospectus objectives. Whilst the JCB did not approve a funding agreement awarded for psycho social support/outreach for BME communities; it did approve the development of alternative plans to secure service delivery to these key target communities. Until any new services are put in place that the existing contract with Black and Minority Ethnic Community Partnership will be continued.

4.5 **Day Services.** Four services for day services were invited to the 2nd stage in the process and the quality of all bids, particularly in terms of innovative service delivery, was high in this category. The highest scoring bid offering two day centres (Preston Park Day Centre and one other location to be agreed) plus a range of out-reach activities was from **South Down Housing Association** and was recommended by the JCB for funding agreement award.

4.6 **Day Services for people with Personality Disorder**. There are currently no specific day facilities in Brighton and Hove for people with personality disorder and this is a gap in terms of service provision. The bid submitted **by Sussex Oakleaf Association Ltd** in partnership with **MIND in Brighton and Hove** was recommended by the JCB for funding agreement award. The new service will be delivered from the Allen Centre in Hove in partnership working with Sussex Partnership Foundation Trust.

4.7 **Employment Support** will be provided in SPFT's Assessment and Treatment Services as well as the Day Services. The highest scoring and most comprehensive bid approved for funding agreement award by the JCB was submitted by **South Downs Housing Association**.

5. SERVICE CHANGE

5.1 The process of awarding new funding agreements will result in some changes in services and service providers from 1 April 2013. A list of current providers of community mental health support services, together with the new providers from April 2013 is detailed in Table 3. The new arrangements will reduce the number of contracts from the current 6 contracts with 12 organisations to 10 contracts involving 12 organisations.

Table 3: Change in Service Providers

Current Service Providers	**New Service Providers - 1 April 2013**
Advice & Information	
1. MIND in Brighton & Hove	1. MIND in Brighton & Hove
Psycho-Social Support & Outreach	
2. Allsorts 3. Big White Wall 4. Black & Minority Ethnic Community Partnership 5. Brighton and Hove Federation of Disabled People 6. Brighton Housing Trust 7. The Carers Centre for Brighton & Hove Ltd 8. Cruse Brighton and Hove 9. MIND in Brighton & Hove 10. National Schizophrenia	2. Allsorts 3. Assert 4. Brighton Housing Trust – in collaboration with Care Co-ops & Hove YMCA 5. National Schizophrenia Fellowship (Rethink Mental Illness) 6. MIND Out LGB&T Mental Health Project and Switchboard 7. The Carers Centre for Brighton & Hove Ltd

Current Service Providers	New Service Providers - 1 April 2013
Fellowship (Rethink Mental Illness) 11. Sussex Partnership Foundation Trust	
Day Services	
12. Care Co-operatives Ltd 13. South Down Housing Association 14. Sussex Partnership Foundation Trust 15. MIND	8. South Down Housing Association
Day Services for People with Personality Disorder	
None	9. Sussex Oakleaf Association Ltd in partnership with MIND in Brighton and Hove
Employment Support	
16. South Downs Housing Association	10. South Downs Housing Association

5.2 Work is progressing in terms of service transition plans to ensure a smooth transfer of services. A summary of providers whose contract will terminate on 31 March 2013, together with options for service delivery on 1 April 2013 is detailed in Table 4 below.

Table 4: Service Transfer - 1 April 2013

Service Provider Contract Terminates 31 March 2013	Description of Service	Options for Service Delivery - 1 April 2013
Big White Wall	On-line support	• Brighton & Hove Wellbeing Service – option to direct to free on-line support • New advice & Information Service • Day Services
Brighton and Hove Federation of Disabled People	Counselling for people with disabilities	• Brighton and Hove Wellbeing Service
CRUSE	Bereavement services	• Brighton and Hove Wellbeing Service
MIND	Men Support Group	• New Brighton Housing Trust – service for men
Sussex Partnership Foundation Trust	BME Support	• Interim arrangements being developed
Sussex Partnership	Day Services – The	• South Down Housing Day

Service Provider Contract Terminates 31 March 2013	Description of Service	Options for Service Delivery - 1 April 2013
Foundation Trust	Allen Centre & Buckingham Road	Services
Care Co-ops	Day Services – Limited Editions at Wagner Hall	• South Down Housing Day Services
MIND	Activities Fund	• South Down Housing Day Services

6. LEARNING FROM THE PROSPECTUS APPROACH

6.1 This was the first time Brighton and Hove have secured services using a prospectus approach and it was encouraging to have such a positive response to the bids for community mental health support services. There is learning from the process including issues around communication and governance arrangements that commissioners are in the process of evaluating. We are also having further discussions with the Community and Voluntary Sector about how to improve the way services can be commissioned through a Prospectus approach in the future. Full details of the learning from this process will be shared with the HWOSC in a future report.

7. FINANCIAL

7.1 The funding agreement awards (including the interim arrangements for BME support) total £1.8 million per annum. The breakdown by service category is detailed in Table 4:

Table 4: Expenditure Breakdown 2013-14

Service Category	Annual Financial Value 2013-14
Information & Advice	£91,999
Psycho-Social Support (including Out-reach)	£391,899
Day Services (including personality disorder)	£1,119,720
Employment Support	£243,000
Total	**£1,846,618**

8. RECOMMENDATIONS:

8.1 That the HWOSC note that the JCB has approve the award of the following 10 funding agreements for provision of community mental health support services to commence on 1 April 2013:

i. **MIND in Brighton & Hove** for Advice and Information
ii. **Allsorts Youth Project** for Psycho-Social Support/Outreach
iii. **Assert Brighton and Hove** for Psycho-Social Support/Outreach
iv. **Brighton Housing Trust in partnership with Care Co-operatives & Sussex Central YMCA** for Psycho-Social Support/Outreach
v. **MIND Out LGB&T Mental Health Project and Switchboard** for Psycho-Social Support
vi. **National Schizophrenia Fellowship (Rethink Mental Illness**) for Psycho-Social Support
vii. **The Carers Centre for Brighton & Hove Ltd** for Psycho-Social Support
viii. **South Down Housing Association** for Day Services
ix. **Sussex Oakleaf Association Ltd in partnership with MIND in Brighton & Hove** for Day Services for People with Personality Disorder
x. **South Down Housing Association** for Employment Support

8.2 That the HWOSC note that alternative plans will be developed to secure psycho-social & outreach support for Black & Minority Ethnic Communities.

8.3 That a further update is provided to the HWOSC on the broader learning from the Prospectus approach as a means of procuring services from the community and voluntary sector.

Community Mental Health Services Review
Update for May HOSC Meeting

Background

As reported to the January HOSC Meeting, formal consultation on proposals to improve the provision of Community Mental Health Services in Brighton & Hove ended on 16th January 2012. This exercise was led by the Brighton & Hove Clinical Commissioning Group's joint mental health commissioning team on behalf of the Local Authority and PCT.

The services involved in this consultation were:-

- Advice & Information
- Outreach Support
- One to One & Group Support
- Day Services
- Employment Support

Outlined below is the information taken to the 20th February meeting of the Joint Commissioning Board, where approval was given to proceed with the following:-

- Extend all existing contracts within the framework of the review to 31st March 2013 (at which point they will terminate)
- Develop specifications and outcome-based performance indicators for new services
- Agree the preferred route to obtaining new services (e.g. by procurement or grants process or a mixture of both)

February JCB papers can be found at:
http://present.brighton-hove.gov.uk/ieAgenda.aspx?A=3311

A further paper was presented to the Joint Commissioning Board on 23rd April where approval was given to the following:-

- New services to be commissioned via the prospectus route
- Draft specifications (provided in the report) to be developed for use in the prospectus

March JCB papers can be found at:-
http://present.brighton-hove.gov.uk/ieListDocuments.aspx?MId=3312&x=1

Consultation

A large number of people from a cross-section of the community took the opportunity to engage with the consultation process, including around 450 responses via the online and hard-copy survey/questionnaire.

