Brighton & Hove City Council

Health & Wellbeing Overview & Scrutiny Committee

Title:	**Health & Wellbeing Overview & Scrutiny Committee**
Date:	**11 June 2014**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Rufus (Chair),C Theobald (Deputy Chair), Bennett, Bowden, Cox, Marsh, Meadows and Sykes **Co-optees:** Jack Hazelgrove (OPC), Youth Council and Healthwatch
Contact:	**Kath Vlcek** 01273 290450 kath.vlcek@brighton-hove.gov.uk

	**The Town Hall has facilities for wheelchair users, including lifts and toilets**
	**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.**
	FIRE / EMERGENCY EVACUATION PROCEDURE **If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:** • **You should proceed calmly; do not run and do not use the lifts;** • **Do not stop to collect personal belongings;** • **Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and** • **Do not re-enter the building until told that it is safe to do so**

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

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact scrutiny@brighton-hove.gov.uk

Date of Publication 3 June 2014

Agenda Item 1

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Committee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

(1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.

(2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –

(a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and

(b) at the time the decision was made or action was taken the Member was

(i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and

(ii) was present when the decision was made or action taken.

(3) If the interest is a prejudicial interest, the Code requires the Member concerned:

(a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].

(b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

(a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;

(b) if the Member has obtained a dispensation from the Standards Committee; or

(c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

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

BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 22 APRIL 2014

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

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

Other Members present: Jack Hazelgrove, OPC

PART ONE

115. PROCEDURAL BUSINESS

115A Substitutes

115.1 There were none. Jane Viner of Healthwatch sent apologies.

115B Declarations of Interest

115.2 There were none.

115C Exclusion of Press and Public

115.3 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.

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

116. MINUTES OF PREVIOUS MEETING

116 **RESOLVED –** that the draft minutes of the meeting of 04 February 2014 be accepted as an accurate record of the meeting.

117. CHAIR'S COMMUNICATIONS

117 Chair's Communications

117.1 Cllr Rufus informed members that the agenda for this meeting was light, as the planned item on Health & Wellbeing Board expansion needed to be postponed until a later date, and the agenda item on procurement of services for musculoskeletal conditions would be re-scheduled for the June 2014 committee meeting in order to provide more time for a comprehensive report to be drafted.

118. BSUH RECONFIGURATION OF CLINICAL SERVICES

118 Brighton & Sussex University Hospitals Trust (BSUH): Reconfiguration of Clinical Services

118.1 This item was presented by Nikki Luffingham, BSUH Chief Operating Officer, and by Simon Maurice, BSUH Programme Director for Major Trauma.

118.2 Ms Luffingham explained to members that the trust intended to reconfigure urology and neck of femur (NOF) services. These services are currently spilt between the Royal Sussex County Hospital, Brighton (RSCH) and the Princess Royal Hospital, Hayward's Heath (PRH) sites, and the intention is to re-focus provision at PRH, improving patient experience, reducing average length of stay and freeing up space at RSCH to allow for the relocation of neurosurgery from Hurstwood Park.

118.3 In answer to questions regarding the links between this initiative and the 3T project, Mr Maurice told members that this was independent of 3T and was driven by national service specifications rather than by the exigencies of the 3T project. However the plans are compatible with 3T planning.

118.4 In response to questions about visitor travel, Ms Luffingham told the committee that, whilst some outpatient urology clinics would be maintained at RSCH, all in-patient and the bulk of outpatient services would be transferred to PRH. This would mean increased travel times for some patients and their families/carers, although this was expected to be mitigated by reductions in the average length of stay (for NOF patients in particular the current two-site arrangements are sub-optimal and may typically increase average length of stay by a day or more). The 40X bus service remains in operation, and is free to use for patients and visitors. Where the 40X is not a realistic option for patients the trust will explore other transport options, including ambulance transport.

118.5 The Chair summed up, noting that the committee supported the basic principle of BSUH operating 'one hospital on two sites' and understood that this might mean that some services for Brighton & Hove residents would be provided at Hayward's Heath, particularly if single-site services delivered better results in terms of clinical quality and patient experience. However, access was a key issue, and one that the HWOSC should regularly monitor: it is important that Brighton & Hove residents required to use the PRH (and their families/carers) can cheaply and conveniently travel to the hospital.

118.6 RESOLVED – that the information on service reconfiguration provided by BSUH be noted.

119. SUSSEX COMMUNITY TRUST ESTATES STRATEGY

119 Sussex Community Trust (SCT) Estates Strategy

119.1 This item was introduced by Gareth Baker, SCT Director of Transformation and Commercial Development, and by Gillian Wieck, SCT Deputy Chief Operating Officer, Children's and Specialist Services.

119.2 Mr Baker explained that SCT was moving to a 'hub and spoke' estates model as the best way to deliver services while supporting staff development and building organisational resilience.

119.3 In response to a question on access for service-users, Ms Wieck assured members that key elements in the plans would improve access – such as the development of Morley Street as a community dentistry hub. Other elements would have no impact on user access as they involved the re-organisation of staff rather than public-facing services.

119.4 In answer to a question about disabled access to Morley Street, Ms Wieck confirmed that there was good disabled access and disabled parking at Morley St.

119.5 The Chair summed up, noting that members were happy with the Trust's proposals. In general the HWOSC is interested in any proposals for change that will impact upon local residents.

120. MUSCULOSKELETAL PROCUREMENT

Delayed until next meeting.

121. SCRUTINY PANEL REPORT- SERVICES FOR CHILDREN WITH AUTISM

121.1 This item was introduced by Cllr Rob Jarrett, Chair of the Scrutiny Panel. Cllr Jarrett told members that the panel had been established following concerns about services for children with autism expressed by parents and carers.

121.2 The panel, which comprised Cllrs Jarrett, Wealls and Pissaridou, and Rosie Moore, a co-optee from Brighton University, made a series of recommendations focusing on areas including: the need for better home support, pathways for people with autism but neither learning disabilities nor mental health problems, having a single point of contact for service-users, system-working, standards of school support, support for school governors, support in courts, and leisure provision.

121.3 Cllr Wealls noted that it was important that services understood that parent and carers are a key part of the solution to supporting children with autism, not part of the problem. In some instances this would require a change in professional attitudes.

121.4 Members agreed that the report should be disseminated as widely as possible – specifically to local NHS providers and commissioners – and the HWOSC Chair agreed to write to NHS partners asking them to read the report and acknowledge its recommendations.

121.5 RESOLVED – that the committee endorses the scrutiny panel report on Services for Children with Autism and agrees to refer it to the council's decision-making committee(s).

The meeting concluded at 5.30

Signed Chair

Dated this day of

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 5 Brighton & Hove City Council

Subject:		**Better Care Fund Plan update**	
Date of Meeting:		**11 June 2014**	
Report of:		**Executive Director, Adult Services & Chief Operating Officer, CCG**	
Contact Officer:	**Name:**	**Gill Brooks**	**Tel: 01273 574635**
	Email:	**gill.brooks1@nhs.net**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Every Council and CCG is required to develop a Better Care Plan that must then be approved by The Health and Wellbeing Board.

1.2 The purpose of this report is to provide an update on:

- Progress of the Brighton and Hove Better Care Plan;
- The two locations for Phase One of the Better Care Plan; and
- The implementation of an integrated model of care for Brighton and Hove's homeless population.

2. RECOMMENDATIONS:

2.1 That the Health & Wellbeing Overview and Scrutiny Committee note the final Better Care Fund Plan for Brighton and Hove and the amendments made following the original submission.

2.2 That members notes the progress made with Phase One and with the Homeless programme.

3. CONTEXT/ BACKGROUND INFORMATION

Update on Better Care Plan

3.1 The Better Care Plan was previously approved by the Health and Wellbeing Board on 14 February 2014.

3.2 Following the initial Better Care Plan submission from Brighton and Hove feedback from NHS England was received. They stated the Plan showed a good level of partnership working and using existing service developments for improving user experience and outcomes from care.

3.3 The Plan was then updated to provide more detail and clarification and re-submitted on 4 April 2014. The Chair of the Health and Wellbeing Board approved the final submission.

3.4 More detail was provided in the following areas:

- Describing mitigating strategies that will need to be deployed should the interventions not deliver the desired outcomes;
- Articulate more clearly the impact on providers; and
- Include more detailed financial information and clarity on where the funding is taken out of the health system and how the initiatives will then deliver the improvements in the metrics.

3.5 It is likely that further clarification will be required by NHS England on the submitted Plan with regards the level of ambition and mitigations against any risks to delivery following recent national media communications and announcements. The Better Care Board will ensure that the Health and Wellbeing Board are informed accordingly.

Update on Frailty model

3.6 In Brighton and Hove we intend to scope and develop an integrated and holistic Frailty model for residents who are vulnerable and who have complex needs. This will be delivered by a multi-disciplinary team who will consistently consider both the mental and physical health & social care needs of the individual. The team will facilitate a more formal involvement of carers, independent care providers and the community and voluntary sector in the partnership. People will be empowered to direct and personalise their care and support based on their individual needs, encouraging them to self-manage. Care will be co-ordinated in a single place to ensure service users and carers only need to tell their story once. This will be supported by electronic sharing of data with all involved in providing care, and the development of a single care plan that is reviewed, updated and shared appropriately. Care Co-ordinators will take responsibility for active co-ordination of care for the full range of holistic support.

3.7 GP's will play a significant role in local areas in supporting the coordination of people's care. The Practice will be at the heart of the Frailty model and therefore we offered open expressions of interest to every GP Practice in the City to be involved with Phase One Frailty. Due process was followed and a decision was made at the Better Care Board on 24 April. Due to the large amount of interest and enthusiasm for being involved in Phase One across a number of GP Practices, the Board agreed to include two geographical areas for Phase One.

The two areas are:

- St Peter's Medical Centre and Park Crescent in Central locality with an East population; and
- Sackville Medical Centre, Wish Park Surgery and Central Hove Surgery in the West locality.

3.8 Over the next three months service users, carers and local providers associated with the two geographical areas will scope and design a new integrated model of care. During 2014/15 we will test the model before full City-roll out in 2015/16.

Update on integrated homeless model

3.9 A homeless integrated model is currently being developed and implemented in Morley Street Surgery in Central locality. The model involves a Primary Care Hub separated into two strands: a virtual hub in the form of an integrated team of

healthcare professionals, and the physical location of a hub requiring identification of premises. The wider multi-disciplinary team includes health, social care and housing professionals providing care to hostels, an in-reach and outreach element, care co-ordination and navigation roles and advocacy support.

3.10 Over the coming months there will be development workshops with stakeholders, and providers including representatives from relevant support work streams. The first of these will result in agreement on the key elements of an integrated model.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Every Council and CCG was required to develop a Better Care Fund Plan in line with the national guidance.

4.2 The integrated Frailty model will be developed and tested in 2014/15 through Phase One. Following full evaluation, an options appraisal will be developed outlining the options for full City roll out.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The Brighton and Hove vision for an integrated model of care is based on feedback from public, patients, service users and carers. A key theme that has emerged from Clinical Commissioning Group and Brighton and Hove City Council public events is that whilst there are many excellent care and support services available in the City they do not always work well in terms of an overall system of care centred round keeping people well at home. Further details are contained in *The Better care Plan, Section d*).

5.2 Recent stakeholder events (in March 2014) have taken place to ensure that users/ patients/ carers and staff agree with the Integrated care vision and aims and ensure they can express their views at this early stage of development.

5.3 Formal arrangements to obtain on-going feedback will be put in place as an integral part of the Brighton and Hove Better Care Programme plan to ensure that service user and carer views drive the new model of care. This will include participation in Phase One development workshops, public meetings, the use of GP practices patient participation groups as well as a formal service user and carer reference group.

6. CONCLUSION

6.1 Brighton and Hove City Council and the CCG have produced a Better Care Fund Plan in line with the national guidance that has been approved by the Health and Wellbeing Board on 14 February 2014 with approval of final submission by the Chair of the Health and Wellbeing Board on 4 April 2014.

6.2 The detail of the Better Care Plan can be found at

http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board

6.3 The Better Care Board has agreed the locations of Phase One, to develop the integrated care model, to scope and test the model and implement during 2014/15 before full City roll-out in 2015/16.

6.4 The Integrated Homeless Board has also started to implement an integrated model of care for Brighton and Hove's homeless population.

7. FINANCIAL & OTHER IMPLICATIONS:

7.1 The Better Care Fund Plan shows spend of £7.632 million in 2014/15 and £19.660 million in 2015/16 across health and Adults Social Care. Within the plan £0.35 million of non-recurrent funds from the transforming change budget line have been set aside for the frailty pilot. Monitoring will be put in place to quantify the cash and non-cash benefits of the pilots.

Finance Officer Consulted: Anne Silley/ Debra Crisp Date: 08/05/14

7.2 The Health and Wellbeing Board has responsibility to oversee and monitor the implementation of local Better Care Fund Plans and it is therefore important for the Board to receive this report with the final submission that was made in April and details of the progress made to date.

Lawyer Consulted: Elizabeth Culbert Date: 12/05/14

Equalities Implications:

7.3 An equalities impact assessment will be carried out once more detailed plans have been developed for the integrated models of care.

7.4 The development of integrated models of care will potentially affect staff from a range of health social care and independent sector providers. Further more detailed assessment will be carried out as the integrated work plan develops.

Sustainability Implications:

7.5 The Better Care Fund aims to provide funding enable each local areas manage pressures and improve long term sustainability.

7.6 The CCG, as part of its authorisation process committed to developing a Sustainable Commissioning Plan. The CCG sustainability Plan includes the following priorities which are relevant to the Better Care Fund:

- Ensuring our clinical pathway designs address prevention, quality, innovation productivity and integration;
- Delivering our duties under the Social Value Act of 2012 and embedding social value and community assets in our procurement practice; and
- Facilitating enablers such as the roll out of electronic prescriptions.

Any Other Significant Implications:

7.7 None.

SUPPORTING DOCUMENTATION

Documents in Members' Rooms
None.

Background Documents
None.

Crime & Disorder Implications:
None.

Risk and Opportunity Management Implications:
None.

Public Health Implications:
The Better Care Plan aims to improve the lives of the population of Brighton and Hove, including reducing inequalities.

Corporate / Citywide Implications:
The Better Care Plan will affect other work plans across the City, in particular Finance and Housing.

HWOSC 11 June 2014 Agenda Item 6
GP Challenge Fund

Date: 04/06/14

1. Executive Summary

A Primary Care Collaboration in Brighton and Hove, keen to provide a more patient-focused service, giving more information and control back to patients and increasing the number of ways and places patients can access primary care services has been successful in accessing £1,871,149 from The Prime Minister's Challenge Fund for Primary Care to deliver the Extended Primary Integrated Care (EPiC) project.

The Project will deliver long lasting patient-centred transformational change and create capacity for General Practice to provide longer appointments for patients with more complex health needs.

EPiC will deliver extended access to primary care by:

- Changing the skill mix to meet patients' needs
- Increasing points at which patients can access primary care
- Creating a shared patient record
- Reconnecting practices to their community

Beyond Primary Care, other savings are expected to be demonstrated by EPiC through reduced spend on A&E and unscheduled care admissions. Funding for Out of Hours (OOH) services is expected to be released to support extended hours primary care beyond the end of the pilot.

2. Context

In October 2013, the Prime Minister announced the Challenge Fund to improve access to general practice and test innovative ways of delivering GP services. NHS England was asked to lead on selecting and managing the pilot schemes.

In December 2013, NHS England invited GP practices to submit their 'expressions of interest' (EOIs) to be one of the pilots, before selecting the final list of schemes.

