Brighton & Hove City Council

Overview & Scrutiny

Title:	**Overview & Scrutiny Commission**
Date:	**21 April 2009**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Mitchell (Chairman), Alford, Bennett, Mrs Cobb, Elgood, Meadows, Morgan, Older, Pidgeon (Deputy Chairman), Randall and Wakefield-Jarrett
Contact:	**Mary van Beinum** **Scrutiny Support Officer** 29-1110 tom.hook@brighton-hove.gov.uk

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OVERVIEW & SCRUTINY COMMISSION

AGENDA

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106. CHAIRMAN'S COMMUNICATIONS

107. PRESENTATION ON DEVELOPING SCRUTINY

Verbal presentation by Ed Hammond – Research & Information Manager for the Centre for Public Scrutiny.

108. ACCESS: TRADERS' OBJECTS ON THE HIGHWAY **15 - 46**

Report of the Director of Environment (copy attached)

Contact Officer: *Christina Liassides* *Tel: 01273 - 29 - 2036*
Ward Affected: *All Wards;*

109. COMPREHENSIVE AREA ASSESSMENT

Verbal update by the Performance Manager

Contact Officer: *Barbara Green* *Tel: 291081*
Ward Affected: *All Wards;*

110. REPORT OF THE SCRUTINY PANEL ON DUAL DIAGNOSIS **47 - 152**

Report of the Acting Director of Strategy and Governance (copy attached). The Scrutiny Panel Chair, Councillor David Watkins, will present this report to members.

Contact Officer: *Giles Rossington* *Tel: 01273 291038*
Ward Affected: *All Wards;*

111. DEMENTIA SELECT COMMITTEE **153 - 184**

Report of the Acting Director of Strategy and Governance (copy attached)

Contact Officer: *Tom Hook* *Tel: 29 - 1110*
Ward Affected: *All Wards;*

112. STUDENTS IN THE COMMUNITY **185 - 240**

Report of the Acting Director of Strategy and Governance (copy attached)

113. OSC WORK PLAN **241 - 248**

Copy attached.

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For further details and general enquiries about this meeting contact Mary van Beinum, Overview & Scrutiny Support Officer, (29-1062, email mary.vanbeinum@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Thursday, 9 April 2009

Agenda Item 104

To consider the following Procedural Business:-

A. Declaration of Substitutes

Where a Member of the Commission 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 Commission. 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 prejudical interest in any business at 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

OVERVIEW & SCRUTINY COMMISSION

4.00PM 3 MARCH 2009

COUNCIL CHAMBER, HOVE TOWN HALL

DRAFT MINUTES

Present: Councillors Mitchell (Chairman); Alford, Bennett, Mrs Cobb, Elgood, Meadows, Pidgeon (Deputy Chairman), Smart, Randall and Wakefield-Jarrett

PART ONE

80. PROCEDURAL BUSINESS

80A Declarations of Substitutes:

Councillor Smart declared that he was attending as substitute for Councillor Older

80B Declarations of Interest:

Councillor Fallon-Khan declared a prejudicial interest as Cabinet Member for Central Services and a member of the Cabinet that made the original decision in relation to the disposal of the Ice Rink, Queen Square (12 February 2009).

80C Declarations of Party Whip:

There were none.

80D Exclusion of Press & Public:

Part 2, Appendix 6 to Item 91 comprises 4 annexes, of which 3 have since been released for publication.

80E Chairman's Communications

The Chairman welcomed members of the public to the meeting which had been called to determine whether or not to refer back the 12 February 2009 Cabinet decision on disposal of the Ice Rink, Queen Square.

Councillor Mitchell stated that proceedings were being webcast and explained the order of the agenda. Some papers had been marked as confidential, but it was intended that the meeting should be as open as possible, with members of the public not excluded unless absolutely

necessary. To this end, the informal planning guidance note on the Ice Rink site which had originally been published as a confidential (Part 2) annex to the call-in meeting papers had been brought into Part 1, the public part of the meeting.

Councillor Mitchell asked members to note that the extract from the 12 February Cabinet meeting proceedings (Appendix 2 of the call-in report) was in draft form and had not been agreed by the Cabinet as an accurate record of its 12 February 2009 meeting. Councillor Mitchell also noted that Appendix 6 of the call-in report (p31) was incorrectly titled 'Appendix 5' in the call-in papers.

The Council's lawyer was then asked to make some comments on what information could or could not be heard in public session. The lawyer explained that there should be a general presumption in favour of taking evidence in public, but that discussion likely to reveal the identity of an individual, information relating to the financial and business affairs of the Council or correspondence to and from members of the public might necessitate moving into closed session.

81. REQUEST FOR CALL-IN OF THE 12 FEBRUARY CABINET DECISION ON THE ICE RINK, QUEENS SQUARE

Evidence from Councillor Pete West

81.1 Councillor West thanked the Commission for establishing the call-in meeting and for giving interested parties the opportunity to address the committee. He then gave details of his call-in request (as set out in Appendix 1 to the call-in report).

81.2 Councillor West informed members that the matter of the disposal of the ice rink had first been brought to his attention when it was included in the Council's Forward Plan. Although there had been a subsequent exchange of e-mails with officers in Property & Design, and the 12 February 2009 Cabinet report had stated that ward councillors had been consulted, at no stage had the three ward councillors in fact been asked for their views on this issue.

81.3 Neither had interested parties been consulted on the development of the informal planning guidance note, a document which he had seen only 2 days before the Cabinet meeting. Councillor West felt that this approach to the disposal of a sensitive site had been unhelpful and was disrespectful of the roles of elected representatives.

81.4 Councillor West also pointed out that the informal planning guidance note drawn up in relation to the Ice Rink site had not been included with the Cabinet report papers. In his view some passages in the report were incorrect, other information was incomplete, and Cabinet had been asked to decide on the disposal on the basis of flawed information.

81.5 As Cabinet had been unable to make an impartial and informed decision, Councillor West believed that the matter should be re-considered with all the pertinent information made available.

81.6 In response to members' questions, Councillor West stated that he had initiated dialogue on the Ice Rink disposal with Property & Design; that he did not consider this

contact with the relevant council department to amount to 'consultation' on the issue; that he had not known of the existence of the informal planning guidance note until shortly before the Cabinet meeting; and he had not been involved in the report to Cabinet until it had been published in advance of the 12 February Cabinet meeting.

Evidence from Mr Sean Kiddell, Chair of St Nicholas Green Spaces Association

81.7 Mr Kiddell appraised members of his concerns with regard to the way in which the decision to dispose of the Ice Rink site had been made. He expressed particular concern that the informal planning guidance note had not been included in the 12 February Cabinet papers, and that the Cabinet decision had not been made with reference to details such as the proposed height and shading of any new build, the implications of proposed foot/cycleways and access to Churchill Square. Mr Kiddell argued that these considerations should have informed the disposal decision as well as forming part any subsequent planning decision.

81.8 In response to Members' questions, Mr Kiddell stated the report to Cabinet was the first information he had seen on the proposals. Local and national policy on protecting green spaces was not referred to in the Cabinet report. Given the Council's commitments under the Community Engagement Framework, Mr Kiddell would have expected his association, which is an official 'Friends of' group, to have been consulted prior to any decision on disposal. Relations with the council had been very positive thus far and the Association wanted to be a good neighbour.

Evidence from Mr Fisher, Secretary of Wykeham Terrace Residents' Association

81.9 Mr Fisher told members that he was concerned that he had known nothing in advance of the proposed disposal of the ice rink and that neither he nor his ward councillors had been consulted on the issue. He said that he had not seen the informal planning guidance note prior to this call-in meeting. Mr Fisher also told members that his association had received assurances in 2005 about consultation and on the maximum number of storeys and height of roofline to be permitted on the Ice Rink site.

81.10 Mr Fisher felt the Council had conflicting interests as both landowner and planning authority, and that a number of covenants affecting the area should be made known to the prospective purchaser.

81.11 Some Members commented that the report to Cabinet gave the impression that 5-6 floors was the preferred option for a development of the site.

Evidence from Councillor Ayas Fallon-Khan, Cabinet Member for Central Services, and from Council officers

81.12 Councillor Fallon-Khan asked for clarification on what information he could refer to without going into confidential session (Part 2). The lawyer stated that correspondence in general terms could be referred to, but commercial information and personal details should not be dealt with in open session.

81.13 Councillor Fallon-Khan pointed out that the Cabinet decision related only to the site disposal and not to the planning process which would be subsequent to any decision relating to disposal.

81.14 Councillor Fallon-Khan explained that, at the 12 February Cabinet meeting there had been some confusion over whether Councillor West had been consulted about the Ice Rink proposal, but that it was now evident that he had in fact been consulted. When Councillor Mary Mears had spoken at Cabinet she had not acknowledged that Councillor West was not consulted, but rather had said *if* Councillor West had not been consulted it would have been regrettable.

81.15 Addressing the concerns of Mr Kiddell and Mr Fisher about consultation, Councillor Fallon-Khan stated the developer, once selected, would be obliged to consult with the local community at level 2 of the property disposal procedure (i.e. the stage preceding an application for planning consent)

81.16 Councillor Fallon-Khan also informed members that ward councillors had been informed of the proposed property transaction and invited to query it. There was nothing more that Council officers ought to have done and the Council did nothing that ought not to have been done.

81.17 A member pointed out that one reason for the call-in was that: ' *In compiling* the report presented at Cabinet and the informal planning guidance note, no consultation took place with ward councillors nor other affected parties' (see Appendix 1 to the call-in report). The Assistant Director of Property and Design responded, explaining the process of property disposals and setting out some of the general issues around shortlisting bidders. She stated that consultation with Ward Councillors had taken place and had included an e-mail sent on 16 January with the Ice Rink marketing brochure attached (this email also made reference to the informal planning guidance note).

81.18 Asked to elaborate on common law principles of consultation, the Council's lawyer noted there were three basic elements: a genuine invitation to the other party to give advice; adequate time for the consultee to tender advice; and proof that the consulting body had seriously considered any advice tendered.

81.19 Councillor Fallon-Khan told the committee that the ward councillors had been sent a good deal of information (as set out in e-mails reprinted in the confidential appendices to the call-in report). On 4 February, the date of its publication, the Part 1 report to Cabinet on the Ice Rink disposal was sent to all three Ward Councillors. Further phone calls, e-mails and a meeting followed and this information could have been shared with residents and interested parties. Officers also offered to go through the property evaluation and proposed scheme in detail with Councillor West.

81.20 In response to queries, Councillor Fallon-Khan told members that a draft report had not been ready before 4 February, but that Ward Councillors had been supplied with enough information to share with residents and interested parties.

81.21 Councillor Fallon-Khan also stated that proposed number of storeys of any build on the Ice Rink site was not pertinent to the Cabinet decision, but was rather a matter to be

debated upon application for planning consent. The Cabinet had been presented with all the information it required to make an informed disposal decision.

81.22 The Assistant Director and Case Surveyor gave the committee further details of the marketing and short-listing process in relation to disposal of the Ice Rink site, and answered members' queries. Members were informed that, in another city development where an informal planning guidance note had been drawn up, a ward member had been invited to comment on the brief. However, only the ward member with a long-standing and local concern in the site had been involved in this process; other ward members had not been invited to participate.

81.23 At this point Councillor Fallon-Khan left the room while the Commission considered the call-in request.

Further discussion and questioning of officers

81.24 Some Members stated they did not think that ward councillors had been properly consulted in this instance. Other members expressed the view that because the informal planning guidance note was not attached to the Cabinet report, Cabinet approved the site disposal without the benefit of full information. Members also discussed whether the Local Development Framework supported the development of approximately 85 hotel rooms in the city centre.

81.25 Other Members argued that Cabinet had all the information needed to decide on the disposal and that ward councillors had been adequately consulted.

81.26 The point was made by some Members that the business case by the developer was based on a 5/6 storey hotel, not 4 storeys as in the informal planning brief. Given that this information was in the public papers and central to the site disposal brought forward to Cabinet it was impossible to have an informed debate without discussing it.

81.27 The Planning Project Manager answered questions from the Commission on the Local Development Framework Document and the background study as noted by Councillor Kemble at Cabinet (minute 172.12 of the draft extract, refers).

81.28 RESOLVED:

81.28 (a) That the decision taken by Cabinet on 12 February 2009 in relation to the disposal of the Ice Rink, Queen Square, be noted

81.28 (b) That the subsequent call-in request be noted

81.28 (c) That the additional information supplied by the Interim Director of Finance and Resources be noted

81.29 RESOLVED:

81.29 (a) That the decision be referred back to Cabinet for reconsideration taking into account the following recommendations.

81.29 (b) That the Planning Department be requested to draw up a robust Planning Framework for this site that would include consultation with the local community before any subsequent decision is taken

81.29 (c) That this Planning Framework be appended to any future cabinet report pertaining to the disposal of this site

81.29 (d) That relevant extracts from the Hotel Futures Supplementary Planning Guidance be appended to any future Cabinet report if it is decided to pursue the option of an hotel for the site

81.30 RESOLVED:

81.30 (a) That Cabinet be asked to ensure that the Council consults properly with Ward Councillors

81.30 (b) That in consultations with Ward Councillors it is made clear that their views are being sought and that relevant information will be available to them to form a view. A reasonable timeframe for requesting further information and for replies to be made to be clearly indicated

The meeting concluded at 6.30pm

Signed Chair

Dated this day of

BRIGHTON & HOVE CITY COUNCIL

OVERVIEW & SCRUTINY COMMISSION

4.00PM 10 MARCH 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Mitchell (Chairman); Alford, Bennett, Mrs Cobb, Elgood, Meadows, Older, Pidgeon (Deputy Chairman), Randall and Wakefield-Jarrett

PART ONE

92. PROCEDURAL BUSINESS

92. There was none.

93. MINUTES OF THE PREVIOUS MEETINGS

93.1 RESOLVED: that the minutes of the meetings held on 20 January 2009 and 3 February be agreed and signed by the Chairman.

94. CHAIRMAN'S COMMUNICATIONS

94.1 Councillor Mitchell stated that the meeting was being webcast. Item 99, Adaptation to Climate Change would be considered after item 96.

95. PUBLIC QUESTIONS

95. There were none.

96. LETTERS FROM COUNCILLORS AND NOTICES OF MOTION REFERRED FROM COUNCIL

96.1 Councillor Elgood set out the reasons for his letter requesting a report on how Recommendation 10 of the 2006 Access scrutiny panel is being implemented. The recommendation related to clear pathways for pedestrians.

96.2 Residents were increasingly concerned about obstructions on the highway and people with disabilities were finding obstructions such as A Boards hazardous. Western Road, Church Road, St James Street and London Road were particularly affected and although commercial areas needed to thrive there should be a better balance, he said.

96.3 Good work had been done in difficult circumstances by officers, the Equalities Forum and the Access Scrutiny Panel but since writing this letter Councillor Elgood was now asking for a scrutiny panel to be established to look again at the matter of highways obstructions and especially the Equalities implications.

96.4 A number of Members had similar concerns and mentioned other areas of the City where there seemed to be a need for greater control over A-boards and other pavement obstructions.

96.5 The Committee asked for a report back to the next meeting on action taken regarding Recommendation 10 and agreed to set up a Scrutiny Panel, at a time to be decided.

96.6 RESOLVED: (1) that officers be asked to report to the next OSC meeting on the implementation of Recommendation 10 of the 2006 Access scrutiny panel.

(2) that a Scrutiny Panel be established at a time to be decided.

97. PERFORMANCE IMPROVEMENT REPORT, QUARTER 3

97.1 Councillor Fallon-Khan, the Cabinet Member for Central Services introduced the performance Improvement report, Quarter 3. He said the Council had for the first time achieved 4* overall performance rating from the Audit Commission.

97.2 He and the Senior Performance Analyst answered questions on some of the key indicators including prolific and priority offenders, first time entrants to the youth justice system, people killed or seriously injured in road traffic accidents, rough sleepers, take-up of Warm Homes energy efficiency programme, LGBT hate crimes and incidents, equality standards, talking therapies, direct payments, top 5% staff from ethnic minority or with a disability, carbon dioxide emissions, children bullied at school and teenage pregnancies.

97.3 The officers would provide Members with further details where the information was not available at this meeting.

97.4 RESOLVED: That the Commission notes

(1) Progress against the LAA outcomes and proposals for remedial actions against the indicators that are significantly off track.

(2) The Change in national performance management framework from CPA to CAA from April 2009.

98. TARGETTED BUDGET MANAGEMENT MONTH 9 REPORT TO CABINET

98.1 The Head of Financial Services, Corporate and Environment, introduced the report which has been presented to 12 February Cabinet on Targeted Budget Management Month 9. He said a number of pressures had stabilised since Month 6 and in particular a reduction in the number of looked after children had helped to show an improved position in the overall forecast outturn.

98.2 The Director of Community Care answered questions on Older Peoples' Services and said that there had been significant fluctuations in the number of clients and unit costs had been reduced.

98.3 The Head of Financial Services, Corporate and Environment, gave additional information on energy costs, Disability Discrimination Act access works, parking penalty charge income, concessionary bus fares and the ring-fencing of the housing enablement budget.

98.4 There would be a written response regarding farming diversification and gas installation inspections.

98.5 RESOLVED: that the report be noted.

99. ADAPTATION TO CLIMATE CHANGE

99.1 The Head of Sustainability introduced the report which set the context for the recommendations to establish a scrutiny panel to scope what work needs to be done to make good progress in planning for a changing local climate; and to consider whether a Select Committee is required to ensure good progress continues.

99.2 The Committee noted that there was already good local experience in managing risks relating to climate change and that a number of other local authorities are making good progress against the new National Indicator NI 188.

99.3 Members considered whether such a Scrutiny Panel or Select Committee might duplicate work already being done elsewhere at officer and/or Member level or if it would undermine the newly-formed Citywide Sustainability Partnership. There was also a question as to whether the setting up of any Panel should await the publication of the UK Climate Impacts Programme modelling service (UKCIP 08).

99.4 Most Members spoke in favour of the proposal and in particular supported working across Council service areas including key Partners. It was agreed that a Scrutiny Panel would help maintain a comprehensive approach to planning for full service delivery adaptation and resilience and that this need not wait for UKCIP 08.

99.5 RESOLVED: (1) That a Scrutiny Panel be established to scope what work needs to be done to make good progress in planning for changing local climate.

(2) That Panel will consider as one outcome whether or not a scrutiny Select Committee is required to ensure good progress in this work continues.

100. SCRUTINY LEGISLATION UPDATE

100.1 The Head of Overview and Scrutiny presented the report summarising the main areas of legislative changes that will impact upon the work of overview and scrutiny in Brighton and Hove.

100.2 The Head of Overview and Scrutiny answered questions on the Councillor Call for Action (being implemented from April this year) Crime and Disorder Committees and e-petitions.

100.3 The changes were not anticipated to have a major impact on resources but the costs of any proposed new scrutiny committee on community safety would have to be assessed, he said.

100.4 Members commented that the changes would strength the role of scrutiny and ward councillors.

100.5 RESOLVED: that officers be instructed to provide updates on future policy and legislative developments in this area.

101. UPDATE ON CURRENT SCRUTINY REVIEWS

101.1 Members considered the update on current scrutiny panels and were asked to give their views on scrutiny within Brighton & Hove.

101.2 Councillor Meadows Chairman of the Adult Social Care and Housing Overview and Scrutiny Committee said she felt scrutiny was not afforded the importance it should have under the Council's Cabinet arrangements.

101.3 She stated in strong terms that she was not content with the level of Departmental officer support and said there were difficulties with agenda planning and late reports which impacted on the effectiveness of the Committee.

101.4 As Chairman of the Panel on Students in the Community Councillor Meadows said after an initial positive start to the Panel's work, the handling of the draft findings and recommendations had not gone well. In her view scrutiny had a 'long way to go.'

101.5 Councillor Randall spoke as Chairman of the Culture Tourism and Enterprise Overview and Scrutiny Committee and the Scrutiny Panel on Environmental Industries. He said the officers he worked with were very helpful and supportive.

101.6 Scrutiny, holding to account and especially call-ins could be challenging for officers and Members but Councillor Randall expressed the view that that scrutiny had a positive role, giving an opportunity for improvement and contributing to policy development. Overview and scrutiny was in a good position to help work with different sections of the community.

101.7 Councillor Wakefield-Jarrett expressed the view that scrutiny was developing quite well. She asked for the City Inclusion Partnership minutes to be circulated to the Members.

101.8 Councillor Elgood thought that after a slow start the Overview and Scrutiny Commission had done good work particularly regarding the call-in of the cabinet decision on the Ice Rink and scrutiny of the budget.

101.9 Councillor Older, Chairman of the Children and Young Peoples' Overview and Scrutiny Committee stated she had no specific problems in an area of work that was new to her and she had very good support. Councillor Duncan as representative of the second minority group was now being invited to CYPOSC agenda planning meetings as well as Councillor McCaffery.

101.10 Councillor Cobb said she felt it was helpful to have the relevant senior officers present at member meetings.

101.11 The Chairman said OSC did not have problems although major documents at short notice are a challenge.

101.12 RESOLVED: (1) that the work of the scrutiny panels be noted
(2) That officers be instructed to provide six-monthly updates on the work of the Panels

102. OVERVIEW AND SCRUTINY COMMISSION WORK PLAN

102.1 The Commission noted the work plan.

103. ITEMS TO BE TAKEN FORWARD

103.1 There were none

The meeting concluded at 5.35pm

Signed Chair

Dated this day of

Overview & Scrutiny Commission	Agenda Item 108 Brighton & Hove City Council

Subject:		**Access: Traders' objects on the highway**
Date of Meeting:		**21 April 2009**
Report of:		**Jenny Rowlands, Director of Environment**
Contact Officer:	Name:	**Christina Liassides** **Tel: 292036**
	E-mail:	Christina.liassides@brighton-hove.gov.uk
Key Decision:		Forward Plan No. n/a
Wards Affected:	All	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out Brighton & Hove City Council's Highway Enforcement team's progress on Recommendation 10 of the Access Scrutiny Panel of July 2006.

1.2 Recommendation 10 is as follows:
That in consultation with sensorily-impaired people, officers give priority to achieving as wide, safe and straight access as possible in planning, licensing and enforcing all forms of pavement/street furniture and obstructions for pedestrians.

That there be a presumption in favour of clear straight pathways in line with Department for Transport's guidance on the width of footways, footpaths and pedestrian areas.

2. RECOMMENDATIONS:

2.1 To note the proposed changes suggested by officers following Recommendation 10 and a review of the council's duties under the Disability Discrimination Act. The review's aim is to bring the policy on Traders' Objects on the Highway into line with the requirements of the Disability Discrimination Act 1995 and the Department for Transport's Inclusive Mobility Guidance, resulting in improvements to accessibility. The proposals also take into account the economic effect on the city and therefore do not seek a complete ban on all traders' placements on the highway.

2.2 To note that these proposed changes have been made under officer delegated powers but will be presented to Licensing Committee on 24 April 2009 for member consideration. Officers recommendation is that these proposals go ahead in order to better reflect legal and good

practice requirements but that a further review takes place during the coming year in order to examine to a greater extent the wide range of views and submissions on this subject and to inform any future policy for the city.

2.3 That any review includes site visits with officers, Members and interested parties to relevant areas of the city.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Information

3.1 The following information only relates to work by the Highway Enforcement team, within Network Management, Sustainable Transport. This team licences and enforces the placement of traders' objects on the highway – such as A-boards, tables & chairs and shop displays – and also the placement of items associated with building works - such as skips, scaffolds, hoardings and builders' materials.

3.2 The licensing of such items is lawful under the Highways Act 1980, and a policy has been in place since pre-unitary East Sussex days. The policy was reviewed in 2001 and a coherent licensing system was established, with set procedures and strict licensing conditions.

3.3 The policy was reviewed with no major changes and agreed by Environment Committee in January 2008, until officers could prepare a more detailed review looking at the relevant disability discrimination duties.

3.4 The Highway Enforcement team also deal with abandoned vehicles, overgrown vegetation, abandoned bicycles and other objects that require education, enforcement or removal in order to aid accessibility on our highway (See Appendix A).

Background

3.5 Since 2001, the team have been working to the clear, straight accessway principle and to DfT guidelines on the large majority of licensed sites. For example, the team worked with disabled people to establish these accessways in areas such as St James' Street when the licensing system was being rolled out. The team have also had regular communication with DAAG over the years as well as with other communities of interest such as Brunswick & Adelaide resident groups.

3.6 Although the principles of working to maintain free pavement widths of 1.2m. - 1.3m and of ensuring straight accessways have been adhered to for many years (and already apply to most licensed sites within the city) assessments have in the past been made on a site-by-site basis – with areas, pavement

width and licence conditions being based upon local conditions and officer judgement.

3.7 However, the proposed changes currently under review mean that we are now setting these existing practices as a non-negotiable, minimum standard for all officer-issued licences.

Current proposals

3.8 A new set of licence conditions governing the behaviour of those city-centre shops, cafes, pubs and restaurants placing items on the public highway pavement has been drawn up by officers of the council's Highway Enforcement Team.

3.9 The policy review is supported by a team restructure which will allocate specific areas to each Highway Enforcement Officer and improve general enforcement of such licensed placements alongside the other functions of the team (which also reduce obstruction and nuisance on the highway).

3.10 The new rules are proposed to be formally implemented in April 2009 (when all highway licences for traders' items undergo their annual renewal or replacement) and, except in special cases (such as where an appeal has been upheld by elected representatives) will apply to all sites within the current Highway Licensing Zones.

3.11 This review has been prompted by the concerns of officers, councillors and disabled peoples' groups over the effect an increasing number of traders' items is having on highway users, particularly disabled people

3.12 Existing policies and procedures go some way to addressing the issues of concern, but it is felt that a number of changes to existing systems are necessary to both meet the challenges of the present situation and comply with the council's duties under legislation. Following a close re-examination of current disability legislation, officers feel that these changes need to be formally adopted by Brighton & Hove City Council as soon as possible.

3.13 The measures below will help improve access and safety for all highway users and better reflect the Department for Transport's Mobility Guidance and Disability Discrimination Act guidelines.

3.14 The main changes are as follows:

- That no traders' items should be allowed to reduce the width of a footway to less than 1.3 metres, except in special circumstances (such as in pedestrianised areas or streets closed by Traffic Orders where the whole of the road is kept clear for wheelchair user/pedestrian use).
- That where a footway is reduced to a width of 1.3 metres (or less) by objects (no matter if these objects are traders' items or fixed street furniture such as lamp posts, bins etc. or any mix thereof) "turning

areas" at least 1.6 metres wide must be maintained at regular intervals (with not more than six metres between each such "turning areas") for the use of manual wheelchair users and people with guide dogs.

- Restrictions on the size and placing of "remote" advertising boards.
- The need for licensees to have on show (or available on demand) an A4 Data Sheet, with plans or photographs clearly showing what and where they are licensed to place upon the Public Highway.

Licensing system practicalities

3.15 Traders' licences run from 1 April to 31 March each year and therefore in order to ensure that placements are legally licensed in time for the new financial year, officers have been sending out licence renewal forms since January 2009, with licences granted under the new conditions but have drawn traders' attention to the fact that these conditions will be presented to members at Licensing Committee.

3.16 Licences must be renewed on 1 April in order to ensure that objects on the highway are authorised and meet the relevant criteria. (See Appendix B for example of licence. The sections highlighted in yellow are of particular relevance to Recommendation 10 and to other issues such as cleanliness or crime & disorder prevention).

3.17 The licensing system only applies to objects on the public highway and Highway Enforcement officers have no jurisdiction over the numerous private forecourts in prime retail areas and other areas of the city.

3.18 The new licence conditions will also serve as the template for all sites outside of the Licensing Zones, ensuring a greater level of consistency across the City.

4. CONSULTATION

4.1 Since 2001, Members, residents' groups, access organisations and individuals have had formal or informal input in the development of the present system, as have certain departments of the Council specifically dealing with issues relating to disabled people:

- DAAG
- National Federation of the Blind
- British Limbless Ex-Service Men's Association
- Patients Advisory Forum
- Royal British legion
- Federation of the Disabled (aka Brighton & Hove Federation of Disabled People)
- Older People's Council
- Tenant Disability Network
- Shopmobility

- The Disabled Tenants Assoc.
- Eastern Road Partnership
- RNIB
- The St. James Street Community Safety Committee
- Access In Brighton
- The 60+ Group
- The Disabled Motorists Club
- The George Street Users Group
- EBRA
- BARG
- BRNAG
- LARA
- Living Streets
- Moulescoombe LAT
- The North Laine Community Association
- The St. James Street Traders Association
- The Lanes Traders Association
- The North Laine Traders Association
- Hove Business Forum
- Brighton Business Forum
- Sussex Police
- Rottingdean Parish Council

4.2 As part of an Equalities Impact Assessment on the proposed changes, the following groups' views have been taken into account or requested during the consultation process:

- The Federation of Disabled People via the council's Equalities & inclusion team
- All traders with current licences or wishing to apply for a licence from 1 April this year
- Brighton Business Forum
- RNIB
- Brunswick & Adelaide ward councillors and residents' groups
- The Older People's Council
- Rottingdean Parish Council
- North Laine Traders' Association
- BHCC's Planning & Conservation Officers

4.3 Communications from these various groups reveal a range of different views, ranging from a desire to keep 1 metre clear access ways to a preference for a total ban on all traders' placements on the public highway.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

Revenue: There are no financial implications associated with the review of the policy itself. However, the budget for 2009-10 assumes a level of income based on traders objects on the highway. A boards, tables and chairs and skips and scaffolds are expected to yield £238,550 over the year, which will be used to cover the monitoring costs of the Highway Enforcement Team. It is estimated that a reduction in the number of permissible sites will reduce income by around £4,000.

Capital: There are no capital implications.

Finance Officer Consulted: Karen Brookshaw Date: 26/03/09

5.2 Legal Implications:

The Council, as highway authority, is bound by the duty under section 130 of the Highways Act 1980 to assert and protect the rights of the public to the use and enjoyment of the highway. This duty will include a duty to prevent, as far as possible, the obstruction of highways.

However, Part VIIA of the Highways Act (sections 115A – 115K) allows highway authorities carry out works or place objects on the highway, or permit others to do so, for purposes of enhancing the amenity of the highway and its immediate surroundings, or of providing a service for the benefit of the public or a section of the public. It is under s115E that the Council is empowered to grant licences for the placing of A boards in the highway provided the consent of the relevant frontagers has been obtained.

By virtue of section 21B (1) of the Disability Discrimination Act 1995 ("the DDA") it is unlawful for a public authority to discriminate against a disabled person in carrying out its functions. For the purposes of s21(B) (1) a public authority discriminates against a disabled person if, for a reason which relates to his or her disability, it treats a person less favourably than it treats or would treat others to whom that reason does not apply and cannot show that the treatment is justified in certain prescribed circumstances.

The licensing of A boards is a Council function under section 21B and a potential claim of discrimination could arise.

Moreover, under section 21(E) of the DDA, where a public authority has a practice, policy or procedure which makes it impossible or unreasonably difficult for disabled persons to receive any benefit that

is or may be conferred; or is unreasonably adverse for disabled persons to experience being subjected to any detriment to which a person is or may be subjected – the authority has the duty to take steps as reasonable in all the circumstances of the case to change the policy, practice or procedure so that it no longer has that effect.

Section 49A of the DDA imposes a general duty on the Council as a public body to (inter alia) eliminate discrimination that is unlawful under the Act and to promote equality of opportunity between disabled persons and other

persons.

As noted under paragraph 2.1 of this Report the aim of the review is to bring the policy on traders' objects on the highway into line with, inter alia, the Disability Discrimination Act which, as outlined above places important duties on the Council. It is considered that the recommended changes to the Council's policy on traders' items will allow the Council better to comply with its duties under that Act.

Legal officer consulted: Hilary Woodward Date: 27/03/2009

5.3 Equalities Implications:

Brighton & Hove City Council was one of the first authorities to establish a formal system of control of traders' objects on the public highway. The recommendations are changes to existing highway policy and will better reflect the council's Disability Equality Scheme, DfT mobility guidelines and duties under of the DDA than existing measures. An impact assessment has been carried out and is available on request. The new changes bring the licensing system into line with Disability Discrimination Act requirements, although the comments arising from the Equalities Impact Assessment have led officers to propose a further review, to provide further opportunities for groups and individuals to contribute.

5.4 Sustainability Implications:

There are no sustainability implications identified.

5.5 Crime & Disorder Implications:

Changes within the licensing conditions require all patrons of pub and café placements to be seated within the licensed area, to avoid crowds of people standing on the pavement. Noise issues and other crime and disorder implications for any individual sites are addressed in partnership with the police, Environmental Health and other relevant agencies.

5.6 Risk & Opportunity Management Implications:

The current proposals affect approximately 20% of businesses, some of which may lose their A-boards (particularly where they have used remote A-boards in the past) and some of which may have their licensed areas reduced. Most of the businesses affected will be small, sole traders in parts of the city centre.

This could have economic implications for the city, but it is felt by officers that the needs of mobility and visually impaired people and the council's legal obligations must prevail over these concerns. If further measures are proposed, these would need to be subject to additional risk and opportunity assessment.

5.7 Corporate / Citywide Implications:

The proposals seek to increase the amount of accessible pavement available to pedestrians. This will help with mobility and accessibility around the prime retail areas within the city. If any further measures are proposed, these would need to be subject to additional examination of corporate and citywide implications.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 This report sets out the progress made by the Highway Enforcement team towards Recommendation 10 of a former Scrutiny Panel on Accessibility. Alternative options include:

- Introduce no changes to the licensing system but this may mean the council's policy does not reflect accessibility requirements.
- Introduce more changes but officer recommendation is that any additional changes should only be introduced after a thorough examination of the relevant duties, risks, legal, equalities and economic factors.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The recommendations sum up progress to date. The reason for recommending that the current proposals go ahead is because these are changes to existing highway policy and will better reflect the council's Disability Equality Scheme, DfT mobility guidelines and duties under of the DDA than existing measures.