It was evident from the feedback received that community mental health support services are highly valued by the local community but there was a recognition that improvements could be made to the way that some services worked individually as well as together as part of whole system.

Commissioning Intentions

As a result of our findings, we intend to commission services which will deliver the following:-

Information & Advice

- Face to face mental health information in a greater range of community settings.
- An on-line mental health information facility.

One to one and group support

- One to One & Group Support that will provide psycho social support to help build community and individual resilience to manage mental health difficulties and improve wellbeing.
  The services will:
  - Have a clear pathway into the new Primary Care Mental Health service
  - Include an integral out-reach function

Outreach Support

- Outreach services for the most excluded groups. The top 5 groups identified through the consultation were:
  - Men with a high risk of poor mental health
  - Homeless/rough sleepers
  - LGBT communities
  - Older people
  - Refugees/asylum seekers
- Outreach services that are integrated with other mental health services including one to one and group services.

Day Services

- Two Mental Health Day Centres in Brighton and Hove.
- Day service activities which will be provided in a range of other community settings such as community halls to enable more choice for people.
- Day services where a key function will be to provide social, creative and educational activities to help people in their recovery from their mental illness as well as enabling those with more enduring problems to maintain stability by providing a safe and supportive space.

Employment Support

- Employment support that helps people stay in work as well as find work.
- Employment support as an integral part of other services (e.g. Day Services)

Procurement v. prospectus

We investigated the potential advantages of using a prospectus approach rather than the full procurement process. This is the direction of travel within the Brighton & Hove Local Authority and has been used successfully to commission voluntary and community services by other joint commissioning organisations (e.g. East Sussex). This system results in the award of 'Funding Agreements' containing terms and conditions which mirror those of normal contracts; performance indicators are based on desired outcomes measured in terms of Quality, Cost and Social Capital. The process of bidding is less onerous than with full procurement (both for commissioners and providers) and will, therefore, not discourage or preclude smaller organisations from taking part. It also allows greater innovation from prospective service providers and more input into shaping new services. Formal discussion with current community voluntary sector providers suggests that they too favour of this approach.

Service User Involvement

Service users have been kept informed of our intentions and progress over the last few months and we have received favourable feedback.

A key message is that changes will not happen immediately; all current services will continue until 31st March 2013. Where changes do take place, there will be a transition phase of several months when service users will be helped to start using the new services with minimum disruption to their existing routine and level of support.

Service users and carers will be involved in the evaluation of the Social Capital Element of bids. Participation is being sought through our existing 3rd Sector Service User Group, the MIND Voluntary Sector Engagement Service (LIVE) and the Equalities and Engagement Forum.

High Level Milestone Plan

Activity	End Date
Prospectus launched	May 2012
Bids evaluated	September 2012
CCG/Council approval of new providers	October 2012
New Funding Agreements in place	November 2012
Handover/transition plans in place	December 2012
New services begin	April 2013

HEALTH & WELLBEING OVERVIEW & SCRUTINY MEETING	Agenda Item 47 Brighton & Hove City Council

Subject:		**Mental Health: Dementia- progress update**	
Date of Meeting:		**18 December 2012**	
Report of:		**Monitoring Officer**	
Contact Officer:	**Name:**	**Kath Vlcek**	**Tel: 29-0450**
	Email:	**Kath.vlcek@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The purpose of the report is to provide the HWOSC with an update on developments in dementia services in Brighton and Hove.

2. RECOMMENDATIONS:

2.1 That HWOSC members consider the information in the report, assessing progress in line with the National Dementia Strategy.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 A *National Dementia Strategy* (NDS) was published in 2009 and updated in September 2010.

3.2 A local Joint Dementia Plan was approved at the Joint Commissioning Board in February 2012.

3.3 The shadow Health and Wellbeing Board has identified dementia as a priority for Brighton and Hove; a Joint Health and Wellbeing Strategy has been prepared including a section on dementia which will be ratified once the board is formally constituted in April 2013. The suggestion from this strategy is that a joint commissioning Dementia Board be established to give formal governance to future dementia developments.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None to this report for information.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information. Any financial implications from the proposed Dementia Board will be considered as part of the ongoing arrangements.

Legal Implications:

5.2 None to this report for information.

Equalities Implications:

5.3 None to this report for information.

Sustainability Implications:

5.4 None to this report for information.

Crime & Disorder Implications:

5.5 None to this report for information.

Risk and Opportunity Management Implications:

5.6 None to this report for information.

Public Health Implications:

5.7 Dementia is a national health priority. The proposed local Dementia Board is a suggested way as to how to manage this in Brighton and Hove.

Corporate / Citywide Implications:

5.8 None to this report for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this report for information.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To update HWOSC members on progress locally against the National Dementia Strategy.

SUPPORTING DOCUMENTATION

Appendices:

1. HWOSC update-dementia. From the CCG

2. Brighton and Hove Dementia Action Plan

HWOSC Update – December 2012
Dementia

1. Purpose of the Report

The purpose of the report is to provide the HWOSC with an update on developments in dementia services in Brighton and Hove.

2. National Context

2.1 There are about 750,000 people in the United Kingdom with dementia and this number is expected to double over the next 30 years. The prevalence of dementia increases with age so this increase in numbers is expected as a result of an aging population. As the number of people with dementia increase there is a knock on effect in terms of health and social care costs. The estimated costs of dementia care in England will rise from £14.8 billion in 2007 to £34.8 billion by 2026, a rise of 135% (Kings Fund, 2008)[1].

2.2 A *National Dementia Strategy* (NDS) was published in 2009 and updated in September 2010. **The NDS aims to increase awareness of the condition, ensuring early diagnosis and intervention as well as improving the quality of care for people with dementia and their carers.**

2.3 The *National Operating Framework 2011-12* identified four priority areas from the NDS as likely to have the biggest impact on improving the quality of care outcomes for people with dementia and their carers. These are:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes
- Reduced use of antipsychotic medication

2.4 The *National Operating Framework 2012/13* builds on this by prioritising action on dementia within a system approach to improve basic standards of care for elderly and vulnerable patients in areas such as nutrition, continence and communication. There is also a requirement for PCTs to:

- reduce inappropriate antipsychotic prescribing for people with dementia by two-thirds;
- improve dementia diagnosis rates;
- introduce a CQUIN[2] on improving diagnosis of dementia in hospitals; and

[1] Kings Fund (2008) Paying the Price: the cost of mental Health I England to 2026 London: Kings Fund.

[2] The Commissioning for Quality and Innovation (CQUIN) payment is a tool to enable commissioners to reward excellence by linking a proportion of providers' income to the achievement of quality improvement goals.

- work with local authorities to publish dementia plans setting out local progress against delivery of the NDS.

3. Local Context

3.1 A Joint Dementia Plan was approved at the Joint Commissioning Board in February setting out local implementation of the NDS in an integrated 'long-term conditions' approach aligning many dementia services with physical health services so an holistic approach is taken to the care of people with dementia. The Plan sets out how priority areas for service development will be delivered within a revised financial envelope and to a revised timetable. The Plan with updates is attached as Appendix 1.

3.2 The shadow Health and Wellbeing Board has identified dementia as a priority for the city and a Joint Health and Wellbeing Strategy has been prepared including a section on dementia, along with the other priorities, which will be ratified once the board is formally constituted in April 2013. The suggestion from this strategy is that a joint commissioning Dementia Board be established to give formal governance to future dementia developments.

4. Progress against the four priority areas identified in the NDS.

4.1 Good quality early diagnosis and intervention for all - Memory Assessment Service.

4.1.1 In Brighton and Hove at current rates of diagnosis prevalence of dementia is expected to remain broadly constant over the next ten years. However only 36% of people (around 1,000) in Brighton and Hove with dementia are identified as being diagnosed on GP QOF registers. Although Brighton and Hove is not facing the same population increase as elsewhere in Sussex and nationally, best practice would dictate that we improve diagnosis rates.