Brighton and Hove practices, pharmacies and third sector organisations collaborated to put forward an EOI facilitated by Brighton and Hove Integrated Care Services (BICS), the primary care provider collaborative vehicle for General Practice in the city.

The EOI was supported by the NHS Alliance and Brighton and Hove Clinical Commissioning Group (CCG).

On the 14th April, 2014 the successful applicants, including EPiC, were announced.

3. The EPiC Pilot Project

EPiC delivers extended access by rethinking how General Practice delivers all of its functions by

- changing the skill mix to meet patients' needs
- increasing access points
- creating shared patient record
- reconnecting General Practice to local community assets.

This pilot pump-primes this transformation providing safe "same day access" and freeing GPs to focus on more patients with complex needs.

Changing Skill Mix
Practices will pool their workforce creating Primary Care Modules (PCM), of

- Nurse Practitioners
- Pharmacists
- Voluntary Sector Care Navigators (AGE UK and Neighbourhood Care)

The PCMs will deliver "same day access" giving patients a responsive, flexible service 8am until 8pm during the week and for 6 hours on each of Saturday and Sunday. Initial assessment will be through GP-led triage, delegating administrative work to practice staff and increasing the number of patients supported by Pharmacists, Nursing Practitioners, and our Third Sector Partners. EPiC integrates Pharmacies within PCMs to support groups of Practices and will better harness the Pharmacy skill mix, enabling access to a named pharmacist for those who would benefit, and being able to provide services including the treatment of minor ailments and medicine reviews.

Increasing access points
People will have a choice of face to face consultations at home, in their pharmacy, or in the GP practice. PCMs will support the delivery of an integrated "same day" service by introducing the option of a single PCM phone number, email, web, and opening hours from 8 until 8 during the week and for 6 hours on Saturday and Sunday. By utilising GP-led triage and performance analytics, we will improve patient response times and focus on continuity of care. We will connect consenting people to the patient record every time they touch our service.

Creating Shared Patient Record
Each PCM will be connected to the GP clinical notes system and work to agreed pathways of care, providing a convenient, effective, and safe response for every patient episode. Care Navigators will extend the reach of Primary Care outside of the surgery, co-producing plans with patients and support them to use a patient held record, Patient Knows Best, while providing advocacy and support in maintaining healthier lifestyles and reducing social isolation.

Reconnecting Practices to their community
Age UK with Neighbourhood Care will provide Care Navigators (CN) service to each PCM that will be reactive to same day demand. Through analysis of whole system data, they will be pro-active to provide longer-term outreach support to higher-needs patients. All staff across a PCM will be supported with training to improve workforce integration and provide a common level of knowledge of local community support options.

4. Objectives and Outcomes
Our project outputs are designed by patients themselves. We have used patient feedback to create a set of outcomes against which EPiC can be measured ensuring that 'what patients want' is delivered. These are measures in their own right and will be included as metrics for the change we intend to create

The service changes and expected benefits of the project are outline in the table below;

High-level Outcomes/ Outputs	How will the service change for patients? Project Outputs	Expected benefits?
EFFICIENT **1.Our money is**	• Reduction A&E and non-elective care admissions through implementation of Age UK Care Navigators and	• Realignment of existing resources so that they are

High-level Outcomes/ Outputs	How will the service change for patients? Project Outputs	Expected benefits?
used wisely and we can see how it benefits the community	Neighbourhood Care staff. • Changing the skill mix of first contact with patients and improving access.	used more effectively, freeing resources in the local health economy.
EQUITABLE **2. The services are accessible to everyone in our community**	• Multiple modes of contact, from home (using innovative technology solutions), pharmacies, GP surgeries and Voluntary and Community Sector partners (VCS). • Higher need patients supported in accessing services by community partners. • Vulnerable people will be pro-actively identified and assessed • GP time for case managing patients with complex needs improved.	• Tackling health inequalities taking "same day access" beyond traditional care settings • Using data to target support to higher-needs patients and contribute to their care management.
SAFE **3. The services I use keep me safe and do me no harm"**	• Increased scope for Pharmacists linked to GP Practices, to manage common illness and carry out medicine reviews with more patients. • Patients will access online standardised care management and pathway information. • Every team member can access the patients record with patient consent • Online Patient controlled Personal Health Record; patients can share their record with a wide range of pharmacists, nursing staff, extended-scope receptionists, and VCS partners.	• Extended role of pharmacists improves time spent with more complex patients. • Improved self-care and self-management. • Interactions between professionals is safer
EFFECTIVE **4. The services I use help me and make a difference**	• Patients will be able to interact with PCM team to determine and manage appropriate care. • Patients will have increased knowledge of available care. • Integrated Care Navigator (CN) support.	• Improved utilisation leads to improved outcomes and lower cost. • CN extend reach of Primary Care
PERSON-CENTRED **5. My care is**	• All patients will have "same day access" to a Primary Care Practitioner 8-8 during the week and for 6 hours at weekends	• Improving patient satisfaction • Improved ownership and responsibility improves

High-level Outcomes/ Outputs	How will the service change for patients? Project Outputs	Expected benefits?
tailored to my needs as an individual	• Patients will have access to a patient held record. • Patients with more complex needs will spend longer with their GP. • Patients lead the development of their own care will be able to self-refer to appropriate services. • Seamless transition to Frailty, Better Care, long-term condition pathway and Wellbeing Services	outcomes and lowers cost. • Improving case management.
TIMELY **6. I can access services when I need them**	• Increased numbers of people using email, internet and single PCM helpline and walk-in appointments • Increase the availability of the service from an 8.30-6.30 (Mon-Fri) to an 8.00-8.00 (Monday-Friday) and for 6 hours on each of Saturdays and Sundays.	• Improved access, reducing service costs.

5. **Implementation**

The Project has been scoped and planned as a 12 month pilot scheme so although funding finishes at the end of March 2015, delivery will continue into May 2015. Please see Appendix 1 for high level timescales.

Our high level deliverables are:

- Pharmacy service redesign process complete by 21/7/14 (to include new workflows/policies/regulatory frameworks/protocols/access to medical record/scope of treatment etc).
- GP triage service redesign process complete by 21/7/14 (to include workflows/system issues/assurance /protocols etc)
- Care Navigation service redesign process complete by 21/7/14 (to include recruitment and training of volunteers / policies / protocols/ assurance / training package for practices etc)
- Workflow redirection service redesign process complete by 21/7/14 (to include workflow pathways/process mapping/ assurance/protocols etc)
- extended hours and skill mix service redesign process complete by 21/7/14 (to include assurance/workflow pathways/training/policies/protocols etc)
- Service redesign packages to go through governance (EPiC project Board) on 31/7/14 and 28/8/14
- Action learning sets for fast starters start August 2014
- Go live for fast starters 1 September
- Action learning sets for early adopters start September 2014
- Go live for early adopters 26 October

The participating GP Practices, Pharmacies and Care Navigators are grouped and assigned to Primary Care Modules. The proposed modules are as outlined in the table below;

Primary Care Module	Practice	Practice Population	Care Navigators
Module 1	Mile Oak Medical Centre	7500	
	Benfield Valley Healthcare Hub		
(Pop. 30,790)	(Portslade County Clinic & Burwash)	5140	
	The Practice PLC (Hangleton Manor)	2000	14
	Hove Medical Centre	8850	
	Brighton Health and Wellbeing Centre	7300	
Module 2			
(Pop. 38,958)	Ardingly Court Surgery	6138	
	Stanford Medical Centre	15500	18
	Brighton Station (Care UK)	5600	
	Sackville Road Medical Centre	11720	
Module 3	Charter Medical Centre	17500	
(Pop. 79,523)	Sackville Road Medical Centre	11720	
	Wish Park Surgery	6500	
	Boots, The Practice PLC	2000	37
	St Peters Medical Centre	11000	
	Beaconsfield Medical Centre	10003	
	University of Sussex Health Service	16300	
	The Practice PLC (Morley Street)	1000	
	The Practice PLC (Whitehawk)	3500	

6 Governance

The Project is held accountable to a Project Board whose membership will include representatives from:

Clinical Commissioning Group, GPs, Pharmacists, Healthwatch, Age UK, Brighton and Hove Integrated Care Services (BICS) alongside a Citizens Board.

The Project Board will be accountable for

- Workstream development for each of the service redesign areas; GP Triage, Pharmacy, Care Navigators, Workflow Redirection , and Extended Hours and Skill-Mix;
- Cross-cutting areas of IM&T, engagement, co-production, training and continuous learning and finance;
- Action Learning Sets comprising Practices, Pharmacy and Voluntary Sector Leads;
- Financial management

The Operational Implementation and Sustainability Group, chaired by Project Director, is responsible for delivering the Project.

EPiC will be accountable to people who use services throughout the project. Citizens will be a key part of the service redesign process and will attend service redesign workshops and the EPiC Project Board will be accountable to a Citizens' Board (representatives from PPGs and Healthwatch).

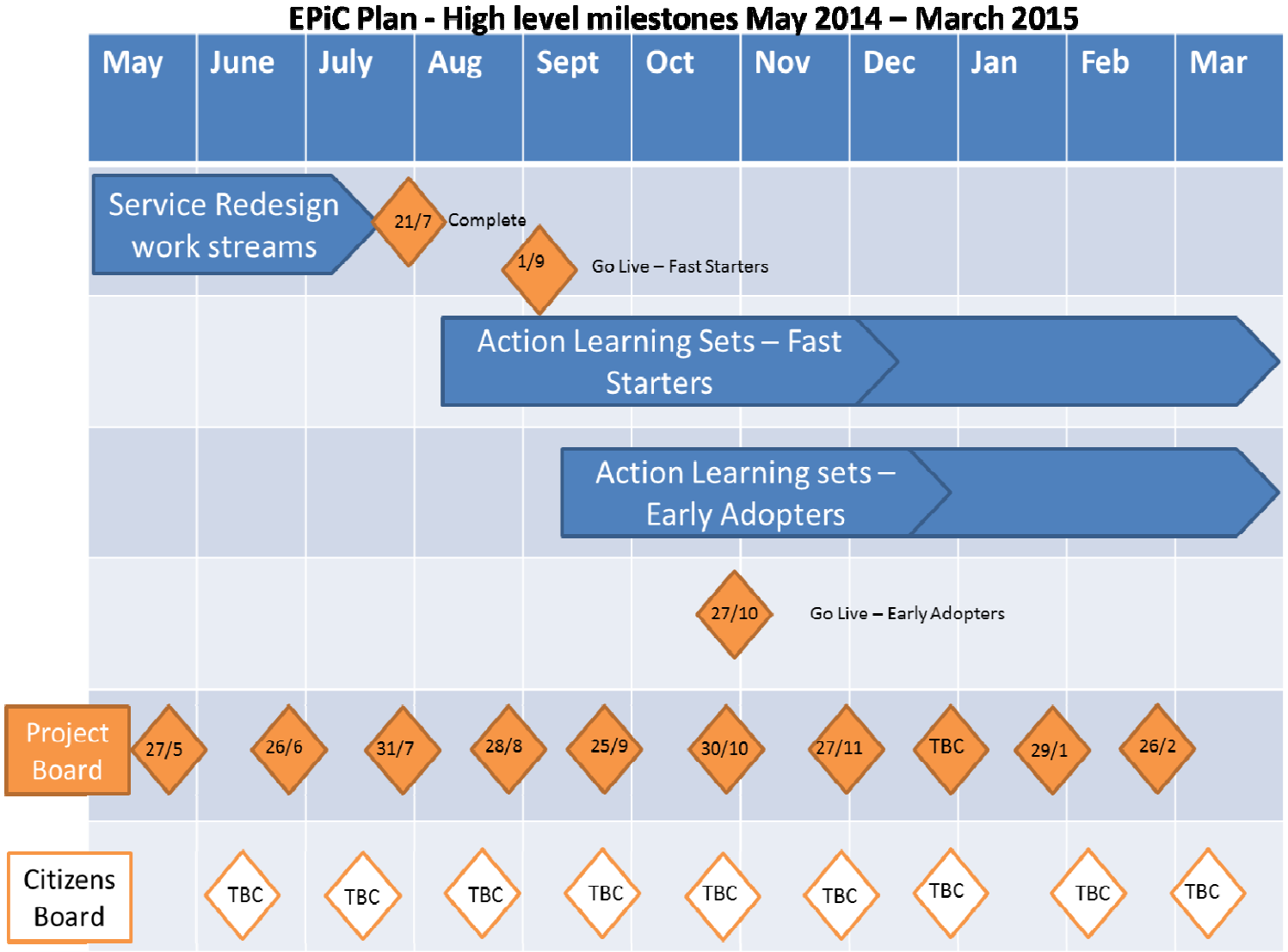
See Appendix 2 for overarching governance structures.

We will have strict governance processes for each service redesign workstream:

- The EPiC service will develop an overarching Information Governance protocol, which will encompass all staff working within the service, including pharmacists and volunteers. This will identify necessary training requirements and levels of access to information. Volunteers will be inducted and work to the IG policies of one of the partner organisations, including undertaking NHS on-line IG training. The service will take responsibility for IG, including responding to complaints and incidents and feedback from patients as is necessary
- We will capture consent for sharing of information at each point that sharing happens. This will be recorded in the clinical and other recording systems in use (e.g, GP clinical system, Personal health Record). This approach is supported by the clinical systems themselves (for example, the Enhanced Data Sharing Model in SystemOne)
    - Where information is shared out, patient consent will be recorded at the point of 'sharing out'
    - Consent will also be record at the point of 'sharing in' – e.g. where a pharmacist asks the patient if they have their consent to share information
- Pharmacists may have access to the full patient medical record (or part of it, depending on the work carried out by the pharmacy redesign workstream). They can only access the record if patient consent is given on each occasion, and the pharmacist will make the patient aware of this
- Volunteers will have access to the Patient Health Record, which will have a more limited record, generally relating to current issues, care plans. The patient will directly control access to this record, and who it is shared with
- General information about sharing will be made available to patients, both within the GP surgery and the pharmacy. Volunteers will provide this information to patients for reference
- We will conduct audits of clinical systems to ensure records have been accessed by appropriate staff, and that protocols have been followed
- All volunteers recruited will go through a rigorous selection process based on their suitability for the role and they are required to undergo DBS checks to ensure they are cleared to work with vulnerable older people. There is an established complaints procedure and the project co-ordinator will ensure problems raised by patients or practices are dealt with. Volunteers will be required to meet the requirements of a role description and personal specification for the role. They will be provided with training to carry out the role and in how to interact with vulnerable people. All information will be kept confidential and will only be passed on where the patient's permission has been sought except when their personal safety is under threat and consent cannot be obtained – patients will be made aware of this when they are referred to the service.

Authors:BICS.

Appendix 1


EPiC Plan - High level milestones May 2014 – March 2015
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Service Redesign work streams
21/7
Complete
1/9
Go Live – Fast Starters
Action Learning Sets – Fast Starters
Action Learning sets – Early Adopters
27/10
Go Live – Early Adopters
Project Board
27/5
26/6
31/7
28/8
25/9
30/10
27/11
TBC
29/1
26/2
Citizens Board
TBC
TBC
TBC
TBC
TBC
TBC
TBC
TBC
TBC

Appendix 2

Primary Care Citizen's Board Representatives from PPGs and Healthwatch

EPiC Project Board
Chair: Jonathan Serjeant
Members: Jessica Sumner (Age UK), Sarah Bartholomew, Lindsay Coleman, Pharmacy, 3 GP practices, Co- chair PC Citizens Board, CCG clinical lead

Action learning sets responsible for 5 service re-design areas. Each of the 5 redesign areas will have as a minimum:

- Named GP lead
- Named Practice Manager lead
- Citizen
- Representatives from other service re-design workstreams as required
- Project coordinator support

ALS's are made up of Practice leads and pharmacy leads. They are responsible for clinical areas of quality and safety.