SUPPORTING DOCUMENTATION

Appendices:

Appendix A - Complaints statistics for the Highway Enforcement team 206 – 2009

Appendix B – Example of licence conditions

Appendix C – Illustrations of established accessway corridors enforced by the Highway Enforcement team in prime retail areas

Appendix D – 2007 survey of pavement widths and fixed or traders' obstructions in Western Road

Documents In Members' Rooms
None

Background Documents
Access Scrutiny Review July 2006

APPENDIX A
Highway Enforcement Reports

	2008/09*	2007/08	2006/07
Traders' placements	120	81	78
Overgrown vegetation	532	395	290
Contractors' placements	221	240	195
Abandoned vehicles	1027	1755	2129
Abandoned bicycles	721	807	546

	2008/09*	2007/08	2006/07
A-boards	53	36	39
Tables & Chairs	34	30	12
Shop displays	33	15	27
Traders Placements:	**120**	**81**	**78**
Skips	41	70	53
Scaffolds and hoardings	87	51	41
Builders materials	93	119	101
Contractors Placements:	**221**	**240**	**195**

* 2008/09: figures up to February 2009

Please note that these statistics include problems spotted and logged by officers as well as from members of the public

APPENDIX A

Highway Enforcement Complaints/Reports 2008/2009

Month	Abandoned Vehicles			Other Complaints									
	Abandoned Vehicles	Abandoned bicycles	**Total Abandoned Vehicles**	A-boards	Tables and Chairs	Shop displays	Skips	Scaffolds and Hoardings	Materials	Overhanging Vegetation	Cars worked on on highway and other vehicle related	Other	**Total Licensing Complaints**
April	153	110	263	0	0	2	5	3	11	28	1	0	50
May	99	46	145	3	6	5	2	5	9	49	1	8	88
June	110	57	167	6	4	6	5	4	9	178	2	2	216
July	111	40	151	7	12	2	6	7	10	118	2	9	173
August	99	33	132	4	3	4	4	5	10	26	3	2	61
September	109	154	263	6	4	1	2	2	11	35	4	2	67
October	82	87	169	6	2	3	4	14	15	44	8	7	103
November	93	73	166	9	2	7	6	35	6	22	1	3	91
December	78	48	126	12	0	2	3	10	9	23	1	4	64
January	93	73	166	0	1	1	4	2	3	9	3	2	25
February			0										0
March			0										0
Total	**1027**	**721**	**1748**	**53**	**34**	**33**	**41**	**87**	**93**	**532**	**26**	**39**	**938**

Month	**Entered by**					**Dealt with by**						
	RC	**AG**	**AK**			**KG**	**DF**	**HM**	**CS**	**RJ**	**ID**	**Tot**
April	11	13	26			19	1	10	11	8	1	**50**
May	12	16	60			17	14	22	18	16	1	**88**
June	4	33	179			16	19	104	42	33	2	**216**
July	14	36	123			35	23	1	65	43	6	**173**
August	7	13	41			20	10	1	15	11	4	**61**
September	9	14	44			21	7	0	11	20	8	**67**
October	6	15	82			24	19	0	24	36	0	**103**
November	11	7	73			39	25	0	12	13	2	**91**
December	4	10	50			20	18	10	6	9	1	**64**
January	4	3	18			9	3	6	5	2	0	**25**
February												
March												
Total	**82**	**160**	**696**	**0**	**0**	**220**	**139**	**154**	**209**	**191**	**25**	**938**

APPENDIX A

HIGHWAY ENFORCEMENT COMPLAINTS/REPORTS 2007-08

Month	Abandoned Vehicles			Other Complaints									
	Abandoned Vehicles	Abandoned bicycles	**Total Abandoned Vehicles**	A-boards	Tables and Chairs	Shop displays	Skips	Scaffolds and Hoardings	Materials	Overhanging Vegetation	Cars worked on on highway and other vehicle related	Other	**Total Licensing Complaints**
April	168	107	275	1	2	0	5	3	9	11	4	4	39
May	140	108	248	5	2	4	8	5	7	17	0	4	52
June	173	29	202	2	3	1	5	4	11	53	1	3	83
July	161	70	231	6	4	0	5	5	10	48	0	2	80
August	172	40	212	4	7	2	2	5	11	42	3	2	78
September	164	62	226	1	4	2	4	4	17	69	1	4	106
October	136	72	208	6	3	1	8	10	16	58	4	8	114
November	146	76	222	2	3	1	9	2	9	44	0	6	76
December	85	19	104	3	1	1	4	7	10	12	0	6	44
January	146	95	241	2	0	0	8	1	5	12	8	3	39
February	148	102	250	2	1	3	9	1	10	12	2	0	40
March	116	27	143	2	0	0	3	4	4	17	1	2	33
Total	**1755**	**807**	**2562**	**36**	**30**	**15**	**70**	**51**	**119**	**395**	**24**	**44**	**784**

Other Complaints (by Officer)													
	Entered by						**Dealt with by**						
	AK	**RC**	**MM**	**AG**	**ID**	**DF**	**KG**	**DF**	**HM**	**CS**	**RJ**	**ID**	**MM**
April	29	6	4	0	0	0	21	3	8	3	4	0	0
May	34	14	3	0	1	0	18	11	5	8	6	3	1
June	73	10	0	0	0	0	18	17	35	3	9	1	0
July	71	6	0	2	0	1	23	9	23	8	15	2	0
August	52	4	0	22	0	0	15	17	18	17	11	0	0
September	26	11	0	69	0	0	22	9	48	12	15	0	0
October	73	13	0	28	0	0	24	18	38	12	17	5	0
November	52	8	0	15	0	1	21	8	27	17	2	1	0
December	21	7	0	16	0	0	18	11	8	4	12	0	0
January	26	9	0	4	0	0	16	3	5	2	12	1	0
February	15	17	0	8	0	0	19	5	5	4	6	1	0
March	27	6	0	0	0	0	14	0	1	2	14	2	0
Total	**499**	**111**	**7**	**164**	**1**	**2**	**229**	**111**	**221**	**92**	**123**	**16**	**1**

APPENDIX A

HIGHWAYS ENFORCEMENT COMPLAINTS/REPORTS 2006/07

Month	Abandoned Vehicles		Licensing									
	Abandoned Vehicles	**Abandoned bicycles**	**A-boards**	**Tables and Chairs**	**Shop displays**	**Skips**	**Scaffolds and Hoardings**	**Materials**	**Overhanging Vegetation**	**Cars worked on on highway**	**Other**	**Total**
April	177	19	4	1	1	3	2	5	6	3	3	224
May	221	25	2	3	3	5	2	11	23	2	4	301
June	173	30	5	0	5	3	2	6	52	1	5	282
July	206	32	5	2	3	0	1	4	31	0	5	289
August	196	58	4	3	8	5	6	10	37	1	5	333
September	202	63	3	0	1	7	4	12	41	2	5	340
October	181	60	4	0	3	7	4	9	51	0	3	322
November	154	33	1	0	0	5	2	20	20	0	7	242
December	124	24	3	0	3	5	4	4	4	0	9	180
January	180	57	3	1	0	4	8	6	9	0	4	272
February	145	62	2	2	0	3	3	13	8	1	1	240
March	170	83	3	0	0	6	3	1	8	2	1	277
Total	**2129**	**546**	**39**	**12**	**27**	**53**	**41**	**101**	**290**	**12**	**52**	**3302**

Licensing Complaints (does not inlcude AV and ABs)													
	Entered by					**Dealt with by**							
	AK	**MM**	**RC**	**DF**	**lD**	**KG**	**DF**	**HM**	**CS**	**RJ**	**ID**	**MM**	**Total**
April	20	2	6	0	-	_	12	3	5	4	3	1	24
May	46	3	6	0	-	_	13	9	20	6	2	5	48
June	66	3	10	0	-	_	20	24	13	16	5	1	73
July	32	2	10	7	-	_	16	15	6	6	4	4	43
August	57	10	8	4	-	5	31	10	20	4	4	5	70
September	48	4	20	3	-	23	3	19	15	12	3	-	72
October	62	2	15	2	-	14	15	10	36	4	2	-	79
November	34	7	5	2	7	21	4	11	7	5	7	-	55
December	22	7	3	0	0	19	7	2	2	2	0	-	32
January	22	5	7	1	0	16	8	8	2	1	1		35
February	23	0	10	0	0	16	7	2	1	6	1	0	33
March	18	0	6	0	0	12	3	1	5	3	0	0	24
Total	**450**	**45**	**106**	**19**	**7**	**126**	**139**	**114**	**132**	**69**	**32**	**16**	**580**

APPENDIX B

Brighton & Hove

BRIGHTON AND HOVE CITY COUNCIL
Application for permission to place objects upon the Public Highway (Highways Act 1980) and The Local Government (Miscellaneous Provisions) Act 1982)

Name of Applicant (in full):
Mr / Ms / Mrs / Miss *(please delete as appropriate)*……...

Name and Address of premises for which the permission is required. (This is the address to which all

correspondence will be sent unless otherwise indicated by the applicant.)
……

……

Tel. No…… Correspondence address if different from above……..…..……

……..……

Please describe and sketch the proposed placement.

Please note that due to changes in the licence conditions (see below for licence conditions) the following information is required to enable your application to be completed promptly.

Do all A-boards meet new size conditions? (*See Item 4.3*) **Yes ☐ No ☐ N/A ☐**

Will any items be left out overnight? (*See Item 5.2*) **Yes ☐ No ☐ N/A ☐**

Will any items be placed more than 5m from your premises? (*See item 5.5*) **Yes ☐ No ☐ N/A ☐**

Are all display items sold as part of your normal business? (*See item 3.13*) **Yes ☐ No ☐ N/A ☐**

Will any item reduce the footway width to less than 1.3m? (*See item 5.5*) **Yes ☐ No ☐ N/A ☐**

Will any free standing heating units be used? (*See item 3.5*) **Yes ☐ No ☐ N/A ☐**

Please note that payment must accompany this application.

Licence Conditions 2009-2010

The following conditions will be introduced to apply to all highway licences issued.

1. Terms:

1.1 The term "licence" used below refers to any Highway Permission issued by the Highway Enforcement Team.

1.2 A "licensee" is deemed to be the body or individual to whom the licence has been issued.

1.3 A "licensed area" is that area of public highway covered by the licence.

2. Legal Issues:

2.1 This licence is not transferable.

2.2 Sub-letting of the highway is forbidden. A frontager who is a licensee may, with the advance written permission of the council, permit a suitable third party (i.e. a party the council would consider to be an appropriate licensee themselves) to display items within a relevant licensed area, but there should be no financial transaction associated with such an arrangement. Any third party must meet and comply with all licence conditions, including the holding of Public Liability Insurance (see below). Responsibility for breaches of licence conditions will lie with the licensee.

2.3 The licensee agrees to indemnify the council against any claims in respect of injury, damage or loss arising out of the grant of the licence. Public Liability Insurance cover of at least one million pounds must be carried for the duration of the licence. Evidence for this cover must be produced on demand.

2.4 The licence may be suspended or revoked and/or the licensee required to temporarily remove the objects by the council for any legally defensible reason. The licensee shall not be entitled to any compensation for loss of trade or business as a result.

2.5 If deemed necessary the council may alter licence conditions at any time.

2.6 Where necessary, the council may place time limits to restrict the use of licensed areas to permitted hours. In general, these restrictions will apply to premises with alcohol licences and will not exceed the hours set by the terms of such licences.

2.7 Licences are valid for a maximum of 12 months and expire at 24:00 hrs. on the first 31st of March following the date of issue. Licences are subject to an annual review. Payment of licence fees is a condition of the licence.

2.8 Licences only relate to the placing of objects upon the highway. It is the responsibility of the licensee to obtain all other consents required in connection with the proposed extension of their business onto the highway including, where appropriate, any amendment to their existing liquor licence.

2.9 It is a condition of Highway Licences that all consents and permissions and all health & safety, environmental health or other legal provisions or measures required by Brighton & Hove City Council or other legal authorities are obtained and adhered to. Proven failure to comply with legislation and/or the reasonable and legitimate instructions of an authorised officer of the Council, Her Majesty's Health & Safety Executive or the Police may be considered a breach of the conditions governing the licence.

3. Licensed Areas:

3.1 The council reserves the right to limit the number of items placed within a licensed area. Factors influencing such limits may include the density of tables/chairs within a licensed area and the ratio between the number of covers within the licensed area and those inside the actual premises.

3.2 Patrons within a licensed area must be seated. Vertical drinking shall not be permitted at any time.

3.3 Benches or other objects which cannot easily be removed and stored within the licensed premises shall not be permitted unless noted within the original application and agreed in advance and in writing by the council. The council may specify how items left out overnight shall be stored or stacked.

3.4 Licensees who significantly alter the nature of their items (e.g. the design of seating/tables/barriers) without prior consultation and a written agreement from the council will be deemed to have breached licence conditions.

3.5 No free-standing items issuing heat or with heated elements (such as gas or electric heaters) may be permitted within a licensed area unless the intention to place such items was noted within the original licence application and agreed in advance and in writing by the council. A Risk Assessment for the use of such items must be submitted with the application

3.6 The council can insist that licensed areas are surrounded by barrier or fencing. The use and design of all such barriers must be approved in writing by the council.

3.7 The licensee shall ensure that all glasses, bottles and other debris from the licensed premises are collected and returned to the licensed premises regularly and at the end of each session.

3.8 The council may require the use of plastic containers only within certain licensed areas.

3.9 The licensed area must be kept clean, being washed down as necessary, and free of litter at all times. The licensee is responsible for regularly clearing all debris and litter associated with the licensed premises, whether inside the bounds of the licensed area or not.

3.10 No object may be placed upon the highway outside the licensed area or away from the licensed position at any time. All items must be checked at regular intervals. Areas associated with the consumption of food or drink must be constantly monitored. Items left unattended or found out of sight of the licensed premises may be removed and impounded without warning.

3.11 The cooking of food within a licensed area is prohibited.

3.12 Shop displays made up of rows of irregular items (e.g. pots) should ideally have vertical panels of not less than 0.3m height, at the edges & sides so as to provide a regular and continuous tapping board for the guidance of the blind and partially sighted. If necessary the council can make provision of these a special condition of a licence.

3.13 No goods or food shall be displayed for sale in the highway unless it is evident that such goods are sold as part of the normal business of the licensee. The nature of such displays and the goods for sale must be formally approved by officers and noted within the licence agreement. Where such displays are permitted all sales must take place upon private property. No financial exchanges may take place upon the Public Highway, other than in connection with sitting-out areas.

3.14 Licensees with display or sitting-out areas will be supplied with a Data Sheet showing the extent of the highway licensed to them. This document must be kept on site and be available for inspection on demand at any time by officers of the council or other agencies, elected members and the general public.

4. Advertising boards:

4.1 No more than two advertising boards may be permitted for every two elevations of a licensed premises and the total surface areas of all advertising boards per said elevations (whether on the highway or on private land or decking or on any combination of the same) may not at any time exceed the limits for such advertising under Planning Regulations (a total area of 4.6 square metres).

4.2 Premises with sitting-out areas may not place advertising boards outside licensed areas unless such placements are separately licensed and conform with all other relevant conditions.

4.3 Licensed advertising boards shall be between 0.75m and 1.2m high and between 0.5m and 1.1m wide only. Larger or smaller boards will not be permitted.

5. General:

5.1 The licensee must clearly display on site a Display Licence provided by the council. This should be placed in a window, glass door or menu stand of the licensed premises clearly be visible and legible from the highway.

5.2 Anything left upon the highway outside business hours or the hours stated in the licence conditions, or any item found chained or tied to any other object, street furniture or building without prior written permission, may be removed and impounded without further warning.

5.3 The improper parking of vehicles by staff or persons associated with the licensed site (including delivery vehicles) will be considered a breach of the licence. This is of particular importance within those areas where vehicle access is restricted and in streets that are periodically pedestrianised. In certain parts of the city licensees may be required to agree to restrictions on delivery times.

5.4 To promote the work of the Brighton & Hove Drug and Alcohol Action Team and support the operations of the Council's Trading Standards Team, licensed sites involved in the sale of cigarettes or of alcohol for off - premises consumption shall be required to display, at all times, such notices relating to illegal sales to or illegal purchase on behalf of minors as may be supplied by the Highway Enforcement Team.

5.5 Note that the following general rules will be applied to all officer-approved applications/sites within the city:

A) That no licensed traders' items will be permitted to reduce the width of a footway to less than 1.3 metres except where:

1. a formal pedestrian zone has been established in a road by Traffic Order and the whole of the carriageway is kept clear for pedestrian use
2. a road is closed to vehicular traffic by virtue of a temporary Traffic Order and the whole of the carriageway is kept clear for pedestrian use
3. a road is considered to be "shared space" and the whole carriageway is generally available for pedestrian use
4. discretion to allow this has been exercised by Elected Members in Committee or Cabinet, due to special circumstances.

B) That where a footway is reduced to a width of 1.3 metres (or less) by objects (whether these objects be licensable traders' items or fixed street furniture such as lamp posts, bins etc.) "turning circles" for manual wheelchair users and guide dogs must be established at regular intervals. These "turning circles" shall not be less than 1.6m in length and must be maintained at least every 6 metres along the length of a restricted footway.

C) That, except in the case of items within large, waiter-serviced sitting-out areas, no traders' item shall be permitted to be placed more than five metres from the licensed premises or out of sight from a window or door of said premises.

In certain circumstances, officer application of the above criteria may be challenged by means of Formal Appeal to Committee or Cabinet. Such appeals should take place at the licence application stage. Note however that no activities can take place at a site until such a decision is reached.

6. Enforcement Procedure (removals):

The following enforcement procedure shall be applied as standard for all items placed on the Public Highway in breach of the DfT guidelines and the rules and conditions of the Highway Licensing System as detailed above:

- That on the discovery of a breach of the guidelines, rules and conditions, a written warning shall be issued to the relevant business/person, warning and advising them of their need to abide by the prevailing regulations.

- That on the discovery of a second such breach within eight weeks of the first, a second warning notice be served.

- That on the discovery of a third such breach within eight weeks of the second warning a third warning shall be served.

If the recipient of a third warning is a holder of a Highway Licence, then this licence shall be temporarily suspended by virtue of said notice pending consideration of the case by the Senior Highway Enforcement Officer. The period of suspension will be dependent on the seriousness of the breach and the measures taken by the licensee to ensure future compliance with the regulations. Further breaches may result in the rescinding of the licence.

Any unauthorised items found on any site following a third warning or suspension/rescinding of a licence may be removed from the Public Highway and impounded without a further warning being served. Owners of objects so

impounded will be given the opportunity to recover their property. Where appropriate a charge may be made by the Council for the costs of removal and storage.

The Council reserves the right to proceed with prosecution under the Highways Act 1980 at any stage of the above procedure in any case involving gross or regular breaches of legislation.

I, being an authorised officer of the applicant, confirm that that I have read, understood and agree to abide by the conditions above and any additional reasonable conditions set by the Authority.
I enclose payment for the licensing approval and issuing processes, being aware that, unless advance payment has been made or the licence charge accompanies this application, no permission will be issued.
Note that the site name or address <u>and</u> the reference number given on the accompanying conditions sheet must be clearly written on the back of any cheque accompanying this application.

Name (block capitals)…….

Signed:…… **Position (block capitals):……**

Date……

.

<u>For Council Office use only</u> – please do not write in the space below

BRIGHTON AND HOVE CITY COUNCIL acting by their Director of Environment, in pursuance of the above enactments hereby grant permission for the placing of objects, namely, tables, chairs, litter bins, displays and/or a prescribed number of A-Boards on part of the paved Public Highway outside the premises as described above or attached.

Signed:…… **Name:** ……..……
For the Director of Environment,
Brighton & Hove City Council

Date ……2009

Special Conditions:

Please return to:
The Senior Highways Enforcement Officer, Brighton and Hove City Council, Highway Enforcement, Room 500, Hove Town Hall, Norton Road, Hove, BN3 3BQ

Brighton & Hove

BRIGHTON AND HOVE CITY COUNCIL.

Permissions to place objects on the Public Highway under the Highway Act 1980
Guidance Notes & Licence Charges:

Please read the accompanying conditions.

- ## Tables, chairs or shop displays:

Payment Reference EVH031/LG105

A) Initial applications (i.e. where no previous licence has been held) are subject to a one-off charge to cover the application/approval process.
There are two charge bands:

1. £87.00 for areas of less than 5 sq.m.

2. £287.00 for larger areas.

There is an additional annual charge of £17.00 per square metre for each square metre of Highway the licensee wishes to occupy.

B) Licence renewals are based solely upon the area to be taken up, based on £17.00 per square metre, with there being a minimum charge of £47.00 per year.

- ## Advertising boards only (up to two boards per site):

Payment Reference EVH031/LG132

1. New Applications: £67.00 for the first year.
2. Renewals £47 per year.

Established, clear corridors highlighted in yellow.

Red areas: private/disputed land.

“Blue Zone” – kerbside strip with existing fixed items where items may be placed.

Gardner Street: when closed to vehicular traffic.

Note that the original pavement is kept clear from any obstructions. Placements are permitted on the closed road and on the build outs (picture 3) that have been added to the original pavement.

Kensington Gardens.

Much of Kensington Gardens is private land owned by the relevant shops and businesses. The public highway is kept clear to ensure accessways for pedestrians.

APPENDIX D

Survey Results:

A detailed survey carried out in June 2007 dealt with the most controversial section of Western Road (south side, between Norfolk Square and Lansdowne Place). This followed previous surveys carried out by officers (in some cases in company with Elected Members and representatives of local fora) and subsequent reports.

- Only nine "A" boards were found upon the Public Highway along this stretch of road, with footways being most reduced by council placed objects (see the Table below).

- As on previous surveys, thirty five "A" boards were found on private property adjacent to the footway along this same stretch of road. Such boards are not highway obstructions and lie outside the authority of the Highway Enforcement Team.

- As discovered on previous surveys, the narrowest pavement choke-points were caused by council-placed objects (bins, lamp posts, trees etc.) positioned close to private land.

The table below indicates the narrowest choke-points discovered on the last survey which shows that other items apart from "A" boards are reducing pavement widths in Brunswick & Adelaide.

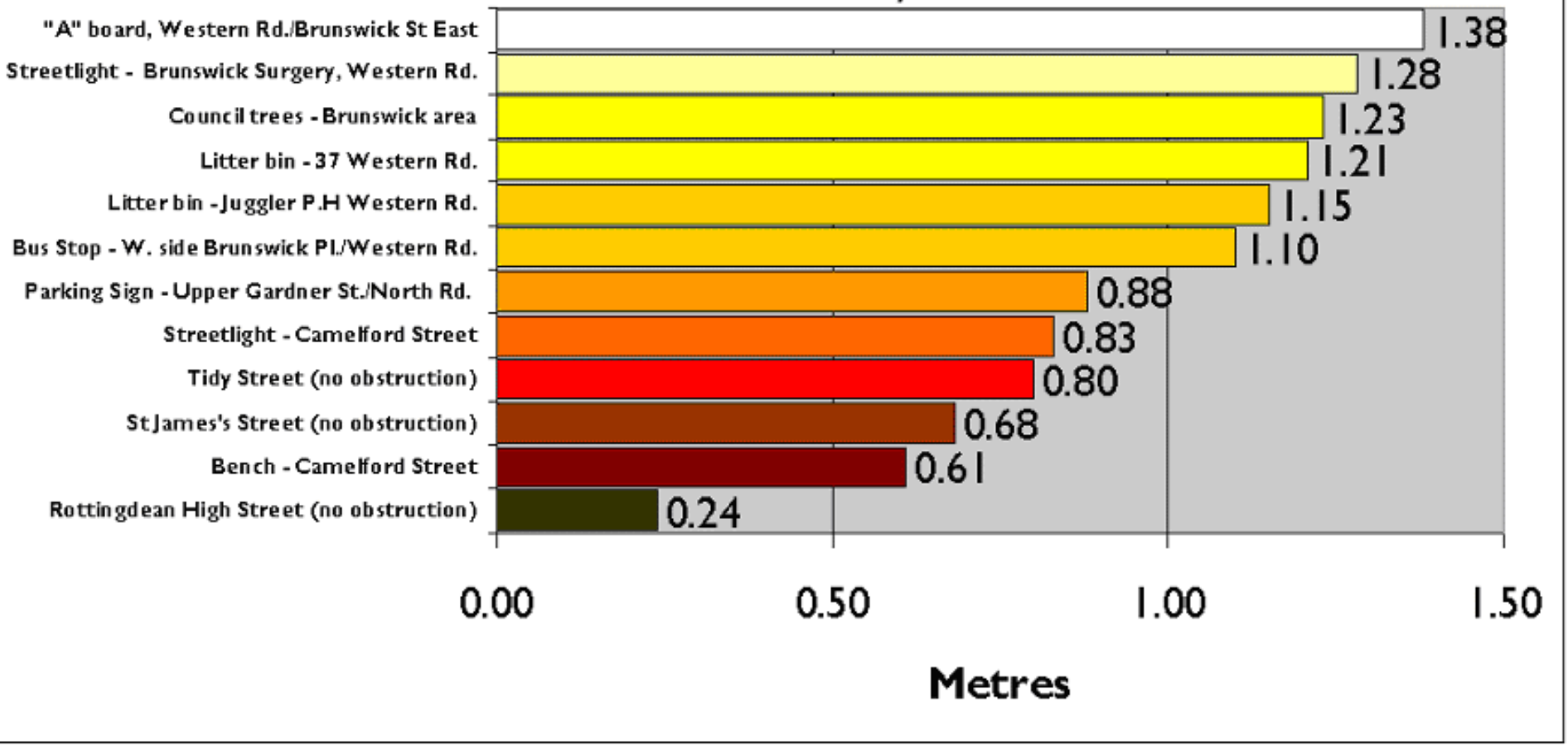
The "A" board shown on the table was the most obstructive one found at the time of the survey but there was still 1.30m clear pavement between itself and private land adjacent to the footway.

For comparison we have also included in the table other narrow footways found elsewhere in the City, including certain naturally narrow footways (i.e. without obstructions).

Note that, apart from the 1.38m width left by the "A" board on the Table, all other widths are less than the 1.30m recommended by Department for Transport Guidance on Inclusive Mobility although the majority of objects listed are there to provide a service (lighting, litter bins, etc).

Narrow Pavements

This table shows the narrowest points found on footways in Brunswick & Adelaide during the above survey. It also indicates the type of object found narrowing the pavements. Note that apart from the "A" board, all other obstructions in said Ward have been placed by the council. The table also shows, for comparison, certain narrow pavements, with and without obstructions, found at other locations in the City.



OVERVIEW AND SCRUTINY COMMISSION	Agenda Item 110 Brighton & Hove City Council

Subject:		**Dual Diagnosis Scrutiny Review**		
Date of Meeting:		**21 April 2009**		
Report of:		**The Acting Director of Strategy and Governance**		
Contact Officer:	Name:	Giles Rossington	Tel:	29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report and its appendices detail the findings of the Scrutiny Panel established to examine the issue of 'Dual Diagnosis'.

1.2 The Scrutiny Panel's report and its appendices are re-printed as **appendix 1** to this report.

2. RECOMMENDATIONS:

2.1 That members:

(1) Endorse the Dual Diagnosis report;

(2) Agree to refer the report recommendations to Cabinet and to the appropriate partner organisations;

3. BACKGROUND INFORMATION

3.1 The review into Dual Diagnosis (of mental health and substance misuse issues) was instigated in 2008 by Councillor Georgia Wrighton.

3.2 The suggested terms of reference were to: *"investigate and suggest improvements to the provision of health, housing and support services for those in the community, who because of an actual or perceived co-*

existing substance misuse and mental health problem, fail to receive adequate medical and social care."

3.3 At its January 2008 meeting, the Overview & Scrutiny Organisation Committee (OSOC) endorsed Councillor Wrighton's scrutiny request and established a Scrutiny Panel. As the panel was initiated by OSOC, it must report back to the Overview & Scrutiny Commission (OSC) rather than to a Scrutiny committee with a more directly housing or health-related remit. However, having considered the Dual Diagnosis report, OSC members may choose to refer any future monitoring of the implementation of report recommendations to another Overview & Scrutiny committee.

3.4 This has been a lengthy review, in part because the evidence gathering process took a good deal of time; in part also because officers supporting the panel were obliged to prioritise more immediately pressing work during the period of the launch and establishment of the new council's Scrutiny system.

3.5 Dual Diagnosis services are provided by a partnership of several organisations, most notably the local authority working in close conjunction with the local Primary Care Trust (NHS Brighton & Hove) and the local NHS mental health trust (Sussex Partnership NHS Foundation Trust). Given the importance of these organisations to delivering Dual Diagnosis services, the Scrutiny Panel Chairman, Councillor David Watkins, chose to share a draft of the report with them on an informal basis. Both trusts have responded by welcoming the report in principle. It is, of course, the prerogative of OSC members to determine whether the report should be formally referred to these or other organisations for their consideration.

3.6 Drafts of the Dual Diagnosis report have also been discussed with senior officers from Adult Social Care and Housing and the Children and Young People's Trust, as well as with some of the witnesses who gave evidence to the panel.

4. FURTHER INFORMATION

4.1 'Dual Diagnosis' is the term commonly employed to describe co-existing mental health and substance misuse problems. Dual Diagnosis is not a precise term, and within the broad set of people with some co-morbidity of substance misuse and mental health problems, there are several sub-sets of people with much more serious/complex co-morbidities.

4.2 There are particular problems associated with a relatively small group of people who have severe and enduring mental health problems (typically bi-polar disorders or schizophrenia) combined with heavy use of opiates

(and probably a range of other substances/alcohol). People in this group are also very likely to be homeless or rough sleepers, to live very chaotic lifestyles and to be in regular contact with the police and NHS services.

4.3 Estimates of the extent of Dual Diagnosis problems in the city will vary according to how broadly Dual Diagnosis is defined. However, the Panel heard evidence to the effect that there were approximately 200 people in the city with a co-morbidity as defined in 4.3 (above), and perhaps 2000 people with some combination of severe mental health and severe substance misuse issues.

4.4 The social impact of Dual Diagnosis can be much greater than this prevalence suggests, as sufferers can be both the most vulnerable *and* the most disruptive people in the community, posing considerable problems for services such as the police, housing and healthcare.

4.5 The Scrutiny Panel chose to pay particular attention to the issues of supported housing; of the impact of Dual Diagnosis on women, children and families; to funding for services; to the type and availability of treatment and support; and to data collection. Inevitably, this focus meant that important areas such as the links between Dual Diagnosis and the criminal justice system were relatively un-developed.

4.6 The Dual Diagnosis report and its appendices (including the original scrutiny request, a list of witnesses, minutes of the evidence-gathering sessions, a digest of recommendations, a list of background papers/sources, and written submissions of evidence) are re-printed as **appendix 1** to this report.

5. CONSULTATION

5.1 No formal consultation was undertaken in preparing this report, although council officers, NHS officers and some of the witnesses who gave evidence to the panel were asked for their comments on drafts of the report, and these comments have been used to inform the final draft version.

6. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

6.1 OSC's decisions in relation to this report (i.e. whether to endorse the Scrutiny Panel report and refer its recommendations to the council's Executive for consideration) have no direct financial implications.

However, members should bear in mind that the implementation of some of the Scrutiny Panel's recommendations might have significant financial implications for the council, and that any Executive decision in relation to these matters will need to be made with reference to these costs.

Legal Implications:

6.2 In accordance with Part 6.1, section 15, of the Council's constitution, if the Commission agrees the recommendations of the Scrutiny Panel, it is required to prepare a formal report and submit it to the Chief Executive for consideration by Cabinet or the relevant Cabinet Member. Only if one or more recommendations require a departure from or a change to the agreed budget and policy framework would the report need to be considered by Full Council.

If the Commission cannot agree on one single final report, up to one minority report may be prepared and submitted, alongside the majority report, for consideration by the Cabinet or Cabinet Member.

Lawyer consulted: Oliver Dixon *Date: 30 March 2009*

Equalities Implications:

6.3 Dual Diagnosis is not restricted to a particular social or ethnic group, although any community which experiences more than average levels of severe mental illness and/or substance misuse is liable to be disproportionately affected by Dual Diagnosis – this most obviously correlates with deprived communities, but there may also be particular issues for certain minority ethnic communities .

6.4 It seems unlikely that women suffer disproportionately from Dual Diagnosis, but it may be the case that their problems tend to be particularly severe (particularly as they may not present for treatment at an early stage, and are very likely to have underlying histories of abuse which may complicate treatment/support). Services need to recognise and address this issue when designing their services.

Sustainability Implications:

6.5 None identified.

Crime & Disorder Implications:

6.6 People with a Dual Diagnosis are very likely to be involved in crime and anti-social behaviour . Effective treatment/support for Dual Diagnosis should attempt to address this pattern of behaviour.

Risk and Opportunity Management Implications:

6.7 Although the number of people in Brighton & Hove with a Dual Diagnosis is probably quite low, their potential to impact upon the city is very high, particularly in terms of the cost pressures on services for the homeless/rough sleepers. Effective management of Dual Diagnosis should seek to recognise and mitigate this risk by providing appropriate support services (e.g. to maintain people in their tenancies where possible).

Corporate / Citywide Implications:

6.8 People with a Dual Diagnosis are very likely to be amongst the most deprived in the city and very unlikely to be in employment or training. Improving services for this group therefore accords with the corporate priority to "Reduce inequality by increasing opportunity".

6.9 Dual Diagnosis is strongly associated with a range of criminal and anti-social behaviour (notably acquisitive crime, drug dealing, problems associated with sex work, problems associated with rough sleeping, public disorder). Improving services for this group therefore accords with the corporate priority "Fair enforcement of the law".

SUPPORTING DOCUMENTATION

Appendices:

1. Dual Diagnosis Panel report and appendices

Documents in Members' Rooms:

None

Background Documents:

1. None (other than those listed in the Dual Diagnosis Panel report itself)

Draft Scrutiny Report on Dual Diagnosis

Draft report on Dual Diagnosis (of mental health and substance misuse problems)

A Introduction

1. The Scrutiny Review

1.1 This Scrutiny Review was instigated by Councillor Georgia Wrighton, who submitted a request for scrutiny to the Brighton & Hove Overview & Scrutiny Organisation Committee (OSOC). Councillor Wrighton suggested that a Scrutiny Panel should:

"investigate and suggest improvements to the provision of health, housing and support services for those in the community, who because of an actual or perceived co-existing substance misuse and mental health problem, fail to receive adequate medical and social care."[1]

1.2 OSOC agreed to form a panel to investigate this issue at its 14 January 2008 meeting.

1.3 Councillors Pat Hawkes, Keith Taylor, David Watkins and Jan Young agreed to become Panel members. Panel members elected Councillor David Watkins as Chairman of the Scrutiny Panel.

1.4 On May 15 2008 Councillor Young was appointed the Brighton & Hove City Council Cabinet Member for Finance. Members of the Council's Executive are not permitted to serve on Scrutiny Committees or Panels. Councillor Young was therefore required to resign her place on this Scrutiny Panel.

1.5 The Panel held five evidence gathering meetings in public. The witnesses included clinicians and managers from Sussex Partnership Foundation NHS Trust (the main provider of statutory mental health and substance misuse services in the city); officers of NHS Brighton & Hove[2] (the commissioners of citywide mental health and substance misuse services); officers of Brighton & Hove City Council (including those responsible for managing the council's housing strategy); officers of the Children & Young People's Trust; representatives of the main supported housing providers in the city; representatives of the non-statutory services operating in the fields of mental health and

[1] Cllr Wrighton's request for Scrutiny is reprinted in **appendix 1** to this report.

[2] NHS Brighton & Hove was formerly known as Brighton & Hove City Teaching Primary Care Trust and this title is used throughout this report.

substance misuse; and the families and carers of people with a Dual Diagnosis.

1.6 The Panel also welcomed evidence in writing and received one written submission[3].

1.7 In addition to the five meetings in public, the Panel also held several private scoping meetings to determine the structure of the review process and the witnesses to be invited, and to agree a report. In addition, members visited the West Pier Project, a supported housing scheme managed by Brighton & Hove City Council. The West Pier Project provides some accommodation for people with a Dual Diagnosis.

2. The Process of the Review

2.1 During the course of the review, Panel members heard a wide range of evidence from witnesses who often had differing perspectives on the problems of Dual Diagnosis. However, it soon became evident that there were a number of themes repeatedly identified as important, and the Panel has therefore chosen to focus on, and make recommendations around, these key themes.

2.2 Panel members wish to thank all the witnesses who came forward to give evidence in person or to provide written statements.[4] Members were most impressed by the knowledge and commitment of all the witnesses they encountered. While serious problems regarding Dual Diagnosis do exist, and while some problems may always exist, it is clear that this is not due to any lack of passion or ability on the part of those who deal professionally with the issue, nor due to any lack of commitment on the part of families and carers.

2.3 Panel members are grateful for all the evidence they were presented with, and the Panel has tried to take account of all the views expressed when making its recommendations. At times it may not have been possible to incorporate some evidence into the report recommendations, most commonly because, although a very important problem may have been identified, its solution would have been beyond the scope of the Panel's effective influence (for instance requiring a change in national rather than local government policy).

[3] Written evidence is re-printed in **appendix 6** to this report.
[4] A list of the witnesses who gave evidence in person can be found in **appendix 2** to this report.

3 Definitions of Dual Diagnosis

3.1 'Dual Diagnosis' is a term used to refer to people who have a mental health problem and who also use drugs or alcohol in a problematic manner.[5]

3.2 However, this definition may not, in itself, be all that useful, as the set of people with some co-existing mental health and substance misuse problems is very large indeed. So large, and potentially so disparate, is this group that it is difficult to see the utility in designating everyone in it as having a 'Dual Diagnosis'.

In consequence, the term tends generally to be reserved for those people who have the most serious problems, either because of the severity of their mental illness or substance misuse problem, or because the combination of the two types of problem presents particular challenges. Department of Health guidance defines Dual Diagnosis as involving *"severe mental health problems and problematic substance misuse"* .[6]

3.3 The following table illustrates the complex nature of Dual Diagnosis problems[7]. Individuals who fall in the lower right section of this matrix are most likely to be targeted by Dual Diagnosis services.

[5] The term 'Dual Diagnosis' is sometimes used for other co-morbidities, such as the combination of learning disability and substance misuse problems. However, it is most commonly employed in the context of co-existing mental health and substance misuse issues, and this is how it is used throughout this report.

[6] Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002 (p6). Published works referred to in this report are listed in **appendix 4**.

[7] Taken from the Brighton & Hove and East Sussex Dual Diagnosis Needs Assessment (2002), p6.

	Low severity substance misuse	High severity substance misuse
Low severity mental illness	e.g. a recreational user of 'dance drugs' who has begun to struggle with low mood after weekend use	e.g. a dependant drinker who experiences increasing anxiety
High severity mental illness	e.g. an individual with bipolar disorder whose occasional binge drinking and experimental use of other substances de-stabilises their mental health	e.g. an individual with schizophrenia who misuses cannabis on a daily basis to compensate for social isolation

3.4 The set of people with *severe* mental health problems and *problematic* substance misuse (i.e. the set represented in the bottom right of the matrix) is much smaller than the set of people with *any* co-existing mental health and substance misuse problem, but it is nonetheless quite a large group. Some professionals appear content to work with a definition of Dual Diagnosis close to that quoted above, but others prefer to define it even more narrowly, identifying a 'typical' client as being someone with a very severe mental health problem (probably schizophrenia or a bi-polar disorder), plus substance misuse problems which are likely to feature heavy use of opiates and (often) the additional misuse of a wide range of other substances, including alcohol. Furthermore, such people are very likely to be rough sleepers or otherwise homeless, to present regularly to mental health services and to hospital A&E departments, and to be in regular contact with the police (generally for fairly low level offences concerned with anti-social behaviour and/or acquisitive crime).[8]

3.5 There is some potential for confusion here, as it is not always clear whether people who employ the term Dual Diagnosis use it in its very narrow, slightly broader or its very broadest sense. However, for the

[8] Evidence from Richard Ford, Executive Director (Brighton & Hove Locality), Sussex Partnership Foundation Trust: 29.02.08 (point 4.16 in the minutes to this meeting). Detailed minutes from the Dual Diagnosis Panel evidence gathering meetings are reprinted in **appendix 3 (A-F)** to this report.

Panel to insist on a single definition of Dual Diagnosis might have effectively excluded some interesting and important evidence. Therefore, whilst Panel members are clear that Dual Diagnosis should be taken to refer to severe rather than mild co-morbidities (as indicated in the table at **3.3**), they have not sought, in the context of this report, to define it any more narrowly.

3.6 It should also be noted that the term 'Dual Diagnosis' is not universally accepted as the best phrase to describe this set of problems. Some professionals prefer to refer to a *'co-morbidity of mental health and substance misuse problems';* others reject Dual Diagnosis in favour of terms such as *'complex needs',* arguing that 'Dual Diagnosis' implies that a person has only two types of problem, whereas in fact many people have a wide variety of needs, including mental health and substance misuse problems but also potentially encompassing general health needs, problems with criminal behaviour, homelessness and so on.[9]

3.7 The Panel recognises that the term 'Dual Diagnosis' is not entirely satisfactory, but it is the phrase most widely employed to describe co-existing mental illness and substance misuse problems, and therefore likely to be understood by more people than the alternatives. In consequence, it is the term preferred in this report.

4. Prevalence of Dual Diagnosis Problems

4.1 There is no accurate national figure for the number of people with a Dual Diagnosis. However, there seems to be broad agreement that between 30-50% of people with a *severe* mental health problem have a co-existing substance misuse problem.[10] Nationally, Community Mental Health Teams (CMHTs) report that 8-15% of their clients have a Dual Diagnosis.[11]

4.2 Inner city areas tend to feature very high incidences of Dual Diagnosis, and Dual Diagnosis is particularly prevalent amongst the homeless/rough sleepers and in prison.[12]

4.3 The prevalence of Dual Diagnosis within Brighton & Hove is uncertain, but professionals seem to be agreed that it is a major problem, with

[9] Evidence from Andy Winter, Chief Executive, Brighton Housing Trust: 07.03.08 (point 19.3).