4.1.2 The first of the four objectives of the National Dementia Strategy is to achieve "good-quality early diagnosis and intervention for all". In 2007 the National Audit Office concluded that "early diagnosis and intervention in dementia is cost-effective" However in Brighton and Hove we only diagnose around one third of dementias. *The Prime Minister's Challenge on Dementia* states that "From April 2013 there will be a quantified ambition for diagnosis rates…. underpinned by robust and affordable local plans."

4.1.3 During this summer we invited bids an integrated memory assessment service, which will provide diagnosis to around 80% of people with dementia. Around 20% of people will still need secondary care referral for diagnosis due to complex needs or complex presentations.

4.1.4 This service will be operational by 1 June 2013 and at commissioned activity rates will increase the number of people diagnosed with dementia by 10% per annum, meeting and exceeding national targets for dementia diagnosis. People will also receive a diagnosis within 10 weeks of referral from their GP, significantly speeding up the diagnostic process. The service will also offer

people with dementia and their carers information support and advice for up to one year after diagnosis.

4.2 Improved quality of care in general hospitals

4.2.1 One of the RTF developments was a dementia champion post for the Royal Sussex County Hospital. This post was filled earlier this year and is driving improved services for people with dementia across the trust. A dementia pathway has been developed in the hospital and is being trialled on care of the elderly wards. The trust launched the national dementia CQUIN which requires a memory screen for anyone over the age of 75 who is in hospital for 72 hours or more. This was launched under the banner of "Dementia – everyone's business".

4.2.3 The hospital has agreed to adopt the Butterfly scheme, planned for launch in March 2013. The butterfly scheme currently operates in 50 hospitals across the UK and provides a framework for rolling out education and an approach to caring for patients with dementia trust wide. The trust has a dementia steering group leading on developments in dementia care.

4.3 Living well with dementia in care homes

4.3.1 One of the RTF developments which we had committed to prior to the funding being withdrawn was a Sussex-wide Care home in-reach team. This service has now been operating just over one year. The service provides support to care homes to improve their ability to care for and support their residents who have dementia.

4.3.2 The service can either work with specific patients or with the home to make systemic changes and offer training and advice to the workforce. The team has conducted around 80 individual medication reviews, with around 45 having their anti-psychotic medications either reduced or ceased. The team has worked with a number of care homes in the city influencing the care of more than 500 residents. We have included the ongoing funding of this service in our plans for funding next year.

4.3.3 There is a shortage of specialist EMI (Elderly Mentally Ill) beds in Brighton and Hove and people are regularly placed out of area as a result. Meetings have taken place with new prospective providers and we anticipate more capacity will come available during 2013.

4.4 Reduced use of antipsychotic medication

4.4.1 In 2008, The All Party Parliamentary Group (APPG) produced a report *Always a Last Resort* which highlighted the problem of over-prescribing anti-psychotics in care homes. At that time it was estimated up to 105,000 people with dementia were given anti-psychotics inappropriately - either for inappropriate reasons or for initially justifiable reasons, but inappropriately continued. The report also estimated that 1800 people with dementia died each year due to the adverse effects of low-dose anti-psychotics.

4.4.2 As part of the Department of Health's National Dementia Strategy, a pledge was made to reduce anti-psychotic prescribing by two thirds by November

2011. Whilst there has been a lot of work to reduce antipsychotic prescribing in people with dementia, both locally and nationally, as there is no accepted baseline data, it is not possible to measure the extent of the reduction.

4.4.3 There have however, been a number of initiatives locally to address the prescribing of antipsychotics to people with dementia including:

- A prescribing audit in primary care carried out over two separate years which shows a decrease in prescribing and an increase in medication reviews. It also showed that people are as likely to be prescribed antipsychotics if they live in their own home as if they live in a care home.
- A GP resource pack has been launched across Sussex to support GPs to better manage patients with dementia, and support reducing/ceasing of antipsychotics.
- The care home in reach team has a specific remit on antipsychotics, as mentioned above
- Enhancing Quality measure for acute and mental health trusts on best practice prescribing of antipsychotics and benzodiazepines
- A Sussex Reducing Antipsychotics Sub-group of Dementia Commissioners and Heads of Medicines Management has been convened to look at audits required in Sussex.

4.5 Additional work carried out on dementia includes:

4.5.1 Engagement work carried out on day services for people with **young onset dementia** and we are reviewing the services as a result.

4.5.2 Additional resource put into the **Community Rapid Response Service** (CRRS), which is a hospital avoidance service for people with an urgent physical need. The majority of people with dementia also have a physical health need so it makes sense to adopt an integrated long-term conditions approach to dementia care. The additional resource is to enable the CRRS to support more people with dementia. The service has also employed a mental health liaison nurse. We are also reviewing the current crisis pathway for people whose predominant need is their dementia and who are already know to secondary dementia services.

4.5.3 Additional resource has been allocated to the older people **mental health liaison** service at the acute hospital to help reduce length of stay.

4.5.4 A Sussex wide **audit of people with dementia in the acute hospitals** was carried out and key findings showed that on aggregate people with dementia are twice as likely to be admitted to hospital as people with the same condition without dementia and to stay in hospital four days longer. People with dementia also go into hospital for the same reasons as people without, e.g. UTI, respiratory infections and falls, however their illnesses are often at a later stage of severity or complexity which means that admission is harder to

avoid. The learning from the audit is that work at a primary care level is key to admission avoidance in people with dementia. This relates to a need for education in the workforce and families and carers of people with dementia so that illness or infection is picked up at an earlier stage. This ties in well with the future plans to align community mental health teams with the integrated primary care teams to enable them to better support people with dementia.

4.5.5 Regional innovation fund monies have been used to initiate a project to develop a care pathway for people with dementia at the **end of life**. This project has developed an action plan to identify and address workforce development needs and education and information, shared protocols.

4.5.6 Commissioners are working with SPFT on the dementia pathway for people with complex needs to ensure there is a clear pathway into specialist dementia services from the new memory assessment service and to further align dementia services with service supporting people with long term physical health needs.

Brighton and Hove
Dementia Action Plan 2012-2013

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
1	Good quality early diagnosis and intervention for all	**Integrated memory assessment and diagnosis service (MAS)**			
		Give notice of intention to redesign resources at Aldrington House	December 2011	Complete	
		Final MAS model approved to include support and information service and awareness campaign	May 2012	Complete	
		MAS contract tendered	June 2012	Complete	
		Award MAS	October 2012	Delayed by one month	Delayed due to procurement process
		MAS service commencement	April 2013	Delayed	Likely to be June 2013
2	Improved quality of care in general hospitals	**(i) Older People's Mental Health Liaison Service at Royal Sussex County Hospital**			
		Short term resourcing increased to April 2012	Immediate	Complete	
		Medium term resourcing scoped identified and recruited to April 2013	April 2012		Awaiting confirmation of recruitment. Working on KPIs re LOS and readmission

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
		Identify sustainable plan from within current resource for April 2013 onwards	April 2013	SPFT lead	Discussion ongoing on reconfiguration of SPFT services including Complex MAS ICAST Allen Centre Sustainability of CHIR and Liaison
		(ii) **Dementia Champion Post**: Recruited to post	April 2012	Complete	
		Reviewed and sustainable funding identified	September 2012		BSUH to take this forward
		Dementia implementation plan in place	June 2013		Work progressing
		(iii) Improved Diagnosis in acute hospitals: CQUIN signed off and agreed	March 2013		Launched October 2012 including awareness days and training for those completing the screening
3	Dementia Crisis & Short Term Support	Review current crisis service	May 2012		Additional funding to be put into CRRS for one year. Still identifying what level of resource this will be due to service not currently operating at capacity.