Action learning sets
(Fast Starters Module 1)

Action learning sets
(Fast Starters Module 2)

2 More CQG's will be introduced for early adapters after 6 months

1. Care Navigators
Lead: Jessica Sumner

2. Pharmacy
Lead: Ramiz Banham

3. Extended hours and skill-mix
Lead: Dr Alex Morton

4. GP Triage
Lead: Dr Peter Devlin

5. Redirecting workflow – delivery of central Back office functions
Lead: Dr Reggie Sangha

Cross cutting areas span all 5 service redesign areas and include IM&T, engagement, co-production, training and continuous learning and finance.

Project Director
Project Manager
Project Coordinator
IM+T Manager
IM+T Analyst

Operational Implementation & Sustainability Group.
Chair: Sarah Bartholomew
This group will be responsible for the implementation of the project and supporting the 5 service redesign areas.

HWOSC 11 June 2014 **Agenda Item 6**
GP Challenge Fund


Prime Minister's Challenge Fund
EPIC
Working Together To A Healthy Future

Prime Minister Challenge Fund

- The Fund will support practices to test new ways of delivering GP services and making services more accessible to patients.

- NHS England received over 250 expressions of interest from groups of practices throughout England.

- £50million for 12months starting from April 2014. 18 Brighton Practices received £2,055million.

What Is Our Purpose?

For people using services:

- To bring better access, better experience, more choice, better information, safer care, and to put people in control

For general practice:

- To work towards a more sustainable model of general practice

How?

- By **building** the skill mix within practices and their community partners to deliver collaborative same day access
- By **connecting** to pharmacy and voluntary sector partners
- By **delivering** extended access in terms of location, hours, and modality

What Outcomes Will People Experience?

- **People have more choice** about their care and treatment
  - “My care is tailored to me as an individual”
  - “I can access services when I need them”
  - “The services I use help me and make a difference”
  - “The services I use keep me safe and do me no harm”

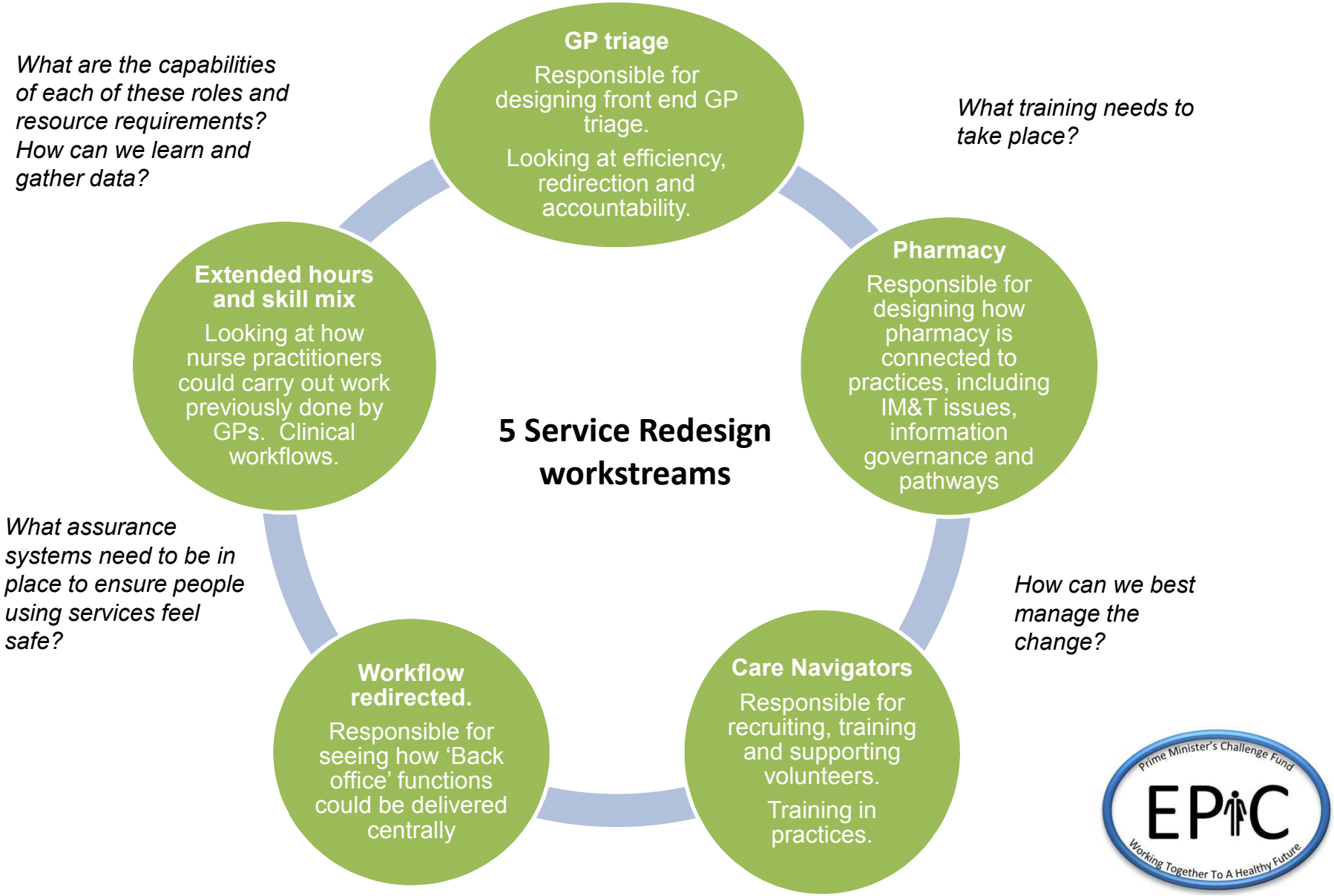
- **People are empowered** to be in control of their care - improvements to how people self care and self manage
  - “I share my records with a wide range of people including pharmacists, nursing staff, extended scope receptionists, and voluntary sector partners.”

- **Everyone in our community can access services** – using data to target support people in more vulnerable circumstances will be proactively identified and assessed

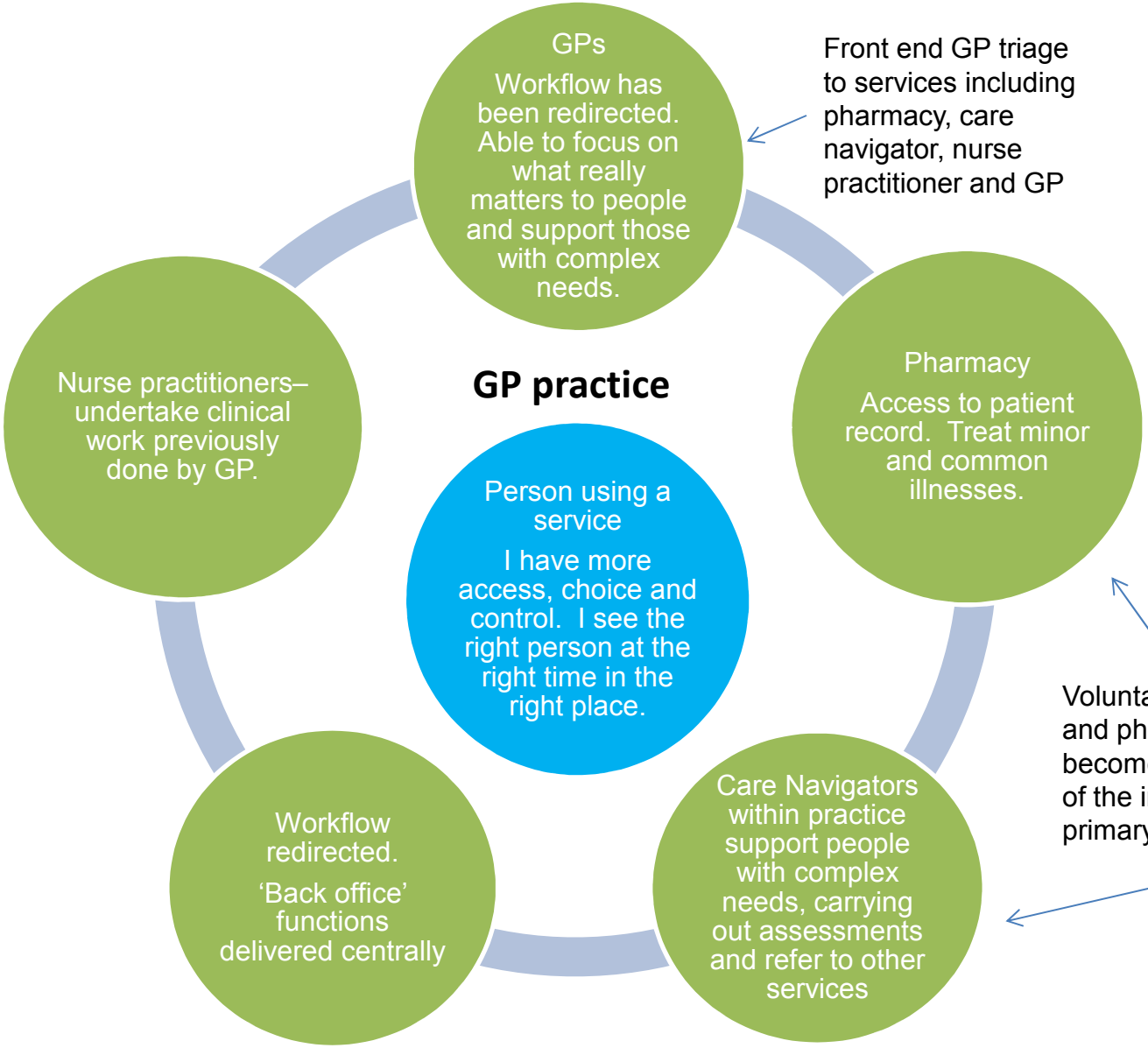
What Outcome Will Our Practice Achieve:

- **Up skilled workforce** and sustainable training programmes
- **Access and knowledge** to Community resources
- **Sustainability** - Change in skill mix, reduction of A&E and non elective care admissions
- **Ability to increase list size** without increasing GP numbers
- **Time to think** – Better clinical decisions through an improved working life

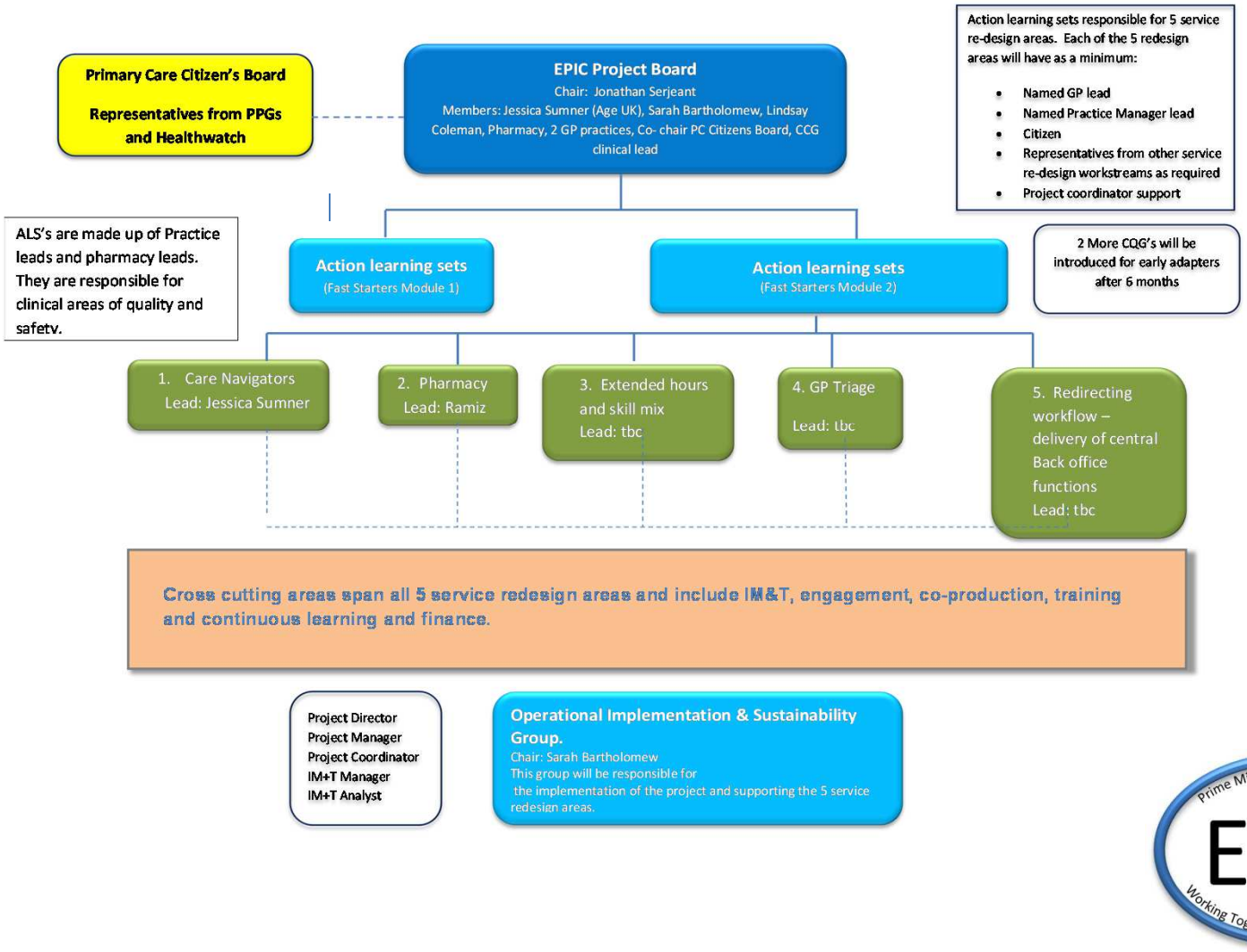
5 Service Redesign Areas



The Practice



Supporting Structure



Faster Starter GP Group By Sept 14

Stage 1: Fast-Start (Total Pop. 49,178)				
Primary Care Module 1 (Pop. 14,640)				
Location	Practices	Practice population	Pharmacies	Care Navigators
West Hove	Mile Oak Medical Centre	7,500	Co-op, Mile Oak Boots, Hangleton Rd Sainsbury, West Hove	7
Portslade	Benfield Valley Healthcare hub (Portslade County Clinic site)	3,300		
West Hove	Benfield Valley Healthcare hub (Burwash Medical Centre)	1,840		
Hangleton Manor,	The Practice PLC	2,000		
Primary Care Module 2 (Pop. 34,538				
Central Hove	Brighton Health and Wellbeing Centre	7,300	Gunns, Western Road Paydens, St James St Kamsons, St James St Kamsons, Preston Road	15
Central Brighton	Ardingly Court Surgery	6,138		
Preston Rd	Stanford Medical Centre	15,500		
Central Brighton	Brighton Station (Care UK)	5,600		

Early Adopters

Stage 2: Early Adopters (Total Pop.88,373)				
Primary Care Module 3 (Pop. 44,570)				
Location	Practices	Practice population	Pharmacies	Care Navigators
Central Hove	Charter Medical Centre	17,500	My Pharmacy, Portland Rd P+G, Hove	21
Central Hove	Sackville Road Surgery	11,720	CG, Church Rd, Blakes, Blatchington	
West Hove	Wish Park Surgery	6,500	Ackers, Davigdor Rd Boots, George St &	
Hove	Hove Medical Centre	8850	Church Rd Kamsons	
Primary Care Module 4 (Pop. 43,803)				
North St.	Boots, The Practice PLC	2,000	Kamsons, Whitehawk Lloyds, Wellsbourne University Pharmacy	20
Central Brighton	St Peters Medical Centre	11,000		
Central Brighton	Beaconsfield Medical Centre	10,003		
Falmer	University of Sussex Health Service	16,300		
Central	The Practice PLC, Morley Street	1,000		
Whitehawk	The Practice PLC	3,500		

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

Subject:		**Progress Report on Integrated MSK Procurement**
Date of Meeting:		**11 June 2014**
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. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The aim is to provide Brighton and Hove HWOSC with a progress report on the integrated MSK Service commissioned by Brighton and Hove CCG, Crawley CCG and NHS Horsham and Mid Sussex CCG for their populations. The service covers musculo-skeletal services and dermatology services.