[10] Needs Assessment: services for adults with mental illness and substance misuse problems in Brighton & Hove and East Sussex, Brighton & Hove City teaching Primary Care Trust, 2002 (pp12,13).

[11] Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002 (p7).

[12] Ibid. (p67).

local rates almost certainly at the high end of the national spectrum.[13] There could well be a very high level of unmet need in the city also, as people with Dual Diagnosis may often be reluctant to present for treatment.[14] However, the nature of the problems associated with Dual Diagnoses means that this is scarcely an 'invisible' group: people with a Dual Diagnosis are generally well known to healthcare services, social care and the police due to their chaotic lifestyles.[15] If these people are not officially designated as having a Dual Diagnosis, this may be indicative of problems with the way in which city agencies record and share data rather than because a large number of people have effectively escaped attention.

4.4 The last systematic attempt to estimate the size of this problem in Brighton & Hove was the **2002 Dual Diagnosis Need Assessment for Brighton & Hove and East Sussex**. This assessment forms the basis for current city-wide Dual Diagnosis services.[16]

4.5 Dual Diagnosis is a city-wide problem, although rates of both substance misuse and of mental illness vary considerably across the city, so one would expect some wards to record lower than average incidences of people with a Dual Diagnosis and other wards to have much higher figures.[17]

4.6 Dual Diagnosis has traditionally have been associated with people of 'low' social status; but it is increasingly being viewed as a problem affecting all sections of society, particularly as widening drug and alcohol use mean that people from a broad variety of backgrounds begin to present to substance misuse services.[18]

4.7 It is unclear whether Dual Diagnosis is an equally significant problem for both sexes. It seems to be the case that men are more commonly diagnosed as having a co-morbidity of mental health and substance misuse issues, but it is hard to tell whether this is indicative of a greater male prevalence, or whether men are simply more likely than women to present to services where their condition will be accurately assessed

[13] Mental Health Needs Assessment for Working Age Adults in Brighton & Hove; Alves, Bernadette; Brighton & Hove City teaching Primary Care Trust, 2007 (p47).

[14] Evidence from Simon Scott, Strategic Commissioner for Mental Health, Brighton & Hove City teaching Primary Care Trust: 07.03.08 (point 4.11 in the minutes of this meeting).

[15] Evidence from Richard Ford: 29.02.08 (point 9.2).

[16] Needs Assessment: services for adults with mental illness and substance misuse problems in Brighton & Hove and East Sussex, Brighton & Hove City teaching Primary Care Trust, 2002.

[17] Evidence from Simon Scott: 07.03.08 (point 4.4).

[18] Evidence from Dr Tim Ojo, Consultant Psychiatrist, Sussex Partnership Foundation Trust: 28.03.08 (point 20.9).

(for instance, presenting as homeless to a local authority).[19] There does seem to be some evidence to suggest that women are less likely to present for treatment than men (particularly for treatment of substance misuse issues); and there also seems to be a consensus that women are likely to manifest particularly severe Dual Diagnosis problems.[20] (This issue is addressed at more length in ***part 8*** of this report.)

4.8 There appears to be little evidence as to whether Dual Diagnosis is particularly prevalent in specific ethnic groups, or amongst people of a particular sexual orientation. However, any community with higher than average incidences of either drugs/alcohol use or serious mental illnesses might be assumed to be liable to feature relatively high incidences of Dual Diagnosis.[21]

4.9 As noted above (***point 3.4***), Dual Diagnosis is most typically associated with the misuse of opiates and other 'class A' drugs. However, there are also very strong associations with the misuse of alcohol, with problematic cannabis use and with the misuse of prescription drugs such as benzodiazepines.[22]

5. Reasons for the High Prevalence of Dual Diagnosis

5.1 It is not possible to identify a definitive cause of Dual Diagnosis problems, since this may vary from individual to individual. However, there do seem to be some generally accepted reasons why people with a severe mental illness so frequently have co-existing substance misuse problems.

5.1(a) The use/misuse of some substances may cause or trigger mental health problems. It has long been recognised that the use of some drugs, such as amphetamines and crack cocaine, can lead directly to mental illness. There is also increasing evidence that cannabis has a causal link with mental health problems for some users.

5.1(b) Whilst the misuse of other substances may not *directly* cause mental health problems, the lifestyle typically associated with prolonged drugs or alcohol use may be strongly associated with the development of mental illness. Thus, people engaging in acquisitive crime/prostitution

[19] See evidence from David Allerton, Mental Health Placement Officer, Sussex Partnership Foundation Trust and Mike Byrne, Manager of the West Pier Project (a supported housing project which accepts clients with a Dual Diagnosis), Brighton & Hove City Council: 07.03.08 (point 11.9 in the minutes of this meeting).

[20] Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002 (p19).

[21] Ibid. (p19).

[22] Evidence from Simon Scott: 07.03.08 (point 4.5).

to fund long-term opiate or crack cocaine use are very likely to develop problems such as anxiety and depression as a result of their lifestyles, even if they do not do so as a direct consequence of their substance use.

5.1(c) There is a widespread phenomenon of 'self medication' amongst people with mental illnesses, whereby individuals will attempt to ameliorate the symptoms of their illness by using alcohol or non-prescribed drugs.[23] It is evident that some of those self medicating will develop problematic relationships with the substances they opt to use.

5.1(d) While the root causes of mental health problems are very complex and often not yet wholly understood, it is well established that traumatic events such as a history of abuse may cause or trigger mental illness. The experience of this type of event is also strongly linked to the subsequent use of drugs and/or alcohol (as a form of self-medication), and hence to the potential development of problematic substance use. For example, a woman who has experienced domestic violence may well develop some form of Dual Diagnosis, as prolonged abuse is strongly linked to both the development of mental illness and to substance misuse problems. (This may not necessarily be Dual Diagnosis in its most typical form [see ***point 3.4*** above], as the mental health problems may well be depression and/or anxiety rather than schizophrenic or bi-polar disorders. However, such Dual Diagnoses can be extremely serious, not least because they may be exacerbated by the very unstable environments experienced by women who are in or who have fled an abusive relationship.)[24]

5.1(e) Since Dual Diagnosis involves a co-morbidity of mental health and substance misuse issues, it obviously 'requires' individuals to develop a problematic relationship with drugs or alcohol. Drug use, in particular, is more prevalent in some geographical areas than in others, so it follows that areas with very high drugs use (and a consequently high number of problematic users) are likely to feature a higher than average proportion of people with a Dual Diagnosis. Similarly, if mental health problems can be said to cluster geographically (areas with particularly poor housing stock may, for instance, feature disproportionately high levels of mental illness), one might expect certain areas to produce higher than average rates of Dual Diagnosis.

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[23] This may well be due to the stigma still associated with mental health problems, which makes people with these issues more reluctant to present for treatment than those with general health problems. Much work is currently being done to reduce this stigma: for example, via the 'Time to Change' initiative.

[24] Evidence from Khrys Kyriacou, Brighton Women's Refuge Project: 28 March 2008 (point 21.2).

6. Problems Associated with Dual Diagnosis

6.1 Why is Dual Diagnosis considered such a problem? It has very serious implications, both for individual sufferers and for the broader community.

6.1(a) For individuals with a mental illness, a co-existing substance misuse problem can make the psychiatric condition much harder to treat, as people with substance misuse issues are likely to lead highly chaotic lives, meaning that they may not present for treatment, they may struggle to adhere to therapeutic programmes or to regularly take their prescribed medication, and they may experience problems with the criminal justice system, housing etc. which can make their treatment far more difficult to administer.

6.1(b) There are often also very serious physical results of long term substance and alcohol misuse (including HIV, Hepatitis B and C, Korsikoff's syndrome, emphysema etc). These are problematic in themselves, and they can also make effective treatment of mental health problems more difficult.

6.1(c) The misuse of substances may also have a direct, deleterious impact upon a person's psychiatric condition, worsening the effects of an illness and prolonging episodes of ill health.[25]

6.1(d) People taking non-prescribed drugs as well as prescribed psychiatric medications may also find that the efficacy of their prescribed medication is compromised or that there are undesirable side-effects produced by combining different substances.

6.1(e) People who use substances problematically may require considerable amounts of money in order to maintain their use (particularly so for users of opiates or crack cocaine). They may seek to obtain this money by criminal means, such as acquisitive crime, or they may become involved in sex-work. Involvement in the former is likely to lead to problems with the criminal justice system; involvement in the latter may well result in serious physical/sexual abuse as well as causing or exacerbating mental health problems.

6.1(f) For individuals with a substance misuse problem, a co-existing mental illness can make abstinence much more difficult, as abstinence programmes typically require a good deal of self-awareness and

[25] Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002 (p9).

insight: abilities which are often significantly compromised by mental health problems.

6.1(g) The behaviour of people with major substance misuse issues, and, to some degree, that of people with severe mental health problems, can pose significant problems for the broader community, particularly in terms of anti-social activity. People with a Dual Diagnosis are very likely to cause problems within their community. Being effectively ostracised from one's community is likely to impact negatively on recovery from mental illness and on attempts to abstain from drugs or alcohol.

6.2 As well as impacting upon individual sufferers and, to some degree, on the wider community, Dual Diagnosis may also be profoundly damaging for the families of people with a co-morbidity of mental health and substance misuse problems. Although the 'typical' profile of someone with Dual Diagnosis may well be that of a young, single homeless male, it is important to be aware that by no means all people with a Dual Diagnosis fit this profile: many may have partners or dependant children whose needs must also be taken into account when planning services. Historically, health and social care services have not always been very effective at identifying and responding to the broader impact of Dual Diagnosis.

B Themes and Recommendations

During the course of its investigations, the Scrutiny Panel heard a good deal of evidence from a wide range of sources. However, it quickly became clear that certain themes appeared consistently in much of the evidence. The Panel has therefore focused on, and made recommendations around, these key themes[26]. The themes are enumerated below.

7. Supported Housing

7.1 People with a Dual Diagnosis are likely to experience difficulties with housing, due to problems commonly associated with both serious mental illnesses and problematic substance use. Thus, people may find it hard to obtain or maintain a tenancy due to their chaotic lifestyles, anti-social behaviour, inability/unwillingness to pay rents or claim the appropriate benefits, and so on.

7.2 Having an unsettled housing situation is almost bound to impact upon the efficacy of treatments for mental health problems and/or substance

[26] A digest of recommendations is included in **appendix 5** to this report.

misuse issues, as all treatments work best when the client is able to focus on them rather than on immediate problems of shelter.

7.3 People with a Dual Diagnosis living in general needs housing may evince types of behaviour which impact upon neighbours and the local community. This in turn may lead to these people being effectively ostracised by the community in which they are trying to live. People who cannot maintain tenancies may end up as homeless or rough sleepers, with concomitant costs to the broader community, both in financial and social terms.

7.4 There is therefore an obvious need for some kind of Supported Housing provision for many people with a Dual Diagnosis: to allow them to live in the kind of safe and secure environment which will best aid their treatment and recovery, and to ensure that the community does not suffer disproportionately from chaotic and anti-social behaviour.

7.5 A number of witnesses identified supported housing provision as a key aspect of problems associated with Dual Diagnosis in the city. More specifically, witnesses identified difficulties which included:

7.5(a) Temporary accommodation for people with a Dual Diagnosis. Patients discharged from residential healthcare (including people who have been detained in hospital 'under a section' of the Mental Health Act) may sometimes be placed in unsuitable accommodation (i.e. temporary Bed & Breakfast accommodation), with the concomitant risk that their recovery may be compromised by their environment.[27] One witness suggested that a possible solution to this problem would be for the Local Health Economy to have access to dedicated supported housing specifically for the purpose of providing a safe temporary living environment whilst suitable long-term accommodation is being arranged.[28]

People with a Dual Diagnosis accepted as being homeless have historically faced similar problems, with unsuitable Bed & Breakfast accommodation often being used as temporary housing. Brighton & Hove City Council has attempted to address this problem in recent years, procuring private sector rental accommodation to house people presenting as homeless (as well as offering this resource to mental health services seeking to house their clients). Whilst not an ideal solution, the use of this type of resource represents a significant advance on the use of general Bed & Breakfast accommodation for housing homeless people with mental health/Dual Diagnosis needs.[29]

[27] Evidence from Richard Ford: 29.02.08 (point 7.1).

[28] Evidence from Sue Baumgardt: 25.04.08 (point 30.9).

[29] Evidence from Steve Bulbeck, Head of Single Homelessness and Social Inclusion, Brighton & Hove City Council: 07.03.08 (point 13.3).

Another problem here may concern the co-ordination between statutory mental health and housing services. The Panel heard that the council's Housing Strategy service might be able to provide appropriate housing for many people coming out of residential mental health care, providing it had sufficient notice. This might be in terms of getting advance notice of an intention to discharge an individual (in which case, the more time to arrange appropriate accommodation the better). It might also involve effective systems for alerting Housing Strategy when an individual was detained under a 'section' or was otherwise receiving residential services, since in such circumstances it might be possible to liaise with that individual's landlord in order to maintain their private tenancy for the duration of a stay in residential mental health care.[30]

7.5(b) An appropriate residential assessment facility to enable accurate evaluation of people who may have a Dual Diagnosis.

Witnesses noted that it was often difficult to make an on the spot assessment of someone's housing and therapeutic needs; particularly so in the case of clients with substance misuse issues, as the effects of drugs/alcohol use can mask the symptoms of mental illness. A facility which would enable people to stay in a safe and supported environment long enough (perhaps two to four weeks) for their real needs, including underlying mental health problems, to be determined, might therefore be of considerable value in terms of ensuring that people were given the right care package and were eventually housed in the most appropriate environment.[31]

7.5(c) Long term accommodation for people who refuse to engage with services.

The Panel was told that there was currently no provision in Brighton & Hove for housing people with a Dual Diagnosis who refused to engage with services. Such accommodation had formerly been available but had been discontinued (in line with recent Government advice). However, although the numbers involved might be small, the service could potentially be very useful, particularly as it would allow the effective segregation of those people who did try and engage with services from those who did not.[32]

7.6 Behavioural problems associated with housing people with a Dual Diagnosis.

People with a Dual Diagnosis can be difficult to house because their behaviour is likely to be very challenging. This is particularly so for

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[30] Evidence from Jugal Sharma, Assistant Director, Housing Strategy, Brighton & Hove City Council: 25.07.08 (point 36.14).

[31] Evidence from Andy Winter, Chief Executive, Brighton Housing Trust: 28.03.08 (point 19.12).

[32] Ibid. (point 19.14).

clients who are actively using drugs and/or alcohol. Housing these people requires very specialist services and a great deal of support (potentially on a 24/7 basis). In consequence, not all supported housing is suitable for people with a Dual Diagnosis, particularly if they are unwilling or unable either to be or to commit to being abstinent. [33]

The type of housing suitable for people with a Dual Diagnosis may also vary. Some witnesses noted that there were significant problems associated with housing a number of people with Dual Diagnoses together, since substance/alcohol misuse or anti-social behaviour by one client might effectively trigger similar behaviour from other residents.[34] Other witnesses noted that some clients with a Dual Diagnosis may thrive in a busy environment, providing the conditions were carefully controlled to ensure that conduct was monitored and appropriate behaviour encouraged.[35] There is no necessary contradiction here: it is clear that a range of supported housing is required to fit with a variety of clients (although there seems general agreement that relatively small scale housing is most useful).[36]

7.7 'Step Down' Housing.

Successfully housing people in appropriate accommodation is not the end of the story. People with a Dual Diagnosis can find that their condition improves significantly with treatment and a relatively stable environment. In such instances, a very high level of support may no longer be required, and it may make sense to facilitate a process via which clients can 'step down' to less intensively supported housing. Such a progression could free places in the most highly supported environments, would encourage the development of independent living skills and might effectively save money (as less intensively supported housing is liable to be a cheaper option).

Although the process of 'stepping down' may currently take place, there is no formal system to encourage it nor any effective system of monitoring placements to ensure that appropriate step downs are undertaken.[37] As there is a potential incentive for housing providers to retain rather than move on relatively trouble-free tenants (such tenants being generally easier to support), this may be an area which requires a more formal system in place. It should however be noted that no

[33] Evidence from 29.02.08 (point 7.3).

[34] Evidence from David Allerton, Mental Health Placement Officer, Sussex Partnership Trust: 07.03.08 (point 11.7).

[35] Evidence from Mike Byrne, Manager of the West Pier Project: 07.03.08 (point12.6).

[36] Evidence from Dave Dugan, Residential Services Manager, Sussex Partnership Foundation Trust: 29.02.08 (point 7.7).

[37] Evidence from David Allerton: 07.03.08 (11.8); evidence from Steve Bulbeck: 07.03.08 (point 13.4).

witness identified any current supported housing provider as disinclined to 'step down' levels of support when appropriate; the problem may therefore currently be potential rather than actual.

7.8 Restrictions caused by 'pathways'.

The Panel also heard that the supported housing supply problem could be exacerbated by the system of 'pathways' employed to assess and house people. For example, clients who present with an urgent housing need due to their mental health problems may formally only be eligible for housing within a limited number of supported housing schemes to which the Mental Health Placement Officer is able to refer. Since the housing options accessible via this pathway include little if any accommodation suitable for people with a Dual Diagnosis who are unwilling to commit to current or future abstinence, it may be very difficult to meet certain clients' housing needs, even though suitable supported housing might actually be available in the city (but only formally accessible via the homeless 'pathway').[38]

In practice, the Panel learnt, it may be possible for agencies to steer a course around the formal restrictions of the pathways system, by working together on an informal basis to ensure that clients are directed to the most appropriate housing resource. However, a system which needs to be regularly circumvented in order to accommodate clients with as serious (and relatively common) a condition as a Dual Diagnosis is clearly not fully functional; there seems little point in having formal pathways of care if these pathways effectively complicate rather than facilitate the delivery of services. It may therefore be necessary to review the current pathways via which supported housing is accessed, in order to determine whether the pathways need adjustment, or whether a dedicated Dual Diagnosis pathway might be of use.

7.9 Supported Housing for People with a Dual Diagnosis and the issue of abstinence

Aside from the issue of the accessibility of appropriate supported housing via the formal homeless and mental health pathways, the Panel heard a good deal of evidence regarding the provision and type of supported housing in the city. There seemed to be broad agreement that there was an adequate stock of supported housing within Brighton & Hove, but rather less unanimity as to whether there was sufficient housing suitable for people with a Dual Diagnosis.

It seems evident that there are some significant differences of opinion regarding the stress that should be placed on abstinence in the treatment and support of people with a Dual Diagnosis. Some agencies (including Sussex Partnership NHS Trust and Brighton & Hove City Council[39]) are committed to a policy of 'minimisation', in which clients

[38] Evidence from David Allerton: 07.03.08 (points 11.2 and11.3).

[39] Evidence from Steve Bulbeck: 29.02.08 (point 7.5).

are encouraged to use drugs and alcohol in ways which reduce the likely harm to themselves and others.[40] This may include using sterile needles to inject drugs, and disposing of the used needles responsibly; moving from injecting drugs to taking them in other forms; moving from 'street' drugs to prescribed alternatives (e.g. from heroin to methadone); reducing drugs and/or alcohol use; switching from very hazardous to less hazardous substances (and patterns of use), and so on.[41] Although abstinence is a long term goal of all agencies involved in treating and supporting people with a Dual Diagnosis, clients are not necessarily required to be abstinent or to themselves commit to a goal of abstinence in order to receive treatment or support. It is considered that the imposition of abstinence may not be a realistic option for many people with a Dual Diagnosis, who might be incapable of making such a commitment or who might withdraw entirely from support services if the issue were to be made central to the provision of therapies[42].

Other agencies (notably Brighton Housing Trust) champion the idea of abstinence, believing that, sensitively handled, it should form the basis of treatment and support. Clients, in some initiatives at least, are actively encouraged to pledge abstinence as a long term goal, although not necessarily to immediately assume an abstinent lifestyle.[43]Abstinence may sometimes be defined so as to exclude people who take prescribed substitutes for 'street' drugs (e.g. methadone as a heroin substitute); the argument here is that many methadone users also use heroin and generally associate with current drugs users, so that they are typically not in any real sense themselves abstinent, and may disrupt the recovery of those who have genuinely committed to abstinence if housed alongside them.[44]

Panel members accept that there are valid grounds for adopting either of the above approaches to the support and treatment of people with a Dual Diagnosis, and note that these differences in the theory of treatment may not necessarily result in services which vary all that considerably from each other in practice. Panel members have no wish to make recommendations to clinicians and substance misuse professionals concerning the details of treatment of people with a Dual Diagnosis, but do believe that it is incumbent on all agencies involved to ensure that, whatever their differences in philosophy in terms of treating Dual Diagnoses, their approaches dove-tail sufficiently for the effective integration of services across the city.

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[40] Evidence from Richard Ford: 29.02.08 (point 7.6).

[41] Evidence from Mike Byrne: 07.03.08 (point 12.3).

[42] See evidence from Jugal Sharma: 25.07.08 (point 36.19).

[43] Evidence from Andy Winter: 28.03.08 (points 19.5, 19.8, 19.9).

[44] Ibid. (points 19.4; 19.5).

7.10 The West Pier Project

During the course of the review, Panel members visited the West Pier Project, a council-run supported housing scheme providing accommodation to a range of clients, some of whom may have a Dual Diagnosis. Although the West Pier Project is housed in period buildings which present significant challenges for running an effective service, Panel members were very impressed by the quality of services provided.

The Project accepts clients with a Dual Diagnosis and does not insist on abstinence, although residents must be willing to commit to minimising the damage that their substance or alcohol use can cause.

Panel members considered that the West Pier Project represents a model of the type of supported housing which should be more widely available for people with a Dual Diagnosis, particularly in terms of successfully integrating such a facility into the local community and of providing expert support for clients.

7.11 Recommendations

The Panel recommends that:

a) Consideration should be given to the feasibility of commissioning temporary supported housing provision to be used to accommodate people with a Dual Diagnosis in between their discharge from residential psychiatric treatment and the allocation of appropriate longer term housing. Housing people with a Dual Diagnosis in 'Bed & Breakfast' accommodation should only be considered as a last resort.

b) Consideration should be given to the feasibility of commissioning a residential assessment facility to be used to house people with a suspected Dual Diagnosis for a period long enough to ensure a thorough assessment of their mental health and other needs.

c) Consideration should be given to commissioning long term supported housing for people with a Dual Diagnosis who refuse treatment for their condition(s).

d) Brighton & Hove City Council Housing Strategy and the Sussex Partnership Foundation Trust should seek to agree a protocol requiring statutory providers of mental health services to notify the council's Housing Strategy department when a client has been admitted to residential mental health care (subject to the appropriate approval from clients). This would enable Housing Strategy to assess the risk of an individual being unable to access

suitable housing on their discharge from hospital, and to take appropriate action.

e) Consideration should be given to establishing a 'Dual Diagnosis pathway' to ensure that people with a Dual Diagnosis can be appropriately housed as quickly and efficiently as possible.

f) The West Pier Project represents an effective model for supported housing suitable for (some people) with a Dual Diagnosis. Serious consideration should be given to providing more such facilities within the city.

8. Women's Services

8.1 National guidance on Dual Diagnosis emphasises that women with a Dual Diagnosis may face particular difficulties and pose particular problems for support and treatment services.[45] Some of these problems are detailed below.

8.1(a) 'Under-presentation'

Women with a Dual Diagnosis may be reluctant to present for treatment (particularly women with dependant children, who may feel that their custody will be placed in jeopardy if they are diagnosed as having co-existing mental health and substance misuse problems). This can result in women not being treated at all for their substance misuse and psychological problems, or being treated at an advanced rather than a relatively early stage of the development of their condition – treatment at an early stage is strongly correlated with better and quicker recovery.

8.1(b) Histories of abuse

Women with serious substance misuse problems are very likely to have experienced sexual, physical and/or emotional abuse at some stage of their lives (much more likely than other women or men). This may complicate treatment and support programmes as well as making people less likely to present for treatment.

8.1(c) Women in sex work

Women who misuse some substances, notably heroin and crack cocaine, may engage in sex work to fund their lifestyles (very possibly being coerced into so doing; sex workers are also routinely coerced into taking drugs).[46] Such work carries a very significant risk of physical

[45] Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002 (p18).

[46] Evidence from Khrys Kyriacou, Brighton Women's Refuge Project: 28 March 2008 (point 21.7).

health problems and of further abuse which may worsen both mental health and substance misuse problems. (Faced with a similar need for money, men with a substance misuse problem are more likely to engage in acquisitive crime than in sex work. This may cause its own problems, such as involvement with the criminal justice system, but it is perhaps less likely to impact so severely on an individual's physical and mental health.)

8.1(d) Domestic violence

Members heard evidence that many people who have been exposed to domestic violence, either directly as the victim of assaults, or indirectly (as a child witnessing its mother being assaulted, for instance) may well develop problematic substance use and/or mental health problems, either concurrent with the assaults or in later life (see ***point 8.1(b)*** above). Whilst the types of co-morbidity typically associated with women experiencing domestic violence may not always fit exactly with the 'classic' definition of Dual Diagnosis (see ***point 3.4*** above), the problems encountered may be just as severe, particularly when the physical danger women and their families may face, likely difficulties with income and with housing etc. are factored in.

The Panel heard evidence that services for women fleeing domestic violence, such as those provided by Brighton Women's Refuge Project, are not necessarily able to cope effectively with Dual Diagnosis problems. This has several aspects:

- The fact that Women's Refuge housing provides accommodation for families escaping abusive situations may mean that it is unsuitable for people whose behaviour is liable to be chaotic and/or aggressive. However, it can prove very difficult to facilitate moving women into more appropriate accommodation as social housing may not be available, and private sector housing is difficult to access without resources for a deposit. Access to grants or loans to provide this deposit money is typically not available to the women supported by the Women's Refuge, even though these women are legitimately entitled to receive dual Housing Benefit payments (both to maintain the tenancy they were forced to flee and to pay for their accommodation in the Women's Refuge). The Panel was told that a more flexible approach to the allocation of housing-related benefits in this instance might improve the situation for women with Dual Diagnoses and their families (and many other families) without necessarily costing any more than the current arrangement.[47]

- The Panel also learnt that the Brighton Women's Refuge Project is largely funded via Supporting People grants, and the conditions attached to this funding mean that the Women's Refuge is unable to provide support services which might benefit women with a Dual

[47] Ibid. (point 21.5).

Diagnosis and their families, such as services providing emotional support for women and the direct support of client's dependent children.[48] Better and/or more flexible funding would allow for more effective support of people with a Dual Diagnosis and their families, and might even aid the local authority in fulfilling its duties to families as set out in 'Every Child Matters'.[49]

- The Women's Refuge is, for legislative reasons, unable to house women under certain circumstances. For instance, it cannot offer housing to women receiving prescribed medications to manage substance misuse issues (e.g. women prescribed methadone as a heroin substitute). Whilst there may be no local solution to this type of problem, local agencies should be aware that Women's Refuge services are unable to support certain types of client, and should arrange alternative means of support to ensure there are no gaps in the system.

8.2 There seem, therefore, to be two types of problem specific to women with a Dual Diagnosis: difficulties in identifying and engaging with those in most need of support and treatment; and, even when women with a Dual Diagnosis have been identified, difficulties in providing appropriate services (perhaps necessitating working around inflexible, nationally set targets/funding streams).

8.3 Recommendations

The Panel recommends that

a) Any future Needs Assessment of city-wide Dual Diagnosis services must address the important issue of the potential under-representation of women, and must introduce measures to ameliorate this problem.

b) The problems highlighted by Brighton Women's Refuge are addressed (point 8.1(d) above), with assurances that local solutions will be found to ensure that an appropriate range of services is made available.

9. Children and Young People

9.1 Dual Diagnosis may be a particular problem for children and young people because many mental health problems typically begin to manifest in adolescents. Similarly, many people begin experimenting with drugs and/or alcohol in their teenage years. One might therefore

[48] Evidence from Khrys Kyriacou, Brighton Women's Refuge Project: 28 March 2008 (point 21.6).

[49] Ibid. (point 21.6).

anticipate a high rate of Dual Diagnosis amongst teenagers, as both mental health and substance misuse problems are likely to be prevalent within this group.

9.2 This problem may be exacerbated by an unwillingness to present to mental health services, which is an issue across mental health care, but may be a particularly acute one in terms of adolescents.

9.3 Teenagers and young adults are also, statistically speaking, very likely to appear in other groups associated with Dual Diagnoses, such as homeless/rough sleepers and people in trouble with the criminal justice system.

9.4 Children and Young people may also share a home with parents or siblings with a Dual Diagnosis, and are therefore likely to be affected by their family member's behaviour (and how it is managed). Children and Young People may also be responsible for caring for someone with problems including a Dual Diagnosis. The potential impact of living with and/or caring for someone with both a severe mental health problem and substance misuse issues should not be underestimated. It is very likely that children who grow up in such an environment will themselves require a good deal of support, particularly if they are attempting to act as carers.

9.5 Although the root causes of a Dual Diagnosis may be very complex, it is widely accepted that childhood trauma and/or abuse are strongly linked with the development of mental health and substance misuse problems in later life. By the same token, effective identification and treatment of both mental health and substance misuse problems in their early stages of development is strongly correlated with much better outcomes and more complete recovery. In seeking to reduce the impact of Dual Diagnosis it is therefore incumbent upon agencies to accurately identify children and young people in need of services and to effectively deliver those services. Intervention at an early age may be much more effective than intervention once a co-morbidity is well established.

9.6 The Panel heard evidence from a variety of witnesses on the subject of services for children and young people. These witnesses included officers from the Children and Young People's Trust (CYPT).

9.7 Panel members heard that the structure of the CYPT, combining in one organisation functions which had formally been the responsibility of several agencies, has enabled services for children and young people with a Dual Diagnosis to be effectively integrated (although this integration is not yet complete, and work remains to be done to establish the most effective alignment of some services).[50] Witnesses

[50] See evidence received at 25.04.08 meeting (points 29.4, 29.5 and 29.9).

and Panel members agreed that the good practice established by the CYPT might usefully be studied by agencies engaged in delivering services for adults with a Dual Diagnosis.[51] However, witnesses stressed that it did not necessarily follow from this that joint working between agencies responsible for adult Dual Diagnosis services was currently poor. On the contrary, Members heard that there was a good deal of effective co-working.[52] Neither did witnesses necessarily endorse formal integration of adult services.

9.8 One problem identified by witnesses concerned the progression of clients from the CYPT to adult services. Since adult services are not formally integrated in the manner of CYPT, there is inevitably quite a noticeable break in the continuity of service and in the client's experience of his or her support and treatment, even when adult services are on a par with CYPT services.

This is particularly problematic because so many people will develop Dual Diagnosis problems whilst they are users of children's services (see ***point 9.1*** above). Thus, the need to progress from children's into adult services is a normal rather than an exceptional circumstance. This is a nationally recognised problem and work is ongoing to explore the feasibility of offering 'transitional' services (e.g. for people aged 14-25). Other services which cater for both children and adults, such as services for people with Special Needs and services for Pregnant Teenagers, have already sought to mitigate this problem by extending their upper age ranges.[53]

9.9 Another problem associated with Dual Diagnosis in this client group is that clients are often very reluctant to present for treatment or to adhere to therapeutic programmes, particularly if these programmes require a commitment to abstinence. A formal diagnosis of a co-morbidity of mental health and substance misuse issues might consequently be more commonly made when clients are in their mid-twenties (and are typically evincing somewhat less chaotic behaviour).[54]

9.10 Members were told that there was a related problem in determining the extent of teenage alcohol and drug related problems, because the recording of such data was often incomplete. This is particularly so in terms of attendance at hospital Accident & Emergency (A&E) Departments: A&E does not always 'code' incidents as drink (or substance) related and does not necessarily alert CYPT services to the attendance of children and young people with possible alcohol or

[51] Ibid. (29.10).

[52] See evidence received at 25.04.08 meeting (29.12).

[53] Ibid. (29.11; 29.16).

[54] See evidence received at 25.04.08 meeting (29.8).

substance misuse problems. (There are similar problems with the recording of A&E attendances which might potentially relate to mental health problems.)The high turnover of A&E staff due to training requirements means that it is difficult to develop effective informal working relationships between A&E staff and the CYPT. There is ongoing work to develop a Care Pathway via which A&E could refer into the CYPT. This pathway would potentially include target numbers of referrals.[55]

9.11 In terms of the substance misuse aspect of Dual Diagnosis amongst younger people, members learnt that a wide variety of substances were used in a problematic way. However, witnesses expressed particular concerns regarding the misuse of alcohol, both because there were specific problems associated with this (including high levels of criminal/anti-social behaviour and the potential of very serious physical side-effects of prolonged use), and because children's services for alcohol are generally poorly funded.[56]

9.12 In terms of interventions into families where there might be a parent with a Dual Diagnosis whose actions place dependant children at risk, the Panel heard evidence about a programme called POCAR (Parents Of Children At Risk). POCAR provides interventions and support to parents who are problematic drugs users *and* at risk of having children taken into care. POCAR services for women are run by the Oasis Project, and for men by CRI (Crime Reduction Initiative). To date it seems that many more women than men have agreed to take part in POCAR programmes.[57] Panel members welcomed the work of the POCAR initiative, but noted that this addressed only one aspect of a the much broader issue of support for the families of people with a Dual Diagnosis. For instance, POCAR focuses on parents who retain formal custody of their children, but there are a number of situations where parents may no longer have custody, but where there is still a strong and potentially problematic relationship with their children. It is important that services are aware of such situations and can offer appropriate levels of support to all families affected by Dual Diagnosis.

9.13 Members were also told that there may be an opportunity to 'spend to save' in terms of providing Public Health education which aims to steer young people away from problematic drugs and alcohol use, thereby reducing the long term impact of these problems on individuals and the broader community. The Panel was told that any calculation regarding the funding of Dual Diagnosis services should consider this preventative role rather than simply focusing on the provision of

[55] Ibid. (29.14).

[56] See evidence received at 25.04.08 meeting (point 29.14).

[57] Evidence from Jo-Ann Welsh, Director, The Oasis Project: 28.03.08 (points 22.2, 22.5 and 22.6).

services for people already diagnosed with a co-morbidity of mental health and substance misuse problems.[58] However, the Panel was informed that recent years had seen a reduction in substance misuse Public Health information specifically targeting young people.[59]

9.14 Recommendations

The Panel recommends that:

a) The integrated services for Dual Diagnosis offered by the CYPT are studied by agencies responsible for co-working to provide adult Dual Diagnosis services. Where agencies are unable to formally integrate, or feel that there would be no value in such a move, they should set out clearly how their services are to be effectively integrated on a less formal basis.

b) Serious and immediate consideration must be given to introducing a 'transitional' service for young people with a Dual Diagnosis (perhaps covering ages from 14-25). If it is not possible to introduce such a service locally, then service providers must demonstrate that they have made the progression from children's to adult services as smooth as possible, preserving, wherever feasible, a high degree of continuity of care.

c) Serious consideration needs to be given to the growing problem of problematic use of alcohol by children and young people (including those who currently have or are likely to develop a Dual Diagnosis). It is evident that better support and treatment services are required.

d) The development of a 'pathway' to encourage A&E staff to refer young people attending A&E with apparent substance or alcohol problems should be welcomed. There may need to be targets for referrals to ensure that the pathway is used as efficiently as possible.

e) Public Health education encouraging abstinence/sensible drugs and alcohol use is vital to reducing the incidence of Dual Diagnosis in the long term. Effective funding for this service must be put in place. Public health education encouraging mental wellness is equally important.

f) Dual Diagnosis can have a profound and ongoing impact upon the families of people with a co-morbidity of mental health and substance misuse issues. It is vital that appropriate support services are available for families and that every effort is taken to identify those in need of such support. Therefore, a protocol

[58] Evidence from Simon Scott: 07.03.08 (point 9.4).

[59] Evidence from 29.02.08 (point 5.4).

should be developed whereby a formal assessment of the support needs of families is undertaken whenever someone is diagnosed with a Dual Diagnosis.

10. Integrated Working and Care Plans

10.1 One of the problems posed by Dual Diagnosis is that its treatment involves two historically distinct disciplines: psychiatric care and substance misuse services. Successful outcomes for patients will rely, to a large extent, on the effective integration of these services.

10.2 There are three basic approaches to co-ordinating treatments for Dual Diagnosis: ***sequential***, ***parallel*** and ***integrated*** care models.

- ***Sequential*** care involves the treatment of one aspect of the Dual Diagnosis before the other. Thus, treatment of a substance misuse problem might be attempted before engaging with a client's mental health problems. However, people with a Dual Diagnosis are likely to suffer from mutually interactive conditions, meaning that it may not be practically possible to separate the problems and treat each in isolation.

- ***Parallel*** care involves the concurrent, but separate treatment of both conditions (i.e. distinct teams delivering a co-ordinated treatment of both mental health and substance misuse problems). There are obvious potential pitfalls here, as patients may be required to engage with contrasting therapeutic approaches and present for treatment to different agencies: the risk is that treatments are mutually contradictory or that patients 'fall between the gaps' of services. However, there is a broad range of possible parallel configurations, and some may be considerably more effective than others; thus, whilst wholly separate teams working in parallel might struggle to deliver good services; formally discrete, but effectively integrated teams based together on a single site might be able to deliver excellent results.