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
		Agree model for future crisis support	June 2013	On track	Discussion ongoing on reconfiguration of SPFT services including Complex MAS ICAST Allen Centre Sustainability of CHIR and Liaison
		Agreed model for short term community support	June 2013	On track	
4	Living well with dementia in care homes	**Care home in reach** Team established	December 2011	Complete	
		Review current service	November 2012	On track	Work progressing to review the team
		Agree options for ongoing service delivery based on outcome of review	December 2012	On track	Have included a bid for this in next year's annual operating plan
		Care home provision Improve availability of care home places and sustain/increase the current market	Ongoing	On track	
		Improve quality in care homes via contract minimum standards	Contract in place by April 2013	On track	

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
		Develop role of Ireland Lodge to improve length of stay in transitional beds and reduce delayed transfers of care	April 2013	On track	
5	Reduced use of antipsychotic medication	Initiation and review of AP to best practice standards across acute and MH trusts as per EQ/CQUIN initiative	2012/13	Ongoing	
		Action plan implemented to respond to findings of Prescribing Observatory for Mental Health (POMH) UK audit	Completed	Complete	
		Review findings and next steps following completion of Prescribing incentive scheme in primary care	May 2012	Complete	
		Audit of care homes AP via CH in Reach team	March 2012	Complete	
		Education to GPs via PLS on APM including identifying ongoing needs	February 2012	Complete	
		Update Whole System Partnership dementia modelling work to include localised data from audit Project to review acute admissions and LOS	Complete	Complete	

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
6	A clear picture of research evidence and needs	Input above into WSP model	March 2012	Complete	
		RSCH to complete Audit	January 2012	Not completed	Due to hospital being on code purple on the day of the audit
		RSCH data collection and analysis complete and adjustment factor identified	April 2012	Not completed	As above
		'All of Us' events finish	March 2012	Complete	
7	Development of structured peer support and learning networks	National funding used for peer support	March 2012	Complete	
		Review peer/carer support	April 2012	Complete	Additional resource was put into singing for the brain, dementia cafes and a dementia support worker at the carers centre
		Support implemented via MAS	April 2013	On track	
		Local Authority workforce/ independent sector training	Ongoing	Ongoing	

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
8	An informed and effective workforce for people with dementia	Dementia Champion in post	April 2012	Complete	
		Increase knowledge and skills of primary care via Protected Learning Session (PLS) and other mechanisms	Ongoing	On track	PLS event on antipsychotics in Feb 2012.
		Regional Innovation fund training programme initiated	2012/13	On track	
9	Improved end of life care for people with dementia	Work on end of life pathway for people with dementia	2012/13	On track	Pathway almost complete. “Products” being developed
		Develop an end of life in dementia learning network	2012/13	On track	
		Develop specialist resource for EoL and dementia	2012/13	On track	
10	Improved dementia services for people with specific needs including, young onset, learning disability, dual diagnosis, Korsakoffs	Review Towner Club	June 2012	Complete	
		Identify local need and service gaps for younger people with dementia	June 2012	On track	Consultation with younger pw dementia completed. Meeting SPFT to look at day service provision at Allen centre. Bidding for additional funding

No.	AREA FOR DEVELOPMENT/NDS OBJECTIVE	KEY ACTIONS	COMPLETION DATE	RAG	
					next year.
		CHiR team to support residential homes for people with learning disability and dementia	Ongoing		Bidding for ongoing funding for next year. Looking at skills mix.
		Ensure pathway for people with dual diagnosis is as integrated as possible in the general pathway	Ongoing		

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE	**Agenda Item 48** Brighton & Hove City Council

Subject:		**Stronger Families, Stronger Communities Programme**		
Date of Meeting:		**18 December 2012**		
Report of:		**Heather Tomlinson**		
Contact Officer:	**Name:**	**Steve Barton**	**Tel:**	**296105**
	E-mail:	**Steve.barton@brighton-hove.gov.uk**		
Wards Affected:	**All**			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 Stronger Families, Stronger Communities (SFSC) is Brighton and Hove's response to the national Troubled Families Programme which aims to 'turnaround' the lives of 120,000 families by the end of this Parliament. The council has agreed a target with the Troubled Families Unit (TFU) - to work with 675 families or households (i.e. individuals without dependant children) between April 2012 and March 2015.

1.2 The council can therefore claim Payment by Results (PBR) funding for 563 families/households with 112 receiving support from the parallel 'Progress Programme' (delivered by Skills Training UK, selected by the Department of Work and Pensions to deliver the European Social Fund Programme for families with multiple problems). The maximum PBR funding over 3 years is 2.2m which is the government's estimate of 40% of the cost of working with this cohort.

1.3 The national programme and our local programme have a shared hypothesis - that new approaches to improving the resilience, capacity and independence of families and households facing multiple disadvantage will improve outcomes for those families and significantly reduce public sector expenditure. Achieving and demonstrating that improvement and reduction is the strategic purpose of SFSC, rather than just drawing down short term PBR funding.

1.4 SFSC is therefore pursuing a twin track strategy:

- Urgently to establish delivery arrangements
- Providing evidence and acting as a catalyst for whole systems change

2. RECOMMENDATIONS:

2.1 That the Committee notes the SFSC aims and objectives and the progress made in establishing the programme

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Background:

SFSC is based on the work of a multi-agency Working Group established in November 2011 to review the city's response to families facing multiple disadvantage. The SFSC Lead Commissioner/Coordinator came into post on 1st August.

3.2 Governance, eligibility, project management, vision and strategy:

The multi-agency Partnership Board agreed governance arrangements i.e.

- Partnership Board: senior managers/commissioners – policy, strategy joint commissioning and co-production
- Programme Board: the management team – strategy, operations, impact
- Delivery Board: integrated management and delivery systems - identification, triage and allocation and supervision of case work
- Management Information Group: data systems and sharing, performance reporting and analysis

(See Appendix 1 for Membership)

The Partnership Board agreed the 4th local criteria which, with the 3 national PBR criteria determines eligibility for the programme (Appendix 2). Brighton and Hove is one of only a few local authority areas that includes both families with children and vulnerable adults in households without dependant children.

A draft vision and strategy is attached as Appendix 3 and provides a succinct statement of purpose and a baseline for evaluating impact and outcomes.

3.3. Engagement and Communication:

Programme Board officers are members of, have met with, presented to or submitted reports to: the Local Strategic Partnership; Public Service Board; Safe in the City Partnership Board; Community Safety Forum; Shadow Health and Well Being Board; Community and Voluntary Sector Forum; Learning Partnership; Head Teachers Business Conference; Sussex Court Liaison and Diversion Scheme; Integrated Offender Management Group; Joint Commissioning Board for Services for Young People; the Core Group for a Sussex partnership bid for Big Lottery Funding for adults with complex and multiple needs; Sussex Partnership Foundation Trust; the Domestic Violence Commissioning Group; the Alcohol Programme Board; the Substance Misuse Programme Board; the Neighborhood Governance Board; the Financial Inclusion Working Group; Information Governance Group; the School Governors Forum; the Behavior and Attendance Partnership; the Local Safeguarding Children's Board;

We are scheduled to attend: the Children's Service Committee. There are a series of meetings scheduled with Head Teachers and local schools clusters. The SFSC Programme is one 3 projects that form a Co-Production Pilot led by the Community and Voluntary Sector Forum and funded by the city's Public Service Board.

3.4. Delivery:

The council has moved line management of the Family Intervention Project from Community Safety to SFSC to provide an evidence-based platform for a new Integrated Team for Families (ITF).