2. RECOMMENDATIONS:

2.1 That HWOSC members consider and comment on the reports and procurement processes for both services.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The current service in Brighton and Hove (B+H) is provided by the local acute hospital trust, Brighton and Sussex University Hospital NHS Trust (BSUH) who subcontract to two other providers to deliver the service: Sussex Community Trust (SCT) and Brighton and Hove Integrated Care Services (BICS).

3.2 The existing service was commissioned as an integrated service by negotiation with the existing providers as a pilot to provide all services in the areas of Orthopaedics (bones and joints), Podiatry (feet and ankles), Rheumatology, Pain Management and Physiotherapy. A review in 2012 found that this had been partly successful but that there were barriers to complete integration. Not all elements of the service were fully integrated with some still provided separately by BSUH. In 2012-13 the CCG spent approximately £22m on these services.

3.3 A procurement Programme Board was established across the three CCGs. Five initial responses were received, with three bidders submitting applications. These were assessed against eleven criteria

3.4 The successful bidder was Sussex MSK Partnership which is a joint venture of Brighton and Hove Integrated Care Service (BICS), Sussex Community NHS Trust, Sussex Partnership Foundation NHS Trust and Horder Healthcare.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Please see **Appendix One** for details of the analysis of alternative options.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 Patient engagement for both MSK and dermatology service users took place in April 2013 and their feedback informed the process. More information can be found in the previous report that came to HWOSC in 2013**.**

6. CONCLUSION

6.1 The service has to be procured as the current provision is a pilot service. Social value will be considered as part of the procurement process.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this cover report; the procurement process will take account of this in due course.

Legal Implications:

7.2 None to this cover report; the procurement process will take account of this in due course. Both services legally have to go through the procurement process as they have been operated under a pilot scheme to date.

Equalities Implications:

7.3 None to this cover report; the procurement process will take account of this in due course.

Sustainability Implications:

7.4 None to this cover report.

Any Other Significant Implications:

7.5 Both services are key public health services and so their procurement and provision is a vital part of the health service.

SUPPORTING DOCUMENTATION

Appendices:

1. Progress Report on Musculoskeletal Procurement, CCG report

Brighton and Hove
Clinical Commissioning Group

Progress Report on Integrated MSK Procurement

29th May 2014

1. Executive Summary

The aim is to provide Brighton and Hove HWOSC with a progress report on the integrated MSK Service commissioned by Brighton and Hove CCG, Crawley CCG and NHS Horsham and Mid Sussex CCG for their populations.

The selected bidder is Sussex MSK Partnership. This is a partnership of Brighton and Hove Integrated Care Service (BICS – a local organisation of not for profit primary care social enterprise), Sussex Community NHS Trust (SCT), Sussex Partnership NHS Foundation Trust (SPFT) and Horder Healthcare (a charitable run specialist orthopaedic elective care centre).

The overall aim is for the 'Go Live' for the new service to be in October 2014.

Previously papers have been provided to the HWOSC pre-meeting in October 2013 and main meeting in November 2013. This paper will outline the background, set out the reason for change, the service, the procurement process, the outcomes, and patient experience. The paper will examine issues around sustainability, the next steps and on-going monitoring and communication plans. The paper aims to provide assurance on how the service would improve outcomes and patients experience within a sustainable system.

2. Background

The current service in Brighton and Hove (B+H) is provided by our local acute hospital trust, Brighton and Sussex University Hospital NHS Trust (BSUH) who subcontract to two other providers to deliver the service: Sussex Community Trust (SCT) and Brighton and Hove Integrated Care Services (BICS).
The current service was commissioned as an integrated service by negotiation with the existing providers as a pilot to provide all services in the areas of Orthopaedics (bones and joints), Podiatry (feet and ankles), Rheumatology, Pain Management and Physiotherapy. A review in 2012 found that this had been partly successful but that there were barriers to complete integration. Not all elements of the service were fully integrated with some still provided separately by BSUH. There had been improvements in quality of care and more streamlined pathways in some specialties but lack of complete integration had stopped this being achieved in the others. There were still duplicate appointments taking place between community and secondary care. In addition patients sometimes experienced waiting times longer than the maximum that had been commissioned.

In 2012-13 the CCG spent approximately £22m on these services.

The contract has been running on a pilot basis since 2010. No procurement had been undertaken and the service could not continue on a pilot basis. Furthermore a new service model needed to be developed that addressed the issues of integration and duplication and delivered greater value for money.

A procurement Programme Board was established across the three CCGs. A service specification was developed, encompassing the views and experiences from the public and patients, local GPs and providers and various professional bodies. The Business Case and Evaluation Strategy were approved by the CCG's Accountable Officer in October 2013. At the January 2014 Governing Body delegated authority was given for the contract award decision to be made at the Procurement Programme Board in March 2014.

3. Financial approach

The financial approach for the Integrated MSK Prime Contractor is a programme budget approach. This is designed to incentivise the prime contractor to drive efficiency and promote innovation to compensate for growth in demand or rises in technology or prescribing costs.

4. Procurement Process

Responses were received from 5 bidders at Pre-Qualifying period (PQQ) stage which closed on the 29th November 2013. All five bidders after evaluation were allowed to progress and invited to submit a response to the Invitation to Tender (ITT) stage. Following the closure of this stage on the 5th February, three bids were received:

- Sussex MSK Partnership
- BUPA
- Circle

5. Evaluation

The evaluation process involved a team of evaluators across the three CCGs with a range of skills and functions. The team included GPs, lay representatives and staff from the areas of pharmacy, commissioning, IM&T, finance, contracting quality and workforce. Bids were assessed according to the 11 main criteria issued with the ITT:

Section no.	Section	%
1	Clinical Service Delivery	20
2	Local integration	9
3	Contractual arrangements	5
4	Mobilisation	9
5	Quality	9
6	Workforce	9
7	IM+T	9
8	Finance	15
9	Social Value	5
10	Innovation	5
11	Bidders' scenario presentations	5
	Total	100

Clarification questions were also asked of bidders during the evaluation period and a scenario testing day also took place.

6. Outcome of the procurement

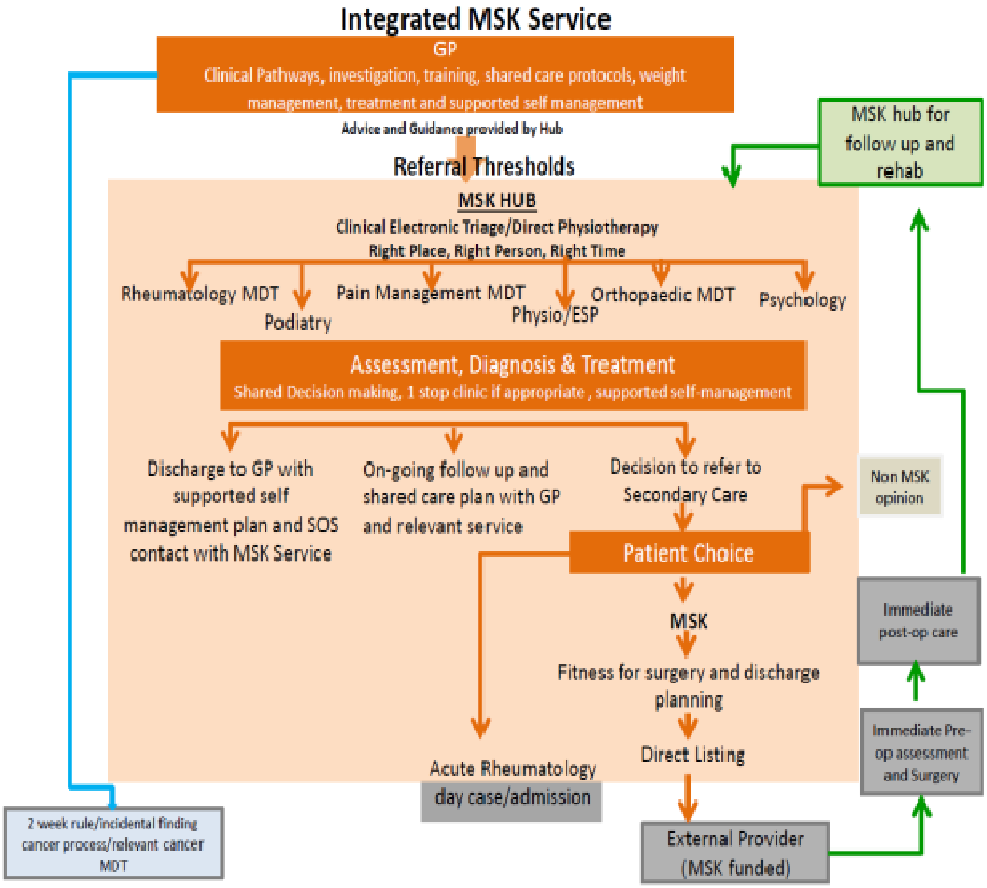
The evaluation has now been completed and the selected bidder announced with our intention to award contract. A decision was made at the MSK Programme Board on the 12th March 2014. The successful bidder was Sussex MSK Partnership which is a joint venture of Brighton and Hove Integrated Care Service (BICS), Sussex Community NHS Trust, Sussex Partnership Foundation NHS Trust and Horder Healthcare

7. The Care Model (outlined in Sussex MSK Partnership's response)

Care will be delivered through a hub and spoke model from a range of geographical locations that will provide services in the heart of people's communities. The population for this area is:

Area	Non-weighted population
Brighton and Hove CCG	264,308
Crawley CCG	127,258
Mid Sussex and Horsham CCG	227,281

The diagram below illustrates the flow of patients through the service.



The selected bidder is an equal partnership between 4 existing local not for profit and NHS providers, three of which are current providers of MSK services in Sussex. The partnership will sub contract with a range of other local acute providers such as

Brighton and Sussex University Hospitals NHS Trust (BSUH) for the provision of the consultant workforce and inpatient surgery.

The selected bid was of a very high standard and responded to the key requirements of the service specification and offered areas of innovation over and above the specification.

Notable elements of the bid were:

- a very strong focus on prevention, patient self-care and management with use of evidence based tools and strong links to Arthritis Care (AC), National Rheumatoid Arthritis Society (NRAS) and other local third sector providers such as The Fed and the Brighton and Hove Carers Centre.
- innovative use of Information Technology such as the Patient Knows Best online personal health record
- the integration of mental and physical health given that SPFT is one of the partners in the joint venture
- the inclusion of hydrotherapy within Brighton and Hove for the first time
- a robust process for providing real-time feedback, education and support for referring GPs

Key challenges will be:

- achieving the desired degree of integration particularly given the number of partners and sub-contractors
- delivering a consistent and high quality service across the 3 CCG areas given the geographical scale and complexity
- achieving a truly 'one stop' experience for patients that includes all diagnostic testing
- the interface with trauma services
- the transition of existing patients from the old service to the new.

Bids were assessed on the level of assurance given by bidders that the bid price could be relied upon, the value of the bid price and the financial strength of the bidders. All three bidders provided bids that passed these three criteria.

Sussex MSK Partnership provided in depth sensitivity analysis, along with mitigations to support the reliance to the bid. Sussex MSK Partnership scored highest on financial strength/sustainability and their bid price was the lowest of the three bids.

8. Equality Impact Assessments and Social Value

Equality Impact Assessments have occurred throughout the process with an overall document which assimilates all the relevant views, assessments and action plans to ensure that the service meets the needs of the population.

The selected bidder will be required to show how they will comply with the Public Services (Social Value) Act 2012 and how it will add value and improve the broader economic, social and environmental wellbeing of the area that the service covers. The bidder will also be required to demonstrate how they will contribute to the resilience of the community by keeping people at work or supporting their return to work and how it will demonstrate a reduction in demand for public services and be an example of social value innovation.

The Selected Bidder will need to show how it will deliver a sustainable service and ensure it signs up to the Good Corporate Citizenship Assessment Model.

9. Mobilisation

A comprehensive mobilisation programme has been established to ensure that the service commences on time on 1st October 2014, delivers the service that was commissioned in the specification and that all risks are identified and mitigated. The workstreams within that programme include:

- Contract and Finance
- Operations
- Workforce and Education
- Estates
- IM+T
- Communications
- Medicines Management

Work is already underway and an initial meeting has taken place with the selected bidder.

NHS
Brighton and Hove
Clinical Commissioning Group

Progress Report on Integrated Dermatology Service Procurement

1. Executive Summary

1.1. This paper summarises the processes involved in the recently completed procurement for an Integrated Dermatology Service and outlines the results and expected benefits of the re-procured service.

1.2. The successful bidder was Brighton and Hove Integrated Care Service (BICS), who are a local organisation of GPs.

1.3. The overall aim is for the 'Go Live' for the new service to be in August 2014.

1.4. Previously papers have been provided to the HWOSC pre-meeting in October 2013 and main meeting in November 2013. This paper will outline the background, set out the reason for change, the service, the procurement process, the outcomes, and patient experience. The paper aims to provide assurance on how the service would improve outcomes and patients experience within a sustainable system.

2. Background

2.1 The current Integrated Dermatology service has been running on a pilot basis since July 2010. No formal procurement for the current service had been undertaken at any point and the service could not continue on a pilot contract. Furthermore, a model needed to be developed that manages increasing activity whilst delivering high standards of care and patient satisfaction within an affordable budget.

2.2 A Procurement Steering Group was set up to oversee the process. A service specification, encompassing views and experiences from the public and patients, local GPs and clinicians was agreed by the CCG's Clinical Strategy Group on 9th July 2013. A full option appraisal and business case was subsequently agreed by the Governing Body on 24th September 2013. The latter also provided delegated authority for contract award. All of this was outlined in the Evaluation Strategy which was agreed in November 2013.

3. Financial Context

3.1 A programme budget has been set at a fixed level for (Maximum of £2million per year in Tender) for 3 years. The fixed financial envelope will incentivise the

prime contractor to drive efficiency and promote innovation to compensate for growth in demand or rises in technology or prescribing costs.

4. Procurement process to date

4.1 Sixteen organisations expressed an interest at an early stage. However, following the closure of the Pre-Qualifying period (PQQ) in December 2013, four Bids were received.

4.2 All four bidders successfully passed PQQ stage and were invited to submit a response to the Invitation To Tender (ITT) stage. Following closure of the ITT period only 2 Bids were received.

4.3 The evaluation process involved 10 Evaluators covering a range of areas of expertise including pharmacy, clinical, Quality, IM&T and contracting. A Lay Evaluator was supported to be part of this process. The areas assessed are outlined below:

Section Name	Weighting (%)
Clinical Service Delivery	20
Local Integration	9
Contractual Arrangements	5
Mobilisation	9
Quality	9
Workforce	9
IM&T	9
Finance	15
Social Value	5
Innovation	5
Scenarios	5
	100

Evaluators assessed relevant sections independently and then came together for moderation to ensure a fair and even approach to scoring.