- ***Integrated*** care involves the concurrent treatment of both conditions delivered by a single team. Integration is a popular technique in American healthcare, and US evaluations of this model have tended to show it to be more effective than either sequential or parallel treatment. However, it may be the case that an integrated system of mental health and substance misuse care fits comfortably with American training and working practices, but much less so with UK practices, where a move to formal integration might require considerable changes to the way in which services are organised and training is conducted. Some experts suggest that comprehensively integrated parallel care may produce

similar results to formal integration, without requiring structural changes which might resonate far beyond services for Dual Diagnosis.[60]

10.3 Panel members were told that co-working between mental health and substance misuse services in Brighton & Hove was generally very effective. Several witnesses believed that this kind of co-ordinated parallel working was preferable to the formation of a single, multi-disciplinary Dual Diagnosis team.[61] It was pointed out to the Panel that treatment via an integrated mental health and substance misuse team might improve services for some patients, but for many others it would entail receiving a generalist treatment when expert specialist intervention by distinct teams might have provided a better option.[62]

10.4 While integrated treatment for Dual Diagnosis might not be the best way forward, some witnesses did feel that integrated assessment may be desirable. Thus, the Panel was told that an integrated assessment team would allow all agencies to contribute to the assessment process in accordance with their expertise, improving services for clients.[63] Brighton & Hove City Teaching Primary Care Trust (PCT) is ultimately responsible for commissioning these services, and so it would be the PCT's decision whether to move to an integrated system of assessment.

10.5 City GPs have recently commissioned (working together as 'Practice Based Commissioners') a service from the Sussex Partnership Foundation Trust which will provide a single referral point for people suspected of having Dual Diagnosis problems. Three teams situated within the Community Mental Health Team will be responsible for assessing patients in the East, the West and the Centre of Brighton & Hove. It is hoped that these teams will speed up the assessment process as well as mitigating the danger of people with a Dual Diagnosis being referred to inappropriate services or being 'bounced around' agencies.[64]

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[60] Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002 (pp22, 23).

[61] See: evidence from Richard Ford: 29.02.08 (9.3); evidence from Andy Winter 28.03.08 (19.11; 19.7). [Mr Winter argued that full integration of the assessment of patients' needs is practically unattainable because different agencies work to differing Performance Indicators (PIs)/targets. Since these PIs are generally nationally established and therefore immutable at a local level, it is very unlikely that a fully integrated local assessment system could ever be established, since it seems unlikely that a single joint assessment could ever satisfy the various requirements of all the agencies involved.]

[62] Evidence from Dr Tim Ojo: 28.03.08 (point 20.8).

[63] Evidence from Joy Hollister, Director of Adult Social Care and Housing, Brighton & Hove City Council (point 1.6 in the evidence notes).

[64] Evidence from Simon Scott: 29.02.08 (points 4.12; 4.13).

10.6 Integration between NHS services and those dealing with employment and housing has historically been much more problematic, with poor communication often leading to a lack of co-ordination. Current Government initiatives to increase the availability of 'talking therapies' may strengthen links between mental health and employment services.[65] The roll-out of improved access to these therapies is intended, at least in part, to enable people with mental health problems to access appropriate support and therapy in order to remain in employment rather than claiming Incapacity Benefits. (This may not, however, have much of a direct impact upon Dual Diagnosis, as the target group for intervention via talking therapies is likely to feature people with much less severe conditions.)

Integration with housing services is an issue that has been partly addressed at a local level, with the co-location of Sussex Partnership Trust's Mental Health Placement Officer alongside Brighton & Hove City Council's Housing Options Team.[66] However, it is apparent that there is much still to do in terms of the effective integration of mental health, substance misuse and housing services, particularly in terms of relationships between the statutory services and the Registered Social Landlords who provide city-wide supported housing.[67]

10.7 An important aspect of co-ordinated working between agencies involves the creation, maintenance and use of 'Care Plans' – regularly updated documents which determine the types of treatment and support an individual client is to receive. There are clear advantages to co-ordinating work in regard to the creation of Care Plans. However, it may not be possible to formally integrate Care Plans as different organisations have differing requirements which could not be easily met by a single joint Care Plan: for such a document to meet all the various requirements of the agencies involved might mean that it was too unwieldy to be of much practical use. Effective co-working may therefore be a better option here than formal integration.[68] Witnesses were generally positive about Care Plans currently in use within the city.[69]

10.8 Although Care Plans are regularly shared between the statutory agencies, they are not necessarily readily available to other services which might benefit from access to them. For instance, housing support services might usefully refer to Care Plans when determining where a

[65] See evidence from 29.02.08 (point 8.1).

[66] Evidence from David Allerton: 07.03.08 (point 11.1).

[67] See evidence from 29.02.08 (point 7.8).

[68] Evidence from David Allerton: 07.03.08 (point 11.11).

[69] Evidence from Mike Byrne: 07.03.08 (point 12.9).

client with Dual Diagnosis should be housed. There is some ongoing work in this area, although progress has been slow.[70]

10.9 Recommendations

That Panel recommends that:

a) Consideration should be given to adopting an integrated approach to the assessment of people with Dual Diagnosis problems. Such assessments must be outcome focused. If the commissioners are unable/unwilling to move towards such a system, they should indicate why the current assessment regime is considered preferable.

b) A single integrated Care Plan may be neither possible nor desirable, but co-working in devising, maintaining and using Care Plans is essential. Whilst good work has clearly been done in this area, the development of a Care Plan, including clearly expressed 'move-on' plans, which can be accessed by housing support services (and other providers) is a necessary next step in the integration of support services for Dual Diagnosis.

11. Funding

11.1 The adequacy of funding is obviously a relevant concern for any study of the effectiveness of aspects of health or social care. In terms of Dual Diagnosis, a number of witnesses commented on the funding situation.

11.2 To a degree, the question of the adequacy of funding for these services hinges on one's definition of Dual Diagnosis. It is, for instance, widely recognised that funding for relatively low level substance misuse problems is rarely wholly adequate, and this is equally so in terms of the treatment of relatively mild mental health problems. (In both instances, treatments or interventions may be available, but with very lengthy waiting lists.) Therefore, it might be argued that people with a fairly low level co-morbidity of mental health and substance misuse problems may not be receiving the best possible services, and almost certainly not services delivered as soon as they are required.

However, as has been noted above, Dual Diagnosis is more typically defined as the co-existence of *severe* mental health and substance misuse problems. People with conditions such as schizophrenia or bi-polar disorders can usually anticipate relatively quick access to therapies and a very high level of treatment, largely because these conditions may be extremely serious in terms of health risks to the

[70] Evidence from 29.02.08 (point 9.6).

individual, but also because of the impact these illnesses can cause on families, carers and the wider community. A similar point may be made about very severe manifestations of substance misuse problems: their impact is likely to be such that they will be treated as priority issues and accorded appropriate funding.[71]

Therefore, whilst general funding for both substance misuse and mental health services may not be wholly adequate, it seems reasonable to assume that funding for Dual Diagnosis (as defined above) is not a very major issue.

11.3 Witnesses identified the funding for services relating to the problematic use of alcohol as being worryingly low, both in national and in local terms. Given the major and growing problems associated with alcohol use in Brighton & Hove this is an obvious worry. Although there are proposals to increase the funding of these services, the planned increases may not be adequate to address this problem.[72] (See also ***point 9.11*** above regarding funding for young people's alcohol services.)

11.4 While a number of witnesses expressed concerns regarding the provision of Supported Housing for people with a dual Diagnosis, there seemed to be general agreement that this was not, fundamentally, an issue of funding of supported housing places: adequate supported housing is available, but there may not be enough of it which is appropriate for the particular needs of this client group.

However, additional funding may be needed to commission particular types of supported housing, such as a residential assessment centre, temporary accommodation for people discharged from residential healthcare or housing for people who refuse treatment (see ***points 7.6, 7.7*** and ***7.8*** above).

Clearly, funding is not wholly an irrelevance here: providing support services for clients with very complex needs is obviously expensive, and the seeming reluctance of some housing providers to accommodate (non-abstinent) Dual Diagnosis clients may reflect a belief that the available funding does not always cover the levels of support required. There may therefore be a need for some fine-tuning of the allocation of funds for housing support to encourage and enable providers to offer a greater variety of services for people with a Dual Diagnosis.

11.5 All of the above assumes that general funding in this area will remain relatively static. However, this may not be the case, as planned cuts to the Supporting People budget may impact widely upon city services.

[71] Evidence from 29.02.08 meeting (point 6.1).

[72] Evidence from 29.02.08 meeting (point 6.1).

Whilst there is a general aspiration to protect services for working age adults with mental health problems, the city-wide effects of the cuts, including their impact upon supporting housing providers who offer a variety of other services in addition to Dual Diagnosis services (including services which will see funding reduced), is not yet known.[73]

While the general climate may be one in which there is little prospect of getting increased funds for health and social care provision, the Panel was informed that it might be possible to re-profile parts of the budget for mental health and substance abuse in order to provide additional funding for supported housing services for Dual Diagnosis if clear benefits could be shown.[74]

11.6 Recommendations

The Panel recommends that:

a) Better provision for alcohol related problems, both in terms of treatment and Public Health, is a priority and urgent consideration should be given by the commissioners of health and social care to developing these services so that they meet local need.

b) The commissioners of Dual Diagnosis services must agree on a level (or levels) of housing support appropriate for people with a Dual Diagnosis and ensure that there is sufficient funding available for city supported housing providers to deliver this level of care.

12. Treatment and Support

12.1 The Panel heard evidence from a number of witnesses concerning ways in which people with a Dual Diagnosis were or should be treated and supported.

12.2 One point made was that effective treatment of Dual Diagnosis should aim to be as personalised as possible; 'Dual Diagnosis' is a blanket term encompassing a very wide range of conditions and a generic treatment is highly unlikely to fit well with the needs of all individuals.[75]

12.3 Since treatment and support services for Dual Diagnosis are often very specialised, it is important that the right services are in place as and when they are needed, including services providing supported housing, 'talking therapies', suicide prevention and professional carers. Ensuring that the correct services are in place can be a considerable challenge,

[73] See Evidence from Steve Bulbeck: 07.03.08 (13.8).

[74] Evidence from Simon Scott: 29.02.08 (point 7.9).
[75] Evidence from Dr Tim Ojo: 28.03.08 (point 20.3).

and the local implementation of the national Self-Directed Support initiative (giving individuals much more say in aspects of their own care and support) is bound to make this process more complex. Currently, Sussex Partnership Trust takes the lead on this 'micro-commissioning' process, and the Trust's ability to continue to deliver effectively in this area will be key to maintaining and improving Dual Diagnosis services.[76]

12.4 The Panel also heard evidence that 'support' services for people with Dual Diagnosis needed to be broadly interpreted, as some services which might be of great value to this client group were not commonly thought of as support services. For instance, the Panel was informed that pharmacists could provide a key resource in helping people with a Dual Diagnosis, building up good relationships with people receiving methadone prescriptions etc. (particularly since pharmacists tend to be seen as independent of the statutory agencies – a potentially important factor for people with a distrust of such agencies).[77] Similarly, third sector organisations may find that they are able to interact with Dual Diagnosis clients in way which the statutory agencies cannot. It is therefore important for the commissioners of Dual Diagnosis services to ensure that thought is given to which providers are most capable of winning clients' trust, rather than the providers who offer the most obvious value for money.

12.5 Brighton & Hove has a limited number of detoxification facilities available, both in terms of adult and children's services.[78] This means that people presenting with a Dual Diagnosis may not always be offered timely and appropriate treatment.[79] Relatively rapid access to detoxification facilities is particularly important as people with substance misuse issues (including people with a Dual Diagnosis) may vacillate between being committed to abstinence and having no immediate interest in it. Thus, in some instances there may be a limited window of opportunity to offer detoxification services.

12.6 The point on detoxification (***12.5 above***) is almost equally applicable to other therapies. People with a Dual Diagnosis typically live very chaotic lives; someone who is willing to submit to a therapeutic intervention now may not be willing to do so at a later date, or may have ceased presenting to services altogether. Although it seems that assessment of people with a suspected Dual Diagnosis is now very rapid (within 72 hours in urgent cases), there may be a much longer wait before

[76] Evidence from Joy Hollister (1.3-1.5).

[77] Evidence from Joy Hollister (1.11).

[78] Evidence from Sally Wadsworth, Commissioning Manager, Child and Adolescent Mental Health Services (CAMHS), Children & Young People's Trust: 25.04.08 (point 29.5).

[79] Evidence from Dr Tim Ojo: 28.03.08 (point 20.5).

treatment actually commences[80]. Too long a wait may have an impact upon the efficacy of the services delivered.

12.7 People with a Dual Diagnosis, along with other people with severe mental health problems, may potentially need to be temporarily detained in a secure mental health facility 'under a section' of the Mental Health Act. The Panel heard evidence from the parent of someone with Dual Diagnosis concerning aspects of the 'sectioning' process and of the treatment and support locally available to people under a section. Problems identified included:

- An apparent reluctance on the part of NHS Mental Health staff to respond quickly to calls concerning the fragile mental state of a person with a Dual Diagnosis. The witness told the Panel that Trust staff would advise the person's family/carers to call the police should the carers consider that the situation required an urgent response. In the view of the witness, this was inappropriate advice which might have placed families and carers at risk of violence should police officers have interviewed an individual with a Dual Diagnosis at the behest of family members but subsequently decided not to arrest or detain them (police officers may detain someone for assessment under section 136 of the Mental Health Act even though that person has committed no crime).

- Poor detoxification facilities at Mill View Hospital (*see **point 12.3** above*).

- Poor security at Mill View Hospital, which meant that the witnesses' son was able to obtain alcohol from local shops whilst supposedly being detained in a secure environment.

- Poor access to therapeutic activities at Mill View Hospital (including Occupational Therapy and Cognitive Behavioural Therapies), and inadequate encouragement of patients to engage with therapies, to take exercise, or to maintain levels of personal hygiene etc.

- Inadequate attempts to persuade people detained under a section to take their prescribed medication.

- Inadequate support following discharge (from the local NHS Assertive Outreach Team)[81].

- 'Leave' inappropriately granted to patients detained under a section of the Mental Health Act.

[80] Evidence from Dr Tim Ojo: 28.03.08 (point 20.7).

[81] This was not a complaint about the performance of the Assertive Outreach Team as such, but rather a view taken that the team's remit was too narrow to enable it to provide truly effective support services for vulnerable people leaving residential psychiatric services.

- The provision of inappropriate accommodation following discharge (Bed & Breakfast accommodation with no cooking facilities).[82]

12.8 The Panel has not sought to elicit detailed responses to these points from the NHS Trusts involved, as it was not considered directly within the Panel's remit to do so, particularly in instances where some other recourse, such as appeal to official NHS complaints procedures, might be more appropriate. The Panel is therefore not in a position to judge whether all of these comments are valid, or whether they refer to historic levels of service or the current levels. The Panel does consider that all of these points should be addressed by the appropriate NHS Trusts. (In some instances, such as the question of the provision of therapeutic activities at Mill View Hospital, it is members' understanding that recent and ongoing initiatives, such as the reconfiguration of the Mill View site, may have effectively ameliorated many of the problems identified.)

12.9 Historically, the NHS has a very mixed record of involving families and carers in developing and adapting services for people with a Dual Diagnosis. Although there are legitimate concerns of patient confidentiality to be considered, it is clear that much more should be done in this area. The Panel was assured that Brighton & Hove NHS Trusts, led by Brighton & Hove City teaching Primary Care Trust, were engaged with ongoing work to better involve families and carers in the design, provision and commissioning of Dual Diagnosis services.[83]

12.10 The Panel also received written evidence from someone with a Dual Diagnosis.[84] This evidence highlighted the gap between presenting for treatment and assessment/treatment commencing as a major problem.

The witness also felt that a support group for people with a Dual Diagnosis would be a valuable addition to city services, enabling people to better understand and cope with their conditions and lessen the inevitable isolation that a Dual Diagnosis can cause.

It was also suggested that there should be greater user involvement in designing city services for Dual Diagnosis. Involving service users in designing systems, recruiting and training staff and so on, may not always be an easy process, but it can have considerable benefits in terms of creating a service that is genuinely responsive to actual client needs.

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[82] Evidence from Sue Baumgardt, parent of someone with a Dual Diagnosis: 28.04.08 (points 30.4; 30.5; 30.6; 30.8).

[83] Evidence from Simon Scott: 29.02.08 (point 9.5)

[84] Evidence from Mr D Curtis (see **Appendix 6** to this report).

12.11 Recommendations

The Panel recommends that:

a) The provision of detoxification facilities for city residents be reconsidered, with a view to providing more timely access to these services, particularly in light of growing alcohol and drug dependency problems in Brighton & Hove.

b) Treatments commissioned for people with a Dual Diagnosis need to be readily available at short notice, so that the chance for effective intervention is not lost with clients who may not be consistently willing to present for treatment. Any future city Strategic needs Assessment for Dual Diagnosis should focus on the accessibility as well as the provision of services.

c) The Sussex Partnership Foundation Trust examines its policies relating to detaining people under a section of the Mental Health Act, in order to ensure that the inevitably distressing process of 'sectioning' is as risk free as possible (for patients and also for their families and carers), and that maximum possible therapeutic benefit is extracted from the process. If the trust has recently undertaken such work/carries out this work on an ongoing basis, it should ensure that it has relevant information on this process available to be accessed on request by patients and their families.

d) Service users should be central to the development of Dual Diagnosis services. When they commission services, the commissioners should ensure that potential service providers take account of the views of service users when designing services and training staff, and should be able to demonstrate how these views have been incorporated into strategies, protocols etc.

13. Data Collection and Systems

13.1 The last comprehensive Needs Assessment in relation to Dual Diagnosis in Brighton & Hove was undertaken in 2002. Since then much may have changed, but without accurate data it is very hard to be sure what the situation is. The Panel heard from witnesses who recommended that an updated Needs Assessment was urgently required, since without a relatively accurate assessment of demand it was difficult to plan and budget effectively for services.[85] There are major opportunities here, particularly in terms of the council potentially purchasing properties to be used for the provision of supported housing. Such an initiative might significantly reduce the cost to the local authority of this provision and improve the quality of some

[85] Evidence from Jugal Sharma: 25.07.08 (36.21, 36.22).

supported accommodation (if, for instance, this housing were to be used instead of privately provided B&B accommodation, which can be expensive and of poor quality).[86]

13.2 Recommendations

The Panel recommends that:

a) A new Strategic Needs Assessment for Dual Diagnosis services in Brighton & Hove is undertaken as a matter of urgency.

C Conclusions

13. Concluding Remarks

13.1 Dual Diagnosis presents very serious problems. Some aspects of these problems receive a great deal of publicity: the difficulties caused by people with severe substance misuse and mental health problems in terms of crime, anti-social and chaotic behaviour and pressures upon health, social care and housing services are well known.

13.2 The personal impact of Dual Diagnosis is not as well publicised as its public impact, but its effect upon people with a co-morbidity of mental health and substance misuse problems and on their families and carers can be devastating. The Panel heard evidence from Sue Baumgardt, whose son Yannick had a Dual Diagnosis. Yannick died several years ago as a result of heroin poisoning after having lived with a Dual Diagnosis for a number of years. It was clear from Ms Baumgardt's evidence how extraordinarily difficult it can be to live with or to support someone who has a Dual Diagnosis.[87]

13.3 It may not be possible to 'cure' people with a Dual Diagnosis: mental health problems are, in general, managed rather than cured; problematic patterns of drug or alcohol use can be replaced with abstinence, but the possibility of relapse is always present. However, this does not necessarily mean that the prognosis is gloomy: very severe mental health problems can be managed with a combination of medicines and psychiatric therapies so as to allow sufferers to live relatively normal lives in the community. Many people with severe substance misuse problems do eventually achieve a goal of abstinence. The process of 'recovery' and effective management of co-existing mental health and substance misuse problems may be a long one, with many false starts, but it is, in many instances, an achievable goal.

[86] Evidence from Jugal Sharma: 25.07.08 (36.11-36.13).

[87] Evidence from Sue Baumgardt: 28.04.08 (point 30.).

13.4 However, for treatments of Dual Diagnosis to work, they have to be as good as possible. The Panel learnt that city services are often excellent, with highly committed staff and generally very good patterns of co-working. However, it is clear that much more can and must be done in terms of further integrating city services; of ensuring that funding is properly directed; of ensuring that services address the real needs of the local population, including currently unmet need; and of providing enough appropriate supported housing.

13.5 The Panel hopes that this report and the recommendations it contains will contribute to improving city services for people with a Dual Diagnosis. However, this is clearly an enormous issue and one which will necessitate a good deal of ongoing work from the City Council, from the local NHS and from other agencies and individuals in Brighton & Hove.

Appendix 1

Cllr Wrighton's Scrutiny Request

Request for Scrutiny of Dual Diagnosis

1.Matter for scrutiny and reason why raised	***DUAL DIAGNOSIS SCRUTINY*** *To investigate and suggest improvements to the provision of health, housing and support services for those in the community, who because of an actual or perceived co-existing substance misuse and mental health problem, fail to receive adequate medical and social care*
2. Importance of the matter and relation to Council's strategic priorities and policies	*The city is ranked 2nd in the UK in terms of drug related deaths. The Sussex Partnership Trust report there are 2,000 local people registered with mental health conditions and estimate there are 2,500 injecting drug users in the city. Although the people with this kind of dual diagnosis is much smaller, this sector nevertheless represents a significant expense and drain on resources for all the statutory agencies.*
3. If scrutiny is requested on the basis of a deficiency in the decision making process, evidence that decision not properly made	*Not applicable*

4. Potential benefits of a scrutiny activity	• *Improved service provision for patients* • *Better chance of positive patient outcomes* • *Better chance of less incremental damage/societal cost* • *More cost effective treatment/support packages* • *Creation of local centre(s) of excellence* • *Improved mutual inter-agency understanding of issues affecting shared clients (ie on the whole mental health services tend to be good at mental health problems and struggle when there are co-existing substance misuse problems. Similarly substance misuse services struggle when there are severe mental health problems. This applies across all service type including residential services. Therefore the options for residential services for this client group are limited and they easily become excluded)* • *Enhanced capacity and better trained practioners* • *Improved partnership links between BHCC and other specialist providers links ie the health trusts, Brighton Housing Trust and others.*
5. Other avenues tried and extent to which attempts have been made to resolve the matter	*The informal discussions I've had with SPT, BHCC Housing, BHT and individuals affected by this kind of provision have all suggested that a HOSC-type enquiry will be able to consider evidence across a wide spectrum and be able to make inter-agency recommendations*
6. Any other considerations or relevant information: (e.g. an indication of the desired outcome, relevant evidence, suggested witnesses etc)	*I would suggest the Review takes its business in three stages;* ***Review*** • *Consider context of current provision/policies/practice/demand* • *Consider agency 'cultures' are we too compartmentalised, how can this be improved?* • *Examine examples of care from other towns* • *Consider if there are lessons to be learnt from Willow House (a property set up to cater for this client group which closed)* ***Emerging factors***

	• *Consider the impacts of the new Mental Health Act, particularly in regard to compulsory administration of medication* ***Recommendations*** • *Propose model(s) of housing and support services which provide safe and appropriate protection from harmful influences* • *Comment on delivery vehicles and possible funding streams for any such new model(s)* *I would imagine the Panel would want to take evidence from senior officers in the Health & Council services. Additionally external evidence from external housing providers could be very useful, especially when considering models from other areas.*
7. Suggested type of scrutiny/terms of reference for in-depth review * Examples of actions short of a full scrutiny review are set out below. You may want to propose one of these instead of a full review.	*This is a complicated area, where the client base have many problems - often closely interlinked. To address the client's behaviour is a long term project. This Scrutiny bid sets out to create the space for the sharing of expertise and consideration of alternative housing and support models between (but not necessarily restricted to) the main agencies concerned, Brighton & Hove City Council, Sussex Partnership Trust and housing providers*

Councillor Wrighton 26 November 2007

Appendix 2

Witnesses who gave evidence in person to the Dual Diagnosis Scrutiny Panel (all job titles were correct at the time evidence was taken)

- David Allerton, Mental Health Placement Officer, Sussex Partnership NHS Foundation Trust
- Sue Baumgardt, parent/carer of someone with a dual diagnosis
- Steve Bulbeck, Head of Housing Needs and Social Inclusion, Brighton & Hove City Council
- Mike Byrne, Manager of the West Pier Project, Brighton & Hove City Council
- Dave Dugan, Residential Services Manager, Sussex Partnership NHS Foundation Trust
- Richard Ford, Executive Director for Brighton & Hove, Sussex Partnership NHS Foundation Trust
- Maggie Gairdner, Associate Director, Children's Services and Substance Misuse, Sussex Partnership NHS Foundation Trust
- Anna Gianfrancesco, Service Manager RU-OK, Brighton & Hove City Council
- Rebecca Hills, Associate Director, Acute Care, Sussex Partnership NHS Foundation Trust
- Joy Hollister, Director of Adult Social Care and Housing, Brighton & Hove City Council
- Khrys Kyriacou, Brighton Women's Refuge
- Dr Tim Ojo, Consultant Psychiatrist, Sussex Partnership NHS Foundation Trust
- Mike Pattinson, Chief Executive, CRI (Crime Reduction Initiative)
- Simon Scott, Lead Commissioner for Mental Health, NHS Brighton & Hove (formerly Brighton & Hove City Teaching Primary Care Trust)
- Jugal Sharma, Assistant Director of Housing, Brighton & Hove City Council
- Sally Wadsworth, Commissioning Manager, Child and Adolescent Mental Health Services (CAMHS)

- Jo-Anne Welsh, Director, The Oasis Project
- Andy Winter, Chief Executive, Brighton Housing Trust

Appendix 3A

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY PANEL ON DUAL DIAGNOSIS

3:00PM 29 FEBRUARY 2008

HOVE TOWN HALL

MINUTES

Present: Councillor Watkins (Chairman); Councillors Hawkes, Taylor and Young.

Witnesses: Simon Scott (Lead Commissioner for Mental Health, Brighton & Hove City teaching Primary Care Trust); Dr Richard Ford (Executive Director, Sussex Partnership Trust); Dave Dugan (Residential Services Manager, Sussex Partnership Trust); Steve Bulbeck (Head, Single Homelessness and Social Inclusion, Brighton & Hove City Council).

PART ONE

ACTION

1 PROCEDURAL BUSINESS

1A. Declarations of Substitutes

1.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

1B. Declarations of Interest

1.2 There were none.

1C. Exclusion of Press and Public

1.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act

1972 (as amended).

1.4 **RESOLVED** - That the press and public be not excluded from the meeting.

2. CHAIRMAN'S COMMUNICATIONS

2.1 The Chairman noted that Dual Diagnosis (of mental health and substance misuse problems) was a serious and wide-reaching problem in Brighton & Hove, and one which might require a good deal of involvement, perhaps on an ongoing basis, from Overview & Scrutiny.

2.2 The Chairman reminded witnesses that they were entitled to have any part of their evidence considered in private session if they so wished.

3. EVIDENCE FROM WITNESSES

3.1 Witnesses at this session were: **Simon Scott**, Strategic Commissioner for Mental Health, Brighton & Hove City teaching Primary Care Trust; **Dr Richard Ford**, Executive Director Brighton & Hove Locality, Sussex partnership Trust; **Dave Dugan**, Residential Services Manager, Sussex Partnership Trust; **Steve Bulbeck**, Head of Single Homelessness and Social Inclusion, Brighton & Hove City Council.

3.2 Panel members initially asked the witnesses a series of questions, some of which were answered by a single witness, some by a combination. These responses have been recorded thematically rather than sequentially in the following minutes.

4. BACKGROUND

4.1 Mr Scott explained to the Panel that he is responsible for commissioning adult mental health and substance misuse services for Brighton & Hove City teaching Primary Care Trust (PCT) and for Brighton & Hove City Council, under "section 31" arrangements for the pooling of healthcare budgets and of commissioning responsibilities (now section 75 of the National Health Service Act 2006).

4.2 Mr Scott does not set the budget for mental health and substance misuse services, but is responsible for commissioning city services within the budget, with reference to the appropriate legislative framework and evidence of national best practice. Dedicated services for children and young people are commissioned separately (by the Children & Young People's

Trust).

4.3 City budgets for mental health and substance misuse services are approximately equivalent to spending by comparable PCTs, although there are difficulties in finding exact comparators for Brighton & Hove.

4.4 Brighton & Hove has a higher than average incidence of mental health problems: 17 - 31% higher than the national average. The City also has higher than average problematic drugs use: some 17% higher than the national average. Rates of drugs misuse and mental health problems vary considerably across the city, with some wards recording lower than average incidences and others a very high prevalence.

4.5 Dual Diagnosis of mental health and substance misuse is not just a problem in terms of the misuse of "class A" drugs (heroine, cocaine, crack cocaine etc), but is also a major issue in terms of the misuse of cannabis, alcohol and prescription drugs, particularly benzodiazepines. (Brighton & Hove has the fifth highest prescription rate for benzodiazepines in England and concomitant problems with improper use of these drugs.)

4.6 Brighton & Hove receives some additional funding from the Department of Health in recognition of the city's higher than average incidence of mental health problems. Funding of substance misuse services is linked to the perceived success of existing services, with services which are judged as effective liable to receive additional funds, and ineffective services at risk of having their funding reduced.

4.7 There is no central budget for Dual Diagnosis (of mental health and substance misuse problem); funds are allocated from the main mental health and substance misuse budgets in line with estimates of the prevalence of the problem within the city.

4.8 In an effort to accurately determine the prevalence of Dual Diagnosis and to ensure that city services reflected national best practice, a Needs Assessment was conducted (for Brighton & Hove and East Sussex) in 2002. This Needs Assessment provides the basis for current city Dual Diagnosis services. (A copy of the 2002 Needs Assessment is included in the background information section of the Dual Diagnosis file).

4.9 In compiling the Needs Assessment, PCT officers examined national guidance and published research in an attempt to determine best practice in terms of treating Dual Diagnosis. However, there is rather weak evidence for the effectiveness any particular treatment model.

4.10 Brighton & Hove currently operates a "parallel" system of treatment, in which separate mental health and substance misuse teams work with clients who have a Dual Diagnosis. This system has some major strengths, particularly in terms of encouraging the development of specialist expertise in each area of working. However, there is a real danger that, because the treatment of Dual Diagnosis is split between two services, patients run the risk of falling "between the gaps", with their needs being properly addressed by neither service.

4.11 There may also be a major problem in terms of "unmet need" in the city; that is, of people who have both severe mental health problems and problematic substance use, but who have not been formally identified as having a Dual Diagnosis.

4.12 The PCT has done some work with city GPs and with city Practice Based Commissioning Groups (i.e. groups of city GPs who have pooled responsibility for the commissioning of certain services under the NHS "Practice Based Commissioning" programme) to increase awareness of Dual Diagnosis.

GPs have expressed a desire for more responsive services with a single point of access, and have chosen to commission such a service. From April 2009 there will be a single team (run by the Sussex Partnership Trust) responsible for assessing patients with suspected drugs/alcohol/mental health issues based in each Brighton & Hove locality (i.e. West, Central and East).

4.13 In the past, people with a Dual Diagnosis have often been "bounced" around between various service providers. The PCT now has powers to "incentivise" providers to ensure that this does not happen. The single locality teams will seek to address this problem.

4.14 Once a patient is assessed as having a Dual Diagnosis, a Care Plan will be developed and agreed with the patient and with all the agencies who will be involved in that patient's care.

4.15 Richard Ford noted that mental illness was prevalent in the city as was problematic substance use, and there was inevitably a big cross-over of people with some aspects of both problems. However, the Panel might be best advised to focus more narrowly: on people with severe mental health problems and severe substance misuse issues.

4.16 Richard Ford told Panel Members that there was no absolutely typical profile of a Dual Diagnosis client, although many people with severe co-morbidity problems would suffer from schizophrenia, would misuse a wide range of substances, and would have regular mental health admissions, regular attendances at A&E, frequent episodes of homelessness and frequent encounters with the police (generally for fairly minor offences).

5. CHILDREN'S SERVICES

5.1 Richard Ford told Panel Members that there were currently separate adult and children's services for both mental health and substance misuse problems. This arrangement creates difficulties in terms of clients moving from one service to another, particularly as the age at which the services overlap is also an age at which very many people experience mental health problems and/or problematic substance use. There are therefore plans to introduce a dedicated service for 14 to 25 year olds. However, this is not currently in place.

5.2 In terms of looked-after children, there is a very strong correlation between being in care and having birth parents with problematic drugs or alcohol use issues. A service has been commissioned with 28 intensive treatment places intended for families at risk of having their children taken into care. However, this service is not currently set up to deal with problematic substance users who have concurrent mental health problems.

5.3 Panel members also asked whether, within the process of drawing up a patient's care plan, there was a protocol which would ensure that the relevant authorities were informed of any dependant children (of the patient being assessed) who might be considered to be at-risk. **GR**

5.4 The Panel was also informed that there needs to be closer working between adult services and the Children & Young People's Trust, as effective preventative works needs to start with school-age children. Witnesses thought that Panel members would be well-advised to pay attention to this area.

Public Health information on substance misuse which specifically targets young people has seen a reduction in funding in the past few years. This is an area that needs addressing.

5.5 A Panel Member noted that she was encouraged by young people's ability to talk openly and sensibly about mental health issues, and felt that young people would be receptive to

preventative healthcare messages, provided they were couched in the right terms.

6. FUNDING

6.1 In answer to questions about funding, Panel members were told that Dual Diagnosis could either be defined quite narrowly or very broadly (either as people with both severe mental illness *and* severe substance misuse issues, or as people with some combination of mental health and substance misuse problem). In terms of the first definition, funding was unlikely to be a major issue as people with a Dual diagnosis of severe mental health and drugs misuse problems are typically a very high priority for treatment and support.

However, in terms of the second definition, funding is certainly an issue, as current services are not successful in identifying or supporting everyone with a mental illness or with problematic substance use issues (for instance, only an estimated one third of intravenous drugs users are currently supported by substance misuse services). Some of this failure to reach out to all potential clients is doubtless due to insufficient funding. GR?

Dual diagnosis involving alcohol presents much more acute funding problems, as treatment for alcohol related problems is poorly funded nationally, with Brighton & Hove expenditure being significantly lower than comparators. There are some plans to increase funding for these services, but it is unlikely that such plans will mean that services are properly funded.

There are also plans to fund a dedicated Dual Diagnosis post at the level of Nurse Consultant.

7. HOUSING

7.1 Richard Ford noted that there was a major problem with housing and tenancy support services for people with Dual Diagnosis. Clients were regularly discharged into unsuitable accommodation which impacted upon their chances of recovery. The problem was not so much a paucity of good accommodation for people with mental health problems, but rather that this type of supported housing was not generally set up to deal with clients who also had substance misuse issues.

7.2 Dave Dugan noted that the Sussex Partnership Trust employed a placement officer whose role it was to place mental health service users in appropriate supported accommodation, but that there were simply not enough places available, despite there

being a considerable amount of supported housing in the city. There is therefore an urgent need to work closely with housing providers to ensure that the accommodation they offer is appropriate for the clients who need to be placed in a supported environment.

7.3 Panel members were told that there were very real difficulties in housing people with Dual Diagnosis, as clients are often confrontational and are typically unable to obey tenancy rules. Housing numbers of people with a Dual Diagnosis together is problematic, as the presence of other substance misusers tends to encourage individuals to use. Having a number of active users with severe mental health problems in one place can also impact on the local community, who can in turn put pressure on housing providers to better control their tenants. Providers may respond to such pressures by evicting active users.

7.4 There is currently no supported accommodation in Brighton & Hove for non-abstinent or non-minimising substance misusers with mental health problems. The West Pier Project is the nearest thing the city has to this type of facility.

7.5 In answer to a question as to whether people in hostel accommodation were permitted to take drugs, Steve Bulbeck told Panel members that whilst there was certainly a need for some accommodation that imposed a rule of abstinence, the complex needs of many clients were such that abstinence was not a realistic option. Brighton & Hove City Council was therefore committed to working with housing providers to ensure that the available accommodation met actual client need: that is, for providers to recognise that they could and should not insist on total abstinence.

7.6 Richard Ford noted that abstinence was very rarely a short term option for people with Dual Diagnosis, as few such clients could cope with the kind of rule-based regime necessary to ensure abstinence. Key to achieving good outcomes for people with Dual Diagnosis was not imposing unrealistic targets or expectations.

7.7 Dave Dugan told Panel members that Brighton & Hove needed a number of small residential units with a flexible approach to dealing with Dual Diagnosis clients.

7.8 Panel members were told that there were some very good partnerships between the NHS and Adult Social Care and the Registered Social Landlords who provide much of the city's supported accommodation. However, there is certainly a good

deal more that could be done to make these partnerships more effective. This may not involve a great deal of additional expenditure, but rather using existing supported accommodation in a way which better reflects need in the city.

7.9 Simon Scott noted that the budget for mental health and substance misuse services could be re-profiled to provide additional funds for supported housing if clear benefits to such a move could be shown. However, the current financial climate is one in which major cuts have been made to the Supporting People budget (although attempts have been made to protect working age mental health services).

8. PARTNERSHIPS

8.1 In terms of integrated working between partners, the Panel was told that some partnerships work well, including most partnerships between Brighton & Hove City Council Adult Social Care services and NHS services for city residents.

However, integration between NHS services and those dealing with employment and housing is much less effective. There is currently a major Government initiative to extend the availability of psychological therapies, and this will have a specific focus on helping people with mental health problems to find and maintain employment.

The Panel heard that much more needs to be done in terms of co-ordinating mental health and housing support services.

9. SUPPORT SERVICES

9.1 Richard Ford said that having a single point of referral for mental health and substance misuse issues would improve outcomes. However, ensuring that formerly disparate working cultures coalesce effectively will almost certainly take a good deal of time.

9.2 Richard Ford stated that an important challenge is to get people with Dual Diagnosis to engage more with support and treatment services. Traditionally, such clients tend not to engage well with services, or with primary care. However, this is not an "invisible" group: people with Dual Diagnosis are generally well known to the NHS, to Adult Social Care and to the police due to their chaotic lifestyles.

9.3 Richard Ford said that it was important for mental health professionals to gain skills in dealing with substance misuse issues.

This was ultimately preferable to joint working between mental health and substance misuse professionals.

9.4 Simon Scott noted that money might not always be best spent directly addressing the needs of people with severe Dual Diagnoses. There was considerable opportunity to "spend to save" by funding preventative measures in an attempt to shape the culture of Brighton & Hove away from the kind of widespread problematic drugs and alcohol use that was bound to cause many people major problems at a later date.