Forward funding from the government's PBR scheme has been used to recruit additional Family Coaches. An innovative partnership arrangement, devised by a multi-agency working group, means six new coaches will have a lead role with key partners. In return each partner is seconding a member of staff into the ITF significantly increasing capacity, demonstrating partnership and creating an integrated multi-agency approach across the Police, Probation, Adult Social Care, the Children in Need Team, Housing and the Youth Offending Service.

Our year 1 target is to engage with a total of 225 families/households -187 through SFSC and 38 through the Progress Programme. The Delivery Board has is establishing a service pathway i.e.

- Identification: sharing data/professional referrals to identify families
- Investigation: confirmation of eligibility & summary of current support
- Triage: first determination of likely service level
- Engagement: initial visit to gain consent/agree action plan
- Delivery: intervention/support/monitoring
- Outcomes: closure, step-down provision or escalation

Triage is the first key decision point where a multi-agency group identifies, prioritises and decides likely level of service i.e.

- Intensive: allocated to ITF, working intensively with families
- Support: allocated to ITF, supporting families and professionals
- Mentoring: ITF provide support to lead agency/professional network; or
- Monitoring: Lead Agency hold case and ITF monitor progress and ensure appropriate data is collected

(See Appendix 4)

Following successful engagement a plan will be drawn up with the family and any professionals already involved. Assessment and case management arrangements will be based on the Common Assessment Framework and Team Around the Child processes and will, whenever necessary dovetail with case management systems of partners e.g. Children in Need Plans.

We have 35 cases allocated or pending allocation and 30 open 'legacy' cases.

3.5. Strategy:

Programme Board members are taking forward a wide range of initiatives to jointly commissioning and/or develop integrated partnership and delivery arrangements including:

- Through membership of the Alcohol Programme Board, the Substance Misuse Programme Board and the Domestic Violence Commissioners Group
- discussions with the council's school improvement team and head teachers to involve schools e.g. on-site triage/planning meetings in respect of all eligible children on roll
- co-producing a commissioning framework so that community and voluntary sector organisations, with the capacity to deliver 'whole-family' interventions, are part of the programme
- representing the council and local statutory partners on the Core Group developing a Big Lottery Bid for services to adults with complex and multiple needs across Brighton and Hove, Eastbourne and Hastings
- participating in the development of the Integrated Offender Management strategy
- agreeing with Sussex Partnership Foundation Trust pathways into support from specialist mental health services

The Programme Board has limited capacity and is therefore targeting key strategic issues that directly relate to families and households facing or at risk of multiple disadvantage. For example through membership of the council's Financial Inclusion and Neighborhood Governance Boards and by championing the implementation of the Patchwork Application (which will enable front line practitioners quickly to contact those professionals already involved with families) which is playing a key role in developing our understanding of the information sharing and systems agenda that underpins much of this work.

A central purpose of the programme is to collate information about eligible families and households - their lives, experiences and aspirations, and the issues and challenges they face with the support and enforcement agencies that know them. And, on the basis of that evidence and with our partners to identify and address issues, barriers and opportunities to promote whole systems change.

The programme has a particular responsibility to consider the needs facing families and households at risk of becoming eligible for the programme. For example the programme is part of a meeting between children's social care and housing to consider the impact of changes to welfare and other benefits on homelessness and levels of accommodation need in relation to the council's overlapping statutory responsibilities.

Our critical strategic priority is to develop a local response to the central hypothesis of the programme i.e. that a new approach to improving the resilience, capacity and independence of families and households facing multiple deprivation will improve outcomes for those families and significantly reduce public sector expenditure. An outline proposal will be presented the SFSC Partnership Board in December based on:

- the successful Children's Services Value for Money Programme
- a 'cost-calculator' format developed by a consortium of authorities in Greater Manchester (and validated by the DCLG)
- the outcomes of the second phase of the national Communities Budget projects – all of which are addressing families in multiple disadvantage

4. CONSULTATION

4.1 From its inception the SFSC Programme has reflected the engagement and partnership priorities set out in the council's Corporate Plan, the City's Sustainable Community Strategy and the strategies and plans that underpin them.

4.2 Those priorities are demonstrated by the programme's governance arrangements and communication and engagement activity including participation in the Co-Production Pilot led by the Co immunity and Voluntary Sector Forum.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1.

Financial Implications:

The Stronger Families, Stronger Communities programme is financed by a mixture of new external funding and use of current existing resources. The council has bid for external funding delivered through a payment by results mechanism which is split between an upfront 'attachment fee' totalling £1.4m over three years and a results based element of up to £0.8m, dependant on the level of success. In addition to this current council resources of £0.6m per annum have been identified to support the programme. The strategy is designed to deliver savings across a range of organisations including BHCC and the success of this will be monitored and reported as part of the children's services VFM programme.

Finance Officer Consulted: David Ellis *Date: 15/11/12*

5.2

Legal Implications:

The context of the SFSC programme is set out in the body of the report. In providing services aimed at a cohort of families experiencing multiple disadvantage the programmes will assist the authority in meeting its statutory duties to families in need under Children Act 1989, it will promote the outcomes for children contained in the Children Act 2004 under which public agencies must co-operate, and it will assist the authority in meeting the overarching duties under the equalities legislation. Adults in need of community care services are entitled to assessment and identification of relevant services and this agenda should also promote the capacity to fulfil that statutory duty.

Lawyer Consulted: Natasha Watson *Date:20.11.12*

5.3.

Equalities Implications:

The purpose of the SFSC programme is to target and support a cohort of families and households in the city experiencing multiple disadvantage, which often includes the impact of overlapping inequalities issues. As well as working with families and individuals, to improve their well being and outcomes, the programme is charged with promoting whole systems change.

5.4

Sustainability Implications:
The programme seeks to improve the resilience, capacity and independence of families and households facing multiple deprivation to improve outcomes for those families and significantly reduce public sector expenditure. The sustainability of the programme, and/or of the key interventions it uses will depend on successful identification of those efficiencies.

5.5

Crime & Disorder Implications:
Anti-social behaviour and criminal activity are integral to the national and local eligibility criteria for the programme. The ITF is based upon the successful Family Intervention Project, which was part of national programme targeting anti-social behaviour. In addition the Police, Probation and Youth Offending Service are seconding staff into the programme to support the development of integrated approaches to addressing crime and disorder. The Lead Commissioner is also a member of the Safe in the City Partnership.

5.6

Risk & Opportunity Management Implications:
The SFSC Programme Board maintains a risk register. The programme is working with the council's Internal Audit to manage process and risk in respect of PBR claims to the national Troubled Families Unit. The above report sets out a range of opportunities the programme is exploring with partners.

5.7

Corporate / Citywide Implications:

The above report describes how the SFSC programme will support corporate and city wide priorities, plans and service developments.