4.4 Bidder interviews were also held as part of the ITT process. Bidders were invited to prepare responses to three scenarios that where presented to them on the day and focused around a variety of clinical and operational aspects of delivering an integrated dermatology service for both children and adults. These responses were also assessed and moderated by a panel of expert and Lay Evaluators.

5. Outcome of the Procurement

5.1 The evaluation has been now been completed and the preferred bidder announced with our intention to award contract. The successful bidder was

Brighton and Hove Integrated Care Service (BICS), who are a local "Not for Profit" Organisation with its shareholders being its own employees and employees of General Practice in Brighton & Hove. BICS holds and delivers a number of health service contracts and in all cases seeks to deliver care in an integrated partnership model with local NHS providers and with a particular focus fully utilising the expertise of primary care and third sector to improve care pathways.

5.2 BICS were already the lead contractor for this service, however, going forward this bid means that they will be working with a wider range of clinical partners within a more integrated and innovative care model.

6. The Care model (outlined in BICS bid response)

6.1 BICS has entered into a contractual joint venture with Sussex Community Dermatology Service. The latter already provide dermatology services across West and Mid Sussex. Further partners and sub-contracting arrangements will include: Brighton and Sussex University Hospital Trust (BSUH); Sussex Partnership Foundation Trust (SPFT), Boots – Community Pharmacies, National Eczema and Psoriasis Societies, GP practices and Brighton and Hove City Council through the public health schools programme.

6.2 Given the range of partners, organisational and service integration will be a key challenge. The bid response outlined a structure of multi-disciplinary teams that are aligned around patient pathways with the aim of providing a seamless and "one stop" (where appropriate) experience for patients.

6.3 The model also outlined a very strong focus on prevention, patient self-care and management. A range of innovative areas were outlined: Information Technology solutions including a range of online self-care tools and interactive Apps for specific conditions; Specialist Nurses working in partnership with Voluntary Sector peer support & patient education groups for patients with long-term skin conditions and parents of children with skin conditions. Eleven local pharmacies will be available to assist patients in the safe application of topical treatments and creams; patients with Eczema and Psoriasis will be offered pharmacist led appointments within 48 hours as part of their self- care flare up plans and there are plans to roll out Teledermatology across the City to improve diagnosis in primary care and ensure effective use of care pathways.

6.4 The bid also described how all clinicians will be trained in mental health skills to enable screening, problem identification, medication management and accurate signposting where more specialist interventions are required. The use of recognised patient outcome measures will support this approach.

6.5 In summary, the Bid submitted by BICS was of a very high standard and provided areas of innovation and improvement within the programme budget set.

7. Mobilisation

7.1 There is a three month mobilisation period with a steering group meeting on a regular basis to ensure a safe transition into the new service and that all risks are identified and mitigated. There will be a strong steer during this period to ensure a robust contract is signed providing high quality and value for money.

8. Conclusion

8.1 The HWOSC asked to note the content of this update.

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 8 Brighton & Hove City Council

Subject:		**Bullying Scrutiny Panel Report**	
Date of Meeting:		**11 June 2014**	
Report of:		**The 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. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 In December 2012, HWOSC agreed to establish a scrutiny panel to look at bullying in schools. The panel was chaired by Councillor Ruth Buckley, with Councillors Vanessa Brown and Penny Gilbey and Sam Watling from the Brighton & Hove Youth Council. Robin Banerjee, Professor of Developmental Psychology at the University of Sussex

1.2 The scrutiny panel report is attached as **Appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That HWOSC endorse the scrutiny panel report on bullying in schools (**Appendix 1**) and refer it on for consideration by the appropriate policy committee(s)

3. CONTEXT/ BACKGROUND INFORMATION

3.1 In December 2012, HWOSC agreed a request for a scrutiny panel to be set up looking at how local schools handle bullying.

3.2 A panel consisting of Councillors Brown, Buckley and Gilbey was established, with Councillor Buckley agreeing to chair. The panel held several evidence gathering meetings, speaking to local schools, to the Youth Council and to third sector support organisations including the Parents Forum, Safety Net, Rise and others.

3.3 The panel members also spoke to officers within the council to get a full picture of what was in place.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The HWOSC has the option to decline to endorse the scrutiny panel report.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The panel members spoke to a wide range of partners; please see the report for full details.

6. CONCLUSION

6.1 In line with normal procedure, we are asking that the HWOSC endorses this report and refers it on to the appropriate BHCC Policy Committee(s) for consideration.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The financial implications of the recommendations from the scrutiny panel will be assessed in the context of the Council's budget strategy when the recommendations are considered by the policy committees.

Finance Officer Consulted: Anne Silley Date: 29/01/14

Legal Implications:

7.2 Once HWOSC has agreed its recommendations based on the work of the scrutiny panel, it must prepare a formal report and submit it to the council's Chief Executive for consideration at the relevant decision-making body.

7.3 If HWOSC cannot agree on one single final report, up to one minority report may be prepared and submitted for consideration by the relevant policy committee with the majority report.

Lawyer Consulted: Oliver Dixon Date: 29/01/14

Equalities Implications:

7.4 None identified

Sustainability Implications:

7.5 None identified

Any Other Significant Implications:

7.6 Public Health issues are covered in the body of the report.

SUPPORTING DOCUMENTATION

Appendices:

1. The Bullying Scrutiny Panel Report

Documents in Members' Rooms

None

Background Documents

None

Brighton & Hove City Council

Report of the Health & Wellbeing Overview & Scrutiny Panel

June 2014

Scrutiny Panel on Bullying in Schools

Panel Members

Councillors Ruth Buckley (Chair)
Vanessa Brown
Penny Gilbey

Professor Robin Banerjee
Sam Watling, Youth Council

Bullying in Schools: Scrutiny Panel Report

Chair's Foreword

I was very glad to be able to chair the scrutiny panel into bullying in Brighton and Hove schools. As a parent of a child who has recently started school in the city, and on behalf of all other parents, carers and children in Brighton and Hove, I was very keen to find out what was happening for our children locally and how bullying is being addressed by our education system.

I was joined on the panel by fellow councillors Vanessa Brown and Penny Gilbey and also by Sam Watling from the Brighton & Hove Youth Council. Robin Banerjee, Professor of Developmental Psychology at the University of Sussex, agreed to act as an informal advisor to the panel. I would like to thank everyone who took part for their time and commitment to this important panel.

Bullying takes different shapes and forms, including physical and verbal assault; there is now a depressing increase in the incidents of cyber-bullying and trolling. Whatever shape it takes, it can have a hugely negative impact on the victim which can last for years. It is everyone's social duty to address negative behaviour and the reasons behind bullying where we can.

We heard that when it comes to dealing with bullying within the education system, each school is responsible for its own anti-bullying policy – the council is not in a position to dictate what the school should do. However as a panel we were pleased to note that the council hosts the Anti-Bullying & Equalities Strategy Group which brings local schools together to discuss and develop best practice. We hope that this continues into the future as a key mechanism in sharing knowledge and lessons learnt.

It was clear from our panel meetings that there is a lot of good practice going on in individual schools in the city, including taking collective responsibility, involving students in developing the work and ensuring that there is a shared anti-bullying ethos throughout the school. It is never too early to begin learning that there is no place for bullying in our schools. We hope that these positive lessons will be shared across Brighton and Hove to eradicate bullying in our schools as far as possible.

As ever, there is still more that can needs to be done, in particular with regard to cyber-bullying and in tackling bullying for protected groups. I hope that Brighton and Hove schools are heading in the right direction to deal with these issues in an appropriate but assertive manner.

On behalf of the panel I would like to thank all of the young people, parents and carers who took part in the panel's investigation, either by attending one of our meetings or providing evidence in other ways. We are also very grateful for the help and support given to us by

council officers and colleagues from partner organisations. I sincerely hope that the recommendations the panel has made will help to shape a shared city-wide approach to anti-bullying policies in Brighton and Hove.

Councillor Ruth Buckley

May 2014

Contents

Glossary - Acronyms

ABESG	Anti Bullying & Equality Strategy Group
BME	Black and Minority Ethnic
BMEYPP	Black and Minority Ethnic Young People's Project
BMS	Blatchington Mill School
CAMHS	Children & Adolescent Mental Health Services
EPS	Educational Psychology Service
ICT	Information and Communications Technology
LEA	Local Education Authority
LGBT	Lesbian, Gay, Bisexual, Transgender
OSC	Overview & Scrutiny Committee
SAWSSS	Safe & Well at School Survey
SEN	Special Educational Needs
SNAP	Safety Net Assertiveness Project

List of Recommendations

RECOMMENDATION 1 – that the ABESG should be supported and funded appropriately to allow it to undertake the key task of supporting anti-bullying initiatives across the city

RECOMMENDATION 2 – that the ABESG develops a best practice forum to celebrate and spread anti-bullying best practice across city schools

Recommendation 3 – that council officers continue to champion the SAWSS via the ABESG and other school partnerships including the Public Health Schools Programme

RECOMMENDATION 4 – ABESG should produce a leaflet (or a template for individual schools to adapt) for parents and young people explaining school commitments to tackling bullying. This leaflet should:

- **Detail parents' rights to complain**
- **Explain to whom parents can appeal if they are unhappy with the school's response to reports of bullying**
- **Make clear the role of school governors in dealing with parents who are unsatisfied with staff responses**
- **Provide contact details for independent advice**
- **Provide contact details for a parent-advocate and for the range of advocates available for particular groups (e.g. for the families of children with SEN)**
- **Explain to young people what options they have if they feel they are being bullied**

RECOMMENDATION 5 – we need a more systematic approach to identifying and learning from families who have opted out of the local state education system because they feel it has let them down – for example via an 'exit interview' of all those who permanently take their children out of local schools. This should build on the work already undertaken to track school moves within the LEA.

Recommendation 6 – ABESG should identify best practice in terms of BME anti-bullying work and encourage the best performing schools to share their learning with their peers across the city.

RECOMMENDATION 7 –that the ABESG includes student involvement in the development of school anti-bullying strategies as one of the elements of its best practice work.

RECOMMENDATION 8 – that ABESG invites the city Youth Council to become a co-opted member of the partnership (ideally with two Youth Council members co-opted)

RECOMMENDATION 9 – the views and experiences of parents are key to developing effective bullying strategies, and schools should actively involve parents in this work.

RECOMMENDATION 10 – ABESG best practice in terms of anti-bullying should include how to communicate with parents whose children are involved in bullying incidents

RECOMMENDATION 11 – ABESG best practice guidance should explicitly encourage schools to offer young people a range of ways in which they can report bullying

RECOMMENDATION 12 – that the ABESG anti-bullying best practice work explicitly includes how best to provide support for school staff

RECOMMENDATION 13 – the ABESG should ensure that planning effective primary to secondary transition forms part of its best practice work

RECOMMENDATION 14 – that the ABESG includes cyber-bullying in its best practice anti-bullying work.

This should explicitly include work on:

- **engaging directly with young people**
- **training for parents**
- **encouraging young people to think about on-line safety and who they share personal information with**
- **working with young people to improve their understanding that being kind and courteous in on-line interaction is as important as in face-to-face interaction**
- **recognising how quickly the on-line landscape is changing – and the need for teachers and trainers to constantly update their knowledge**
- **what can be done to utilise local digital media resources to make the Brighton & Hove approach to cyber-bullying as innovative as it can be**

RECOMMENDATION 15 – that CAMHS and EPS develop better systems for recording bullying. This should specifically include a system where service-users' experiences of bullying are actively solicited where it is therapeutically appropriate to do so.

RECOMMENDATION 16 – that the implementation of agreed panel recommendations should be monitored by OSC via an annual report co-ordinated and produced by Children's Services.

RECOMMENDATION 17 – that officers from the council's Children's Services directorate share the panel report with all city schools.

Executive Summary

Bullying in schools is by no means a new problem – it has probably been an issue for as long as there have been schools. However, there have been major developments in recent years.

In the first place, there has been a sea-change in notions of what constitutes bullying, with a wider acceptance that it is not just about direct physical or verbal assault but also about excluding and ostracising people.

Secondly, there is increasing recognition of the damage that bullying causes – its effects can be life-long, including poor educational attainment and emotional and mental health problems.

Thirdly, society has grown to recognise that discriminating against groups of people is wrong, whether it's in terms of race, sex, disability, age, faith, gender identity or sexual orientation. Coupled with this increased recognition of equalities has been the development of a more overtly diverse society. As people, including young people, become more open about their sexual orientation or gender identity, and as Brighton & Hove becomes more inclusive and multi-ethnic, we have to ensure that our school environments are safe places for all groups.

Fourthly, the growth of computer technology, and particularly mobile phones and social media, is changing the way that people interact with (and in some instances harass) each other. This development has been so rapid that it has left some adults at a loss to understand how their children are using social media and what the risks might be.

Fifthly, changes to the way in which state schools are funded and controlled have seen individual schools become much more autonomous and thus responsible for their own anti-bullying work. In the new system it is not necessarily clear how schools will work with and compare themselves against their peers to ensure that good practice is spread. Neither is it immediately obvious what role local authorities have to play in anti-bullying work – although councils remain accountable for educational performance and school attendance across the local area and are therefore bound to have a continuing interest in anything that impacts upon performance against these standards.

All of these factors mean that the issue of bullying is a topical one, even if, as seems to be the case, incidents of bullying may actually be falling and services are generally doing a good job.

The Bullying in Schools scrutiny panel was established following a request by Cllr Andrew Wealls. Panel members were: Cllr Ruth Buckley (Chair), Cllr Vanessa Brown and Cllr Penny Gilbey. Sam Watling of the Brighton & Hove Youth Council agreed to join the panel as a co-opted member, and Professor Robin Banerjee of Sussex University agreed to act as an advisor to the panel. Panel members would like to thank Sam and Robin for so generously giving up their time for this project.

The panel talked to a range of witnesses, including representatives from city schools, council school support services, the police, health services, and local voluntary and community sector organisations. The panel also spoke directly to parents and carers, and

vitally, to young people themselves.[1] A list of the witnesses who gave evidence is included in Part 2 of this report. Panel members would like to thank all those who contributed.

After reviewing the evidence, the scrutiny panel has made a number of recommendations. Many of these seek to build on the anti-bullying work already taking place across the city. While there is always the potential to improve services across such a complex area of work, it should be recognised that there is lots of good practice out there. Rather than reinventing the wheel, the core of what needs to be done is to ensure that everyone learns from the work of the best practitioners.

The recommendations which follow range across a number of areas, including data collection, involving young people and families, supporting schools, cyber-bullying, and how bullying impacts upon particular groups of people. Preceding the recommendations is a brief introduction to the subject of bullying.

[1] The panel would particularly like to thank the Brighton & Hove Youth Council who held a facilitated session where members of the Youth Council, the Children in Care Council, the Younger Children in Care Council and the Disabled Young People's Council all had the opportunity to share their experiences of bullying.

Introduction

What is Bullying?
Bullying is defined as

"behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally."[2]

Bullying can take many forms, from verbal insult through property damage to physical assault. It can also be indirect, for instance where people are excluded from conversations and activities or where rumours are spread about them.

The growth of social media in recent years has seen increasing incidents of 'cyber-bullying' – bullying via text message or comments on social media sites. This poses particular problems for schools, young people and their parents and carers, because new and emerging technologies are often difficult to understand and hence regulate; because social media is very good at disseminating both innocuous and malicious messages widely; because cyber-bullying does not necessarily take place in school; and because people seem far less inclined to self-censor their comments on social media than they would in face-to-face encounters.

Although bullying can take many forms and can be defined in a number of ways, a key constant factor is that it involves repeated behaviour – one-off incidents, while they may be very serious, are not typically classified as bullying. This is important for a couple of reasons: because the impact of bullying on its victims needs to be understood as cumulative, as something that builds over time (and hence a seemingly minor incident may not be so when viewed in context); and also because the perpetrators of bullying are engaged in an activity that is habitual and intentional – their behaviour cannot be dismissed as being 'out of character', and may not be easily changed.