9.5 The Panel was told that carers and supporting families had not, in the past, been accorded a major say in developing services for people with a Dual Diagnosis. However, it was now recognised that carers have an important role to play and the PCT is working to improve the situation. Measures will include ensuring that carers are not excluded on the basis of patient confidentiality without good reason. The PCT also plans to encourage carers to get more involved with the commissioning of services.

9.6 In answer to a question regarding Care Plans, Panel Members were told that there was some co-working between partners when developing Care Plans. However, a Care Plan which could be made available to housing support agencies would be very useful. There has been some attempt to develop such a plan, although progress has been slow.

9.7 If members wished to learn more about Care Plans it was recommended that they call Dr Rick Clarke, a consultant psychiatrist with Sussex Partnership Trust's Assertive Outreach Team, to give evidence.

10. OTHER ISSUES

10.1 In response to questions about Dual Diagnosis and prison services, Panel members were told that people with severe Dual Diagnosis should not typically enter the prison system, but would rather be diverted to mental health care. In both the prison system and secure mental health accommodation, substance misuse issues were relatively straightforward to treat, as access to drugs/alcohol could be restricted (although not with absolute assurance). However, there would be a very high incidence of relapses once people were discharged into the community.

10.2 The Chairman noted that he would seek to have the Panel's final report presented to the boards of Brighton & Hove City teaching Primary Care Trust and the Sussex Partnership Trust as well as to

the Brighton & Hove City Council executive.

The meeting concluded at 5:00 pm

Signed Chairman

Dated this day of 2008

Appendix 3B

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY PANEL ON DUAL DIAGNOSIS

10AM 07 MARCH 2008

HOVE TOWN HALL

MINUTES

Present: Councillor Watkins (Chairman); Councillors Hawkes, Taylor and Young.

Witnesses: David Allerton (Mental Health Placement Officer, Sussex Partnership NHS Trust); Steve Bulbeck (Head of Single Homelessness and Social Inclusion, Brighton & Hove City Council); Mike Byrne (Manager, The West Pier Project).

PART ONE

ACTION

7 PROCEDURAL BUSINESS

7A. Declarations of Substitutes

7.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

7B. Declarations of Interest

7.2 There were none.

7C. Exclusion of Press and Public

7.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

7.4 **RESOLVED** - That the press and public be not excluded from the

meeting.

8. MINUTES

8.1 That the minutes of the meeting held on 29.02.08 be approved.

9. CHAIRMAN'S COMMUNICATIONS

9.1 The Chairman welcomed the witnesses giving evidence at this meeting.

10. EVIDENCE FROM WITNESSES

10.1 Witnesses at this session were: **Steve Bulbeck**, Head of Single Homelessness and Social Inclusion, Brighton & Hove City Council; **David Allerton**, Mental Health Placement Officer, Sussex Partnership NHS Trust; **Mike Byrne,** Manager, The West Pier Project.

11. Evidence from David Allerton.

11.1 Mr Allerton explained to the Panel that he is a Mental Health Placement Officer, employed by the Sussex Partnership NHS Trust, but based at Bartholomew House, so as to be co-located with Brighton & Hove City Council Housing Options officers. Mr Allerton seeks to find appropriate accommodation to people with mental health problems referred from Housing services (either referred by Housing Options or directly from another Housing Officer).

11.2 Panel members were told that there were limited referral options for clients with a Dual Diagnosis (of mental health and substance misuse problems) within the Mental Health Pathway, as only a minority of providers offered accommodation for this client group.

11.3 There is supported housing available for people with a Dual Diagnosis at a relatively low level of support (provided by Brighton Housing Trust), at an intermediate support level (provided via the "Route 1" initiative, also run by Brighton Housing Trust), and at a high level (provided by the West Pier Project). However, places are limited, and some of these services may be restricted to clients who have agreed to abstain from the use of drugs or alcohol.

11.4 Mr Allerton told Panel members that the majority of clients he referred had relatively minor substance misuse issues if any at all.

These clients tended to be considerably easier to place in accommodation than people with severe Dual Diagnoses.

11.5 Information on clients referred to the Mental Health Placement Officer was variable, but there was generally enough detail about people's history of substance use to make an accurate referral. People who had been in the system a long time tended to have very detailed records, but were often rather hard to place (as they might have a history of being unable to cope with certain types of supported living). Clients new to Brighton & Hove services were generally easier to place.

11.6 Clients willing to engage with Mental Health and Substance Misuse services are typically easier to place than those who are more reluctant to engage. Those who tend not to engage are at much greater risk of "falling between the gaps" of the statutory services.

11.7 Mr Allerton told Panel members that more supported housing was required for people with Dual Diagnosis who were unwilling or unable to abstain from substance use. Such housing should probably be on a relatively small scale (with units having no more than five residents), as there could be significant problems associated with housing a number of clients with Dual Diagnosis together. There is a current lack of such accommodation in Brighton & Hove.

11.8 Mr Allerton noted that some clients might require very long term support at high levels, although this depended on the degree to which people engaged with support and treatment, so it was impossible to speak generally. Supported Housing provision was not necessarily formally "stepped", with clients automatically moved on to a less intensively supported environment once they were deemed to no longer require a high level of support.

11.9 Mr Allerton told Panel members that it was difficult to estimate the gender split of people with Dual Diagnosis without having a precise definition of Dual Diagnosis itself (i.e at what level a co-morbidity of mental health and substance misuse issues would be termed "Dual Diagnosis"). Mr Allerton also noted that he might not be in the best position to make such an estimate in any case, as those clients he encountered would generally have presented as homeless, and it may be the case that there is a gender imbalance in terms of those presenting to homelessness services (with men more likely to present), which would mean that this client group should not be considered as accurately representing the entirety of the group of people with a Dual Diagnosis.

Mike Byrne, of the West Pier Project, told members that, in his experience, the gender split of people with Dual Diagnosis was approximately 80/20 men to women (but again, with no guarantee that the type of client he encountered was typical of people with a Dual Diagnosis).

11.10 Mr Allerton noted that different providers varied in their definitions of abstinence. However, some providers (including Brighton Housing Trust) would not house clients who were prescribed methadone as a heroin substitute.

11.11 In response to members' queries regarding care assessments, Mr Allerton agreed that assessments and care plans might be better coordinated so that there were fewer assessments for each client. However, there were very significant problems to be faced in any attempt to create a unified assessment, as different services have significantly different needs, even if these needs are not entirely discrete. Thus, mental health services, for obvious reasons, require assessments focused upon clinical matters. Such material may not be useful to or easily understood by other agencies, so it is hard to see how an easily accessible integrated assessment could readily be created.

12. Evidence from Mike Byrne

12.1 Mr Byrne told the Panel that he was the manager of the West Pier Project, a Brighton & Hove City Council initiative providing 39 supported housing places. 11 places at the Project are reserved for referrals from the Community Mental Health Teams; the other places are referred into from the Council's Rough Sleeper's Team.

12.2 Most clients at the West Pier Project have some substance misuse issues (often featuring a combination of substances). Clients also frequently have underlying mental health problems, although these may be undiagnosed when they are referred to the project.

12.3 The West Pier Project does not require residents to be abstinent: it could not effectively engage with its clients if abstinence was required. Residents are required to minimise the risk to themselves and others when they do take substances, by, for instance, being open about their intravenous use of drugs (so that safe disposal of used needles can be arranged). Residents are not permitted to use in communal areas within the Project, nor may they use in the immediate vicinity of the Project.

12.4 Mr Byrne told Panel Members that any expansion of the West Pier Project within its current premises was unlikely to be feasible, as the Project is based in converted nineteenth century housing that already poses some major problems which would only be exacerbated by enlargement. (Problems include an inability to cater for people with serious mobility issues as the current premises cannot be adapted. Also, the layout of the current accommodation makes surveillance very difficult.)

12.5 Mr Byrne told the Panel that the location of a service such as the West Pier Project was not necessarily vital, but what was very important was ensuring that the service was responsible to the local community, minimising the disruption that residents with often very challenging behaviours could cause. The West Pier Project had been very effective in this area.

12.6 There is no absolute optimum size for such a service as clients vary greatly in terms of the kind of environment they thrive in. Some residents respond positively to a busy environment; others would find this overwhelming and are better suited to much smaller services. Therefore the city needs a range of projects to best cater for all service users.

12.7 Places at the West Pier Project funded by Supporting People grants are limited to two year's duration. Mental Health placements are not similarly restricted, but a maximum of two years stay is probably the optimum in most instances. However, some clients do stay longer when it is in their best interest to do so.

12.8 Many residents of the Project are evicted rather than leaving voluntarily. This is inevitable given the problems which the majority of clients have, and is not necessarily indicative of a failure in any part of the system. Evicted clients are always made aware of their other housing options, and the Community Mental Health Teams are alerted to the potential eviction of clients whom they are supporting well in advance of any actual eviction.

12.9 Mr Byrne told Panel members that he thought care plans were usually reasonably effective, with good co-working between healthcare providers, substance misuse services and the criminal justice system. If a care plan was inadequate, this was usually readily apparent at an early stage.

12.10 My Byrne informed the Panel that working with 11 Dual Diagnosis residents at any one time (the number referred into the West Pier Project by Community Mental Health Teams) could be very challenging, but that this depended to a great degree on the individual circumstances of the residents, since some clients required far more attention than others. For instance, clients with alcohol misuse issues could be particularly challenging (particularly if a number of residents had drink problems). Clients who refused to take their medication (for mental health problems) could also pose particular difficulties.

In certain instances, the West Pier Project might decline a referral if that referral was likely to lead to an unsustainable client-mix or to exacerbate a current problem. However, this would depend on the mix of other residents; there were no particular conditions which would lead the Project to reject any potential client without reference to the stability of the Project as a whole.

13. Evidence from Steve Bulbeck

13.1 Mr Bulbeck informed the Panel that he is the Council's strategic lead officer in terms of dealing with the problem of single homelessness and in co-ordinating the various non-statutory services operating in Brighton & Hove. He also oversees some of Brighton & Hove City Council's supported housing services.

13.2 The Council is committed to taking a preventative approach to homelessness. There is a Vulnerable Adults team which operates out of Housing Options where it can link effectively with the Mental Health Placement Officer. Since April 2007 the team has worked with 239 people deemed to be vulnerable due to mental health problems and/or drugs or alcohol issues. In around 80% of cases, homelessness has been avoided, either by enabling clients to maintain their current tenancy or by helping them to find a new tenancy.

13.3 The Council has also tried to minimise the use of inappropriate "Bed & Breakfast" accommodation for housing clients with mental health and/or substance misuse problems. This has included procuring private sector rental accommodation which has been offered as a resource to mental health services so that they have less need to refer into the general private rental sector themselves. Some clients are still placed in inappropriate private sector accommodation, but these are generally people such as failed asylum seekers, with no recourse to public funds to defray housing costs.

13.4 Mr Bulbeck told Panel members that there was a clear need to establish a formal pathway for the "stepping down" of housing support services for people with mental health problems (including Dual Diagnosis clients), so as to ensure that people received an appropriate level of support rather than continuing to receive the level they were first diagnosed as requiring, even if their circumstances have changed for the better.

David Allerton noted that step down of support did happen, but not in a formal way.

13.5 Mr Bulbeck noted that co-working with substance misuse services was not as far advanced as co-working with mental health services. The co-location of the Mental Health Placement Officer with the Housing Options Team had been instrumental in creating an effective partnership.

13.6 In response to questions about care plans and assessments, Mr Bulbeck told the Panel that work on a Single Assessment Process had been ongoing for more than two years. The aim of this process was to combine the assessments of all the statutory services. Mr Bulbeck advised the Panel that it should seek expert advice from someone actively engaged with this process. **GR**

13.7 Mr Bulbeck told the Panel that the places at the West Pier Project referred into by the Rough Sleepers' Team were funded via Supporting People. The Mental Health beds were funded via the Community care budget. All clients at the West Pier Project were also eligible for Housing Benefit.

13.8 Mr Bulbeck noted that recently announced cuts in the Supporting People budget might impact upon city services, particularly as some local providers have had to cope with a number of funding cuts in the past few years, meaning that few of them may have any remaining contingency to draw upon short of actually closing services.

13.9 Mr Bulbeck noted that health services should take the lead on supporting people with a Dual Diagnosis: this is clear from national guidance. However, this does not always happen, and more needs to be done to ensure that all city partners act as they should in dealing with this issue.

14. Future Meetings

14.1 The meeting had to be adjourned at this point due to a fire alarm sounded in the building. There is a meeting arranged for March 28 (at 10am, Hove Town Hall), and members will make arrangements for further meetings in the near future.

15. Any Other Business

15.1 There was none.

The meeting concluded at noon.

Signed Chairman

Dated this day of 2008

Appendix 3C

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY PANEL ON DUAL DIAGNOSIS

10AM 28 MARCH 2008

HOVE TOWN HALL

MINUTES

Present: Councillor Watkins (Chairman); Councillors Hawkes, Taylor and Young.

Witnesses: Andy Winter (Brighton Housing Trust), Dr Tim Ojo (Sussex Partnership NHS Trust), Khrys Kyriacou (Brighton Women's Refuge Project), Jo-Anne Welsh (The Oasis Project), Mike Pattinson (CRI – Crime Reduction Initiative).

PART ONE

ACTION

16 PROCEDURAL BUSINESS

16A. Declarations of Substitutes

16.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

16B. Declarations of Interest

16.2 There were none.

16C. Exclusion of Press and Public

16.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

16.4 **RESOLVED** - That the press and public be not excluded from the

meeting.

17. MINUTES

17.1 That the minutes of the meeting held on 07.03.08 be approved.

18. CHAIRMAN'S COMMUNICATIONS

18.1 The Chairman welcomed the witnesses giving evidence at the meeting and reminded all present of the Panel's Terms of Reference.

EVIDENCE FROM WITNESSES

Witnesses at this session were: **Andy Winter**, Chief Executive of Brighton Housing Trust; **Dr Tim Ojo**, Consultant Psychiatrist at Sussex Partnership NHS Trust; **Khrys Kyriacou**, Brighton Women's Refuge Project; J**o-Anne Welsh**, Director of the Oasis Project; **Mike Pattinson**, Chief Executive of CRI.

19. Evidence from Andy Winter.

19.1 Mr Winter told the Panel that he was Chief Executive of Brighton Housing Trust, and had spent his career working with people with substance misuse and mental health problems.

19.2 Brighton Housing Trust provides a range of services for people with mental health/substance misuse problems, including the "First Base" Day Centre (for homeless/insecurely housed people with mental health and substance misuse problems); "Phase 1" (52 bed spaces for homeless people, many of whom will have mental health and substance misuse problems); the "Route 1 Project" (63 bed spaces with varying levels of support for people with mental health problems – many of whom may also have substance misuse issues); a three-person flat providing accommodation for (abstinent) clients with a Dual Diagnosis); Addiction Services – a variety of detox and recovery services.

19.3 Mr Winter noted that he considered the term "Dual Diagnosis" unsatisfactory as it effectively sought to impose a single definition on a broad continuum of problems which might in actuality be very disparate. (Thus someone with a severe mental health problem who self-medicated with cannabis, and someone with substance misuse issues who developed mild symptoms of anxiety/depression as a result of their drugs use would both potentially be classified as having a Dual Diagnosis, even though the nature of and treatment of their problems might be radically

different.) Mr Winter prefers to use the term "complex needs".

19.4 Asked to explain his position on the use of methadone in treating people with a problematic history of opiate use, Mr Winter told the Panel that methadone can be very useful in the short term. However, many people who are prescribed methadone either "top-up" with street-acquired opiates, or associate with people who are still using heroin, thus compromising methadone's long-term effectiveness as an addiction resource.

19.5 The majority of the supported places which are provided by Brighton Housing Trust accept people with a methadone prescription, but a minority do not, as methadone users do tend to socialise with heroin users and/or continue to use heroin with a likely negative impact upon their own recovery and on those with whom they are housed.

Mr Winter stated that he does not believe that there are too many "abstinent" supported housing places in Brighton & Hove, but rather that there are too few.

19.6 Mr Winter explained that all Brighton Housing Trust's supported housing clients were referred via one of the established pathways (e.g. mental health; homelessness). Most clients' needs had been competently assessed, although it was often the case that other needs became apparent only once clients had been in settled accommodation for some time.

19.7 In response to a question regarding the integration of Needs Assessments for clients with complex needs, the Panel was told that there was much better co-working currently than had formerly been the case. However, the much improved resources for assessment very often came with specific targets attached to them. This could make co-working problematic, as different agencies often operated to their own Performance Indicators which were not necessarily compatible with those of partner agencies. Since these different Performance Indicators were often effectively immutable (at any rate at a local level), 100% effective co-working was not always a practical possibility.

19.8 In answer to a query regarding client motivation to achieving a goal of abstinence, the Panel was told that clients varied greatly in the degree of motivation they demonstrated: some clients evinced no desire to be abstinent, and in such instances, help needed to be focused upon harm minimisation (maintaining the client's health and minimising the impact of their behaviour on the wider community). However, most people presenting for treatment did have a long term aim of being abstinent. Services need to be flexible in order to deliver a rapid response to people who wanted immediate help with their substances misuse problems, but who might not be willing or able to wait any length of time for treatment to commence.

19.9 In response to a question regarding the origins of Brighton Housing Trust's interest in abstinence-based treatment programmes, the Panel was told that this arose internally, after staff expressed an interest in this approach. Mr Winter stressed that Brighton Housing Trust was also involved in a number of treatments which featured minimisation of substance use: the organisation by no means followed a rigid "abstinence only" policy.

19.10 In answer to a question concerning the percentage of people successfully treated/supported by Housing Brighton Trust who had presented with a Dual Diagnosis, Mr Winter told the Panel that it was impossible to give an accurate estimate of this figure without a stable definition of Dual Diagnosis.

Nearly everyone with severe substance misuse issues that Brighton Housing Trust supported would, at one time or another, have been prescribed therapeutic drugs for some form of mental health problem (although not everyone prescribed such drugs would actually take them: prescription drugs were often sold on to other drugs users). Thus, in theory, almost every person with a long-term substance misuse problem might be categorised as also having a mental health problem. However, the great majority of this group have relatively minor mental health problems (such as mild anxiety and/or depression) caused or greatly exacerbated by their drugs or alcohol use. The percentage of people with substance misuse and unrelated mental health problems is far smaller.

19.11 In answer to a question concerning the desirability of a central co-ordinating agency to deal with Dual Diagnosis, the Panel was told that the present system of co-working with the Sussex Partnership NHS Trust as the lead body was an effective one.

19.12 In response to a question about what could be done to improve Dual Diagnosis services, Mr Winter told the Panel that a residential assessment centre for people with a possible Dual Diagnosis (with assessment taking 2-4 weeks) would be a valuable asset. This would have to provide very high levels of support.

19.13 Mr Winter also argued in favour of more flexibility in terms of referral processes into existing support services, with a particular aim of avoiding the inappropriate use of general B&B accommodation.

19.14 In addition, there is currently no provision in the city of long-stay accommodation for people with a Dual Diagnosis who decline to engage with services. This was formerly available, but is no longer supported via Supported People grants (in accordance with recent Government Guidance which discourages its use). However, such a service would be useful and would mean that clients who declined to engage with services could, if necessary, be housed separately from other people with a Dual Diagnosis.

19.15 Mr Winter also suggested that Panel members might want to speak directly with service users and offered to arrange a visit to a Brighton Housing Trust recovery project. **GR**

20. Evidence from Dr Tim Ojo

20.1 Dr Ojo introduced himself to the Panel. He is a consultant psychologist working for the Sussex Partnership NHS Trust and an Associate Medical Director for the Trust's Brighton & Hove locality.

20.2 Dr Ojo noted that Dual Diagnosis could be an inaccurate term, as many of the people presenting to mental health services with co-existing mental health and substance misuse problems would not be "classic" Dual Diagnosis cases, being as likely to have a serious mental health problem and a relatively minor substance misuse issue (for instance problematic use of cannabis or "dance drugs"), as to have a serious mental illness coupled with major substance misuse issues such as an addiction to opiates.

20.3 In response to a question as to how the treatment of people with a Dual Diagnosis might be improved, Dr Ojo told the Panel that treatment should be as individualised as possible: best results would only be achieved by being responsive to each individual patient's particular problems rather than by offering a generic Dual Diagnosis treatment.

20.4 Whilst people with a severe mental health problem could, under certain circumstances, be detained for treatment under a section of the Mental Health Act, there was no such provision to require people with severe substance misuse problems to undergo treatment. Thus people with a Dual Diagnosis would often only receive treatment if the mental health aspect of their co-morbidity had become so disruptive as to necessitate placing them under a Section.

20.5 City mental health services have a limited number of detox facilities, meaning that patients who do present with a Dual Diagnosis cannot always be treated as swiftly as would be wished.

20.6 In answer to a question regarding the therapeutic value of methadone, the Panel was told that methadone could be of considerable value in treating opiate-dependant patients as it might significantly reduce the problems associated with using "street" drugs, such as varying levels of drug purity, the health risks associated with injecting drugs, and acquisitive crime undertaken to feed a drug habit. However, some other countries do not consider methadone to be useful; preferring, for instance, to prescribe heroin.

If methadone is to be prescribed it is important to ensure that the dosage is appropriate and that a gradual reduction of dosage is encouraged.

20.7 In response to a question about how quickly mental health services could be accessed following a GP referral, Panel members were told that assessment (by the Community Mental Health Team) should take place within 72 hours of referral in urgent cases. However, there might be a much longer wait before the actual commencement of treatment.

Sussex Partnership Trust is working to ensure that equally rapid assessment is available for all patients who present with a Dual Diagnosis, even if people do not enter the system via the normal GP-referral pathway. However, this is work in progress.

20.8 In response to questions regarding the integration of mental health and substance misuse services, Dr Ojo told the Panel that treating a Dual Diagnosis was, in some respects, equivalent to treating a co-morbidity of two physical ailments in that one would expect to have treatment from two distinct teams working in close liaison rather than from a single formally integrated team. This was generally the most logical way to work in treating Dual Diagnosis, as many patients with a mental illness would

have relatively minor substance misuse issues, and would consequently be best dealt with by a specialist mental health team (and vice versa for people with a Dual Diagnosis in which substance use problems predominated).

To treat and support Dual Diagnosis patients via an integrated mental health and substance misuse team might improve services for some patients, but for many others it would likely entail generalist treatment when expert specialist intervention would have been a better option.

20.9 In answer to a query as to whether Dual Diagnosis was most prevalent in certain social classes or income groups, the Panel was told that, although the problem was traditionally associated with low incomes, there was an increasing problem amongst "middle-class" people, particularly in terms of the problematic use of cannabis and of "dance drugs" such as ketamine and methamphetamine ("crystal meth").

21 Evidence from Khrys Kyriacou

21.1 Ms Kyriacou introduced herself as representing the Brighton Women's Refuge Project.

21.2 Ms Kyriacou told the Panel that many victims of domestic violence also had problems which amounted to a Dual Diagnosis. There was strong evidence to demonstrate that exposure to domestic violence (either directly as the victim of assaults, or indirectly as a child witnessing their mother being assaulted) was very likely to lead to either or both problematic substance misuse and to mental health problems, either concurrent with the abuse or in later life.

21.3 Ms Kyriacou stressed that, whilst there was a significant level of female abuse of male partners, and indeed of same-sex abuse, the bulk of domestic violence and certainly the bulk of the most serious cases involved men abusing women. The ways in which statistics were recorded and published did not always make this as clear as it should have been.

21.4 The Women's Refuge has a very limited capacity to accept clients with a Dual Diagnosis, and is only equipped to deal with fairly low levels of Dual Diagnosis.

21.5 In response to a question concerning the best way to improve services for Dual Diagnosis, Ms Kyriacou told the Panel that the current difficulty of accessing funds to pay for a deposit on private rented accommodation negatively impacted upon

many people being helped by the Women's Refuge, including women with a Dual Diagnosis. Access to deposit money would not only enable women to establish a more settled existence, but it would very likely end up saving money, as many women were entitled to and claimed dual Housing Benefit (for Women's Refuge accommodation and for the tenancies they had been forced to flee due to domestic violence), and had little to choice other than to continue claiming if it was, in practical terms, impossible for them to access private rented housing.

21.6 Ms Kyriacou also told Panel members that the Women's Refuge is wholly funded by Supporting People grants. This funding is targeted at particular services, and financial support is not given to important areas that fall outside of the Supporting People Key Performance Indicators (KPIs) such as providing emotional support to clients or directly supporting clients' dependant children. Given the restricted nature of Supporting People's KPIs, and hence of the Women's Refuge funding, Ms Kyriacou felt that it was not always currently possible to provide the best possible treatment for women with a Dual Diagnosis.

Councillor Pat Hawkes noted that this was a very serious problem, particularly with reference to the Council's duties to children and families as set out in "Every Child Matters."

21.7 Ms Kyriacou told the Panel that particular problems for women with a Dual Diagnosis included possible involvement in prostitution in order to fund a drugs habit (often involving a degree of coercion) and a reluctance to present for treatment, particularly for women with dependant children who feared their children might consequently be taken into care.

21.8 Ms Kyriacou noted that legislative restrictions made helping certain groups of people particularly problematic. For instance, the Women's Refuge is unable to house women who require prescribed medications to manage substance misuse issues. The Women's Refuge may, after conducting a risk assessment, house women who refuse prescribed medication for mental health problems.

22 Evidence from Jo-Anne Welsh

22.1 Ms Welsh introduced herself as the Director of the Oasis Project. The Oasis Project provides support services for women with drugs misuse problems and their children. The Oasis Project works closely with Sussex Partnership trust and with CRI (which provides a similar range of support services for men).

22.2 The Oasis Project offers a number of services, including open-access support for women with drugs problems (and for their relatives and/or carers); support for people serving Community Sentences; and support for women designated as Parents Of Children At Risk (POCAR) and therefore obliged to seek support.

The Oasis Project also funds outreach workers to engage with sex-workers and a part-time outreach officer to work with drugs users.

22.3 Ms Welsh noted that many of the Oasis Project's clients would have some form of Dual Diagnosis as very many long term problematic drugs users/victims of abuse would inevitably have some kind of mental health problem such as mild depression or anxiety. However, these mental health problems, whilst evident to support workers, were often undiagnosed and untreated.

However, relatively few of the Oasis Project's clients could be characterised as having a severe Dual Diagnosis (serious mental health problems and major substance misuse issues).

22.4 Councillor Jan Young noted that the Panel should seek to avoid defining Dual Diagnosis so broadly that it would include a diagnosis of relatively mild depression coupled with relatively minor substance use problems, since people with such a diagnosis did not necessarily have a great deal in common with people with more severe Dual Diagnoses.

22.5 In answer to a question about the POCAR programme, Ms Welsh told the Panel that the programme was for parents who were problematic drugs users at risk of having their children taken into care.

The support programme included an element of coercion, in that parents who refused to engage were potentially at greater risk of having their children removed.

More women had presented for support via POCAR than had men (men are supported by CRI rather than by the Oasis Project), although the reasons for this imbalance were not clear. The programme seems to have had some success in educating parents and allowing them to remain as families without further endangering their children.

22.6 Ms Welsh noted that the Oasis Project is currently reviewing the services it provides in light of the recent publication of National Institute of Clinical Excellence (NICE) and National Treatment Agency (NTA) guidance.

23 Evidence from Mike Pattinson

23.1 Mr Pattinson introduced himself as the Chief executive of CRI (Crime Reduction Initiative). CRI provides non-clinical substance misuse services; interventions for clients within the Criminal Justice system; a Priority Offender programme; and a Rough Sleepers programme.

23.2 Mr Pattinson noted that a key factor in successfully supporting people with a Dual Diagnosis was ensuring that the right pathways are in place. Current treatment is effective, providing people present with "mainstream" problems; but treatment, and the co-ordination of services, for people with more uncommon problems is often not as good as it might be.

23.3 Mr Pattinson also noted that, although there were some very good examples of the increasing co-ordination of city services, more work still needed to be done in this area. In order to effectively support people with a Dual Diagnosis, it was necessary to co-ordinate substance misuse services, mental health services, housing support and criminal justice services.

23.4 Mr Pattinson told Panel members that, in his experience, people who presented with a Dual Diagnosis were often problematic users of opiates. However, whilst opiate users can access a prescribed alternative to heroin (methadone) by presenting for treatment, there is no such prescribed substitute for other drugs or for alcohol. This may mean that heroin users tend to present in greater numbers than users of other substances, and thus effectively skew the statistics.

23.5 In response to a question regarding the integration of treatment services for substance misuse/mental health issues between prison and the community, Panel members were told that there should be continuity of care for both drugs and mental health programmes. People who did not actively present for (non-mandatory) treatment did risk "falling between the gaps", although outreach teams would generally attempt to engage with them.

There are fewer facilities, both in prison and in the community, for treating alcohol problems than there are for drugs problems.

23.6 In answer to a query concerning how effectively people were assessed as having a Dual Diagnosis, Mr Pattinson told the Panel that the Sussex Partnership Trust had recently employed two specialist nurses to assess and treat Dual Diagnosis clients (Dual

Diagnosis of mental health and *drugs* misuse problems). Assertive Outreach Team clients were currently being assessed to see if they might have previously unidentified Dual Diagnoses. (The Assertive Outreach Team is part of the Sussex Partnership Trust Community Mental Health Team.)

23.7 In response to questions regarding the assessment of clients, Mr Pattinson told the Panel that assessment is comprehensive and relatively well integrated; Care Plans are constantly re-assessed to ensure that they remain relevant.

Clients may be provided with a "key worker," although this system does not work as effectively as it might, particularly when a client's changing needs necessitate the appointment of a new key worker (for instance, if a client's problems change from being substantially those of mental illness to being substantially those of substance misuse). Agencies are currently moving towards a system whereby a single key worker is retained even if a client's needs significantly change.

23.8 In response to a query regarding the involvement of carers and families in supporting people with a Dual Diagnosis, the Panel was told that Brighton & Hove had a relatively good record in this respect, but that more could and should be done, although it was important to ensure that facilitating more family involvement was balanced by a patient's right to confidentiality.

23.9 In answer to questions regarding patients' Care Plans, Panel members were told that a Sussex Partnership Trust officer would take the lead on each individual Care Plan. However, it had been mooted that officers of other bodies, including non-statutory agencies, might sometimes be asked to assume this co-ordinating role if doing so would improve the services offered to individual clients.

23.10 Asked to identify an aspect of Dual Diagnosis support/treatment which might be improved, Mr Pattinson told the Panel that the treatment pathways for Dual Diagnosis should be as clearly and flexibly defined as possible so as to ensure that people obtained the most appropriate service.

23.11 Suggestions from members of the public

23.12 A member of the public attending the meeting, Mr Richard Scott, asked to address the Panel and suggested some topics which he felt might merit further attention. These included: the impact of poverty upon people with a Dual Diagnosis; what affect the split of mental health provision between services for

people of working age and services for older people had on the effectiveness of Dual Diagnosis services; what kind of provision there was to monitor people being treated for a Dual Diagnosis who "fell off the radar" (e.g. people who were presumed to have moved away from the area; were these people recorded as presenting for services in other areas?); whether there would be value in compiling a Directory of city-wide Mental Health services (to mirror or perhaps to be merged with the existing Directory of Substance Misuse services).

24 Future Meetings

24.1 Panel members agreed to hold further meetings on **April 25 2008** and **May 02 2008**.

25 Any Other Business

25.1 There was none.

The meeting concluded at 12:30pm.

Signed Chairman

Dated this day of 2008

Appendix 3D

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY PANEL ON DUAL DIAGNOSIS

10AM 25 APRIL 2008

HOVE TOWN HALL

MINUTES

Present: Councillor Watkins (Chairman); Councillors Hawkes and Taylor

Witnesses: Sally Wadsworth (Commissioning Manager, Child and Adolescent Mental Health Services - CAMHS); Anna Gianfrancesco (ru-ok Service Manager); Maggie Gairdner (Associate Director, Children's Services and Substance Misuse, Sussex Partnership Trust); Rebecca Hills (Associate Director, Acute Care, Sussex Partnership Trust); Sue Baumgardt.

PART ONE

ACTION

26. PROCEDURAL BUSINESS

26A. Declarations of Substitutes

26.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

26B. Declarations of Interest

26.2 There were none.

26C. Exclusion of Press and Public

26.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

26.4 **RESOLVED** - That the press and public be not excluded from the meeting.

27. MINUTES

27.1 That the minutes of the meeting held on 07.03.08 be approved.

28. CHAIRMAN'S COMMUNICATIONS

28.1 The Chairman welcomed the witnesses giving evidence at this meeting.

29. EVIDENCE FROM WITNESSES

29.1 Witnesses at this session were: Sally Wadsworth (Commissioning Manager, Child and Adolescent Mental Health Services - CAMHS); Anna Gianfrancesco (ru-ok Service Manager); Maggie Gairdner (Associate Director, Children's Services and Substance Misuse, Sussex Partnership Trust); Rebecca Hills (Associate Director, Acute Care, Sussex Partnership Trust); Sue Baumgardt (parent of someone with a Dual Diagnosis).

29.2 As a number of witnesses represented services for children and young people, it was decided to take their evidence jointly rather than interviewing each witness sequentially. The evidence provided by Sue Baumgardt was taken separately.

29.3 Evidence from Anna Gianfranceso, Sally Wadsworth, Maggie Gairdner and Rebecca Hills.

29.4 Sally Wadsworth (SW) explained to the Panel that there are two types of Children and Adolescent Mental Health Services (CAMHS) operating in the city: a "Tier 3" service run by Sussex Partnership Trust, and a "Tier 2" service hosted by the Children and Young People's Trust. There is a good deal of work currently taking place to ensure that these services are effectively integrated.

29.5 SW noted that CAMHS services for clients with a Dual Diagnosis had some historical weaknesses, notably in terms of the provision of effective nursing support for detoxification and for general, rather than mental, health needs. There was also a need to ensure that young people with a Dual Diagnosis were able to access a wide range of CAMHS services, rather than just being treated within the Dual Diagnosis team. SW was able to assure members that work was ongoing in all of these areas.

29.6 In response to a question concerning the environment in which CAMHS services were delivered, Maggie Gairdner (MG) told Panel members that services were provided in a youth-friendly environment by clinicians who specialised in children's health.

Anna Gianfranceso (AG) noted that young clients would typically be seen at one of the CAMHS facilities by visiting clinicians; clients would only be required to attend adult Substance Misuse Services (SMS) in an emergency situation.

29.7 In answer to questions concerning how these services were currently delivered, the Panel was told that services were either available at centres in Hove and Brighton or via outreach, work in schools etc. There is ongoing work aimed at making access to CAMHS services easier and more inclusive. This may include effectively integrating the services rather than having partially discrete Tier 2 and Tier 3 provision.

29.8 In response to a query regarding the definition of Dual Diagnosis, members were told that assessing younger people was often very difficult, as they frequently evinced highly chaotic behaviour and could be very tricky to engage with. In consequence, diagnoses of a co-morbidity of mental health and substances misuse problems could often not be made until clients were in their mid twenties.

29.9 In answer to a question regarding the success of the Children and Young People's Trust (CYPT), members were informed that CYPT had facilitated much improved co-working between disciplines, both at strategic/management levels and at the "front line" where services are delivered.

29.10 Councillor Pat Hawkes stressed that it was very important that Brighton & Hove City Council analysed the performance of CYPT so that other Council services could benefit from this good practice.

29.11 AG acknowledged that CYPT services were often considerably more effective than equivalent adult services, and that this could be very problematic when clients needed to transfer across. The feasibility of increasing the upper age range covered by CAMHS to 25 was being considered, as such an extension of the service might ameliorate some of the problems caused by any relative incompatibility between child and adult services.

29.12 MG noted, that, although CAMHS was, in some ways, better integrated than adult mental health and SMS, this did not mean that adult services were necessarily poorly integrated. On the contrary, there was a good deal of effective co-working in adult services in terms of initial assessment of clients, in terms of discharge, and throughout treatment. There was also a history of effective partnership between SMS and Community Mental Health services, particularly the Assertive Outreach Team. A nurse consultant would shortly be recruited to co-ordinate this partnership working.

However, there were considerable challenges to more closely integrating services, including incompatible IT systems.

29.13 In response to a question regarding the involvement of the legal system in CYPT work, AG told members that ru-ok has a worker in the Youth Offending Team. Young people who have offended and have been identified as having substance misuse problems, or who committed crimes involving substances, will be assessed by ru-ok to

see if they would benefit from intervention.

ru-ok also works with the Community Safety Team to identify young people who use substances problematically before they come to the attention of the courts.

29.14 In response to a query regarding the types of substances commonly misused by young people, AG told members that a wide range of substances were encountered, although misuse of solvents was not as prevalent as it had once been.

MG noted that problematic alcohol use was on the rise, and that services relating to this were generally under-funded. This was a particular concern, particularly because of the serious physical problems (liver disease etc.) associated with long-term misuse of alcohol.

SW noted that alcohol related problems were not always accorded the priority that they should be. Although the commissioners were now beginning to direct significant funds into adult drink services, there had to date been relatively little funding for younger people's services.

AG told the Panel that it was very difficult to assess the extent of alcohol related problems, as the recording of this data was often incomplete. This was particularly the case in terms of attendances at hospital Accident & Emergency (A&E) departments; A&E did not typically code attendances as being drink related, and the high turnover of A&E staff made it very difficult for ru-ok to develop effective working relationships with A&E. Current work is ongoing to develop a Care Pathway for A&E referrals to ru-ok (with targets for numbers of referrals).

MG noted that there were similar problems encountered in trying to get A&E staff to identify and record A&E attendees who might have mental health or substance misuse problems, although it was recognised that the pressures of A&E work were considerable.

29.15 In response to a question from a member of the public concerning Out Of Hours (OOH) psychiatric cover at the Royal Sussex County Hospital (RSCH) A&E department, Rebecca Hills (RH) told members that Mill View hospital provides 24/7 OOH cover for the RSCH. In addition, improved Mental Health and SMS resources at the RSCH A&E are currently being developed.