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1: Membership of Governance Groups

Appendix 2: SFSC Eligibility Criteria

Appendix 3: SFSC Draft Vision/Strategy

Appendix 4: Levels of Service Offered by ITF

Appendix 1: Membership of Governance Groups

Partnership Board:

Steve Barton, Lead Commissioner Stronger Families Stronger Communities, B&HCC (Chair)

Andy Porter, Deputy Director Social Inclusion, Sussex Partnership NHS

Gail Grey, CEO, Women's Refuge / RISE

Debbie Corbridge, ITF Manager, B&HCC

Denise D'Souza, Director of Adult Social Services, Lead Commissioner ASC and Health B&HCC

Heather Tomlinson, Interim Director of Children's Services, BHCC

Geraldine Hoban, Chief Operating Officer, Brighton and Hove Transitional Consortium PCT

Joanne Matthews, Strategic Commissioner for Adults and Older People, PCT

James Dougan/Rosalind Turner, Head of Children and Families, B&HCC

Jo Lyons, Lead Commissioner - Schools, Skills & Learning, B&HCC

Laura Williams, Communications Development and Lead Officer, CVSF

Leighe Rogers, Offender Management Director, Sussex Probation

Linda Beanlands, Commissioner - Community Safety, B&HCC

Louise Hoten, Head of Finance - Business Engagement / CYPT & Environment B&HCC

Mark Rist, CMgr FCMI GIFireE , T/Area Manager, Borough Commander, Brighton & Hove, ESFRS

Nick Hibberd, Head of Housing & Social Inclusion, B&HCC

Nicky Cambridge, People & Place Co-ordinator / Communities & Equalities Commissioning, B&HCC

Paul Brewer, Head of Performance, Performance Team, B&HCC

Peter Wilkinson, Public Health Consultant, PCT

Rima Desai: VFM Programme Lead, Strategic Commissioner, B&HCC

Simon Nelson, Temporary Superintendent, Public Protection Teams and Joint Delivery, Sussex Police

Valerie Pearce, Head of City Services, B&HCC

Programme Management Board

Steve Barton, Lead Commissioner Stronger Families Stronger Communities, B&HCC (Chair)

Debbie Corbridge, ITF Manager, B&HCC

Ellen Jones, Head Of Service - Integrated Area Working - Schools & Communities

Paul Brewer, Head of Performance, Performance Team, B&HCC

Rima Desai: VFM Programme Lead, Strategic Commissioner, B&HCC

Sarah Colombo: Child Poverty/CVS, Childcare Strategy Manager - Information & Workforce Development

Sue Boiling: Service Manager, Agency Placement Team/VFM

Delivery Partnership

Anna Gianfrancesco, Service Manager, Youth Offending Service, B&HCC

Bruce Mathews, Chief Inspector, Sussex Police

Debbie Corbridge, ITF Manager, B&HCC

Deborah Parr, ITF Monitoring and Performance Officer, B&HCC

Emma Gilbert, Social Inclusion & Involvement Manager, B&HCC

Fay Roberts, Family Intervention Project Operational Manager, B&HCC

Lucy Anderson, Operations Manager, Skills Training

Martin Edwards, Senior Probation Officer, Sussex Probation

Mat Thomas, ITF Operational Manager, B&HCC

Peter Castleton, Community Safety Manager (Casework), B&HCC

Richard Cattell, Senior Social Worker, B&HCC

Richard Hakin, Operational Social Work Service Manager, Children In Need, B&HCC

Richard Jordan-Penswick, Tenancy Manager, Anti-Social Behaviour Housing Team, B&HCC

Steve Barton, Lead Commissioner Stronger Families Stronger Communities, B&HCC

Steve Springett, Family Intervention Project Operational Manager, B&HCC

Management Information and Infrastructure Group

Paul Brewer, Head of Performance, Performance Team, B&HCC (Chair)

Rima Desai: VFM Programme Lead, Strategic Commissioner, B&HCC

Kim Bowler, Performance & Business Manager, Youth Offending Service, B&HCC

Deborah Parr, ITF Monitoring & Performance Officer, B&HCC

Daniel Elliott, Education Performance Analyst, B&HCC

TBA, ASB Data Specialist

TBA, Corporate ICT representative (in phase 2)

TBA, CVS representative (in phase 2)

Appendix 2: SFSC Eligibility Criteria

The family, individual or household would need to meet 2 of the first 3 criteria to be eligible for the Stronger Families Stronger Communities Programme. Criteria 4 will help to prioritise allocation.

Criteria 1. Crime/anti-social behaviour (ASB)

a. Households with 1 or more under 18-year-old with a proven offence in the last 12 months

b. Households where there is persistent anti-social behaviour (please consider likelihood of this behaviour reoccurring and/or impact on victims)

Criteria 2. Education (family affected by at least one child engaging in truancy or exclusion from school)

a. Has been subject to permanent exclusion?

b. There has been three or more fixed school exclusions across the last 3 consecutive terms

c. Is in a Pupil Referral Unit or alternative provision because they have previously been excluded

d. Is not on a school roll

e. A child has had 15% unauthorised absences or more from school across the last 3 consecutive terms

Criteria 3. Work

Has an adult on DWP out of work benefits *(Employment and Support Allowance, Incapacity Benefit, Carer's Allowance, Income Support and/or Jobseekers Allowance, Severe Disablement Allowance)*

Criteria 4. Brighton & Hove Local Priorities (applies to families with children and households without dependant children)

a. Families with children subject to a Family CAF, Child in Need or Child Protection Plan and/or where a child(ren) are at risk of entering the care system

b. Families *or* households causing high cost to public services including frequent police call outs or arrests, or where there is an adult currently serving a custodial sentence or subject to probation supervision (community order or license)

c. Families *or* households where there are significant underlying health problems including emotional and mental health problems; drug and alcohol misuse; long term health issues; health problems caused by domestic violence; under 18 conceptions

d. Families *or* households where there is an adult on an Adult Safeguarding Plan

Appendix 3: SFSC Draft Vision/Strategy:

Vision:

An integrated policy, commissioning, delivery programme that supports:

- The council's Corporate Plan**:** tackling inequality; promoting engagement; and achieving value for money
- The city's Sustainable Community Strategy and: the strategic priorities of the Learning Partnership; the Safe in the City Partnership; the City Employment and Skills Plan; and the Local Safeguarding Children's Board.

Values and Principles:

- Partnership and co-production
- Outcome led and evidence based
- Reflexive –partnership, commissioning and casework will be respectful, honest, challenging, assertive, authoritative , persistent, supportive and compassionate

Strategy:

- To co-produce a programme of strategic, community and individual interventions that improves resilience and outcomes for families and households facing multiple deprivation
- To monitor the impact of interventions to reduce costs, invest in early help and preventive services, promote public sector innovation and build social capital

Objectives:

- Commission and deliver evidence based interventions and build flexible professional systems which enable mainstream services to meet the needs of families and households facing multiple deprivation
- Negotiate whole systems change and prevention strategies based on the evidence and experience of families and households eligible for the programme, identifying and resolving issues impeding the effectiveness and value for money of local services for families facing, or at risk of multiple deprivation

Workstreams:

Delivery:

- Establish a multi-agency Integrated Team for Families to provide whole family/multi-professional interventions and support to eligible families
- Jointly commission and/or integrate other whole family and/or specialist services and build shared information and/or case management systems, especially with schools and colleges, the NHS and community and voluntary sector organisations

Whole Systems Change:

- Be a catalyst for whole systems change, recognising that 'A plethora of front line initiatives for change does not necessarily add up to a transformed system'(NHS Institute for Innovation and Improvement)
- Through the SFSC Partnership Board nnegotiate a pragmatic change strategy based on the experiences of families and households on the programme

Appendix 4: Levels of Service Offered by ITF

INTEGRATED TEAM FOR FAMILIES

Level of Services offered by ITF

Intensive: Allocated to ITF, working intensively with families
Support: Allocated to ITF, supporting families and professionals
Mentoring: ITF provide support to lead agency/professional network
Monitoring: Lead Agency hold case and ITF monitor progress and ensure appropriate data is collected

Each level of service is determined by the Stronger Families Stronger Communities (SFSC) Programme eligibility criteria and outcome targets, aiming to deliver interventions that enable families or individuals to meet the goals in the Family Action Plan and:

Reduce anti social and offending behaviour through a mixture of support, diversionary activities and where necessary, through enforcement based intervention

Improve school attendance and reduce school exclusions for school-aged children

Address adult worklessness

Address issues affecting the safety and well being of families and children, and vulnerable households without dependent children including:

- Issues identified by a Family CAF, Child in Need or Child Protection Plan and/or where a child(ren) are at risk of entering the care system
- Where families *or* households are causing high cost to public services including frequent police call outs or arrests, or where there is an adult currently serving a custodial sentence or subject to probation supervision (community order or license)
- Families *or* households where there are significant underlying health problems including emotional and mental health problems; drug and alcohol misuse; long term health issues; health problems caused by domestic violence; under 18 conceptions
- Families *or* households where there is an adult on an Adult Safeguarding Plan

INTENSIVE

Family Coaches will be working with families that meet the ITF criteria and have entrenched, multigenerational and significant barriers to achieving positive outcomes.