Who is Bullied?
Anyone could be bullied, but the victims of bullying are typically children or young people who are isolated from their peer group. Isolated children and young people who aren't part of social networks are at risk of others bullying them. Children and young people who are bullied will typically be seen as in some way 'different' – perhaps because of actual or perceived ethnicity, faith, sexual orientation, gender identity, disability or sex, their appearance, their academic or athletic abilities, because they have a physical or mental health condition, or because they are in care. However, isolation rather than 'difference' is the key factor here – and young people who are 'different' but who are not isolated from their peers are much less likely to be the targets of bullying.

Roughly the same proportions of boys as girls report being bullied, although boys seem rather more likely to be the victims of physical aggression and girls the victims of social exclusion. Girls are also more likely to be bullied by a group of their peers. Since it often

[2] Adapted from: Preventing and Tackling Bullying: Advice for Head Teachers, Staff and Governing Bodies, DfE 2011.

manifests in less obvious ways, the bullying of girls can be more difficult to spot and deal with.[3]

Locally, slightly more BME young people report being bullied than their white British counterparts.

Young lesbian, gay or bisexual (LGB) people are very likely to experience bullying, as are people who identify as Trans or are unsure of their gender. In addition many people who are not LGBT but who may be perceived as such are the targets of bullying.

Young people with special educational needs (SEN), and especially people with autistic spectrum conditions, may be particularly likely to experience bullying.[4]

Amaze reports that young people in the east of Brighton tend to report more bullying relating to disability than the rest of city. This may be because they are higher numbers of children with disabilities in east Brighton schools (as recorded on the Amaze Compass database), or it may be linked to higher levels of deprivation or family breakdown in the east of the city.[5]

Who bullies?
Anyone can potentially be a bully, although young people who bully will often have also experienced problems at school or at home. Bullies will not necessarily be socially isolated, though they may have difficulties with social relationships. There is also a significant cross-over between the group of young people who have been bullied and the group that bullies, with some people being both the perpetrators and the victims of bullying. It is generally accepted that young people who show bullying behaviours require support as well as sanction.

Prevalence
Recent years have seen a consistent reduction locally in young people in secondary schools who report that they have been bullied – from 22% in 2008 down to 12% in 2013, as reported in the Safe & Well at School Survey (SAWSSS).[6] Reported bullying in primary schools has also reduced between 2008 and 2013, with rates falling from 22% to 19%. This does appear to be good news, although the SAWSSS collects data from children and young people at school so may not pick up people who have moved area or are home-educating as the result of serious bullying.[7]

Local Authority Responsibilities
Local Authorities are no longer responsible for day-to-day decision-making around schools, with almost all powers devolved to individual schools. Whilst many local authorities still have teams providing a wide range of school support services, schools are generally not obliged to source this support from their council.

[3] Evidence from Nick Wergan, Deputy Head Teacher, Blatchington Mill School: 13.06.13, point 3.29
[4] See 13.06.13, point 3.45
[5] See evidence from Janet Poole, Amaze: 04.09.13, points 16.74 and 16.75
[6] Evidence from Sam Beal: 13.06.13, point 3.19.
[7] Evidence from Professor Ian Cunningham: 13.06.13, point 3.55.

However, local authorities still retain some very significant strategic and legal responsibilities in relation to young people. These include being responsible for educational attainment across the local area, for the general wellbeing and safeguarding of young people, and for school attendance.

While local authorities are not directly responsible for bullying in school, bullied children are likely than other children to struggle academically, to be absent from school, and generally to have diminished wellbeing. It is therefore clear that councils have a significant interest in bullying in local schools as it is a factor in several of the key outcomes against which local authorities are measured. It is also the case, of course, that councils are elected by and represent local families, and have a duty to address local people's concerns even where they are not directly responsible for providing services. Of course, different local areas will interpret this duty in different ways.

Findings and Recommendations

Data

Traditionally, many councils collated statistics about the schools they were responsible for in order to manage performance across the local state education system. In terms of bullying, the most relevant source of data is probably the annual Safe and Well at School Survey (SAWSS) which asks KS2, KS3 and KS4 students a series of questions about their general wellbeing and their experience of school. The SAWSS has been running since 2005 and therefore provides a vital longitudinal resource.

With recent moves towards greater autonomy for individual schools, the requirements for local authorities to collect and analyse data have been relaxed, but some areas including Brighton & Hove still choose to continue to collate statistics. In some instances, individual schools may decline to respond to data requests from local authorities – the SAWSS is voluntary for instance. However locally the great majority of schools are committed to participating in the SAWSSS and the sample size is high.

The SAWSS provides a publicly available annual city-wide overview of young people's wellbeing across a number of domains. The SAWSS data is also broken down into school-specific reports and these are shared with individual schools. These reports are not publicly available, in part because of data confidentiality: it might be possible to identify individual respondents to the survey at this scale – for example, someone who reported being bullied because of their BME status at a school with very few BME children.

In addition to the SAWSS, schools also record and collate their own internal data on bullying and prejudiced based incidents by type. Schools are then asked to return their bullying by type data to the local authority on a termly basis. The City Wide figures are subsequently analysed to support commissioning and support for schools. Schools are encouraged to monitor, analyse and report their SAWSS and school-based data sets including with governors and other interested parties.

Although the local authority still conducts and analyses the SAWSS and disseminates its findings to schools across the city, the council is not in a position to direct or dictate actions to individual schools, nor would it wish to do so. Even if a council wanted to direct local schools there are few remaining powers to do so. This is very much an intended aspect of recent education reforms: moving away from a system in which councils were sometimes seen as imposing blanket 'one size fits all' policies on schools to one in which each individual school is free to develop its own plans and strategies. This means that schools are able to take account of their unique circumstances and of the particular staff skills and resources they can draw on to design bespoke policies that truly meet local need.

Whilst there are obvious opportunities in freeing schools to be innovative in this way there are also obvious risks. Firstly, there's the risk that schools which develop really good practice will do so in isolation and that neighbouring schools will not benefit from these new approaches. It is therefore important that there is some means of sharing information about best practice across local schools.

Secondly, in any system that enables individual organisations to develop their own policies rather than operating a centrally-determined model, one would expect some to do much better than average, but also some to perform relatively poorly. It is therefore important that there is some way to flag systems that aren't delivering as well as they should and to support less successful schools.

Anti Bullying & Equality Strategy Group

The panel believes that the partnership Anti Bullying & Equality Strategy Group (ABESG) which brings together the local authority, local voluntary and community sector groups and city schools is the ideal place to develop a best practice bullying forum which disseminates successful anti-bullying approaches and supports any schools which may be struggling, relatively speaking, in terms of their anti-bullying work. The panel wholeheartedly supports the ABESG and believes that it must be appropriately funded and supported.

As the ABESG is chaired by council officers, our recommendation is that these officers be tasked with developing a best practice forum as part of the ABESG. The forum should seek to identify and spread good practice across the city. The relevant council officers should report back to the Overview & Scrutiny Committee (OSC) on the success of this initiative as part of the 12 monthly monitoring of the implementation of panel recommendations.

RECOMMENDATION 1 – that the ABESG should be supported and funded appropriately to allow it to undertake the key task of supporting anti-bullying initiatives across the city

RECOMMENDATION 2 – that the ABESG develops a best practice forum to celebrate and spread anti-bullying best practice across city schools

It has been very reassuring to learn that the SAWSS is still being undertaken, with the majority of city schools engaging enthusiastically. It is really important that schools have a robust means of measuring the success of their anti-bullying work, and crucial that they have the means not only of comparing themselves against neighbouring schools but of measuring their own performance over time. Therefore, whilst it is quite proper that schools develop their own methods of measuring performance, the SAWSS remains an essential part of performance monitoring across the local area.

The panel commends schools and the local authority for investing their time in ensuring that the SAWSS continues to be widely used. Having a robust and objective longitudinal measure of performance is key to continuing to improve anti-bullying services, and schools should be encouraged and supported to engage with the SAWSS. The aim should be that every eligible school in the city undertakes the annual survey.

Recommendation 3 – that council officers continue to champion the SAWSS via the ABESG and other school partnerships including the Public Health Schools Programme

School Performance

The SAWSS currently shows a citywide rate of reported bullying at around 12%. There has been a steady fall in the percentage of young people who report being bullied over the past few years, suggesting that services are effective.

Across secondary schools the rate at which students report being bullied shows a relatively low degree of variation. This suggests that there are no real 'outlier' schools with much more or much less effective approaches to bullying.

Across primary schools the rate of variation is much larger – with between 8 and 40% of children reporting bullying. This may appear worrying, but as primaries are typically much smaller than secondary schools, relatively small numbers of survey responses can result in big percentage swings. It is also likely that schools with higher numbers reporting bullying have provided less support to pupils to understand what bullying is.[8]

Approaches to Bullying

Two schools came to speak to the panel about their approaches to bullying: Blatchington Mill and Carlton Hill. We recognise that many more schools might have been happy to come and talk about what they do, but there simply wasn't the time to hear from everyone. In any case, the panel wanted to get a sense of how individual schools typically tackled bullying rather than to judge schools against one another.

Nick Wergan, Deputy Headteacher at Blatchington Mill (BMS), told the panel that his school's approach to preventing bullying is multi-faceted. It includes:

- Ensuring that an anti-bullying ethos is central to the school, and that it is owned by all staff and students, not just a top-down initiative
- Taking a zero tolerance attitude to bullying – every reported incident is treated seriously
- Taking every opportunity to talk about bullying – the message needs to be constantly re-stated
- Being pro-active around equalities – not just reacting to equalities based incidents when they occur
- Taking collective responsibility – recognising that bullying can be a group action in which bystanders as well as perpetrators are implicated
- Ensuring that students recognise that bullying requires adult involvement – BMS is proud to be a 'telling' school
- Involving students in shaping anti-bullying work
- Recognising that bullying can take many forms, including cyber-bullying and social exclusion
- Having a consistent approach to bullying throughout the school.[9]

[8] Evidence from Sam Beal, Chair of the ABESG: 13.06.13, point 3.19.
[9] See 13.06.13, point 3.22

While individual schools may legitimately have different emphases, the panel views this list as a good model of a best practice policy, one which treats bullying holistically, involves students in anti-bullying work, stresses consistency in approaches, takes every incident seriously, and constantly reinforces the need for everyone in the school community to practice mutual respect.

For the panel, dealing effectively with bullying requires two kinds of approaches from schools. Firstly, there should be a robust and systemic approach to identifying and dealing with bullying incidents, with schools explaining to the victims of bullying and their families what steps have been taken in response to an incident and why. Secondly, schools need to develop and foster a caring environment which works to stop students becoming isolated from their peers in the first place. Successful anti-bullying work is a combination of these reactive and preventative approaches.

Supporting Young People

However good a school's policies around fostering an inclusive and supportive environment are, some young people will inevitably become socially isolated and therefore more susceptible to bullying. Vulnerable young people need targeted support, particularly in terms of helping with assertiveness or low self-esteem issues.

Witnesses stressed the importance of working with vulnerable young people to build their resilience and develop their assertiveness, so that they are less likely to be targeted - and if they are harassed - that isolated incidents are less likely to develop into bullying.[10]

For example, the Safety Net Assertiveness Project (SNAP) for 8-16 year olds teaches assertiveness techniques and life-skills to children with low self-esteem who have been the targets of bullying.[11]

An allied project is the Playground Buddying Programme which is a low-level preventative scheme designed to encourage inclusivity in primary school playgrounds by teaching children to recognise when they feel unsafe, how to deal with friendship disputes, and to report bullying to appropriate adults.[12]

Similar approaches can be directed at young people involved in bullying – working with them to help them become more aware of their behaviour and to understand how to act differently.

Some young people, particularly those with additional needs/SEN, may need targeted support above and beyond that generally on offer. It is important that schools recognise that there is a range of vulnerabilities and do not simply offer one-size-fits-all to young people who are bullied.[13]

We are fortunate in Brighton & Hove to have a number of excellent community and voluntary sector organisations such as Allsorts, BMEYPP and Amaze providing a wide

[10] See Paul Myszor: 13.06.13, point 3.45
[11] See evidence from Den McCartney, Manager Safety Net Children & Young People Team: 04.09.13, point 16.41
[12] See evidence from Den McCartney: 04.09.13, point 16.42
[13] See evidence from Janet Poole, Amaze: 04.09.13, point 16.81

range of support services to young people experiencing bullying and to their parents and carers. It is important that young people and their families are made aware of the full range of support services available.

Persistent Problems

The panel heard about a range of approaches designed to create a school environment in which bullying is minimised, to provide effective interventions when bullying does occur, and to support and develop the resilience of victims of bullying (and to help the perpetrators of bullying understand and curtail their behaviour).

All this work is to be commended, but schools and other agencies also need to plan for what happens when this support does not work. For several witnesses the problem was not only that anti-bullying policies had not worked for them, but that it had proved very difficult to get senior managers in schools to acknowledge that things had gone wrong and to act accordingly.

It is particularly important that parents and carers know where to go for help if their school is not providing the assistance they need. This requires schools to have a clear system in place for the escalation of complaints, and to commit to making thorough and timely responses when complaints are made. This is particularly the case for secondary schools which are seen as being more remote from parents than primaries, particularly in terms of being able to contact senior managers.[14]

There may also be a potential clash of interests here in terms of school managers investigating the actions of their own organisations with regard to bullying, perhaps particularly where parents believe that the school has consistently failed to act appropriately. The fear is obviously that managers will be protective of their school's reputation even in instances where the school has behaved poorly. The Parents' Forum suggested that a solution to this problem might be for secondary schools to commission an independent guide to bullying, with information for parents on how to progress complaints and an independent contact for help and advice. Contact details for parent-advocates who had personal experience of dealing with entrenched bullying would also be invaluable.[15]

School governors have an obvious role to play in instances where parents are unhappy with a school's response to issues. However, it is not necessarily the case that all parents understand what the role of school governors is or how they can get in contact with them.

RECOMMENDATION 4 – ABESG should produce a leaflet (or a template for individual schools to adapt) for parents and young people explaining school commitments to tackling bullying. This leaflet should:

- **Detail parents' rights to complain**
- **Explain to whom parents can appeal if they are unhappy with the school's response to reports of bullying**
- **Make clear the role of school governors in dealing with parents who are unsatisfied with staff responses**
- **Provide contact details for independent advice**

[14] See evidence from the Parents' Forum: 04.09.13, point 16.67
[15] See evidence from the Parents' Forum: 04.09.13, point 16.69 and 16.70

- **Provide contact details for a parent-advocate and for the range of advocates available for particular groups (e.g. for the families of children with SEN)**
- **Explain to young people what options they have if they feel they are being bullied**

It is also important that those in charge of the education system recognise that some parents of bullied children may eventually become so frustrated by the response of schools and other support services that they opt to exit the local state education system entirely – by home-schooling, or moving out of area, or opting for an independent sector school. People who adopt these extreme measures (and of course not all parents are in a position to do so) will not necessarily communicate their decisions to the relevant authorities – people who 'exit' organisations because they feel that they have not been listened to may well consider it a waste of time to 'voice' yet more dissatisfaction.

However, it is clearly important that these voices are captured. If they are not, then the local education system is failing to recognise its most disgruntled customers, which is likely to skew any understanding of how prevalent and serious bullying can be.

It does not appear that there is currently any systematic attempt to collect data from families who opt to leave the local state school system, although there is work undertaken with families who move from one local school to another. This does seem to be a flaw in the system which threatens to undermine claims that anti-bullying policies are effective.