29.16 In answer to questions about the crossover between children's and adult services, members were told that this was a nationally recognised problem. The notion of "transition" services (covering an age range of 14-25) is being actively considered. (Some services, such as services for Special Needs and for Pregnant Teenagers, already vary their provision on this basis.)

30. Evidence from Sue Baumgardt

30.1 Ms Baumgardt introduced herself: her son Yannick had a Dual Diagnosis and died in November 2005 as a result of heroin poisoning. Ms Baumgardt has subsequently been involved in campaigning on issues relating to provision for the treatment and support of people with a Dual Diagnosis.

30.2 Ms Baumgardt explained that Yannick had begun displaying psychotic behaviour in his teens (although the family only recognised this in hindsight). He was first detained (under a section of the Mental Health Act) in his early twenties, and was subsequently "sectioned" on several occasions.

30.3 Yannick also developed problems with substances. These included heroin, prescription medicines (amphetamines and benzodiazepines) and alcohol. Yannick refused to acknowledge that he had mental health problems, and may have misused these substances in order to "self-medicate", seeking to ameliorate the effects of his illness with these drugs rather than prescribed psychiatric ones.

30.4 Ms Baumgardt explained how she had encountered major difficulties in persuading healthcare professionals that, on occasion, Yannick needed detaining (under a section of the Mental Health Act) for his own safety and the safety of others. Ms Baumgardt described how healthcare professionals were slow to attend in emergency situations, and how they advised her to call the police if she became concerned about Yannick's behaviour. Ms Baumgardt feels that this was unrealistic advice which threatened to place her family at risk of harm.

30.5 Ms Baumgardt also described problems she had encountered with services at Mill View hospital on occasions when Yannick was "sectioned". These included:

- a lack of security at Mill View (whilst supposedly detained on a locked ward, Yannick was able to access local shops to buy alcohol);
- no detoxification services offered to Yannick;
- insufficient Occupational Therapy on offer to people in Pavilion Ward;
- the effective unavailability of Cognitive Behavioural Therapy (CBT) for people in Yannick's position;
- inappropriate granting of leave to sectioned patients;
- an inappropriately "laissez faire" attitude evinced by ward staff (not encouraging patients to engage with therapies, to be active, to maintain their own appearance etc). Ms Baumgardt

recounted visiting Yannick at 3pm to find him still in bed, surrounded by half eaten food, dirty crockery etc. Ms Baumgardt feels that Yannick should have had more positive. intervention to care for him/enable him to care for himself.

30.6 Ms Baumgardt also felt that her son's discharge from hospital was poorly handled, with Yannick initially being placed in inappropriate Bed & Breakfast (B&B) with no cooking facilities.

30.7 Yannick was then transferred to accommodation in the Royal Promenade Hotel, Percival Terrace, Brighton, which Ms Baumgardt thinks was equally unsuitable, as it was situated in an area where drugs use was prevalent. Ms Baumgardt also considers that hotel staff were insufficiently briefed on the people they were required to house, having neither detailed knowledge of Yannick's medical history, nor his Next Of Kin contacts.

30.8 After discharge, Yannick was supported by the Assertive Outreach Team. Ms Baumgardt feels that this support was inadequate; when she called the team with worries about her son's state, their response was inappropriately slow. Ms Baumgardt recognises that the Assertive Outreach Team needs to act so as to gain the confidence of its clients, which may necessitate building relationships slowly; but she feels that the Team ought to be prepared to intervene far more swiftly when necessary, particularly when acting on the advice of people with intimate knowledge of a person's behaviour such as family members/ carers.

After Yannick died, Ms Baumgardt told Panel members that hotel staff were only able to contact Next Of Kin after the Assertive Outreach Team had called Yannick's mobile phone, some two days after his death.

30.9 Ms Baumgardt was asked to suggest how she thought services for people with a Dual Diagnosis might be improved. She suggested that:

- Appropriate supported housing was a priority. People discharged after being detained under a section should never be placed in B&B accommodation. There should instead be some kind of temporary supported housing provision, so as to allow extremely vulnerable people to live in a safe and appropriate environment whilst suitable long term accommodation was found for them. This might even save money in the long term, as it could reduce the frequency with which people discharged from a section were quickly re-sectioned because they were unable to cope with inappropriate temporary housing.

- People detained under a section of the Mental Health Act should receive much more encouragement to engage with therapeutic activities whilst in hospital, and should also be encouraged to be active, clean themselves etc.

- People under a section should be compelled to take appropriate psychiatric medication.

- Sussex Partnership Trust officers should re-think their response to families/carers of people with a Dual Diagnosis who contact the trust with severe concerns about their relations' behaviour. Telling people to call the police is inappropriate advice as police officers are not well placed to determine the mental state of someone with a Dual Diagnosis, who may well present as quite rational. Should police officers attend at the behest of families/carers and choose not to intervene (by arresting the person with a Dual Diagnosis/detaining them under Section 136 of the Mental Health Act), the people who called the police may find themselves at risk of attack. A more appropriate response would be for mental health staff to attend in a timely fashion to assess patients.

- Rehabilitation services should be located outside the city, preferably in a rural environment with ready access to therapeutic interventions, arts, gardening etc. Such facilities could well be Sussex wide rather than dedicated to Brighton & Hove patients.

30.10 The Chairman thanked Ms Baumgardt for her evidence.

31. Any Other Business

31.1 There was none.

The meeting concluded at noon.

Signed Chairman

Dated this day of 2008

Appendix 3E

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY PANEL ON DUAL DIAGNOSIS

11AM 25 JULY 2008

HOVE TOWN HALL

DRAFT MINUTES

Present: Councillor Watkins (Chairman); Councillor Hawkes

Witnesses: Jugal Sharma, Assistant Director of Housing, Brighton & Hove City Council

PART ONE

ACTION

33. PROCEDURAL BUSINESS

33A. Declarations of Substitutes

33.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

33B. Declarations of Interest

33.2 There were none.

33C. Exclusion of Press and Public

33.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

33.4 **RESOLVED - That the press and public be not excluded from the meeting.**

34. MINUTES

34.1 That the minutes of the meeting held on 25.04.08 be approved.

35. CHAIRMAN'S COMMUNICATIONS

35.1 The Chairman noted that he had hoped to hear evidence from the Director of Adult Social Care and Housing at this meeting, but that she had been obliged to attend another meeting at short notice. Members will meet with the Director in the near future.

36. EVIDENCE FROM WITNESSES

36.1 The witness at this session was Jugal Sharma, Assistant Director of Housing at Brighton & Hove City Council.

36.2 Mr Sharma told Panel members that early identification of people with Dual Diagnosis problems was key to delivering effective services. To this end the Council sought to ensure that Housing Officers were present at Community Mental Health Team needs assessments.

Housing Officers also worked closely with the Children and Young People's Trust (CYPT) in order to identify people with a potential Dual Diagnosis coming into the housing system. The Council was committed to keeping 16-17 year olds out of inappropriate "B&B" accommodation, and to working with the families of 13-14 year olds to try and provide effective support at an early stage.

36.3 Mr Sharma informed the Panel that Brighton & Hove had a very unusual profile in terms of people presenting as homeless. Whilst the great majority of people presenting for housing in the South East region and London Boroughs were families, in Brighton & Hove the majority of people presenting were young single men (and increasingly women), often with significant alcohol and/or drugs problems.

Effectively, if the South East region and London generally showed a 70/30 split between families and single people presenting as homeless, Brighton & Hove had a profile which was the mirror image of this, with many more single people presenting as homeless than families.

36.4 Mr Sharma also pointed out that a very high percentage of people presenting as homeless in the city could be classified as "vulnerable" people, a much higher proportion than was the regional norm or the case in most London Boroughs.

36.5 Brighton & Hove does not have a disproportionate number of young single people presenting as homeless due to family breakdown, but we do have very many people coming into the city and presenting as homeless, especially during the summer months. (By contrast, London homeless presentations tend to peak in the winter months.)

36.6 The biggest problem the city faces is providing homes with the appropriate level of support. Mr Sharma told the Panel that is was generally easier to support families than single people, particularly as single people presenting as homeless very typically had co-existing mental health and substance misuse problems/ had serious general health problems/ were receiving support from a number of agencies/ were locked in a cycle of using and remission/ were in shared accommodation etc. All these factors can considerably complicate the delivery of support services.

36.7 These particular problems with Brighton & Hove's singular client base are typically not recognised in terms of Government funding, which tends to be more generous for families than for single people.

36.8 There is also a very high incidence of people with a Learning Disability in the city, and a very significant overlap between this group and the group of people with mental health problems, with the concomitant danger of clients with this type of co-morbidity "falling in the gaps" between services.

36.9 Mr Sharma told the Panel that the budget for supporting young, single homeless people was under a great deal of pressure with year on year reductions in Supporting People funding (the main source of funding for this group).

36.10 However, Mr Sharma stressed that there was sufficient money in the system to offer appropriate support; problems were centred on how money was allocated rather than any actual inadequacy of funding.

36.11 Mr Sharma told Panel members that the Council had recently taken over several hotels which provided accommodation for young single homeless people (for instance, the West Pier Adelphi hotel).

Often, private providers running these hotels did not deliver an acceptable standard of service, despite charging large amounts of money for their supported housing. This has meant that the council can typically run better services more economically, even when the costs of purchasing properties are factored in (and leaving aside long term opportunities for the appreciation of property values).

36.12 Mr Sharma noted that a model in which the Council purchased properties around the city and then used them to offer supported housing had already been enacted in relation to services for some people with Learning Disabilities and/or physical disabilities. There was, in theory, no reason why a similar initiative should not provide high quality supported housing for clients with mental health problems, including Dual Diagnoses.

36.13 However, there are practical complications to such an initiative, including the difficulty of convincing local residents that such housing will not impact negatively upon their communities, and persuading the Council's partners that such a move presents the best opportunity to

create a high quality and affordable service.

36.14 Mr Sharma told members that a major problem in terms of providing appropriate supported housing to people with a Dual Diagnosis was a lack of co-ordination and information-sharing across the care system.

Thus, the Council's housing services might well be in a position to source suitable housing or to negotiate with current landlords to maintain existing tenancies, should they be aware that a person had been detained under a section and would likely have to spend a considerable period of time receiving acute mental health care.

However, if the Council was unaware of an individual's treatment and potential supported housing requirements until shortly before their re-integration into the community, then the provision of suitable housing was typically much more problematic.

Similarly, if the housing team was unaware that a person had been detained under a section, they could not begin to broker an agreement with that person's landlord which might maintain a tenancy until such time as the individual was capable of resuming it.

36.15 Members noted that this kind of poor co-ordination between services was not limited to the NHS: historically, different departments of the council had often struggled to communicate effectively with one another. However, the Council's working practices were much improved in this respect, and there was a clear need to spread this good practice to health partners, particularly in terms of the co-operative working pioneered by children's services (which, although far from perfect, is considerably in advance of the practice within adult services).

36.16 Councillor Hawkes stressed the importance of staff in all agencies being trained so that they had a proper understanding of how partner agencies worked (as is already the case in terms of teacher and social worker training).

36.17 Mr Sharma pointed out that a key factor in dealing successfully with Dual Diagnosis problems was to identify those in need of immediate intervention, and to ensure that they had rapid access to the most appropriate services (which for most clients would not be the most intensive services such as the West Pier Project). Effective co-operation between agencies was essential in making early identifications of the people in most need of support.

36.18 Mr Sharma discussed various approaches to substance misuse problems with Panel members. Mr Sharma noted that there were a number of differing philosophies of treatment, ranging from systems which demanded abstinence to those which assumed the long term continuation of substance use.

36.19 Whilst differing approaches can all show good results, systems which aim to manage and minimise substance and/or alcohol use may be more widely applicable than systems based on abstinence, which can sometimes impose unrealistic expectations on clients (e.g. expecting a level of abstinence which many members of the public, care staff etc. might not be willing to adopt).

36.20 Mr Sharma also noted that different models of treatment had different definitions of success. Thus, one system might see success in terms of a client achieving abstinence; whilst another system might regard success as reducing a client's substance or alcohol use to the point where they are socially functioning, whether or not this still involves quite significant drug and/or alcohol use.

36.21 In response to a question regarding the most important change required for the better functioning of citywide Dual Diagnosis services, the Panel was told that there was a need for a more accurate quantification of demand for Dual Diagnosis services than was currently available. Without a relatively accurate assessment of demand, it was difficult to plan and budget effectively for services, and impossible to deliver consistently excellent levels of care and support as and when it was needed.

36.22 The city requires an updated Dual Diagnosis Needs Assessment to provide this information (the last formal Needs Assessment was conducted in 2002). Mr Sharma indicated that he was happy to take the lead in developing this Needs Assessment, as he saw this as a matter of some urgency.

36.23 Similarly, Mr Sharma indicated that in areas where Care Packages for people with a Dual Diagnosis were inadequate or took too long to access, the Council might be in a position to take over the provision of such packages, with confidence that they could significantly improve the services available.

37. Any Other Business

37.1 There was none.

The meeting concluded at 12:30.

Signed Chairman

Dated this day of 2008

Appendix 3F

Dual Diagnosis Scrutiny Panel

1. Note of meeting between Cllr David Watkins (DW) and Joy Hollister, Director of Adult Social Care and Housing (JH). 04 August 2008

1.1 Some Scrutiny Panel members were unable to make this meeting date. JH indicated that she was happy to answer any further questions that members unable to attend this meeting might have.

1.2 DW expressed his concern that NHS health and Local Authority (LA) social care services did not always work effectively together (in regard to Dual Diagnosis issues).

1.3 JH responded that the core issue was effective co-ordination of care. Agencies had to be aware of the general scope of the Dual Diagnosis problem; but also, much more precisely, of the type and degree of services which needed to be commissioned (services including supported housing, "talking" therapies, suicide prevention, professional carers).

1.4 Officers from Sussex Partnership Trust (SPT) Community Mental Health Team (CMHT) have lead responsibility for people with a Dual Diagnosis. JH wondered if there may be scope for SPT to work more effectively in terms of making timely and accurate assessments of clients' needs and then "micro-commissioning" the appropriate services.

1.5 JH noted that the micro-commissioning process is likely to gain in importance as the Self-Directed Care initiative means that individuals have more say in determining how their care and treatment is delivered.

1.6 JH wondered if there was merit in moving to an integrated assessment team, allowing all agencies to contribute in accordance with their expertise. Brighton & Hove City Teaching Primary Care Trust (PCT) is lead commissioner of adult mental health services for B&H, and it will ultimately be up to the PCT to decide whether SPT's CMHT should continue to manage the Dual Diagnosis assessment process in the long term.

1.7 DW noted that he thought there was a particular gap in terms of city services addressing alcohol-related issues. JH agreed, further commenting that good services required workers with a holistic approach/knowledge (i.e. workers who were capable of recognising/assessing clinical problems, but who also had a good knowledge of Benefits systems, support networks etc.)

1.8 DW mentioned problems with Dual Diagnosis clients accessing GP services and acute hospital services (e.g. A&E). JH responded that the PCT was responsible for commissioning city primary and secondary healthcare services, and therefore could be in a position to incentivise providers to deal appropriately with Dual Diagnosis clients (via specific performance targets etc.)

1.9 JH advised that the Scrutiny Panel, in their report, could consider "commissioning" BHCC Adult Social Care and the PCT to come up with a new Dual Diagnosis commissioning plan embodying the Panel's recommendations.

1.10 JH welcomed the idea that the Panel should seek to get partner agreement on the Panel's recommendations, noting that a Concordat of local partners would be very helpful in terms of forwarding the Dual Diagnosis agenda.

1.11 JH advised that pharmacists could be a key resource in helping people with a Dual Diagnosis, as pharmacists frequently established good relationships with people on methadone prescriptions etc. and were well placed to observe deterioration in people's conditions. Pharmacists may also be more readily trusted by people with a Dual Diagnosis than NHS or LA officers as they are widely perceived to be independent of the statutory agencies. More generally, JH advised that the Panel should consider the key role to be played by 3rd sector organisations in providing Dual Diagnosis services, as these organisations often have particular expertise in areas of Dual Diagnosis and are trusted by clients in ways which representatives of the statutory agencies may never be.

1.12 JH noted that one useful way of ensuring that all the agencies who could help with a Dual Diagnosis case were informed of an individual's needs was to devise systems which encouraged assessors to refer to the appropriate support organisations (e.g. as part of an IT system for GPs which would automatically prompt referral along a particular care/support pathway once a co-morbidity of substance and mental health problems had been identified).

1.13 JH also recommended that the Panel might want to speak with the police and probation services, as both had key inputs into the issue of Dual Diagnosis.

Appendix 4

Bibliography

- Drug Misuse and Mental Health: Learning Lessons on Dual Diagnosis; a report of the All Party Parliamentary Drugs Misuse Group, 2000

- Mental Health Needs Assessment for Working Age Adults in Brighton & Hove; Alves, Bernadette; Brighton & Hove City teaching Primary Care Trust, 2007

- Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide, Department of Health, 2002

- Needs Assessment: services for adults with mental illness and substance misuse problems in Brighton & Hove and East Sussex, Brighton & Hove City teaching Primary Care Trust, 2002

- Policy on the Management of People with a Dual Diagnosis of Mental Health and Substance Misuse; Sussex Partnership NHS Trust, 2008

- A Protocol for the Management of People with a Dual Diagnosis of Mental Illness and Problematic Drug or Alcohol Use; Worcestershire Mental Health Partnership NHS Trust, 2007

- Severe Mental Illness and Substance Misuse; Weaver et al; British Medical Journal editorial 16 January 1999

Appendix 5

Dual Diagnosis Scrutiny Panel: Digest of Recommendations

1 Supported Housing:

a) Consideration should be given to the feasibility of commissioning temporary supported housing provision to be used to accommodate people with a Dual Diagnosis in between their discharge from residential psychiatric treatment and the allocation of appropriate longer term housing. Housing people with a Dual Diagnosis in 'Bed & Breakfast' accommodation should only be considered as a last resort.

b) Consideration should be given to the feasibility of commissioning a residential assessment facility to be used to house people with a suspected Dual Diagnosis for a period long enough to ensure a thorough assessment of their mental health and other needs.

c) Consideration should be given to commissioning long term supported housing for people with a Dual Diagnosis who refuse treatment for their condition(s).

d) Brighton & Hove City Council Housing Strategy and the Sussex Partnership Foundation Trust should seek to agree a protocol requiring statutory providers of mental health services to notify the council's Housing Strategy department when a client has been admitted to residential mental health care (subject to the appropriate approval from clients). This would enable Housing Strategy to assess the risk of an individual being unable to access suitable housing on their discharge from hospital, and to take appropriate action.

e) Consideration should be given to establishing a 'Dual Diagnosis pathway' to ensure that people with a Dual Diagnosis can be appropriately housed as quickly and efficiently as possible.

f) The West Pier Project represents an effective model for supported housing suitable for (some people) with a Dual Diagnosis. Serious consideration should be given to providing more such facilities within the city.

2 Women's Services

a) Any future Needs Assessment of city-wide Dual Diagnosis services must address the important issue of the potential under-representation of women, and must introduce measures to ameliorate this problem.

b) The problems highlighted by Brighton Women's Refuge are addressed (point 8.1(d) in the full report), with assurances that local

solutions will be found to ensure that an appropriate range of services is made available.

3 Children and Young People

a) The integrated services for Dual Diagnosis offered by the CYPT are studied by agencies responsible for co-working to provide adult Dual Diagnosis services. Where agencies are unable to formally integrate, or feel that there would be no value in such a move, they should set out clearly how their services are to be effectively integrated on a less formal basis.

b) Serious and immediate consideration must be given to introducing a 'transitional' service for young people with a Dual Diagnosis (perhaps covering ages from 14-25). If it is not possible to introduce such a service locally, then service providers must demonstrate that they have made the progression from children's to adult services as smooth as possible, preserving, wherever feasible, a high degree of continuity of care.

c) Serious consideration needs to be given to the growing problem of problematic use of alcohol by children and young people (including those who currently have or are likely to develop a Dual Diagnosis). It is evident that better support and treatment services are required.

d) The development of a 'pathway' to encourage A&E staff to refer young people attending A&E with apparent substance or alcohol problems should be welcomed. There may need to be targets for referrals to ensure that the pathway is used as efficiently as possible.

e) Public Health education encouraging abstinence/sensible drugs and alcohol use is vital to reducing the incidence of Dual Diagnosis in the long term. Effective funding for this service must be put in place. Public health education encouraging mental wellness is equally important.

f) Dual Diagnosis can have a profound and ongoing impact upon the families of people with a co-morbidity of mental health and substance misuse issues. It is vital that appropriate support services are available for families and that every effort is taken to identify those in need of such support. Therefore, a protocol should be developed whereby a formal assessment of the support needs of families is undertaken whenever someone is diagnosed with a Dual Diagnosis.

4 Integrated Working and Care Plans

a) Consideration should be given to adopting an integrated approach to the assessment of people with Dual Diagnosis problems. Such assessments must be outcome focused. If the commissioners are unable/unwilling to move towards such a system, they should indicate why the current assessment regime is considered preferable.

b) A single integrated Care Plan may be neither possible nor desirable, but co-working in devising, maintaining and using Care Plans is essential. Whilst good work has clearly been done in this area, the development of a Care Plan, including clearly expressed 'move-on' plans, which can be accessed by housing support services (and other providers) is a necessary next step in the integration of support services for Dual Diagnosis.

5 Funding

a) Better provision for alcohol related problems, both in terms of treatment and Public Health, is a priority and urgent consideration should be given by the commissioners of health and social care to developing these services so that they meet local need.

b) The commissioners of Dual Diagnosis services must agree on a level (or levels) of care housing support appropriate for people with a Dual Diagnosis and ensure that there is sufficient funding available for city supported housing providers to deliver this level of care.

6 Treatment and Support

a) The provision of detoxification facilities for city residents be reconsidered, with a view to providing more timely access to these services, particularly in light of growing alcohol and drug dependency problems in Brighton & Hove.

b) Treatments commissioned for people with a Dual Diagnosis need to be readily available at short notice, so that the chance for effective intervention is not lost with clients who may not be consistently willing to present for treatment. Any future city Strategic needs Assessment for Dual Diagnosis should focus on the accessibility as well as the provision of services.

c) The Sussex Partnership Foundation Trust examines its policies relating to detaining people under a section of the Mental Health Act, in order to ensure that the inevitably distressing process of 'sectioning' is as risk free as possible (for patients and also for their families and carers), and that maximum possible therapeutic benefit is extracted from the process. (If the trust has recently undertaken such work/carries out this work on an ongoing basis, it should ensure that it has relevant information on this process available to be accessed on request by patients and their families.)

d) Service users should be central to the development of Dual Diagnosis services. When they commission services, the commissioners should ensure that potential service providers take account of the views of service users when designing services and

training staff, and should be able to demonstrate how these views have been incorporated into strategies, protocols etc.

7 Data Collection and Systems

a) A new Strategic Needs Assessment for Dual Diagnosis services in Brighton & Hove is undertaken as a matter of urgency.

4 Walsingham Road
Hove, East Sussex
BN3 4FF

27 February 2008

Health overview And Scrutiny Committee
Legal And Democratic Services
Brighton And Hove City Council
Kings House, Grand Avenue
Hove BN3 2LS.

Dear Sir/Madam,

May I first start by welcoming the Councils decision too look into the way in which it helps facilitates Dual Diagnosis Services within the Brighton And Hove City Council area.

I myself have a Dual Diagnosis - I would like to bring it to the attention of the Committe that I was referred to the Dual Diagnosis Worker by the Central Hove Surgery on the 15th January, I got a letter back stating that the nearest date that I could get for an assessment was the 28th February - I think that tells you everything that you need to know.

I would like to suggest a few proposals that may help the Committe to Develop the Service,

Dual Diagnosis Group.

I would demand that some kind of group could be piloted and run in conjunction with both Mental Health Services and Drug Service Teams. The group would ensure that Effectively would slip the net I find that people who have a Dual Diagnosis find life incredibly isolating, the group would be a chance to vent feelings And as An important gateway into other Services Without slipping the net and causing More problems and More Complexities

Dual Diagnosis is much underfunded And much misunderstood, especially within Brighton And Hove So I'm Sure Some kind of Dual Diagnosis Service would alviate a lot of problems.
I feel this would also be a greater Way of training Staff who have no experience in Dual Diagnosis.
I'm pretty Sure that Community Base in Brighton or any Community Mental Health Setting would allow the Dual Diagnosis Service facilities.
I have researched What is on offer Currently within the borough - I have to say that there is not very much, Which I'm Sure you are quite aware off. It Seems that time and time again that mission Statements Set out by both the National Treatment Agency And local Treatment plans are failing to meet the needs of people With a Dual Diagnosis.
I urge the Councillors to not let this Enquiry be a Smokescreen for What is really needed within brighton And Hove.
If it's true that Brighton is the Drug Capital of Britain then Why are We looking at the Kingston CDAT model As a beacon - Brighton Should in real terms be a Centre of excellence. May be the enthusiasm of Staffing Should be challanged to See if their expertise Should be exercised to the full.
I would also question Whether the Council believes in Social exclusion, or Social inclusion I have been turned down for 9 buss passes, just because I'm only entitled to middle rate Disability living Allowance, because of these new regulations thousands of people With My condition are find themselves ever more isolated

And I also feel that service users could play a role in the long term delivery of recruitment for both staff and new services.

I have recently played a role in the setting up of A Dual Diagnosis Service in a london Borough, And knowone though it was possible, but two letters to my Mp, one letter to the National Treatment Agency, And a meeting with the Chief Executive of the Mental Health Service - And the enthusiasm of the staff of the local Drug team - Im pleased to say the group is now in its third week of a twelve week pilot - which due to its positivity is securing both more funds and much admiration between those staff who see the group up and those working in other mental Health Services. We already have a football Coach and a post lined up to take a positive role within the group.

I demand the best and would hope that you would concur with the opinion that we need a Dual Diagnosis group/and or service to cope with the demand within Brighton And Hove

If you feel the need to contact me regarding any of the issues that I have raised, then please do not hesitate to get in contact with me

yours truly

MR D. Curtis BSc Hons, Bps, ABp.

British Psychological Society.

OVERVIEW & SCRUTINY COMMISSION	Agenda Item 111 Brighton & Hove City Council

Subject:		**Dementia Select Committee**		
Date of Meeting:		**21st April 2009**		
Report of:		**Acting Director of Strategy & Governance**		
Contact Officer:	Name:	**Tom Hook**	**Tel:**	**29-1110**
	E-mail:	Tom.hook@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The Overview and Scrutiny Commission has a role to consider requests from Overview and Scrutiny Committees to establish task orientated, time-limited Select Committees to review in-depth particular topics.[1] The Commission also has a role in coordinating scrutiny work between two Committees where an issue fits within both terms of reference.

1.2 The last meeting of the Adult Social Care and Housing Overview and Scrutiny Committee considered a number of potential topics for its next ad hoc panel. Following debate it was agreed to look at the development of a Dementia Strategy for the City. However there was concern that this was too large an issue for an ad hoc panel and that it would also cross over into the health domain.

1.3 This report therefore asks members to consider establishing a Select Committee to look at the development of a Dementia Strategy for the City.

2. RECOMMENDATIONS:

2.1 That the Overview and Scrutiny Commission considers whether to establish a Select Committee to look at the development of a Dementia Strategy as outlined in the report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 At its last meeting the Adult Social Care and Housing Overview and Scrutiny Committee (ASCHOSC) agreed that the involvement of overview and scrutiny at the early stages of the development of a Dementia Strategy for the City would be beneficial. The report outlining areas the review could

[1] Council Constitution - Part 6, Section 4, Paragraph 1

cover is attached as Appendix 1, with the draft minutes from the meeting attached as Appendix 2.

3.2 There was cross-party agreement that this was an opportunity to undertake a very valuable piece of forward looking policy development work through the Overview and Scrutiny process.

3.3 There was however concern that this was both a very large topic and there was also a clear cross over with the remit of the Health Overview and Scrutiny Committee. It was therefore resolved that a paper would be tabled at the Overview and Scrutiny Commission setting out possible options for joint working between ASCHOSC and HOSC and whether this should be under the auspices of an ad hoc panel or select committee.

3.4 The Council's constitution relating to the establishment of a select Committee stipulates a number of criteria which should be considered by Members, these are:

- The importance of the matter being raised and the extent to which it relates to the achievement of the Council's strategic priorities, the implementation of its policies or other key issues affecting the well being of the City or its communities;
- Whether there is evidence that the decision-making rules in Article 11 of the constitution have been breached; that the agreed consultation processes have not been followed; or that a decision or action proposed or taken is not in accordance with a policy agreed by the Council;
- The potential benefits of a review especially in terms of possible improvements to future procedures and/or the quality of Council services;
- What other avenues may be available to deal with the issue and the extent to which the Councillor or body submitting the request has already tried to resolve the issue through these channels;
- The proposed scrutiny approach (a brief synopsis) and resources required, resources available and the need to ensure that the Overview and Scrutiny process as a whole is not overloaded by requests.

3.5 A copy of the summary of 'Living Well with Dementia', the National Dementia Strategy is attached as Annex 3. There is also an associated national implementation plan with 17 specific outcomes which local health economies are expected to make 'considerable progress' in achieving over the next five years. A local strategy and implementation plan would be central in delivering this.

3.6 Coordination with other partners involved in dementia care will be critical both for any scrutiny review and the future development of the strategy. This will include establishing local timescales, priorities and key milestones as soon as possible.

4. CONSULTATION

4.1 Consultation has taken place with the Joy Hollister, Director of Adult Social Care and Housing.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no direct financial implications arising from this report other than the officer resources required to support a select committee.

Finance Officer Consulted: Anne Silley *Date: 07/04/2009*

Legal Implications:

5.2 All legal implications are covered within the body of the report.

Lawyer Consulted: Oliver Dixon *Date: 07/04/2009*

Equalities Implications:

5.3 There are no direct sustainability implications arising from this report.

Sustainability Implications:

5.4 There are no direct sustainability implications arising from this report.

Crime & Disorder Implications:

5.5 There are no direct crime and disorder implication arising from this report.

SUPPORTING DOCUMENTATION

Appendices:

1. ASCHOSC – Ad hoc panel scoping report (5th March)
2. Extract from ASCHOSC draft minutes (5th March)
3. Living well with Dementia Summary Document

Appendix 1

Extract from Adult Social Care and Housing Overview and Scrutiny Committee meeting of the 5th March 2009.

Agenda Item 69 Scoping Paper on Possible Future Ad Hoc Panels

Dementia strategy.

Living well with dementia, the national strategy was launched by the Government in February this year. It outlines 3 key steps to improve the quality of life for people with dementia and their carers. These are;

- Ensuring better knowledge about dementia and removing the stigma
- Improving diagnosis of dementia
- Developing a range of services for people with dementia and their carers.

These 3 aims are underpinned by 17 objectives requiring a response from local authorities, health providers and Primary Care Trusts. The objectives of most relevance to the Council include;

- Raising awareness of Dementia. The expectation here is not just within the statutory providers but across all bodies who have significant interaction with the public e.g. transport providers.
- Improved community personal support services. These services should include specialist home care services. A pilot is underway with the Sussex Partnership Foundation Trust exploring the effectiveness of this service.
- Housing support including telecare. The strategy calls for the development of different housing models to include monitoring of extra care housing and exploring the use of assistive technologies in enabling people to remain within their own homes.
- Improved quality of care for people living in care homes. This will require a workforce strategy to ensure staff have the necessary skills and knowledge and ensuring that quality monitoring is robust.

Other issues within the strategy will require a response from partner agencies such as improved GP awareness, improved quality of hospital care and the provision of a dementia advisor to signpost people to information and support and assist access to health and social care.

Scope of potential overview.

This is the first ever strategy covering Dementia to be published so is new ground nationally and for the authority. The strategy has ambitious and wide reaching implications; however the Department of Health states that it is at the

discretion of Councils to prioritise the implementation of the strategy. The overview work could include;

- An analysis of the current level and quality of service
- An analysis of 'best practice' across the country
- Consideration of the demography of the City from the Joint strategic Needs Assessment (JSNA) and how this should shape our response
- Consideration of how the strategy will include people with learning disabilities. Valuing People Now, the recently published follow on to the Valuing People white paper is clear that other strategies should be scrutinised to ensure that they are inclusive of this group. There is also a high prevalence of Dementia within this group
- Consideration of how the implementation of the carers strategy will include those caring for someone with Dementia
- Consideration of the housing and assisted technology issues arising from the key objectives
- Consideration of gaps arising from the above analysis for Brighton and Hove
- Recommendation for prioritisation and implementation of the strategy including Value for Money considerations

Summary

The strategy has wide reaching implications for the shape of services within the City. The implementation of the strategy has financial implications however there is no new funding available to meet the expectations placed on the authority. Whilst welcoming the very positive aspects of the strategy, consideration will need to be given to access criteria and resources.

Appendix 2

Extract from 5th March Adult Social Care and Housing Overview and Scrutiny Committee Draft Minutes

69 SCOPING PAPER ON POSSIBLE FUTURE AD HOC PANELS.

69.3 The committee received a report on two possible ad hoc panel topics for consideration; these were the new dementia strategy, and the anticipated Green Paper regarding the future funding of social care.

69.4 A member commented that the Green Paper was certainly an important piece of work but felt that it would be likely to vary before it was published, so perhaps it was more appropriate to look at the dementia strategy first. A number of members supported this approach and said that they would be interested in sitting on the proposed ad hoc panel into the dementia strategy.

69.5 There was discussion about whether it would be appropriate to carry out joint working with the Health Overview and Scrutiny Committee, and whether the topic was more suited for a select committee, as this had the scope for more meetings than an ad hoc panel. The Chairman agreed to speak to the Chairman and Deputy Chairman of the Health Overview and Scrutiny Committee to seek their views on the above options and to feed back at the May ASCHOSC.

The Head of Scrutiny suggested that a report should go from the ASCHOSC to the Overview and Scrutiny Commission, advising that this was the favoured ad hoc panel topic and outlining the various work options.

69.6 **RESOLVED –** It was agreed:

- That the next Panel's preferred topic was the new dementia strategy;
- The Chairman of the ASHCOSC will talk to the Chairman and Deputy Chairman of the Health Overview and Scrutiny Committee about potential joint working
- A report to be taken to the Overview and Scrutiny Commission from the ASCHOSC outlining the favoured topic option.

Department of Health

Living well with dementia: A **National Dementia Strategy**

Accessible Summary

Putting **People** First

National Dementia Strategy
Accessible Summary

This booklet is an accessible version of the full-length **National Dementia Strategy's executive summary**.

It tells you about most of the points in the full-length **Strategy** but in less detail.

What the words mean

When we say **we** in this booklet, we mean the **Department of Health**.

When we say **services**, we mean **health and social care services** in England for **people with dementia** and family or friends who look after someone with dementia.

When we say **carer**, we mean **family carer**.

When we say **Strategy**, we mean the **National Dementia Strategy**.

When we say **commissioning**, we mean planning and paying for services.

Words in bold type

There is a list of the **meanings** of some of the words in this booklet on pages 4 and 5. These words are in **bold** type.

Some other words are also in **bold** but are not in the list on pages 4 and 5. These words are to help you see quickly what the **information** on each page is about.

Contents

Useful words

This list tells you the meanings of some of the words in this booklet. The words in this list are in **bold** type in the booklet.

Alzheimer's disease	The most common illness that causes dementia
consultation	When the Government asks people what they think about its plans for the future
dementia adviser	A person who advises people with dementia and their carers where to go for help
diagnosis	Deciding what is wrong with a person's health
executive summary	The summary of the **National Dementia Strategy** which appears at the beginning of the full-length **Strategy**
ethnic group	People with a similar heritage, often people who come, or whose ancestors came originally, from another country
family carers	Friends or relations who look after people with dementia
general hospitals	Hospitals that provide a range of services, rather than specialising in one sort of disease

intermediate care	Help for people who are not quite ill enough to be in hospital, but not quite well enough to manage on their own at home
National Dementia Strategy	The Government's 5-year plan for improving health and social care services in England for everyone with dementia and their carers
objectives	What we want the **Strategy** to achieve
outcomes	What the **Strategy** will mean for people with dementia and their carers
social care	When someone is cared for in the community
specialist assessment	Used in this booklet to mean a health check done by a dementia specialist
stigma	The idea that something (in this case dementia) is shameful
Strategy	The **National Dementia Strategy**
telecare	Special equipment that helps people receive care from far away, for example by telephone

What is this booklet about?

This booklet is a shorter version of the full-length **National Dementia Strategy executive summary**.

It is about the Government's plans for **improving health and social care services** in England for everyone with dementia and their carers.

The booklet tells you about:

- what dementia is
- why we need to improve services for people with dementia and their carers
- the **17** things we want to happen over the next 5 years (our **objectives**)
- what the **Strategy** will mean for people with dementia and their carers (the **outcomes**).

What is dementia?

Dementia is an illness caused when parts of someone's brain stop working properly. We do not fully understand the causes yet.

There is no cure for dementia, which gets more common with age. Once a person has dementia they will get worse over time until the end of their life. However, people who have dementia can often have good quality of life for a number of years.

People with dementia have problems with:

- thinking clearly
- remembering things
- communicating
- doing day-to-day things like cooking or getting dressed.

People with dementia may also have problems like:

- being depressed
- mood swings and aggression
- wandering or getting lost.

There are several different types of dementia. The best known is called **Alzheimer's disease**. Some people use 'Alzheimer's disease' to mean all the different types of dementia.

If dementia is **diagnosed** early enough, there are lots of things that can be done to help people **overcome the problems** and to improve their **quality of life**.

What is the effect of dementia?

Dementia is very common. There are about **700,000** people with dementia in the UK. Dementia has a big effect on our society.

Most people with dementia are **over 65 years old**, but there are at least 15,000 people under 65 who have the illness.

Dementia can **affect anyone** whatever their gender, **ethnic group** or class. People with learning disabilities are at particular risk.

The number of people with dementia in minority ethnic groups is about 15,000 but this figure will rise as populations get older.