If the family is not engaged with social care the Family Coach will be the lead professional responsible for case management decisions and partnership working to design and deliver effective interventions.

Working assertively with families, ensuring regular contact through home visits, one to one, and wider family work to deliver intensive support with around 6-8 hours of contact per week.

Where social care are involved with the family the Family Coach will take the lead in providing interventions and monitoring progress against PbR targets whilst working seamlessly alongside processes of child safeguarding, including reporting to, and attendance at, Child Protection Conferences, Core Groups and Child in Need Network Meetings.

The Family Coach will be leading on Family CAF implementation with families that meet the SFSC criteria who fall below the social work threshold.

SUPPORT

Family Coaches will be working with families with multiple disadvantages that meet the ITF criteria and where there are some barriers to achieving positive outcomes.

They will support the Lead Professional/Team around the Family or social worker on making case decisions and partnership working that designs and delivers effective interventions to enable families or individuals meet the goals in the Family Action Plan.

Working assertively with families, ensuring contact through home visits, one to one, and wider family work to deliver support, with around 2-4 hours of contact per week.

Working seamlessly alongside processes of child safeguarding, including reporting to, and where necessary attendance at, Child Protection Conferences, Core Groups, Network Meetings and Team Around the Family Meetings.

Where there is not a Team Around the Family in place, initiate and take a lead in the Family CAF implementation with families with multiple disadvantages who fall below the social work threshold.

MENTORING

Supporting professionals *(that are working with families who meet the ITF criteria)* with any aspect of the Family CAF process particularly focussing on partnership working that designs and delivers effective interventions that enable families or individuals meet the goals in the Family Action Plan

This may include, for example, the completion of a Family CAF Assessment, identifying relevant professionals, negotiating a Family CAF plan or support with facilitating a 'Team around the Family' meeting.

MONITORING

The Family Coach will liaise with the Lead Professional, other Team Around the Family members or Social Worker and collect information required to evidence progress made against ITF targets.

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	**Agenda Item 49** Brighton & Hove City Council

Subject:		**Brighton & Hove CCG Authorisation Process**	
Date of Meeting:		**18 December 2012**	
Report of:		**Monitoring Officer**	
Contact Officer:	**Name:**	**Kath Vlcek**	**Tel: 29-0450**
	Email:	**Kath.vlcek@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The purpose of this paper is to provide an update on the progress of Brighton and Hove Clinical Commissioning Group towards being fully authorised as a statutory body from 1 April 2013.

1.2 In particular it:

- Describes the NHS Commissioning Board Authorisation process and context
- Outlines progress against the stages completed by Brighton and Hove CCG and next steps (see **Appendix 1** for more details provided by B&H CCG).

2. RECOMMENDATIONS:

2.1 That Members note the contents of this report and its appendix

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 From April 2013, Primary Care Trust (PCTs) across England will cease to exist and will be replaced with Clinical Commissioning Groups (CCGs) in line with the Health and Social Care Act 2012.

3.2 Each CCG earlier this year nominated themselves to participate within one of four waves to complete the process. Brighton and Hove nominated themselves to be in Wave Two, commencing in June 2012 with a final decision due in January 2013.

3.3 More detailed information on the chronology is available in Appendix 1.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None to this report for information.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information. Financial implications involved in the establishing of the CCGs have been considered under separate reports and by the relevant bodies.

Legal Implications:

5.2 None to this report for information. Legal implications involved in the establishing of the CCGs have been considered under separate reports and by the relevant bodies

Equalities Implications:

5.3 None to this report for information.

Sustainability Implications:

5.4 None to this report for information.

Crime & Disorder Implications:

5.5 None to this report for information.

Risk and Opportunity Management Implications:

5.6 None to this report for information.

Public Health Implications:

5.7 None to this report for information. The public health implications involved in the establishing of the CCGs have been considered under separate reports and by the relevant bodies.

Corporate / Citywide Implications:

5.8 The establishing of a CCG rather than a PCT has implications for the city as a whole; these have been taken into account by the relevant bodies throughout the process of moving from one body to another.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this report for information.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 HWOSC members need to be kept updated with the authorisation process for CCGs.

SUPPORTING DOCUMENTATION

Appendices:

1. Update on Brighton and Hove CCG Authorisation Process, from the CCG

Documents in Members' Rooms

1. None

2.

Background Documents

1. None

2.

HWOSC December 2012

Update on Brighton and Hove CCG Authorisation Process

1.Summary

The purpose of this paper is to provide an update on the progress of Brighton and Hove CCG towards being fully authorised as a statutory body from the 1st April 2013. In particular it:

- Describes the NHS Commissioning Board Authorisation process and context
- Outlines progress against the stages completed by Brighton and Hove CCG and next steps

2. Background and Context

By April 2013, Primary Care Trust (PCTs) across England will cease to exist and will be replaced with Clinical Commissioning Groups (CCGs) in line with the Health and Social Care Act 2012.
Each CCG will have had to complete an authorisation process (which is a legal process) to be established as a statutory body and be able to fulfil its statutory duties and responsibilities.
This process has been designed and led by the NHS Commissioning Board which formally became an independent body at arms length to the government on the 1st October 2012.

Each CCG earlier this year nominated themselves to participate within one of four waves to complete the process. Brighton and Hove nominated themselves to be in Wave two which commenced in June with a final decision due in January 2013.
The process towards authorisation covers a number of steps outlined below with CCGs being authorised fully, or with conditions (requiring a period of further work to provide assurance to the Commissioning Board prior to the 1st April 2013).

2.1 Pre application Phase
Completion of 360 degree stakeholder feedback survey, self assessment against delivery of statutory duties and assurance around prior risk assessments completed covering CCG size and configuration

B. Application Phase
Formal self certification and declaration of compliance that the CCG is able to discharge statutory duties and responsibilities across key areas.
Submission of core CCG documents covering 119 areas, such as Constitution, Organisational Structure Chart, Key strategies, Evidence if contracts and SLAs , Strategic Commissioning Plans , Health and Wellbeing Strategy and Board involvement
Case Studies to evidence delivery against 8 care areas
Submission of evidence against 6 core Domains of Authorisation (See Annex 1)

2.2 Desk Top Review

NHS Commissioning Board reviews through a panel of assessor's evidence submitted with phase 1a and b and identifies areas where further clarification is required or are areas for potential development prior to authorisation. These are called Key Lines of Enquiry (KLOE). This is produced within a report which CCGS have the opportunity to respond to prior to the site visit.

2.3 NHS Commissioning Board Site Visit

One day visit to the CCG from a panel senior representatives from the NHS Commissioning Board , clinicians , representatives from other CCGs in a different geographical area and assessors involved in the desk top review to meet the CCG, assess capacity and capability and review progress against KLOEs indentified during the desk top review. The outcome of the site visit and remaining KLOE are reported to the CCG again with an opportunity for the CCG to respond.

2.4 Authorisation Decision

The NHS Commissioning Board is the only organisation that can legally make a decision on CCGs authorisation .The final site visit report which includes the finding and recommendations from the visiting panel and the response of the CCG to these is reviewed by a moderation panel where final conditions, if any, are agreed. CCGs are given an opportunity to submit further evidence to support the closure of these or agree to develop a rectification plan to complete and close down the remaining KLOE prior to 1st April 2013.

3. Brighton and Hove CCG Authorisation

Brighton and Hove CCG has participated in Wave 2 of the national process with key stages completed in June – pre application phase and 360 survey, September - main document submission and October - NHSCB site visit .