Of course, families may leave local schools for any number of reasons. Perhaps schools should be encouraged to conduct an 'exit interview' or survey with parents who take their children off the school roll, asking why they have done this and whether it reflects dissatisfaction with school performance, including in terms of bullying.

RECOMMENDATION 5 – we need a more systematic approach to identifying and learning from families who have opted out of the local state education system because they feel it has let them down – for example via an 'exit interview' of all those who permanently take their children out of local schools. This should build on the work already undertaken to track school moves within the LEA.

Equality/Protected Groups

As noted above, young people with particular 'protected characteristics'[16] in terms of their ethnicity, sexual orientation, disability etc. may be especially vulnerable to bullying – or at any rate, vulnerable to becoming socially isolated and therefore more likely to be the target of bullying behaviour.

The panel simply did not have the capacity to look at bullying in terms of every protected characteristic, but did hear evidence about three particular issues: race, sexual orientation/gender identification, and SEN/disability. Whilst some of the points below may be relevant only to a specific issue, others are likely to apply to all young people who risk isolation from their peers because they could be perceived as different.

[16] See The Equality Act (2010) which defines 'protected characteristics'.

BME

Schools data suggests that BME students are bullied slightly only more often than their white peers.[17] However, the panel did hear from witnesses who felt that some schools were not doing enough to prevent bullying or prejudice related to ethnicity, or when it happened to deal with it effectively.

For example, the panel heard from parent 'A' whose children had been subjected to racial harassment from Year 7 through to Year 11, which did not stop despite being reported to school managers. Whilst teachers were aware of some of this bullying the parent felt that they neglected to intervene effectively, and tended to under-play or dismiss the concerns raised.[18]

Vanessa Crawford, from the Black & Minority Ethnic Young People's Project (BMEYPP) told the panel experienced that BME young people attending the project reported that racist bullying, including name-calling, racist jokes, mimicking and making race-based assumptions. Sometimes the racism was quite subtle and therefore harder to report.[19]

Panel members were also told that some school staff lacked confidence and skill in identifying and challenging racism including a lack of clarity about appropriate terms to use to refer to ethnicity. There were cases of where the victims of racist bullying felt they were blamed or ignored.[20].[21] Some students reported that if they were a child that sometimes got into trouble in school they were less likely to be believed or taken seriously if they reported bullying.

The evidence that the panel heard accords with the findings of a recent independent report commissioned by the council: The Changing Ethnic Demography in Brighton & Hove: How Prepared Are Brighton & Hove Schools? (GHPO Report Feb 14)

Brighton & Hove has traditionally been a predominantly 'white' city, but in recent years has become much more ethnically diverse, with the number of non-'White British' residents increasing by 80% over the past decade.[22] It seems evident to the Panel that schools and council services need to work harder to prevent address issues related to racism in their communities.

In the context of schools however, it seems likely that there are a mixture of experiences, with some schools quite used to dealing successfully with the challenges and exploiting the opportunities of a multi-ethnic intake, whilst others have much less experience of anything

[17] The most recent SAWSS data shows a small increase in primary school students reporting racist bullying. It is currently unclear whether this indicates an actual increase in racist bullying or is a statistical blip or perhaps the consequence of improved awareness of racist bullying (there has been recent work with primary schools in this respect). Things should be clearer here when we have the next set of SAWSS data to compare against. See evidence from Sam Beal, 13.06.13: point 3.20.
[18] See 04.09.13 points 16.61 and 16.62
[19] See evidence from Vanessa Crawford: 04.09.13, point 16.87
[20] See evidence from Vanessa Crawford, BMETPP, 04.09.13: point16.87 – 16.104.
[21] 04.09.13, point 16.96
[22] http://www.bhlis.org/resource/view?resourceId=1415 (It should be noted that much of this increase in diversity is due to an influx of people from Eastern Europe, so although there has been a significant increase in the city's non- British' population, this does not necessarily equate to a significant increase in the non-white population.)

other than a predominantly white British student body. There is an obvious opportunity here to spread best practice – and indeed it may be that our best performing schools have lessons to teach not only other schools, but the public sector across the city.

Teachers may also benefit from training in identifying and tackling racist bullying. It is important that schools support staff in challenging discriminatory language and behaviour, perhaps particularly with an issue as sensitive as racism. Teachers may be well intentioned, but nonetheless struggle to support BME students and counter racism because they miss nuances, or they feel so nervous about tackling perceived racism.

Recommendation 6 – ABESG should identify best practice in terms of BME anti-bullying work and encourage the best performing schools to share their learning with their peers across the city.

LGBT

Young people who are, or who may be perceived as being, lesbian, gay, bisexual or transgender are particularly likely to experience bullying in school.

This is something that has been recognised in Brighton & Hove for a number of years, and many city schools have made considerable efforts to counter homophobic bullying with the active support of the BHCC schools support service and expert voluntary and community sector organisations like Allsorts Youth Project.

Given this work and Brighton & Hove's reputation as an LGBT friendly city, it seems likely that we are doing more than most areas to tackle homophobic, biphobic and transphobic bullying, and schools and council services should be commended for this. In particular the Panel recognise the ground-breaking work being done to prevent and challenge transphobia and build understanding of the needs of Trans children and young people.

It may be the case that the level of understanding of LGBT issues is not uniform across the city. However, this is currently being addressed, with Allsorts expanding its work with primary and secondary schools. Allsorts also trains teachers, other school staff, CAMHS (Child & Adolescent Mental Health), educational psychologists etc. in LGBT issues.[23]

Tackling homophobic, biphobic and transphobic bullying involves dealing firmly with offenders and supporting victims. It also means fostering a whole-school environment in which LGBT identities are considered normative.[24] For example, as well as confronting direct bullying, it is important that schools challenge discriminatory language, even when it is not directed at an individual (e.g. people using the term 'gay' as a synonym for useless).

Support at home may be particularly crucial for young LGBT people: young people who are trying to conceal their sexual identities from their families are unlikely to report that they are experiencing homophobic bullying, whereas LGBT people with supportive families tend to be much more resilient.[25]

[23] Evidence from Marianne Lemond and Elliot Klimek, Allsorts: 13.06.13, point 3.41.
[24] See 13.06.13, point 3.37
[25] See 13.06.13, point 3.38

Whereas practice in relation to lesbian, gay or bisexual young people is probably generally pretty good across the city, more needs to be done to support Trans children and young people using the newly published Trans Inclusion Schools Toolkit.

Trans issues are often very different from issues of sexual orientation, and may require approaches that are distinct from a generalist LGB-friendly policy, so it may well be that best practice schools will be those that plan discretely for Trans students. Such planning will need to include training teachers to understand and be confident in supporting Trans issues – this is a complex area and one which requires expert support.[26]

While there is obviously still work to do on LGBT issues, it is clear that there are really expert resources in place and a city-wide commitment to LGBT equalities.

SEN/Disability

Young people with special educational needs (SEN) or disabilities are disproportionately affected by bullying. The panel heard from parents of children with disabilities, and from voluntary sector groups that support families with disabled children, and some of the points made to the panel are presented elsewhere in this report – for example in the section on primary/secondary transition.

In general disabilities can function to make young people isolated from their peers and hence more likely to be bullied. This needs to be countered by schools actively promoting an inclusive school ethos in which difference is celebrated.

Schools also need to be alert to the way in which particular disabilities may influence young people's behaviour. For example, some young people with autism may interpret well-intentioned 'banter' as bullying because they have a different understanding of social interaction to their peers.[27]

Similarly, autistic young people who are genuinely being bullied may struggle to express their feelings and may bottle things up until the point where they can't take it any longer and they 'explode' – perhaps by reacting violently to the latest in a long line of provocations. If schools do not take the young person's disability into account when reacting to such an incident they may misread the situation and end up punishing the victim rather than the perpetrators or applying generic standards of behaviour which are inappropriate for people who face particular challenges.

To counter this, schools need to be generally aware of how bullying can impact upon children with SEN or disabilities, and to factor this in when dealing with specific children who have special needs.

Involving Young People

The panel heard a good deal about the work that schools do to make sure that students understand what bullying is and how to report it. Members also learnt that some schools stress that countering bullying is the job of everyone in the school, and that there is no such thing as a 'bystander' when it comes to bullying – everyone present is to some degree involved in a bullying incident, either as participants or because they have or have not

[26] See 13.06.13, point 3.39
[27] See 13.06.13, point 3.45

intervened. This is clearly an important message and it is heartening to know that schools are taking such a holistic view of bullying.

Whilst there does seem to be lots of good practice in terms of schools engaging students around their anti-bullying work, it doesn't seem to be the case, at least from the evidence the panel heard, that all schools engage directly with their pupils and students in developing anti-bullying policies.[28] Feedback from the Youth Council also made the point that young people have a unique understanding of what happens in schools, and it is important that this knowledge is captured.[29]

The panel suggests that a network of young people from a variety of backgrounds could be established (or an existing network used) and charged to develop child-friendly definitions of bullying which could then be used as a resource by city schools. This would ensure that a representative group of young people were actively involved in co-producing anti-bullying materials without requiring every school to engage directly.[30]

Similarly, it might be useful to involve a young people's representative organisation, such as the city Youth Council, at a strategic level in terms developing and co-ordinating anti-bullying work – for instance as a member of the ABESG. Youth Council members have successfully represented young people as co-optees on several city council committees for some years now, so we know that this approach can work.[31]

The panel suggests that, as part of its best practice work, ABESG identifies schools which have effectively involved students in the development of anti-bullying policies. Learning from this successful work should be made available for other local schools to benefit from if they so choose. Panel members do understand that schools may have different approaches in this and many other areas and are not seeking to suggest that a 'one size fits all' anti-bullying approach is appropriate, but panel members do think that all schools should have the opportunity to share the best practice experiences of their neighbours.

RECOMMENDATION 7 –that the ABESG includes student involvement in the development of school anti-bullying strategies as one of the elements of its best practice work.

RECOMMENDATION 8 – that ABESG invites the city Youth Council to become a co-opted member of the partnership (ideally with two Youth Council members co-opted)

Involving Families

Families have an important role to play in helping their children develop resilience skills, supporting young people who are being bullied, and stopping children from becoming bullies. The Parents Forum was able to report back that several parents and carers were

[28] Evidence from Ruth Hilton, Aiming High Advisory Group (AHA) for SEN Children and Young People, 01.07.13: point 9.57
[29] Informal feedback from Youth Council (June 14)
[30] Suggested recommendation from Safety Net: 04.09.13, point 16.54
[31] Youth Council members would warmly welcome an invitation to be a member of ABESG. Experience suggests that YC co-option works best when two young people are co-opted, since they can then support each other in their work. It is also important that YC co-optees are able to attend meetings (which they cannot do if the meetings are in the day during term time). (Informal Youth Council feedback June 14.)

very positive about how their child's school had managed an incident of bullying. The panel also learnt about one piece of work, coordinated by Safety Net, where parents produced a booklet called "Safe and Happy" which outlined a school's approach to bullying.[32]

However, parents and carers did express concern about how effectively schools communicated with them. Some parents and carers felt judged by the school staff they met with the implication that they were failing as a parent if their child was a bully or being bullying. Other parents and carers reported that the school did take action to stop bullying, but they were not informed about what this was. Parents and carers were also not clear about the schools' complaints procedures if things did not improve.

To support their children effectively some parents and carers may need to be supported to understand bullying, school policies, and effective ways to engage with schools if they are concerned about their child. Additionally, parents who have had to deal with their children being bullied are potentially a very valuable resource for other parents – as these are people who have been through the system and understand what works and what doesn't. Persuading some of these parents to volunteer as parent-advocates for other families would really help embed parent experience in school anti-bullying work.

The panel was fortunate to hear from the city Parents' Forum in regard to bullying – and was particularly fortunate that Forum members had kindly agreed to carry out both an online and face-to-face survey of parents to inform the panel's work. Panel members would like to express their thanks to the Parents' Forum for all their work.

Janet Poole of Amaze stressed to the panel the importance of schools listening to parents, taking them seriously, believing parents' accounts, and treating issues around bullying with sensitivity.[33]

RECOMMENDATION 9 – the views and experiences of parents are key to developing effective bullying strategies, and schools should actively involve parents in this work.

RECOMMENDATION 10 – ABESG best practice in terms of anti-bullying should include how to communicate with parents whose children are involved in bullying incidents

Young People Reporting Bullying

When the panel asked young people for their views on bullying, one of the issues that several people raised as a problem was reporting bullying to an adult. Some students told the panel that they'd reported bullying but had been made to feel that they were in the wrong rather than the bully.[34] Other students said that it was not necessarily easy to contact a teacher they trusted at short notice.[35] Still other students were reluctant to report bullying because they feared that this would make the bullying worse.[36]Some people noted that it

[32] Suggested recommendation from Safety Net: 04.09.13, point 16.54
[33] See 04.09.13, point 16.80
[34] Evidence from the Youth Council, 01.07.13: point 9.19. See also testimonies from individual YC members.
[35] Evidence from Ruth Hilton, AHA, 01.07.13: point 9.54.
[36] Evidence from PC Vicky Jones, 04.09.13, point 16.5

could be easier to talk to a counsellor, a Teaching Assistant or Family/Student liaison officer rather than to a teacher.[37]

Both young people and parents told the panel that schools needed to respond seriously to reports of bullying, and to do so in a timely fashion. It is clear that some people feel that this does not always happen, and in particular that parents do not always feel that schools communicate enough with them.[38] This is an important issue, as it may well be the case that the school has responded to an issue swiftly and appropriately, but if the victims of bullying and their families are not kept in the loop, the impression given will be that the matter is not being taken seriously.[39]

RECOMMENDATION 11 – ABESG best practice guidance should explicitly encourage schools to offer young people a range of ways in which they can report bullying

Supporting Teaching Staff

School staff have a key role to play in developing an anti-bullying ethos and in tackling bullying when it does occur. If staff are not properly trained in how to deal with bullying, are unclear about a school's bullying policies, or are too busy with other work to deal properly with bullying incidents, then they will not be able to implement a school's anti-bullying policy effectively.

All teachers need general skills to deal with bullying, ideally including being able to deliver 'restorative justice' programmes for relatively minor incidents. This should be augmented by more specialist support, either internal or external, and class-room teachers need to know how to access this support.[40] Teachers also obviously need to have an up to date understanding of their school's anti-bullying policies.

Teachers should also be aware that some young people are very concerned about reporting bullying, fearing they will be disbelieved or 'blamed' for the bullying, that nothing will happen, or that their bullying will escalate because they have reported it. In consequence teachers need to be trained to deal sensitively with reports of bullying, to act promptly to avoid escalation, and to ensure that they clearly explain the actions they have taken to the victim of the bullying incident and to their family.[41]

Teachers also need to be supported to respond to environmental and societal change, whether in terms of increasing ethnic diversity, more open expression of different sexual and gender identities, or of the impact that social media is having on young people. Society is not standing still, and responses that may have been adequate a few years ago may now be out of date, so all schools need to ensure that anti-bullying forms a core part of their teacher-training programme.

[37] 01.07.13 points 9.60 and 9.63. Some respondents suggested that all schools should consider employing a specialist Student/Family Liaison officer to deal with the most serious cases of bullying (point 9.76). Youth Council members also reported having experienced confusion about who to report bullying incidents to, stressing that the reporting system needed to be unambiguous

[38] Evidence from the Parents' Forum: 04.09.13, point 16.60

[39] See testimonies from Youth Council members

[40] Evidence from Paul Myszor, Senior Educational Psychologist, BHCC: 13.06.13, point 3.52.

[41] See evidence from AHA: 01.07.13, point 9.75.