Dementia makes the lives of people who have it, and the lives of their families and carers, very difficult.

Family carers are often old and frail themselves. The **strain of caring** for someone with dementia can cause physical or mental illness in the carer.

Dementia is becoming **more common** and the **cost** of looking after people with dementia is going up.

Year	2008	2038
People with dementia in the UK	700,000	1.4 million
Estimated cost	£17 billion	Over £50 billion

If we **spend money now** to improve the quality of life for people with dementia and their carers we will save money in the future as well as make things better for everyone concerned.

The Government has identified dementia as a national priority.

About the Strategy

We want to develop services for people with dementia and their carers that are fit for the 21st century. We want services that meet the needs of everyone, regardless of their age, **ethnic group** or social status.

The **Strategy** is our 5-year plan to help us do this.

The Strategy is for:

People with dementia	Carers	Health and social care professionals	Anyone affected by dementia

Before writing the Strategy, we talked to many people and organisations.

We also had a **consultation**.

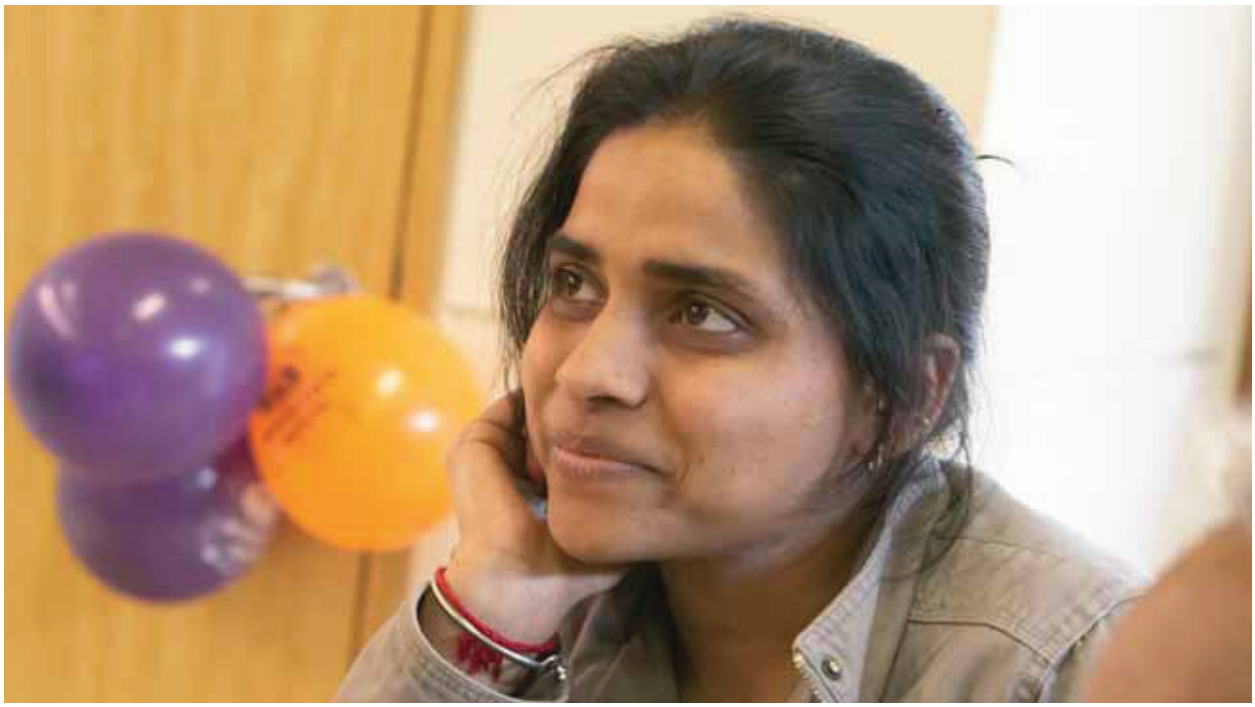
During the consultation:

- we ran about 50 events where over 4,000 people came to talk about our ideas
- over 600 people replied to our ideas in the consultation document.

When people had told us what they thought, we used what they told us to help us write the **Strategy**.

The Strategy has **3 key steps** to improve the quality of life for people with dementia and their carers:

1. Ensure **better knowledge** about dementia and remove the **stigma**	2. Ensure **early diagnosis**, support and treatment for people with dementia and their family and carers	3. **Develop services** to meet changing needs better



1. Ensure better knowledge

There is a lot of **ignorance** about dementia. This ignorance is not only among the public, but also among the people who provide services.

Many people do not realise that there are **ways of supporting and treating people with dementia**. In fact, if there is a **diagnosis** early enough, a lot can be done to help with the symptoms and to help people to cope.

We want to:

Help everyone to **understand** dementia better	Get rid of the **stigma** attached to dementia

One of the **key messages** in the **Strategy** is the need for better education and training for professionals.

2. Ensure early diagnosis

At the moment, we think that only about a **third of people** with dementia ever have a proper **diagnosis**.

When people see specialist services, it is often too late in their illness. This means that the illness will have got worse and the chance of improving their quality of life is less.

So it is very important to:

Have an **early diagnosis**	Give people the **information** they need as early as possible	**Start** support and **treatment** as early as possible

Some people argue that it is better not to tell someone if they have dementia. But our **consultation** told us that most people believe they should have the right to be told.

3. Develop services

We need to develop a **range of services** that fully meet the changing needs of people with dementia and their carers in the future.

People who replied to our **consultation** generally agreed on what these services should be.

We will be testing these out, but they are likely to include things like:

GPs working side by side with mental health services	GPs knowing how to spot the first signs of dementia	Having one person who is responsible for dementia services in a hospital

Making sure people with dementia get information and support as soon as possible	Giving everyone with dementia their own personal **dementia adviser** to help them	Helping people with dementia to stay in their own homes for longer

The success of the **Strategy** will depend on service providers **working together** to make sure they provide properly co-ordinated services to people with dementia and their carers.

We also need to make sure people get good-quality services **wherever they live**.

The full-length Strategy gives more information about the **type of services** we think need to be developed.

Objectives and outcomes

We want a system where people affected by dementia:

- know where to go for help
- know what services they can expect
- seek help early for problems with memory
- are encouraged to seek help early
- get high-quality care and an equal quality of care, wherever they live
- are involved in decisions about their care.

The **Strategy** lists **17 key objectives** that we want to achieve and what this will mean for people with dementia and their carers.

Objectives What we want the Strategy to achieve	**Outcomes** What the Strategy will mean for people with dementia and their carers
1. Raise awareness of dementia and encourage people to seek help	The public and professionals will be more aware of dementia and will understand dementia better. This will: • help remove the **stigma** of dementia • help people **understand the benefits** of early **diagnosis** and care • encourage the prevention of dementia • **reduce other people's fear and misunderstanding** of people with dementia.
2. Good-quality, **early diagnosis**, support and treatment for people with dementia and their carers, explained in a sensitive way	All people with dementia will have access to care that gives them: • an early, high-quality **specialist assessment** • an **accurate diagnosis** which is explained in a sensitive way to the person with dementia and their carers • **treatment**, care and support as needed after the **diagnosis**. Local services must be able to see all new cases of people who may have dementia in their area promptly.

Objectives What we want the Strategy to achieve	**Outcomes** What the Strategy will mean for people with dementia and their carers
3. Good-quality **information** for people with dementia and their carers	People with dementia and their carers will be given good-quality **information** about dementia and services: • at **diagnosis** • during their care.
4. **Easy access** to care, support and advice after **diagnosis**	People with dementia and their carers will be able to see a **dementia adviser** who will help them throughout their care to find the right: • information • care • support • advice.
5. Develop structured **peer support** and learning networks	People with dementia and their carers will be able to: • get **support** from local people with experience of dementia • take an **active role** in developing local services.
6. Improve community **personal support services** for people living at home	There will be a range of **flexible services** to support people with dementia living at home and their carers. Services will consider the **needs and wishes** of people with dementia and their carers.

Objectives What we want the Strategy to achieve	**Outcomes** What the Strategy will mean for people with dementia and their carers
7. Implement the **New Deal for Carers**	Carers will: • have an **assessment** of their needs • get better **support** • be able to have good-quality **short breaks** from caring.
8. Improve the **quality of care** for people with dementia in **general hospitals**	This way people with dementia will get better care in hospital: • it will be clear **who is responsible** for dementia in **general hospitals** and what their responsibilities are • they will work closely with specialist older people's **mental health teams**.
9. Improve **intermediate care** for people with dementia	There will be more **care** for people with dementia who need help to stay at home.
10. Consider how **housing support, housing-related services, technology** and **telecare** can help support people with dementia and their carers	Services will: • **consider the needs** of people with dementia and their carers when planning housing and housing services • try to help people to **live in their own homes** for longer.

Objectives What we want the Strategy to achieve	**Outcomes** What the Strategy will mean for people with dementia and their carers
11. Improve the quality of care for people with dementia in **care homes**	Services will work to ensure: • **better care** for people with dementia in care homes • **clear responsibility** for dementia in care homes • a **clear description** of how people will be cared for • visits from specialist **mental health teams** • **better checking** of care homes.
12. Improve **end of life care** for people with dementia	People with dementia and their carers will be **involved in planning** end of life care. Services will consider people with dementia when planning local end of life services.
13. An informed and **effective workforce** for people with dementia	All health and **social care** staff who work with people with dementia will: • have the **right skills** to give the best care • get the right **training** • get **support** to keep learning more about dementia.

Objectives What we want the Strategy to achieve	**Outcomes** What the Strategy will mean for people with dementia and their carers
14. A **joint commissioning** strategy for dementia	Health and **social care** services will work together to develop systems to: • **identify the needs** of people with dementia and their carers • best meet these needs. There is guidance in the **Strategy** to help services to do this.
15. Improve **assessment and regulation** of health and care services and of how systems are working	There will be **better checks** on care homes and other services to make sure people with dementia get the best possible care.
16. Provide a clear picture of **research** about the causes and possible future treatments of dementia	People will be able to get information from **research about dementia**. We will do lots of things to identify gaps in the research information and do more research to fill the gaps.
17. Effective national and regional support for local services to help them develop and carry out the **Strategy**	The Government will give advice and support to local services to help them carry out the **Strategy**. There will be more good-quality information to help develop better services for people with dementia.

We know that different areas will improve services at different speeds. So we know that not all areas will be able to carry out the whole **Strategy** within five years. But we will expect local services to meet the Strategy **objectives** as far as possible within this period.

How to find out more

To find out more about the **National Dementia Strategy** you can:

Visit **www.dh.gov.uk/dementia**

To get more copies of this accessible summary booklet, or a copy of the full-length National Dementia Strategy, you can:

Visit **www.orderline.dh.gov.uk**

Or write to:

DH Publications Orderline
PO Box 777
London SE1 6XH

Email **dh@prolog.uk.com**

Telephone: 0300 123 1002

Fax: 01623 724 524

Remember to say whether you want the full-length Strategy (order number 291591a) or the accessible summary booklet (order number 291591b) when you order the booklets.

291591b 1p 4k Feb 09 (ESP)
Produced by COI and the Department of Health
www.dh.gov.uk/publications

OVERVIEW AND SCRUTINY COMMISSION	Agenda Item 112 Brighton & Hove City Council

Subject:		**Students in the Community: Report of the Ad Hoc Panel**		
Date of Meeting:		**21 April 2009**		
Report of:		**The Director of Strategy and Governance**		
Contact Officer:	Name:	Tom Hook	Tel:	29-1110
	E-mail:	Tom.hook@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 The purpose of this report is to present the Adult Social Care and Housing Overview & Scrutiny Committee (ASCHOSC) ad hoc panel report on 'Students in the Community' to the Overview & Scrutiny Commission (OSC) for information.

2. RECOMMENDATIONS:

2.1 That members note the attached ad hoc panel report and its appendices.

3. BACKGROUND INFORMATION

3.1 In September 2008 ASCHOSC determined to establish an ad hoc panel to investigate issues relating to the impact that growing numbers of students living and studying in Brighton & Hove may have on settled city communities.

3.2 Councillors Tony Janio, Anne Meadows and Georgia Wrighton agreed to sit on the ad hoc panel, with Councillor Meadows chairing the review.

3.3 After holding a series of evidence gathering meetings in public, the panel agreed a report (see **Appendix 1**). This report was subsequently endorsed by ASCHOSC at its 05 March 2009 meeting.

4. CONSULTATION

4.1 No formal consultation has been undertaken in compiling this report for information. Details of consultation undertaken during the course of the ad hoc panel review is contained within the body of the Students in the Community report (**Appendix 1**)

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no financial implications for OSC members to consider in regard to this report for information.

Legal Implications:

5.2 There are no legal implications for OSC members to consider in regard to this report for information.

Equalities Implications:

5.3 There are no equalities implications for OSC members to consider in regard to this report for information.

Sustainability Implications:

5.4 There are no sustainability implications for OSC members to consider in regard to this report for information.

Crime & Disorder Implications:

5.5 There are no crime and disorder implications for OSC members to consider in regard to this report for information.

Risk and Opportunity Management Implications:

5.6 There are no risk or opportunity management implications for OSC members to consider in regard to this report for information.

Corporate / Citywide Implications:

5.7 There are no corporate/citywide implications for OSC members to consider in regard to this report for information.

SUPPORTING DOCUMENTATION

Appendices:

1. The ‘Students in the Community’ ad hoc panel report and appendices.

Documents in Members’ Rooms:

None

Background Documents:

1. None (other than those listed in the ad hoc panel report).

Adult Social Care and Housing Overview and Scrutiny Committee

Investigative Panel

Scrutiny Report - Students in the Community

February 2009

Overview & Scrutiny

Brighton & Hove City Council

List of Contents

Part D - Appendices

Chairman's Introduction

It is recognised in Brighton and Hove that the student population is making a positive contribution to the city's economy and diversity. However, we need to find a balance between the energy, vibrancy and economic value that students bring to our city with the genuine concerns of local residents, to maintain a positive sense of community for everyone who lives here.

As a city, we need to take steps to manage and reduce any adverse impacts on particular areas. This can only be achieved by the local authority working together with the universities, colleges, local residents, students and other partners.

This investigation and report have been borne out of the desire to recognise and balance the lifestyles of all of Brighton & Hove's residents, whether they are living in the city for the short term or have settled here more permanently

We should all strive to achieve a more equitable residential mix of housing to ensure that our city's community spirit is maintained. I hope that the recommendations made in this report will contribute to achieving this ambition.

On behalf of all three of the panel members, I would like to thank everyone who took the time to contact the panel with their views and comments and all of those people who attended our meetings; your input was greatly appreciated

Anne Meadows, Chairman Adult Social Care and Housing Overview and Scrutiny

Committee Ad Hoc Panel

February 2009

Executive Summary

1. The Scrutiny Review on Students in the Community was instigated by members of the Adult Social Care and Housing Overview and Scrutiny Committee at Brighton & Hove City Council in autumn 2008.

2. The initiative for the work came following the Committee's consideration of Brighton and Hove City Council's draft Housing Strategy. The draft strategy had been formulated with extensive reference to issues relating to student housing, but following discussions with the Directorate, the Adult Social Care and Housing Overview and Scrutiny Committee members felt that there was an opportunity for a more focused piece of work on the issues relating to the effect of students living in Brighton and Hove.

3. The scrutiny panel was established, consisting of three members of the Committee, Councillors Anne Meadows, Georgia Wrighton and Tony Janio. Councillor Meadows was Chairman of the panel.

4. The panel recognised at the scoping stage that there was the potential for a very large piece of work; they were conscious that their work had to be focussed on the effect of student accommodation on other residents.

5. Panel members felt that hearing from members of the public was vital to establish an understanding of the effect of students living in the city; they sought public comments in a variety of ways, including inviting people to speak to the panel or send in letters or emails. A total of 42 letters and emails were received, as well as a representation on behalf of 87 Elm Grove residents. In addition, 12 city residents including students spoke to the panel at the public meeting.

6. The panel heard that residents' frustrations could be broken down into a number of broad categories:

- noise complaints from within student houses or from halls of residence
- noise complaints in the street, particularly late at night when students were returning home or due to non smoking legislation within buildings
- refuse and recycling was being left out on the wrong collection days
- refuse, especially bulky waste, was being left on the pavement or in front gardens for extended periods of time, causing an inconvenience
- student households having multiple cars per house, and using a lot of on-road parking spaces
- residents did not know who to contact when they had a problem with a student household, or what action they were able to take
- student landlords did not maintain the properties adequately, leading to a run-down appearance in the neighbourhood and a poor standard of accommodation
- that there were no restrictions on the number of student households in an area,
- some areas were becoming saturated with student households, affecting the balance of the community and the infrastructure.
- There were problems associated with accommodation in both halls of residence and in private sector housing.

7. Residents were also keen to make the point that the problems that they had

experienced were often limited to a minority of students and that they were aware that the majority of students lived in the city without causing any disturbance to other residents.

8. In addition, the students who attended the panel raised further issues:

- There was a wide spread tendency to view all problems associated with young people as being student related but this was not always the case
- There should be an accreditation system for student landlords, to ensure that all accommodation was of an acceptable standard
- The council, universities and students' unions should work together on campaigns that targeted students
- Students brought a lot of positive benefits to the city, and carried out volunteering work which benefited the city. They should be encouraged to play an active role in the community
- The Students Unions could encourage students to use public transport rather than private cars

9. The panel recognised that residents might not differentiate between a student and a non-student occupied House of Multiple Occupation, tending to assume that the property was tenanted by students if it was tenanted by young people. Nevertheless, it was still beneficial to consider the impact of students on residents and neighbourhoods, as there was felt to be a correlation between student households and residents' concerns.

10. The focus was on the two large universities in the city, the University of Sussex and University of Brighton as the majority of students living in the city attend one of these two institutions. However this should not be taken to mean that the panel's discussions and recommendations exclude other establishments such as City College and Brighton Institute of Modern Music, amongst others, as both of these have their own students living in private rented accommodation and will invariably have their own student effect issues.

11. Following the first public meeting, the panel held three evidence gathering public meetings over November and December 2008, inviting a number of expert witnesses to speak to them, including officers of the City Council, Brighton and Sussex Universities, the police and city landlords, in order to understand the various issues that they had heard about from residents, and suggest recommendations to remedy areas where there may be problems.

12. At the end of the evidence gathering process, the panel met again to discuss the evidence that they had heard and to compile their recommendations. The panel have made a total of 37 recommendations which they hope will help to address the negative effects that residents reported.

13. The recommendations are aimed at a variety of audiences, including Cabinet Members within Brighton and Hove City Council and to the universities themselves.

14. The panel's work is intended to complement other research going on across the city through the Strategic Housing Partnership but it does not duplicate that work. It is hoped that this report and recommendations will be included in the ongoing work that is developed through the Partnership, helping them to formulate future policy documents.

Summary of Recommendations

Noise Nuisance

Recommendation 1 - The panel recommends that the Cabinet Member for Environment extends the council-run Noise Patrol to operate over more nights of the week, probably Wednesday and Thursday, and to extend the existing weekend operating hours, (page 28)

Recommendation 2 - The panel recommends that there should be increased publicity to advise residents that they can report a noise nuisance problem retrospectively; this could be included in City News, on the council's website and perhaps in leaflets in public offices.(page 29)

Recommendation 3 - The panel recommends that the Out of Hours emergency noise patrol service should be properly resourced and properly publicised, (page 29)

Recommendation 4 - the panel recommends that the Cabinet Member for Environment resources a 24 hour telephone line for the public to report non-emergency noise and anti-social behaviour, (page 29)

Recommendation 5 - the panel recommends that the Environmental Health and Licensing Team reviews its noise nuisance procedures in order to assess whether the noise nuisance diary sheets are always the most effective and user-friendly way of addressing noise complaints, (page 29)

Recommendation 6 - the panel would like to see the SShh campaign developed by Students' Unions and publicised widely in conjunction with community association representatives and ward councillors. This should be an ongoing annual campaign due to the turnover of students. (page 30)

Recommendation 7 - the panel recommends that the universities, the Police and the Student Union work together to find ways to jointly address the issue of street noise nuisance in residential areas, caused by groups of students returning from nights out. (page 30)

Recommendation 8 - the panel recommends that the University of Brighton considers whether there is a more suitable outside space that might be used, and that measures are put in place to address noise from smokers and other students gathering on the Podium at the Southover Street Phoenix Halls, (page 30)

Recommendation 9 - The panel would recommend that the University of Brighton considers introducing a policy asking students on the Phoenix Halls site to close their windows before playing music at night, in order to minimize noise nuisance for neighbours. The panel would also ask that clearer, more visible signage is installed across the Phoenix Halls site asking that noise is kept to a minimum after 11pm. (page 30)

Recommendation 10 - the panel would like to suggest that the University of Brighton considers the staffing resources that might be needed to provide an effective way of managing and minimising the noise nuisance and how its premises in residential areas are controlled, (page 31)

Recommendation 11 - the panel recommends that the University of Brighton considers planting trees and bushes on the Phoenix Halls site, in order to assess whether this would help to mask any noise. The panel would like to suggest that the university talks to local residents about their experiences after a trial period, (page 31).

Recommendation 12 - the panel would like to ask that the universities and developers have regard to possible noise impact on neighbours and the particular architectural nature of the area in which they will be built when they are being designed, especially in relation to the provision of smoking areas for residents. The panel also recommends that this suggestion is formalized in any relevant planning documents relating to student accommodation, (page 31)

Community Liaison Staff

Recommendation 13 - the panel recommends that the University of Sussex considers following the good practice established by the University of Brighton and establishes a role of a dedicated Community Liaison Officer for the University of Sussex. The two officers could work together to address shared student problems across Brighton and Hove, (page 32)

Refuse & Recycling

Recommendation 14 - the panel recommends that CityClean issues wheeled bin stickers giving information about collection days so that all households know when to put their refuse out. It is recommended that this would be an alternative to the magnets that are currently issued, (page 33)

Recommendation 15 - the panel recommends that for those areas of the city that do not currently have council-issued wheeled bins, CityClean should erect additional notices on lamp-posts advising residents of their collection day. (page 34)

Recommendation 16 - the panel recommends that CityClean places the information stickers for their recycling boxes in order that they can be stuck to the box rather than on the lid, as the lids tend to blow away, (page 34)

Recommendation 17 - the panel recommends that CityClean advertises information about changes in collection dates for refuse and recycling in both of the universities' newspapers and on the universities' websites, in addition to the usual council publication locations. (page 35)

Recommendation 18 - the panel recommends that the Cabinet Member for Environment considers the issue of how to tackle the problem of bulky waste being fly tipped by student households, both throughout term-time and at the end of term. The panel recommends that the Cabinet Member gives the suggestions made in the body of the report due consideration, (page 36)

Recommendation 19- the panel suggests that the universities organise termly clean up days in conjunction with their student unions, (page 36)

Car Parking

Recommendation 20 - the panel recommend that the universities include information in their prospectuses and accommodation guides about the range of public transport and Car Clubs in the city and that they explicitly recommend that students do not bring cars with them, (page 37)

Recommendation 21- Students should be treated on the same basis as non-students when it comes to the issue of residents' parking permits, (page 37)

Council Tax

Recommendation 22 - the panel would encourage Council Tax officers to continue to liaise regularly with the universities in order to establish current and future student numbers, (page 38)

Recommendation 23 - the panel recommends that the Council Tax service considers the four suggestions made in the body of the report about how to improve levels of registered student household exemptions, (page 39)

Planning Policies

Recommendation 24 - the panel recommend that the existing Planning Strategy team carries out research into the various planning options available to control the level of student housing, and to consider whether there would be any merit in introducing such controls into Brighton & Hove where this was appropriate for the area. If planning controls were introduced, this would help to ensure balanced and mixed communities across the city.

The Planning Strategy Team should also consider the feasibility of adopting a planning condition regarding the need for universities who have planning permission to expand their educational space to provide a commensurate increase in bed spaces.

The findings should be published as a Supplementary Planning Document, (page 41)

Recommendation 25 - the panel recommends that the Cabinet Member for Environment lobbies central Government on behalf of Brighton & Hove City Council with regard to the planning Use Classes Order and the associated permitted development rights, (page 41)

Recommendation 26 - the panel recommends that the Cabinet Member for Housing lobbies central Government on behalf of Brighton & Hove City Council to request that student housing is given its own targets with regards to providing accommodation, (page 41)

Recommendation 27 - the panel recommends that the Planning Strategy team recognises the need for student accommodation to be planned and that the team considers positively identifying land suitable for halls of residence in the Local Development Framework. The team could consider the scope for including small numbers of units of student housing amongst major new- build developments (page 42)

Provision of Halls of Residence

Recommendation 28 - the panel would suggest that the universities, working with the students' union consider the potential for offering alternative, affordable accommodation in halls of residence for students with low incomes, (page 43)

Recommendation 29 - the panel would suggest that the universities consider whether there is scope to expand the offer of rooms in halls of residence, not only to first year students but also to those second and third years who would like to live there, (page 43)

Recommendation 30 - the panel would suggest to the universities that they explore the possibilities of expanding their portfolio of directly managed properties over the long term, in order to increase the range of options available to student tenants, (page 44)

Student Landlord Issues

Recommendation 31 - the panel recommends that the Private Sector Housing Team discuss the potential benefits of extending the landlord accreditation scheme in relation to student accommodation, which does not fit into the existing Houses of Multiple Occupation accreditation scheme, with representatives from Brighton and Hove's landlord associations and other parties, (page 46)

Empty Properties

Recommendation 32 - the panel recommends that the Empty Properties Team works proactively with student landlords and managing agents to ensure that student properties that are unoccupied can be reused for social housing, (page 46)

Partnership Working and Communications

Recommendation 33 - the panel recommends that a Student Working Group is formed, comprising of both of the universities and local colleges, the council, police, residents representing Residents' Associations, the students' unions, ward councillors, representatives for landlords and community liaison staff or staff from the accommodation teams. This would facilitate ongoing and improved communication and liaison between the partners.

The Group should consider the operational issues caused by the impact of students living in the city and discuss ways of addressing possible solutions where necessary. The Group should also coordinate a shared database of sanctions that the partners already have. (page 48)

Recommendation 34 - the panel recommends the immediate benefits of a shared information pack for all partners in the city to issue to students and that the Student Working Group could implement this as one of their first actions, (page 49)

Recommendation 35 - the panel recommends that the Student Working Group considers the benefits of carrying out a 'Neighbourhood Health Impact Assessment' or a cumulative

impact zone in student neighbourhoods, (page 49)

Positive Impact of Students to Local Community

Recommendation 36 - the panel would recommend that the universities continue to encourage students to take part in volunteering opportunities in the residential areas in the city where there is a significant student population in order to foster improved community relations. The ward councillors and community association should become involved in helping to prioritise tasks, (page 50)

Recommendation 37 - the panel would encourage students, via their Students' Unions, to attend their Local Action Team meetings and to play an active part in the community. (p50)

Part A - Introduction

1-The Scrutiny Review

1.1 The Scrutiny Review on Students in the Community was instigated by members of the Adult Social Care and Housing Overview and Scrutiny Committee in Autumn 2008, as part of Brighton and Hove City Council's Overview and Scrutiny programme.

Brighton and Hove City Council's draft Housing Strategy had been formulated with extensive reference to issues relating to student housing, but the Adult Social Care and Housing Overview and Scrutiny Committee members felt that there was an opportunity for a more focused piece of work on the issues relating to the effect of students living in the local community.

The scrutiny panel was proposed, with its remit to seek to take evidence from local residents including students and from a variety of expert sources, including officers of the City Council, Brighton and Sussex Universities, the police and city landlords, in order to understand the various issues and suggest recommendations to remedy areas where there may be problems. Please see Appendix 2 for copies of the letters and emails and Appendix 4 for a list of witnesses.

1.2 The Adult Social Care and Housing Overview and Scrutiny Committee agreed to form the proposed ad-hoc investigative panel to investigate this issue at its 4 September 2008 meeting.
http://present.brighton-hove.gov.uk/Published/C00000139/M00001586/$$$Minutes.doc.pdf

1.3 Councillors Anne Meadows, Georgia Wrighton and Tony Janio agreed to become panel members. The panel members subsequently elected Councillor Meadows as Chairman of the panel.

1.4 The panel held one public meeting for residents and students to share their experiences with the panel, and three public meetings for evidence gathering, at which invited witnesses spoke to the panel, responding to questions about students in the local community.

1.5 The public meeting was very well attended. Many city residents took the opportunity to share their views about living alongside student households; students from both universities also spoke about their experiences of living in Brighton and Hove. In addition to the public comments, the panel received a number of written submissions from residents on this topic.

1.6 The witnesses at the three evidence gathering meetings included experts on student impact both nationally and locally; representatives for the Strategic Housing Partnership; representatives from Neighbourhood Police; officers of Brighton & Hove City Council (including managers from Private Sector Housing and Housing Strategy, Neighbourhood Renewal, Development Control, Planning Strategy, CityClean,

Environmental Health and Licensing, Council Tax and Strategic Finance); local letting agents; a representative on behalf of the National Federation of Private Landlords; senior officers from both the University of Sussex and Brighton University, and members of staff from both universities.

The panel would like to place on record its thanks to all of the people who took the time and effort to write in to them or gave evidence in person, to the expert witnesses for their invaluable contribution, and to all of the participants for the positive and helpful way in which they discussed the matter with the panel.

2 - Scope of the Review Panel

2.1 The panel members met prior to the first public meeting in order to agree the scope of the review.

2.2 The members agreed that their focus would be to consider how best to investigate the effect of student accommodation in residential areas, whilst recognising the long and short term positive effects of the universities and colleges and their student population for Brighton and Hove. It was important to set the effects in a context of the advantages of having the universities and colleges and their students in the city.

The panel was aware that there were already high-level strategic partnerships in place between Brighton & Hove City Council, both of the city's universities and other housing partners through the work of the Strategic Housing Partnership, one of the family of partners in the Local Strategic Partnership.

The ad hoc panel's work was not intended to duplicate the Strategic Housing Partnership's work but rather to assist its work by considering operational and practical solutions to the effect of student accommodation.

2.3 The panel recognised from the outset that a significant proportion of the negative impacts that they were investigating were not limited to student households, but that they were often indicative of Houses of Multiple Occupation.

Brighton has one of the highest proportions of privately rented homes in England outside London, although not all of these will be Houses of Multiple Occupation. Nationally 48 per cent of heads of household in the private rented sector are under 35, compared to 20 per cent in social renting and 13 per cent in owner occupation (http://www.communities.gov.uk/housing/housingresearch/housinasurvevs/survevofenalishhousina/sehlivetables/survevenalish/224421/)

The panel also recognised that residents might not differentiate between a student and a non-student occupied House of Multiple Occupation, tending to assume that the property was tenanted by students if it is tenanted by young people. Nevertheless, it was still beneficial to consider the impact of students on residents and neighbourhoods, as there was felt to be a correlation between student households and higher reports of residents' concerns.

2.4 The panel members had an initial range of ideas of the witnesses that they wished to invite to speak, but they felt that it was essential for residents to be able to have their input into the review at an early stage, so that members could attempt to identify and

understand the various issues involved from the outset. With this in mind, the first meeting was publicised as being open to anybody who wished to speak to the panel; written submissions were also actively encouraged, through press releases in the local newspaper, *The Argus,* and on the council's website, www.brighton-hove.gov.uk.

2.5 There was evidence from the content of some residents' contact with ward councillors suggesting that student housing - and in particular what was felt to be an overwhelming level of student accommodation in some areas- was causing a significant level of resentment and unhappiness that it was hoped could be avoided or reduced.

2.6 Following the public meeting and the written submissions, the panel finalised their list of invited witnesses, arranging for the relevant people to be able to respond to the points that had been raised by residents.

2.7 During the investigative panel, the focus was on the two large universities in the city, the University of Sussex and University of Brighton as the majority of students living in the city attend one of these two institutions. However this should not be taken to mean that the panel's discussions and recommendations exclude other establishments such as City College and Brighton Institute of Modern Music, amongst others, as both of these have their own students living in private rented accommodation and will invariably have their own student impact issues.

2.8 Due to the time-limited nature of an ad hoc panel (with constitutional guidance that the work should be conducted within three meetings or less) the panel took an early decision to focus on areas of residents' complaints and concern, particularly within the accommodation arena, as this was felt to be the focus of residents' dissatisfaction. As a related issue, the panel also wished to cover associated aspects of student impact, such as the effect on Council Tax due to student-only households, as this has an effect on the city as a whole.

2.9 Again, due to the time restrictions of an ad hoc panel, at the scoping stage the members also took the conscious decision not to actively investigate the many positive aspects that students living in Brighton and Hove brought to the city, although several members of the public and a number of the invited witnesses did make specific reference to this. In particular, the panel decided that it would not be practical to include the economic effect of students on the city in its scope.

2.10 The final report will be considered by the Adult Social Care and Housing Overview and Scrutiny Committee, the parent committee of this panel. The report will then go to Cabinet Members for a formal decision on the recommendations that have been made.

3 - Number and Areas of Student Households

3.1 There are two universities in Brighton & Hove, the University of Sussex and University of Brighton, as well as a number of other smaller colleges including City College and the Brighton Institute of Modern Music.

3.2 Mapping from 2002-2007 showed the greatest concentration of student households in the 'traditional' student areas of Hanover, Hartington Road and Moulescoomb but the situation had been fluid. Recent years have seen significant numbers of students residing near London Road Station and in Regency Ward, with future movements into

Hollingdean anticipated.

3.3 Joanna Sage, a research student from the University of Brighton has provided the panel with a breakdown of student households from both of the universities in Brighton and Hove, by ward for the 2006/07 intake.

Table One shows students living in the private rented sector or their own homes (but not those living in the parental home). Table Two shows students living in halls of residence, for example, those living in Phoenix Halls in Southover Street.

Table One:

Ward	Students in Private Rented Sector or Own Home
Withdean	189
North Portslade	54
Hangleton and Knoll	92
Stanford	75
Moulsecoomb and Bevendean	1715
Hollingbury and Stanmer	711
Rottingdean Coastal	184
Woodingdean	63
Wish	103
Goldsmid	347
St. Peter's and North Laine	1650
South Portslade	81
Preston Park	568
Patcham	85
Hanover and Elm Grove	1497
East Brighton	253
Brunswick and Adelaide	429
Westbourne	154
Central Hove	210
Regency	569
Queen's Park	697
TOTAL	9726

Source: University of Brighton and University of Sussex enrolment: data

Coverage: 2006-07 intake, Brighton & Hove City

Description This data refers to undergraduate students living in the Private Rented Sector, or in their own home - this does not refer to the parental home, but a home owned by the student or their family, but lived in solely by the student. This data does not include the postgraduate population.

Table Two:

Ward	Number of Students Living in Halls/ University Managed Accommodation
Withdean	13
North Portslade	0
Hangleton and Knoll	3
Stanford	0
Moulsecoomb and Bevendean	419
Hollingbury and Stanmer	3334
Rottingdean Coastal	4
Woodingdean	0
Wish	0
Goldsmid	29
St. Peter's and North Laine	117
South Portslade	1
Preston Park	43
Patcham	1
Hanover and Elm Grove	161
East Brighton	6
Brunswick and Adelaide	179
Westbourne	3
Central Hove	3
Regency	230
Queen's Park	56
TOTAL	4602

Source: University of Brighton and University of Sussex enrolment data

Coverage: 2006-07 intake, Brighton & Hove City

Description: This data refers to the undergraduate student population living in halls of residence or University managed accommodation, and does not include the postgraduate population. This data has been mapped according to student term time postcode data provided by the student at the point of enrolment. Students living outside of the Brighton & Hove City boundary are not included in this data set.

3.4 It can been seen from both of these tables that there are some areas of Brighton & Hove that are more sought after and populated by students as areas to live, in particular, the four Brighton wards of Moulescoomb and Bevendean, Hollingbury and Stanmer, Hanover and Elm Grove, and St Peters and North Laine, each of which had in excess of 1500 students in the ward.

At the opposite end of the scale, there were a number of wards within Brighton & Hove that had a very low student population. Six wards - North Portslade, Hangleton and Knoll, Stanford, Woodingdean, South Portslade and Patcham - each had fewer than one hundred students living in the ward. It can be seen from the numbers above that

students are more likely to live in Brighton rather than Hove.

3.5 This pattern of a concentrated number of student households in certain areas of the city is not unique to Brighton and Hove. It is a situation that has been occurring nationally in university towns and cities. It has been termed 'studentification', a term coined by Dr Darren Smith of the University of Brighton.

'Studentification' can indicate the social and environmental changes caused by very large numbers of students living in particular areas of a town or city (Macmillan English Dictionary - http://www.macmillandictionary.com/New-Words/040124-studentification.htm)

However the term 'studentification' has taken on negative connotations in the media - page 11 http://resource.nusonline.co.uk/media/resource/communitv%20report1.pdf- and the National Union of Students Welfare Campaign looking into the issue of student housing suggested that the term 'students in the community' was used as an alternative; we have endeavoured to use 'students in the community' in this report.

Part B - Evidence Gathering

1 -Public Engagement

1.1 Panel members considered it essential for residents to have the opportunity to describe how their lives were affected by students living in their neighbourhoods at the start of the process so that the investigation could be resident-led.

1.2 An article was published in the Argus on 4 October 2008 and on Brighton & Hove City Council's website at the same time inviting people to either write in with their comments or to attend the public meeting at Hove Town Hall on 17 October 2008. Subsequently, stories were published in the Argus on 21 October, 27 October, 29 October, 30 October, 31 October, 10 November and 24 November 2008. It was the topic of an on-line 'Friday Inquisition' on the Argus's website on 31 October 2008, where members of the public emailed in their questions about student housing and Councillor Meadows and representatives from both universities publically responded to the questions. http://www.theargus.co.uk/search/3808497.Councillor Anne Meadows and Brighton universities Student Unions /

Please see Appendix 1 for the press release and Appendix 5 for copies of the text of the above articles.

1.3 The panel ensured that both Sussex and Brighton's students' unions were aware of the public meeting. The student union presidents and students from both universities were encouraged to attend and did attend the meeting.