Main feedback and outcomes from each stage have been as follows –

3.1 Pre application and 360 survey

Key finding of CCG survey

- Stakeholders feedback higher than average (in comparison to other wave 2 sites) levels of engagement with the majority satisfied with the engagement they had with the CCG
- Member practices feedback the arrangement that had been established to support member participation and decision making were effective , however fewer feeling they had been fully engaged in the development of the constitution. This reflected the fact that the constitution was still being drafted and consulted on whilst the survey was being completed.
- LINKS and patients groups were positive about the CCG clinical leadership and engagement to date
- Health and Well Being board members felt the clinical leadership of the CCG was engaging effectively
- CCG QIPP (Quality Innovation, Prevention and Productivity) plans were not fully understood and further work was required to engage all stakeholders in these plans.
- CCG arrangements with the Local Authority were identified as strong

3.2 Authorisation Documentation Submission

Desk top Review report outcomes

- 32 KLOE were identified within the desk top review report these included -
  Governing body appointments which remained outstanding
  QIPP and longer term strategic plans and associated finances plans
  CCG accountability and governance arrangements with members
  Systems in place to manage main providers
  Capacity and capability within the CCG to deliver full range responsibilities
  CCG organisational structure within nationally prescribed running costs
  Collaboration with other CCGs
  Collaboration and decision making within Health and Well Being Board
  Arrangements and SLA with identified commissioning support service
  Assessment of leadership, leadership development
  Lead clinicians selected from Member practices
  Governing body appointment process in line with national process
- The CCG clarified 6 areas from the KLOE within the response back to the NHS Commissioning Board , these covered -
  CCG finance arrangements
  Governing body roles, role outlines and adherence to national appointment process.
  Accountability and Governance arrangements
  Organisational Structures running costs, capacity and capability and clinical leadership from member practices

3.3 NHS Commissioning Board Site Visit

Following the completion of the site visit which took place in October, the CCG received the final site report with a reduction in the number of KLOE to 15.
The NHS Commissioning Board stated the CCG has made good progress to date, clinical leadership was evident throughout the CCG's work and a strong team was in place.
The CCG had made good progress with establishing its governance arrangements, which gave the panel confidence that the underlying foundation of the organisation were robust.
The panel felt that the CCG needed to develop a clear view about its medium term strategy and how it can be achieved supported by robust outcome measures. The panel identified this needed to be developed as soon as possible.
The CCG was praised for its patient engagement and work to engage with hard to reach groups to improve access and outcomes.

The main key areas the CCG was advised to focus on and are reflected within the 15 outstanding KLOE include -
Further development of the Strategic commissioning Plan
Finalising arrangements including pricing and SLA with commissioning support service
Internal review of capacity and capability to deliver all CCG responsibilities
Collaborative arrangements with other CCGs including management of main providers across Sussex and Sussex wide programmes
Completing appointments of governing body roles
Internal IM&T arrangements
Systems and processes to manage members who do not maintain standards
Dissemination of learning from Never Events and Serious Untoward incidents

The CCG has responded with clarification of 10 of the 15 KLOE and agreed with the remaining 5 which include -
QIPP and strategic Commissioning Plans
Collaborative arrangements with other Sussex CCGs
Dissemination of learning from Never Events and Serious Untoward incidents
Commissioning support, finalising arrangements
Final governing body appointments

3.4 Authorisation decision
At the time of writing this paper the moderation panel will be meeting to review the final site visit report and CCG response on the 26th November. The outcome of this panel will inform the conditions the CCG have applied, if any. The CCG will have a 10 day window to identify where within a short period of time some or all conditions can be addressed. The CCG can provide evidence and assurance during this time to the Commissioning Board that these conditions have been addressed.
The final review will take place in January with the CCG Authorisation decision being published around the 21st January 2013.

4. Next Steps

The authorisation for Brighton and Hove CCG has been managed by small team including Chief Operating Officer, Senior Commissioner , Head of Delivery and where required the CCG Chair and Accountable Officer.

Throughout the process the CCG has included where required the identified areas for ongoing development within the CCGs Organisational Development Plan.
This has again been refreshed following the recent site visit report and a process now established through the CCG delivery team to monitor progress against plan alongside the other CCG deliverables.

The CCG Board is updated on a monthly basis of progress and this will continue through to and beyond the Commissioning Board's decision in January.
The new CCG organisational structure has now within it a senior lead role to take on this responsibility post April 2013.

The CCG will continue the transition including the handover from NHS Sussex and internal transition to the new CCG organisational structure and governance arrangements during the next 3 months and will provide HWOSC with further updates as requested.

Annex 1

6 Core Domains for Authorisation

Domain 1

Domain	Description
A strong clinical and multi-professional focus which brings real added value	A great CCG will have a clinical focus perspective threaded through everything it does, resulting in having quality at its heart, and a real focus on outcomes. It will have significant engagement from its constituent practices as well as widespread involvement of all other clinical colleagues; clinicians providing health services locally including secondary care, community and mental health, those providing services to people with learning disabilities, public health experts, as well as social care colleagues. It will communicate a clear vision of the improvements it is seeking to make in the health of the locality, including population health.

Domain 2

Domain	Description
Meaningful engagement with patients, carers and their communities	CCGs need to be able to show they will ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities. They should include mechanisms for gaining a broad range of views then analysing and acting on these. It should be evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted on. CCGs need to promote shared decision-making with patients, about their care.

Domain 3

Domain	Description
Clear and credible plans which continue to deliver the QIPP (Quality, innovation, productivity and prevention) challenge within financial resources, in line with national	CCGs shold have a credible plan for how they will continue to deliver the local QIPP challenge for their health system, and meet the NHS Constitution requirements. These plans will set out how the CCG will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst reducing unwarranted variation and tackling inequalities, within their financial allocation. They need a track record of delivery and progress against these plans, within whole system working, and contracts in place to

requirements (including excellent outcomes) and local joint health and wellbeing strategies	ensure future delivery. CCGs will need to demonstrate how they will exercise important functions such as the need to promote research.

Domain 4

Domain	Description
Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible	CCGs need the capacity and capability to carry out their corporate and commissioning responsibilities. This means they must be properly constituted with all the right governance arrangements. They must be able to deliver all their statutory functions, strategic oversight, financial control and probity, as well a driving quality, encouraging innovation and managing risk. They must be committed to and capable of delivering on important agendas included in the NHS Constitution as equality and diversity, safeguarding and choice. They must also have appropriate arrangements for day to day business, e.g. communications. They must also have all the process in place to commission effectively each and every one of those services for which they are responsible, from the early health needs assessment through service design, planning and reconfiguration to procurement, contract monitoring and quality control.

Domain 5

Domain	Description
Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as appropriate external commissioning support	CCGS need robust arrangements for working with other CCGs in order to commission key services across wider geographies and play their part in major service reconfiguration. They also need strong shared leadership with local authorities to develop joint health and wellbeing strategies, and strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care is vital and the ability to secure expert public health advice when this is needed. They also need to have credible commissioning support arrangements in place to ensure robust commissioning and economies of scale. They need to be able to support the NHS Commissioning Board in its role of commissioner of primary care and work with the Board as a partner to integrate commissioning where appropriate.

Domain 6

Domain	Description
Great leaders who individually and collectively can make a real difference	Together, CCG leaders must be able to lead health commissioning for their population and drive transformational change to deliver improved outcomes. These leaders need to demonstrate their commitment to, and understanding of partnership working in line with such senior public roles, as well as the necessary skill set to take an oversight of public services. They need individual clinical leaders who can drive change and a culture which distributes leadership throughout the organisation. The accountable officer needs to be capable of steering such a significant organisation and the chief finance officer must be both fully qualified and have sufficient experience. All those on the governing body will need to have the right skills.

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