A point several respondents to the panel made was that schools needed to spend time understanding bullying incidents rather than rushing to judgement, which could result in students being punished for reacting to bullying rather than taking action against the bullies themselves. [42]

It is therefore important that schools ensure that their teachers and other staff are properly trained to recognise and deal with bullying.[43] It is equally important that teachers have the time and space to deal properly with bullying and to share information and experiences with colleagues as part of 'reflective practice'. Schools that are serious about tackling bullying have to find ways to ensure that their staff have time to deal with bullying and that teachers are properly supported by their peers and by managers. This is bound to be challenging given the many demands on teachers' time, and to require schools to think creatively about how best to support their staff.

Schools may also need to think closely about how children should report bullying. Some witnesses to the panel believed that anonymous incident reporting or the use of a 'Virtual Learning Environment' could be beneficial.[44]

Panel members are sure that the majority of local schools already work really hard to support their staff to deal effectively with bullying – but the panel still believes that there is potential value in disseminating some of the innovative best practice being developed across city schools.

RECOMMENDATION 12 – that the ABESG anti-bullying best practice work explicitly includes how best to provide support for school staff

Primary/Secondary Transition

The transition from primary to secondary education at Year 7 can be a challenging time for many young people. This may be particularly so for the most vulnerable children, who are faced with changing schools, with new staff who don't necessarily appreciate their needs, and typically with a move from a relatively homely primary environment to an environment which is much bigger and more impersonal.[45]

Since it is largely isolated and vulnerable young people who are bullied (and to a degree who bully), anything that increases isolation and vulnerability is likely to lead to increased bullying, and the step-up to secondary school presents particularly obvious challenges. Amaze told the panel that for families supporting SEN children, the move to secondary school was often "crunch time".[46] Youth Council members also commented that in their experience the primary/secondary transition was a time of increased vulnerability.[47]

[42] See evidence from AHA and the Youth Council 01.07.13 points 9.58 and 9.85.
[43] See 13.06.13, point 3.31
[44] Evidence from AHA: 01.07.13, points 9.70 and 9.72.
[45] In a local 2013 survey asking Year 6 pupils to identify their worries about moving to secondary school, the main concern expressed was around bullying (37%), with friendship issues (12.5%) and getting lost (12%) the next highest ranking concerns. See evidence from Den McCartney, Manager Safety Net Children & Young People Team: 04.09.13, point 16.44
[46] See evidence from Janet Poole: 04.09.13, point 16.76
[47] Informal feedback from Youth Council June 14.

It is clearly important that schools do all they can to manage the transition sensitively. This needs to include proper information sharing on vulnerable students, and this in turn requires primary schools to relay all the necessary information to secondary schools. Where students have well-documented support needs, for example in terms of children with a SEN 'statement', this may be relatively straightforward. However, for children who receive more informal support, there is a risk that key information about vulnerabilities will be lost. Primary schools need therefore to be methodological in recording and sharing information about their students' support needs.

For their part, secondary schools need to ensure that they act on information about vulnerabilities. They also need to do all they can to make the transition to secondary school as easy as possible. This is challenging, as moving from a small to a much larger school may be inherently stressful, but this does not mean that nothing can be done. For example, the panel heard from Professor Ian Cunningham who noted that some schools dealt with transition problems by keeping the Y7 intake partially separate from the rest of the secondary school to allow transitioning children time and space to settle themselves.[48]

The Parents' Forum reported that some responses to their survey on bullying has noted a difference in approaches between primary and secondary schools, with relatively small and homely primaries able to foster a close relationship between students and school staff (and between staff and parents) which meant that bullying was recognised at an early stage and could be 'nipped in the bud'. In the much larger, more impersonal environment of secondary schools this one-to-one relationship does not necessarily exist, particularly in terms of children having a dedicated classroom teacher, which may make identifying and countering bullying much harder.[49] Given this, it is obviously important that secondary schools plan their anti-bullying work carefully and have clear and consistent procedures for tackling bullying. It certainly seems to be the case that Brighton & Hove secondary schools demonstrate good practice in this regard.

Other support can include providing extensive orientation for students coming into Year 7, and ensuring that there is effective supervision of students at all times, particularly outside class (break-times, moving from one class to another, PE changing etc).[50] The latter point is clearly relevant beyond Year 7.

RECOMMENDATION 13 – the ABESG should ensure that planning effective primary to secondary transition forms part of its best practice work.

Cyber-bullying

Cyber-bullying is the term commonly used to describe bullying that uses information technology: computers, mobile phones, and social media. Cyber-bullying is an emerging issue, given the rapid expansion in recent years of social networking sites, smart phone ownership and the increasing ubiquity of computer-based learning in schools.

Although some aspects of cyber-bullying are shared with other forms of bullying, other elements present unique challenges.

[48] Evidence from Professor Ian Cunningham,13.06.13, point 3.63.
[49] Evidence from Parents' Forum: 04.09.13, point 16.57
[50] Evidence from Brighton & Hove Youth Council, 01.07.13, point 9.84.

- Social media is a rapidly evolving environment, and one where growth is often driven principally by young people rather than adults. This makes it potentially very difficult for parents and teachers to understand and monitor young people's use of media – we may understand the risks involved in facebook and twitter, but this may not be all that useful when young people have moved on to communicating via snapchat, tumblr and Instagram.[51]

- ICT and social media allow information to be disseminated very rapidly and very broadly, which can obviously cause problems in terms of offensive messages or images. It can also be very difficult to get information removed once it has been posted online.

- Online communication does not respect physical boundaries: children in school may receive abuse from outside the school or may be harassed by classmates outside school hours. This raises questions of whose responsibility it is to police cyberbullying.

- People generally appear to be much less inhibited online than they would be in person. This may mean that people are more likely to harass or bully others.[52]

The most recent SAWSS responses indicate that cyber-bullying is not the most common type of bullying. However when it happens it is likely to be particularly devastating. It may also be the case that young people are not recognising and identifying cyber-bullying when it happens.[53]

Unsurprisingly, the prevalence of reported cyber-bullying rises with age, and currently it doesn't appear to be a significant issue at primary school. However, younger and younger people are using social media so it is likely that the problem will spread.[54]

It should also be stressed that cyber-bullying is not necessarily discrete from other types of bullying: young people who are bullied at school may also be bullied via social media and vice versa. Indeed young people themselves made the point to the panel that they did not necessarily see their 'real-life' social interactions as distinct from their on-line interactions – they are different aspects of socialising rather than separate things.[55]

It is possible for schools to use technological fixes to counter cyber-bullying that takes place using school ICT systems. For example, Blatchington Mill has invested in a software system that alerts staff when school systems are being used inappropriately.[56] However, because cyber-bullying does not just take place in school or via school ICT systems, such solutions will only ever be partial. It is therefore important that young people are encouraged to think about safe and responsible use of ICT and social media. Ultimately it will primarily be young people themselves who police their social media use, and they need to be 'trained' to do so.

[51] See evidence from Paul Platts, ICT safety trainer: 01.07.13, point 9.42
[52] See evidence from Paul Platts, ICT safety trainer: 01.07.13, point 9.40, 9.41. Also PC Vicky Jones: 04.09.13, point 16.2
[53] See Sam Beal, 13.06.13, point 3.14
[54] Evidence from Louise Willard, Headteacher,Carlton Hill Primary School: 01.07.13, point 9.12
[55] Informal feedback from Youth Council, June 14.
[56] See 13.06.13, point 3.27

The panel commends the high-quality training that a number of city schools are already providing in this respect, as reflected in recent Ofsted reports.

The rapid evolution of social media is an obvious problem in terms of tackling bullying. It is clear that any training for teachers, students or families will need to be regularly updated. Given that Brighton & Hove is one of the UK centres of digital technology there does seem to be the potential to harness some of the digital expertise we have in the city in order to deliver some really up to date in-reach into schools.

Parents also need to learn much more about cyber-bullying[57], but when training has been offered the take-up has typically been disappointing.[58] It needs to be remembered that most adults' understanding of ICT issues is probably fairly limited. Schools need to be careful that they do not assume a level of competence that many parents simply do not have. Involving parents directly in the design of cyber-bullying and cyber-safety training is important here.

The panel heard that there may be value in encouraging young people to view their on-line interactions as they would face-to-face interactions. It does seem evident that people act very differently when communicating virtually, perhaps because on-line communication does not readily provide the multitude of subtle visual and verbal indications that we instinctively rely upon to judge face-to-face communication.[59]

On a similar tack, young people need to be aware that not everyone on-line is who they say they are, and that not everyone has good motives. Training in cyber-safety needs to encourage young people to think carefully about who they are communicating with, whether they can feel confident about their intentions, and the types of information they are sharing.[60]

Other moves which might help to tackle cyber-bullying would need to be driven at a national level. For example, the panel heard that requiring people to register with social media sites using verifiable contact details (e.g. by giving debit card details) might help reduce bullying , or at least mean that bullies could be held to account.[61]

It is clear that Cyber-bullying is a growing problem, even if it is not yet a major issue for young people locally. It is therefore important that schools are aware of the issues involved and communicate them to students and their families – particularly as this may well be an area in which few parents are experts.

RECOMMENDATION 14 – that the ABESG includes cyber-bullying in its best practice anti-bullying work.

This should explicitly include work on:

- **engaging directly with young people**
- **training for parents**

[57] See evidence from Parents' Forum: 04.09.13, point 16.58: almost half of the parents surveyed feel that they do not have enough information about cyber-bullying
[58] See 13.06.13, point 9.42
[59] See evidence from Den McCartney: 04.09.13, point 16.48
[60] Suggested recommendation from Safety Net: 04.09.13, point 16.54
[61] See evidence from PC Vicky Jones: 04.09.13, point 16.6

- **encouraging young people to think about on-line safety and who they share personal information with**
- **working with young people to improve their understanding that being kind and courteous in on-line interaction is as important as in face-to-face interaction**
- **recognising how quickly the on-line landscape is changing – and the need for teachers and trainers to constantly update their knowledge**
- **what can be done to utilise local digital media resources to make the Brighton & Hove approach to cyber-bullying as innovative as it can be**

Mental Health and Wellbeing

The scrutiny panel heard that bullying can significantly impact on young people's emotional wellbeing and in some instances may contribute to mental health problems – although this is a complex issue as other factors are also bound to contribute to a person's wellbeing.[62]

Young people with mental health problems may receive support from a number of sources, most obviously from local Child & Adolescent Mental Health Services (CAMHS), but also from the Educational Psychology Service (EPS).

It is currently impossible to know what proportion of young people referred to CAMHS have experienced bullying that has had a detrimental impact on their mental wellbeing: this information is not currently solicited by CAMHS.[63]

Whilst CAMHS will record bullying if it is raised as an issue by service users or their families, it does not feature very prominently. In addition, data from counselling services shows that bullying is fairly low on the list of reasons that service users give for accessing counselling.[64] However, without services specifically asking whether bullying has been an issue, it is very difficult to have any real confidence in how big a factor it is in young people's mental health problems.

The majority (55%) of referrals to CAMHS are via GPs, with only around 10% of referrals obviously relating to a schools-based issue such as attendance.[65] Referring GPs would obviously only be aware of bullying if it had been mentioned to them, and this may not be the case when bullying has occurred as young people can be ashamed to mention bullying even to their own families.[66]

Other than where there are very specific safeguarding concerns, CAMHS does not have the right to inform schools that it is engaged with particular young people without written consent from parents or carers. However CAMHS does advise parents whose children have serious wellbeing problems to speak to schools about these issues.[67] CAMHS also has an excellent record of referring children with SEN support needs to specialist organisations like Amaze.[68]

[62] See evidence from Alison Nuttall, Children & Adolescent Mental Health Services (CAMHS) Commissioner: 04.09.13, point 16.16
[63] See Alison Nuttall: 04.09.13, point 16.22
[64] See 04.09.13, point 16.20
[65] See 04.09.13, points 16.17 and 16.22
[66] See 04.09.13, point 16.29
[67] See 04.09.13, point 16.23
[68] See evidence from Janet Poole: 04.09.13, point 16.78

Panel members are concerned that CAMHS may not always be aware whether the young people under its care have experienced or are experiencing bullying – unless specifically informed about this by the service-users themselves. It may well be that bullying is not a major contributory factor to young people's mental health problems, but without better data this is just speculation.

In order to plan services effectively it is clearly important that commissioners have the best and most up to date information. Panel members believe that this should include information about the degree to which bullying impacts on young people's health and mental wellbeing. To this end, it is suggested that CAMHS (and the Educational Psychology Service which potentially also holds valuable information about incidents of bullying) makes a point of actively soliciting information about bullying from service-users where it is therapeutically appropriate to do so.

RECOMMENDATION 15 – that CAMHS and EPS develop better systems for recording bullying. This should specifically include a system where service-users' experiences of bullying are actively solicited where it is therapeutically appropriate to do so.

Monitoring

Once the recommendations of this report have been considered by the relevant bodies, the implementation of agreed recommendations will be regularly monitored by the Overview & Scrutiny Committee (OSC). For ease of management, a senior officer from the council's Children's Services directorate should be charged with co-ordinating and producing an annual implementation report to OSC.

RECOMMENDATION 16 – that the implementation of agreed panel recommendations should be monitored by OSC via an annual report co-ordinated and produced by Children's Services.

Reporting to Schools

The panel would like their report to be shared with all city schools.

RECOMMENDATION 17 – that officers from the council's Children's Services directorate share the panel report with all city schools.

Conclusion

Bullying can have a terrible impact on the lives of young people and it is important that schools and school support services recognise this and work hard to tackle the problem.

Whilst bullying will never be eliminated, there is much that can be done to combat it. In essence the panel believes that a two-pronged approach is required.

Firstly, schools need to have really robust systems for identifying bullying and tackling it – supporting victims, punishing perpetrators, and keeping families informed about the steps being taken. Schools also need to ensure that they record bullying incidents and are actively involved in comparing their anti-bullying work with that of their peers. Schools should be eager to emulate local and national best practice in terms of dealing firmly and effectively with bullying – and it has been heartening to learn that local schools are.

Secondly, schools need to ensure that their learning environment is one in which all students are encouraged and supported to be part of social networks – bullying typically occurs when young people are isolated from their peers, so by minimising isolation the hope is that incidents of bullying will be reduced.

Effective approaches to anti-bullying are bound to employ a combination of these reactive and preventative approaches.

Whilst schools have a key role to play in this work, it is not for schools alone to tackle bullying – parents need to be involved, as of course do young people themselves. There is also an important role for the expertise of community and voluntary sector organisations, and for specialist schools support such as that provided by local authorities.

It is also crucial that, in an increasingly atomised schools system, individual schools are encouraged and enabled to share best practice with their peers. In local terms, the panel believes that the ABESG is fundamental to achieving this – hence many of the report recommendations focus on supporting the ABESG or are directed to the partnership.

Whilst the ABESG has an important role to play in co-ordinating anti-bullying work, there may be instances where the move to autonomous schools has left a gap, for example in terms of central, specialist advice and training, which individual schools cannot themselves feasibly provide or commission. In practical terms this might include expert advice on cyberbullying or on how best to support teachers in tackling bullying. This type of support might previously have been provided by the local education authority, and panel members believe that there is an argument still for the council to offer key specialist support services, although in the current financial climate this is obviously far from easy.

Finally, whilst this report inevitably focuses on bullying, and while bullying remains a problem for too many young people, it is important to stress that city schools provide a generally positive and supportive environment. While it is vital that schools take bullying seriously, it is also important that a focus on bullying does not itself perpetuate the idea that bullying is all pervasive. We need to focus on the positive message of respecting and being kind to each other as well as being determined not to tolerate unkind behaviour.