1.4 The panel received 42 individual letters and emails from residents, and a representation from David Lepper MP on behalf of 87 residents from the Elm Grove area of Brighton. Please see Appendix 2 for copies of the text of the letters, emails and representations.

1.5 Members heard detailed submissions and statements from twelve residents including students at the public meeting on 17 October 2008 in Hove Town Hall. The local media attended, as they did for the evidence gathering meetings, and stories and letters were published in the Argus after the meetings.

1.6 Members would like to formally thank everybody who took the trouble to contact them or to come to the public meeting. Members were particularly pleased to hear from students from both universities, including the presidents of both Students' Unions.

Residents' Comments

1.7 As mentioned in Section 2a, there are four areas of Brighton and Hove which have a much higher student population than others. It was anticipated that the majority of resident comments would therefore come from residents living in those four wards - Moulescoomb and Bevendean, Hollingbury and Stanmer, Hanover and Elm Grove, and St Peters and North Laine. This proved to be the case.

1.8 Residents expressed a wide variety of views, both positive and negative, about the impact of student households in their neighbourhoods and in the city generally.

Residents were, in general, keen not to lay the blame for problems with students as a whole, recognising that the majority of student households did not cause trouble.

Residents felt that it was the problems that had been experienced were largely due to a combination of factors, including a lack of information being given to student households on a variety of issues such as refuse collection days, a lack of planning legislation specifically on student housing.

1.9 The more negative comments that the panel received from the letters, emails and the public meeting are summarised in the list below.

- noise complaints from within student houses or from halls of residence
- noise complaints in the street, particularly late at night when students were returning home or due to non smoking legislation within buildings
- refuse and recycling was being left out on the wrong collection days
- refuse, especially bulky waste, was being left on the pavement or in front gardens for extended periods of time, causing an inconvenience
- student households having multiple cars per house, and using a lot of on-road parking spaces
- residents did not know who to contact when they had a problem with a student household, or what action they were able to take
- student landlords did not maintain the properties adequately, leading to a run-down appearance in the neighbourhood and a poor standard of accommodation
- that there were no restrictions on the number of student households in an area,
- some areas were becoming saturated with student households, affecting the balance of the community and the infrastructure.

It is important to note that there were problems associated with accommodation in both halls of residence and in private sector housing.

1.10 In addition, the students who attended the panel - who are also residents in the city- raised further issues:

- There was a wide spread tendency to view all problems associated with young people as being student related but this was not always the case
- There should be an accreditation system for student landlords, to ensure that all accommodation was of an acceptable standard
- The council, universities and students' unions should work together on campaigns that targeted students
- Students brought a lot of positive benefits to the city, and carried out volunteering work which benefited the city. They should be encouraged to play an active role in the community
- The Students Unions could encourage students to use public transport rather than private cars

More information is given on each of these points in the relevant chapters of this report.

2 -Evidence Gathering Meetings

2.1 Following the public meeting on 17 October 2008, the panel held three expert witness meetings in public, where invited witnesses came to speak to the panel about their thoughts on the impact of students living in Brighton and Hove. These were on 7

November 2008, 21 November 2008 and 5 December 2008. Residents and students attended each of the meetings.

The panel decided to divide the meeting location between Hove Town Hall and Brighton Town Hall in order to allow for greater accessibility for members of the public.

Full copies of the minutes for each of the four public meetings can be found in Appendix 3.

2.2 7 November 2008 in Hove Town Hall

2.2(i) Dr Smith, Reader in Geography, and Ms Sage, University of Brighton told the panel that they had studied the effect of increasing student numbers on several cities across the UK; they had mapped student households in Brighton and Hove. There was fluidity in the student housing market, with different areas of the city having higher concentrations and others lower numbers. The panel heard that Dr Smith and Ms Sage anticipated that there would be more student movement into Hollingdean in the near future.

The panel heard that Dr Smith and Ms Sage did not think it likely that de-studentification (where the overall numbers of students fall significantly) would occur in the city as it was an attractive destination for students. Both universities anticipated their attendance figures rising or staying stable until at least 2015.

Dr Smith and Ms Sage's research had shown that, in cities where de-studentification had occurred in some areas, this did not mean that the properties reverted to use as family housing; instead they were used for young professional tenants.

2.2 (ii) Mr Mannall, Community Liaison Officer, University of Brighton spoke about his role at the University of Brighton. He liaised with different agencies across the city on behalf of the University, as well as investigating and resolving individual complaints. Mr Mannall said that agencies welcomed there being a liaison officer.

Mr Mannall thought that it might be useful for there to be a shared information/ induction pack for all of the educational institutions to use, as well as the landlords, letting agents, the local authority and other partners. University of Brighton students were currently made aware of the standard of behaviour that was expected through compulsory inductions; the Student's Union was very involved in this process.

2.2(iii) Mr Newell, Community 2020 Partnership Officer, Brighton and Hove City Council spoke on behalf of the Strategic Housing Partnership, who were carrying out their own investigation into student impact on the city from both a positive and a negative stance. The Strategic Housing Partnership was focused on high-level strategic planning, coordinating discussions between various partners.

2.2(iv) Mr Reid, Head of Housing Strategy and Private Sector Housing, Brighton and Hove City Council told the panel about the legislation relating to Houses of Multiple Occupation from a private sector housing viewpoint. Legislation was fairly restrictive, both with regards to the way in which it defined a House of Multiple Occupation - a property of more than two storeys and/ or housing more than five people not living together as a single household - but also in terms of the powers given to local authorities. These powers tended to focus on ensuring a certain standard of

accommodation rather than managing any effect on the local community. Mr Reid said that most city landlords already provided good quality accommodation; any problems could be addressed through close working together between the universities and the local authority.

2.2(v) Mr Allen, Director, ebndc (East Brighton and New Deal for Communities) Partnership and Head of Neighbourhood Renewal Development and Strategy, Brighton and Hove City Council spoke about the positive contributions made by students to Brighton and Hove. Both of the universities were heavily involved in community and voluntary work in the city.

2.3 21 November 2008 in Brighton Town Hall

2.3(i Sergeant Belfield, Street Policing Team explained that his team covered Hanover, St Peters and the North Laine areas. These were areas with high numbers of student residents, in both private rented accommodation and in halls of residence. Sergeant Belfield said that in his experience, students did not tend to cause difficulties in the city centre, but that the Street Policing Team would be tend to be called for noise complaints from students returning home or from noisy house parties. The police had powers to become involved in closing down noisy parties; tackling parking obstructions and double parking offences and so on.

Sergeant Belfield felt that students were often unaware that they were causing noise problems; it was important to raise students' awareness, perhaps by students attending residents' meetings to gauge the scale of the upset caused.

2.3(ii) Mr Nichols, Head of Environmental Health and Licensing, Brighton and Hove City Council explained that his officers had a statutory duty to investigate all noise complaints received. The largest proportion of environmental health complaints were about noise nuisance, with over 3200 complaints received in 2007/8. It was not possible to calculate what percentage of the complaints received were about student households as this information was not collected.

The panel heard that a variety of penalties could be imposed, with equipment seizure being the most stringent. In 2007/8 149 noise abatement notices had been issued, with 16 prosecutions and two audio equipment seizures. Noise nuisance complaints had escalated by approximately 10% last year and 7% the year before. So far in 2008/9, there had been six equipment seizures [This had now increased to eight equipment seizures by February 2009]. It was hard to quantify why complaints had escalated, but it could be due to a combination of factors including better audio equipment, smoking legislation leading to more people being outdoors, and the removal of artificially early fixed licensing hours. Mr Nichols listed the various ways that the team could investigate noise complaints; it was not limited to calling out the noise patrol.

Mr Nichols said that he felt that addressing the problem of street noise was a gap in protection for residents. The recent Noise Act had introduced the power to issue fixed penalty notices of £100 fine or £1000 on prosecution which assisted in remedying sporadic, occasional loud parties. The council had issued 67 warning notices in 2007/08 and 71 warning notices between April 2008 and 22 January 2009.

The Environmental Protection team carried out customer satisfaction surveys, which had shown a generally high level of customer satisfaction with the service. The most

common comment from residents was that the hours of the service should be extended or operated on other days of the week.

2.3(iii) Mr Fraser, Head of Planning Strategy, Brighton and Hove City Council told the panel that the current Local Plan had been based on information from 2001 at which time student housing had not been an issue for the city; therefore student housing had not featured within it. Central government gave local authorities various housing targets, but that there was no government target for student housing. He would be wary of allocating land for student-specific accommodation in the city centre, due to the competing demands for any such land.

Mr Fraser did not feel that planning controls were the way to tackle problems caused by student accommodation; instead, it would be more beneficial to work with the universities and housing colleagues to find ways of providing more adequate student accommodation near the universities. The Planning Strategy Team was actively working with both universities to address possible solutions to the student housing problem.

2.3(iv) Ms Walsh, Head of Development Control, Brighton and Hove City Council, outlined the role of the Development Control Team in making recommendations on planning applications, and in investigating breaches of planning control. Ms Walsh clarified the legislation on Houses of Multiple Occupation from a planning control perspective, which differed from the private sector housing viewpoint.

2.3(v) Ms Marston, Head of CityClean, and Mr Marmura, Operations Manager, Brighton and Hove City Council, explained CityClean's policies with regard to student households. Households of five or more people could request a larger wheeled bin from CityClean. There was no limit (within reason) to the number of recycling boxes that a household could have. Problems such as leaving refuse or recycling out on the incorrect day were not a student-specific problem but a city-wide issue; CityClean would be happy to consider other communication campaigns to help address this. CityClean worked with the universities on a communication campaign. It was felt that more could be done with landlords to keep information flowing to student households. CityClean would welcome telephone calls from residents advising them of any households that might be causing problems.

2.4 5 December 2008 in Brighton Town Hall

2.4 (i) Mr Ireland, Head of Strategic Finance, and Ms Pearce, Assistant Director, Customer Services, Brighton and Hove City Council, spoke about the effect of student households on Council Tax, both in terms of households being exempt and in terms of the unnecessary costs incurred by the local authority in billing households who had not claimed exemption. This was particularly costly for those cases where the council had issued court proceedings before the household notified of their exemption status. The Council Tax Team already worked closely with the universities to try and encourage students to register for exemptions as early as possible, but it was always possible to improve the situation and raise students' awareness.

2.4(ii) Mr Pearce, MTM Lettings said that he had been a student landlord in the city for 14 years; MTM had been in operation for five years. They managed approximately two hundred properties in the city, mostly being student lets in popular student areas. MTM were keen to tackle any negative student impact issues, and issued an induction pack with useful information. MTM operated a complaints procedure and addressed resident

complaints directly with the students where necessary.

Mr Pearce felt that the supply of student accommodation exceeded demand, and that he already had some empty properties on his books. The key factor was the quality of the accommodation.

2.4(iii) Mr Shields, G4 Lets said that G4 Lets focused on student lets, particularly in the Ditchling Road area. G4 gave their tenants a welcome pack with useful information and aimed to visit each property once a month. If a neighbour reported a problem household, G4 would address this directly with the student.

Mr Shields spoke about the trend of adding conservatories to student properties in order to create a living area. Mr Shields felt there were a number of benefits to converting the garden to a conservatory; students tended not to garden and so it made the space more useful.

2.4(iv) Ms Rich, National Federation of Private Landlords explained her qualifications to the panel; these included being a previous director of the National Federation of Private Landlords and author of the Federation's Landlord Training Manual. Ms Rich felt that it was becoming harder for landlords to let to students due to the lack of power given to landlords to take any action against problem tenants. It would take several months for a landlord to take a case to court; this was not a practical solution. Ms Rich did not feel that planning controls would be the answer to tackling the problems; it depended on micro-management. Ms Rich felt that one solution to noisy tenants could be to introduce on the spot fines, to be imposed by the council or police.

2.4(v) Mr House, Deputy Vice-Chancellor, University of Brighton said that the university needed to expand its campus accommodation; if it wished to offer first year accommodation to those students who had expressed an interest, it would have to double the current level. There were plans to expand Varley Hall and to develop land in Circus Street. However private sector housing also had a key role.

Mr House spoke about the problems that had been reported from Phoenix Halls; the university had been surprised by the current level of complaints as this was a relatively new situation. The university was committed to dealing with the problems and resolving them for the benefits of all parties. The university had employed a fulltime Community Liaison Officer, which he hoped would show their commitment to tackling problems. They were also reviewing the adverse effect of the smoking ban, recognising that students gathering to smoke outdoors had caused significant noise problems.

2.4(vi) Mr Dudley, Director of Residential, Sport and Trading Services and Ms Holness, Residential Services Manager, University of Sussex said that the university did not have a designated community liaison officer but that they suggested residents contacted the Housing Team in the case of any problems. Ms Holness said that the university did not tend to receive many complaints about its students in general. The university took steps to teach skills for life to their first year students living in halls.

The university was committed to housing all first year students in university managed accommodation. An exit survey was carried out with first year students leaving halls; 45% of students would like to have remained living in halls for a further year. There was almost 100% occupancy rate for the accommodation, with a majority of students stating that they believed them to offer value for money.

A study was underway looking at shared services with the University of Brighton; it was possible that recommendations from this might include the University of Sussex having its own community liaison officer, and improved communication channels between the two universities.

Part C - Recommendations

1 - Next steps

1.1 Following the public meeting and the three expert witness meetings, the panel met to consider all of the evidence that they heard and to suggest recommendations that might improve or affect some of the negative student effects that residents had raised.

1.2 Recommendations that have been made about council services will need to be considered and responded to by the relevant Cabinet Ministers. There are recommendations which will be made to the Cabinet Member for Housing; recommendations made to the Cabinet Member for Environment; recommendations made to the Cabinet Member for Central Services; and recommendations made to the Cabinet Member for Communities.

1.3 There are a number of suggestions that the panel has made that are solely for the universities. The panel acknowledges that the universities will have their own requirements and priorities, and that the council cannot impose its own rules on the universities. Nevertheless, there were a number of issues that residents raised which the panel wished to address as much as they were able. It is hoped that the universities will give reasonable consideration to the suggestions that have been made.

Recommendations

2 - Tackling Negative Impact in Residential Areas

2.1 The panel heard about a range of ways in which student households had a negative effect on residents' day to day living. These included noise nuisance in a variety of forms, problems with refuse and recycling, and student households having more than one car, thereby taking up an excessive number of parking spaces.

2.2 Noise Nuisance

'all night parties were a very regular, sometimes nightly occurrence both at the Phoenix and in the streets and gardens backing onto mine'

'there is the everyday disturbance that happens when people come home drunk at 2am, chase each other screaming up the stairs...a house filled with fire doors slamming through the night'

'the sshh campaign is a great idea'

2.2(i) Nuisance caused by noise was one of the areas most commonly raised by residents who contacted the panel or who spoke at the public meeting and it is clearly an issue that generates a high level of public feeling.

Complaints fell into two broad themes, noise caused by students whilst they were inside their house, and noise caused whilst students were returning to their homes or were gathering outside them.

2.2(ii) Noise from within a student property could be because of a late night party or students and friends returning home late at night, or by slamming fire doors that are required under House of Multiple Occupation legislation

2.2 (iii) Residents told the panel that noise nuisance caused by students was the biggest issue and caused the most concern for residents. They commented on the current noise patrol service provided by Brighton & Hove City Council and its effectiveness in tackling noise complaints:

The service was currently only in operation on weekends until 3am, which meant that it could not address the issue of students coming home after clubs closed and having parties. It was suggested that some students might deliberately choose to have parties after 3am, knowing that the noise patrol was no longer in operation. If a house party was broken up, it was often the case that the noise was simply transferred into the street outside. Residents suggested that the service should be available on weekdays and with extended hours of service to help tackle some of the later parties

In addition, some residents felt that the current system of issuing diary sheets to people who made complaints about noise nuisance did not adequately address the noise complaints. For example, it might be the case that different houses in the same street had parties on different nights, and the noise diary sheets that are issued was not suitable for capturing this cumulative nuisance information.

In addition, some people felt that noise was more of a problem during the week, with students coming home late, taxi engines running, car doors slamming, people shouting, noise coming from rooms in the attic or the conservatory, front and internal doors banging and so on. This problem was exacerbated by the fire doors in the house; often the doors would be slammed shut throughout the day and the night. This could be addressed by insisting that door closers be fitted and maintained.

Residents commented on the length of the prosecution process in relation to noise nuisance; it could be the case that the offending neighbours might have moved on before the process is over, and potentially another set of noisy neighbours had moved in, meaning a new prosecution process must be started

2.2(iv) External noise nuisance was often caused by students returning home late at night and forgetting that other people were asleep or being disturbed by the noise. Other factors included students smoking outside properties due to the ban on smoking inside properties.

Residents in Hanover complained particularly about Phoenix Halls, and about the Podium, a large space where students gathered, often for extended periods of time well into the night. Due to the layout of the Hanover streets and houses, residents said that noise echoed around the streets and through the houses. Residents said that they had tried to complain to the security staff on duty at the halls and had asked them to take action, but that there seemed to be little that the staff were able to do to address the noise on a permanent basis. Some residents felt that it would make a significant difference to the noise levels if there were more security staff on duty; they appreciated that there was a mobile patrol that could attend from the Falmer site but this would invariably mean that the problem had already occurred and the patrol was attending in

reaction to this. If there were more security staff on site at Phoenix Halls, this would be a preventative measure. It was also requested that signs were installed on the halls site asking that noise be kept to a minimum after 11 pm.

Residents welcomed the SShh campaign and said that it had made some improvements but that these had been undermined by the decision not to allow smoking on campus, leading to students smoking outside the halls on Southover Street, and the subsequent noise that was caused.

2.2(v) The Head of Environmental Health and Licensing told the panel that noise control was an accepted local priority in Brighton and Hove. The panel heard about the noise nuisance complaints that were received and investigated, and the penalties that could be imposed, including the recent Fixed Penalty Notices issued under the recent Noise Act. The panel heard about the different ways that noise nuisance complaints could be investigated and dealt with. The noise patrol team was just one way to gather evidence; other methods included interviewing and corresponding with complainants and alleged offenders, collecting statements, installing recording equipment, visiting the premises at any time of the day or night, carrying out surveillance and stakeouts. However it was difficult to address complaints about sporadic noise complaints.

The Environmental Health and Licensing team operated an out of hours emergency service to deal with all environmental health emergencies, for example, widespread public noise nuisance, food poisoning and infectious disease outbreaks, severe pollution incidents, for instance, major fires, food hazard warnings, work place major injuries and fatalities. It is staffed on a voluntary basis by four managers and is unfunded, but its officers are on call 24 hours a day, seven days a week, and are called out approximately twice a month.

The team had carried out customer satisfaction surveys which showed a generally high level of customer satisfaction with the service. The most common comment from residents was that the hours of the service should be extended or operated on other days of the week.

2.2(vi) The University of Brighton said that they were aware that the Phoenix Halls had become a focus of resident concerns in relation to noise over the past year. In response to these concerns, the University had switched to direct employment of a night security officer with back up support from the University mobile security team, relocated the staff office at Phoenix to provide a better overview of the site, and were due to install an upgraded CCTV system with audio capacity and additional cameras. The University acknowledged that the smoking ban in halls introduced as a result of the legislation banning smoking in public places had resulted in an increase in noise from students smoking outside and they were exploring whether a shelter could alleviate the problem.

The universities and students told the panel that the SShh (Silent Students, Happy Homes) campaign was in operation in Brighton and Hove. The campaign aimed to ensure students were respectful of their neighbours to assist in creating a good community atmosphere.

The University of Brighton Students' Union launched its first SShh campaign in Eastbourne in 2006; this was successful in raising awareness about noise disturbance with the students, and the Students' Union reported receiving fewer complaints following its introduction. The University of Brighton's Students' Union had decided to launch the

SShh campaign across all of its campuses.
(http://www.ubsu.net/content/index.php?page=13651)

2.3 Recommendations

2.3 (i) The panel wished it to be noted that they fully appreciated all of the work that the Environmental Protection team was carrying out; they recognised that it was a service that was in high demand across the city and they wished the team to carry on the work that they were doing. The panel was aware that this was not an issue that could be dealt with solely by the council. The panel appreciated the fact that the SShh campaign was in operation in the city, recognising that this was a positive step to addressing some of the late night noise complaints that they had heard.

With these points in mind, the panel wished to make some recommendations to enhance those services:

2.3(ii) The panel was mindful of the fact that many residents who made submissions requested that the noise service be extended. The panel heard that the current provision did not adequately address the noise nuisance incidents in the city. The current patrol was consistently working at maximum capacity and it was clear that there was more demand than could be met by current provision.

The panel was aware that the noise patrol team currently operated between 10pm and 3am and that analysis had been carried out into the frequency of calls that were received. Between 10-11 pm, on average the team received 25% of their calls; 11pm-12am, a further 25%; between 12-1 am, a further 25%; between 1-2am, 12.5% and between 2-3pm, the team received 12.5%. The inference was that call numbers and requests for service tapered down throughout the evening and early morning, although there was still a significant demand for the service.

The panel was aware that the annual unit cost for providing one night of noise patrol for five hours once a week was approximately £25, 000. The panel recognised, therefore, that there would be considerable resource implications to extending the noise patrol service.

Recommendation 1 - The panel recommends that the Cabinet Member for Environment extends the council-run Noise Patrol to operate over more nights of the week, probably Wednesday and Thursday, and to extend the existing weekend operating hours.

2.3(iii) The panel heard that the Environmental Protection Team encouraged residents to report noise complaints to the council, whether this happened retrospectively or at the time, in order and to try and avoid a recurrence of the noise nuisance and to enable a central record of reported noise problems. It would generally be the case that a household that had caused an alleged noise nuisance would receive a warning letter from the Environmental Health Team; this was often enough to stop the problem from recurring.

However it did not appear that many residents were aware of the service. The panel felt that if awareness was raised of this facility, it might help address some of the frustrations that were expressed about the current operating hours. The panel considered various options to publicise the service, in order to reach as many residents as possible. It was felt that the two recommendations below could be combined to

ensure that residents had a twenty-four hour service.

Recommendation 2 - The panel recommends that there should be increased publicity to advise residents that they can report a noise nuisance problem retrospectively; this could be included in City News, on the council's website and perhaps in leaflets in public offices.

Recommendation 3 - The panel recommends that the Out of Hours emergency noise patrol service should be properly resourced and properly publicised.

2.3(iv) The panel heard that other local authorities, for example, Canterbury, had considered the introduction of a non-emergency 24 hour telephone line. The intention was that this would be used when the Noise Patrol was not in operation but the noise nuisance was not felt to be an emergency. The telephone line could be another means of recording noise nuisance complaints, keeping a central database of incidents and taking the necessary steps to deal with it.

The panel felt that this was an option that ought to be explored further within Brighton & Hove, as it may be another way for residents to register non-emergency noise nuisance complaints with the authority, and for the authority to build up a record of persistent offenders and assess the cumulative impact of such nuisance.

Recommendation 4 - the panel recommends that the Cabinet Member for Environment resources a 24 hour telephone line for the public to report non-emergency noise and anti-social behaviour.

2.3(v) The panel heard from residents that Brighton & Hove City Council's noise nuisance procedures and the issuing of noise diaries did not always seem to be particularly useful in addressing sporadic problems. The panel recognised that there were limited resources for the team and they were mindful that there were statutory requirements on the council but they felt that there were benefits to be gained from reviewing the team's procedures and considering whether there were alternative ways of addressing intermittent noise nuisance complaints.

Recommendation 5 - the panel recommends that the Environmental Health and Licensing Team reviews its noise nuisance procedures in order to assess whether the noise nuisance diary sheets are always the most effective and user-friendly way of addressing noise complaints.

2.3(vi) The panel heard that the University of Brighton promoted the SShh campaign across all of its campuses, including those in Southover Street. This was welcomed and the panel would encourage its ongoing expansion and promotion, particularly bearing in mind the turn-over of students on campus. The panel also felt that it might be beneficial to publicise the SShh campaign to people outside of the university so that residents were aware that the matter was not being ignored; this might help relations between students and non-students.

Residents told the panel that they were annoyed by students parking their cars and playing music from the car with their windows open. The panel felt that this was an issue that could be tackled by the SShh campaign. Residents said they would also welcome firmer action being taken against students playing music from the Phoenix Halls late at night with the windows open.

Recommendation 6 - the panel would like to see the SShh campaign developed by Students' Unions and publicised widely in conjunction with community association representatives and ward councillors. This should be an ongoing annual campaign due to the turnover of students.

2.3(vii) The panel heard that many residents were distressed and upset by the noise caused by students returning home late at night and it was felt that tackling street noise should be a priority for partners. The nuisance was exacerbated by the fact that the noise was unpredictable and it could extend for long periods into the night. Residents felt that this was a particularly student problem rather than one caused by young people in general. The panel felt that this noise nuisance was not generally within the local authority's power to address; it was suggested that it would be better addressed by the universities, the Student Union and the Street Policing Team.

Recommendation 7 - the panel recommends that the universities, the Police and the Student Union work together to find ways to jointly address the issue of street noise nuisance in residential areas, caused by groups of students returning from nights out.

2.3(viii) The panel heard from residents who lived near the Phoenix Halls in Southover Street that students often gathered in groups on an outside area known as the Podium; this was either when they had returned from nights out, or when they wished to smoke, as it was not permitted to smoke inside the halls. The panel heard that, due to the narrow residential streets, noise echoed from the students all around the streets and caused significant noise nuisance.

The panel would like the University of Brighton to consider whether there is a more suitable outside space that might be used instead of the Podium. The panel considered recommending that the University re-allowed smoking in private rooms, as this is within the University's power, but it was felt that this would be unfair on other residents in the property.

The panel would like the university to consider introducing a policy asking students to close their windows before playing music at night, in order to minimize noise nuisance for neighbours. The panel would also like the university to install clearer, more visible signs across the Southover Street site, requesting that noise was kept to a minimum after 11pm.

Recommendation 8 - the panel recommends that the University of Brighton considers whether there is a more suitable outside space that might be used, and that measures are put in place to address noise from smokers and other students gathering on the Podium at the Southover Street Phoenix Halls.

Recommendation 9 - The panel would recommend that the University of Brighton considers introducing a policy asking students on the Phoenix Halls site to close their windows before playing music at night, in order to minimize noise nuisance for neighbours. The panel would also ask that clearer, more visible signage is installed across the Phoenix Halls site asking that noise is kept to a minimum after 11pm.

2.3(ix) The panel heard that residents near to Phoenix Halls also expressed frustrations with

the level of staffing allocated to the halls, particularly late at night. When residents contacted the halls to complain about the noise caused by students gathering on the Podium, it did not seem that the security staff were able to control the noise on a permanent basis.

Residents asked whether consideration could be given to either moving the night reception area to a location nearer to the Podium in order to monitor any disruptive behaviour by students, or alternatively whether there could be a porter's lodge on the Podium to overlook the area. The panel would ask the university to consider both of these suggestions.

Recommendation 10 - the panel would like to suggest that the University of Brighton considers the staffing resources that might be needed to provide an effective way of managing and minimising the noise nuisance and how its premises in residential areas are controlled.

2.3(x) A number of residents explained that, inadvertently, the design of the Phoenix Halls of Residence and the inclusion of the Podium has led to unanticipated noise nuisance due to students gathering outside the halls. The panel recognised that this was entirely accidental but they would like to ask the universities to be mindful of what has happened in Phoenix Halls and to bear this in mind in any future developments. The panel will also recommend that this suggestion is included in any planning documents that relate to student accommodation.

With regard to the Phoenix Halls, residents were concerned that there were no trees or bushes to conceal some of the noise from the halls, and asked whether these could be introduced.

Recommendation 11 - the panel recommends that the University of Brighton considers planting trees and bushes on the Phoenix Halls site, in order to assess whether this would help to mask any noise. The panel would like to suggest that the university talks to local residents about their experiences after a trial period.

Recommendation 12 - the panel would like to ask that the universities and developers have regard to possible noise impact on neighbours and the particular architectural nature of the area in which they will be built when they are being designed, especially in relation to the provision of smoking areas for residents. The panel also recommends that this suggestion is formalized in any relevant planning documents relating to student accommodation

2.4 Community Liaison Staff

2.4(i) The panel heard that the University of Brighton had chosen to employ a full time member of staff as a Community Liaison Officer. The Community Liaison Officer's remit includes: coordinating activity to promote social responsibility and good citizenship amongst students; advising students on maintaining good relations with local communities; liaising with community groups in areas near to the university's campuses; mediating between students and residents as necessary and acting as a focal point of contact for non-student residents with a complaint.

The Community Liaison Officer said that he was aware that partner organisations in the city welcomed his role and that they found it very useful to have a central contact.

2.4(ii) The University of Sussex told the panel that they had opted not to have a designated Community Liaison Officer but that they had a dedicated housing team who could assist with any issues or complaints about student households. The University said that it seemed that they would need to do more work to promote awareness of this service amongst residents.

2.4(iii) Residents told the panel that they appreciated having a known person to contact when they had problems with particular households and that the Community Liaison Officer was very effective at dealing with complaints about students from the University of Brighton and in identifying practical ways forward. The panel heard that some residents found it more difficult to make complaints about students from the University of Sussex; the existing service was reported to be insufficiently responsive to their needs. There seemed to be a lack of awareness about the role of the University of Sussex housing team in addressing complaints. If residents wished to complain about a student household, the residents would not necessarily be aware of whether they were students of Sussex or of Brighton. Residents were adamant that there should be a consistent service across the city, regardless of which university the students came from.

2.4(iv) Residents from the Elm Grove Local Action Team requested that university representatives liaise regularly with Local Action Teams and other residents groups across the city, ensuring that their contact details are known to residents. It was asked that the universities provide clear and consistent advice to students about avoiding neighbour disputes, as well as informing them of their rights as tenants and providing support for them to enforce those rights where necessary.

2.5 Recommendations

2.5(i) The panel considered the comments made by the universities and by residents. They felt that there was a case to be made for the University of Sussex to appoint its own Community Liaison Officer, who could work with the officer from the University of Brighton to address issues about students across the city.

The panel felt that, in the interim period, it would be beneficial for the University of Sussex to promote their existing housing team's service, advising residents that they could contact the housing team if they wished to complain about a student household from the University of Sussex. The University of Sussex agreed that it would be useful to raise awareness of how to contact the team.

Recommendation 13 - the panel suggests that the University of Sussex considers following the good practice established by the University of Brighton and establishes a role of a dedicated Community Liaison Officer for the University of Sussex. The two officers could work together to address shared student problems across Brighton and Hove.

2.6 Refuse & Recycling

'they [students] do not take a blind bit of notice about the rubbish collection day, when their bags get ripped open by seagulls they just leave it on the pavement'

'the majority of students in this area do not recycle'

'at the end of summer term, the whole contents of houses are thrown onto the streets...this then encourages fly-tipping...it often remains on the pavements for weeks'

2.6(i) When the panel considered the comments made by residents about the influence of student households on residential areas, it was apparent that households who were not sticking to the correct refuse and recycling procedures were a particular problem. However it should be noted that these are not solely student problems, but happen across the city in student and non-student households.

2.6(ii) Residents commented that student households were not always aware of their refuse/ recycling collection day. This could lead to refuse being left out for several days before collection and related environmental/ hygiene problems. Residents and students felt that this was in part due to a lack of information given to student households by CityClean, Brighton & Hove City Council's refuse and recycling service.

The panel heard examples of situations where residents had called CityClean on behalf of the student households to address problems with their refuse collections, as the student households had not been aware of who to contact or what they could request.

As well as problems with the weekly refuse collections, residents told the panel that they were unhappy about bulky waste and furniture being left either in front gardens or on the pavement. It was quite often left there for long periods of time, which was not only unsightly but caused obstructions on the pavement.

2.6(iii) Students told the panel that at the end of term, some landlords encouraged them to leave all of their refuse including bulky furniture on the pavement regardless of the correct collection day, telling the students that CityClean would clear the refuse away.

2.6(iv) The letting agents told the panel that they issued induction packs to their tenants at the start of their tenancy, which included information on refuse and recycling collections.

2.6(v) CityClean told the panel that problems such as leaving refuse or recycling out on the incorrect day were not student-specific but a city-wide issue. CityClean worked with the universities on a communication campaign but they would be happy to consider other options and introduce new ways of notifying residents about their collection days. It was felt that more could be done with landlords to keep information flowing to student households.

2.7 Recommendations

2.7(i) The panel recognised that CityClean provided refuse and recycling services to all households across the city. The panel considered ways of increasing awareness of their refuse and recycling collection days for all households, including student households. They heard from CityClean that households were currently issued with fridge magnets,

leaflets and letters showing the collection dates for the year, but there was concern that the magnets and letters were liable to become lost or get thrown away as tenants moved in and out of the properties.

The panel felt that it might be more beneficial to issue stickers with the collection day to go onto the wheeled bin rather than the magnets currently used. It was more likely that the wheeled bin would stay with the property and so the information would stay with the house.

The panel felt that this could be a solution that could be implemented across the city, as it had been noted that this was not an issue caused solely by student households but by households across Brighton & Hove. It was suggested that the roll-out could begin in areas with the highest numbers of student households, but this would be an operational decision for CityClean.

Recommendation 14 - the panel recommends that CityClean issues wheeled bin stickers giving information about collection days so that all households know when to put their refuse out. It is recommended that this would be an alternative to the magnets that are currently issued.

2.7(ii) The panel was aware that there were a number of areas, including Hanover and Lewes Road, in which households did not have council-issued wheeled bins; it would not be possible for the recommendation above about wheeled bin stickers to be introduced in those areas. The panel considered that an alternative might be for streets in those areas to have notices fixed to lampposts advising residents of their collection day and of the possible penalties for refuse being put out on the wrong day. The panel was aware that this system had already been successfully introduced in some areas but felt that that was scope for it to be more widely spread.

CityClean updated the panel about their progress on this recommendation; they had begun to install signs in Kemptown, Hanover and Elm Grove. They would then be moving on to the Lewes Road and Bevendean/ Moulsecoomb areas. Cityclean also advised that they were trialing another refuse container known as ‘binvelopes’ in parts of Hanover. If this scheme were successful, CityClean would look to roll this out across other areas that could not have wheeled bins.

Recommendation 15 - the panel recommends that for those areas of the city that do not currently have council-issued wheeled bins, CityClean should erect additional notices on lamp-posts advising residents of their collection day.

2.7(iii) The panel heard that CityClean issued stickers to go onto recycling boxes to advise residents of what could be recycled, and of their collection dates for the year. However, the panel heard that the stickers were designed to go on the lids of the box, and these tended to blow away if it was windy and the information would be lost. The panel felt that the idea of the stickers was a positive one, but that it might be more beneficial if the stickers could be redesigned to go on to the box itself, rather than the lid. Again this was a recommendation that could benefit all households across the city, not just those with student tenants.

Recommendation 16 - the panel recommends that CityClean places the information stickers for their recycling boxes in order that they can be stuck to the box rather than on the lid, as the lids tend to blow away.

2.7(iv) The panel heard that the letting agents and landlords advised their student tenants on where to find information about their refuse and recycling collection; this was welcomed. It was recognised, however, that student households might not be aware of any changes in the collection schedule, for example, over bank holidays. The panel was aware that this information was published in CityNews and on the council's website but they were unsure how effective this might be in reaching student households. They thought that it would be useful for CityClean to publicise changes in the collection dates in the universities' own newspapers in order to try and reach student households that would be affected. It might also be prudent to include this information on the universities' websites.

Recommendation 17 - the panel recommends that CityClean advertises information about changes in collection dates for refuse and recycling in both of the universities' newspapers and on the universities' websites, in addition to the usual council publication locations.

2.7(v) Residents and students told the panel that there was an ongoing issue with regards to bulky waste, how it might be stored and where it might be left. Bulky waste might include such items as old furniture, unwanted mattresses, unwanted bicycles etc. Residents were upset that items might be abandoned in a front garden for months on end, causing a visual blight and possible health and safety risk. The panel heard that some residents had approached the student households to ask them to remove the bulky waste; this had received mixed reactions. Students told the panel that they knew landlords who had advised students to leave unwanted furniture on the pavement for collection and that the council would collect it.

The panel heard that there was a difference as to how refuse could be handled according to whether it was left on the pavement or whether it was left within the curtilage of a property, i.e. in a front garden. If the item was within a property's boundary, CityClean would be unlikely to be allowed to remove it, as it would be designated as private property. However if the item was on the pavement, CityClean could remove it, and may have the right to recharge the cost to the owner or tenants.

The panel was aware that this was a complicated issue, and that there might be a number of options that could help reduce the bulky waste being left out, either in a garden or on the pavement. The panel has suggested various options below but would recommend that further work is carried out by the Cabinet Member and/ or the Directorate to consider each suggestion, both on its own merits and in conjunction with other options.

Options to address this issue include:

- The city council carrying out more enforcement cases, either for refuse being left out on the wrong day, bulky waste being abandoned on the pavement or other cases of fly-tipping.
- An agreement between landlords and the council in which landlords would have a specified amount of time to clear a property and dispose of the waste, once it became empty, or CityClean would do this and re-charge the landlord.
- There might be an incentive offered where CityClean would offer a discount on their bulky waste collection service at the end of term for a fixed period of time.
- The end of term waste issue should also be tackled by better publicity and promotion of

the existing services that are available

Recommendation 18 - the panel recommends that the Cabinet Member for Environment considers the issue of how to tackle the problem of bulky waste being flytipped by student households, both throughout term-time and at the end of term. The panel recommends that the Cabinet Member gives the suggestions due consideration.

2.7(vi) The panel was aware that some cities, for example Canterbury and Loughborough, who had previously considered how to tackle the bulky waste issue had introduced termly clean-up days in student neighbourhoods. These were organised by the student's union in conjunction with ward councillors. During the termly clean-ups, the students took anything that was re-sellable to charity shops, arranging for the remainder to be collected for recycling or for landfill.

The panel thought that this might be a useful approach for Brighton and Hove; it could be introduced in student halls as well as in private sector student housing. The panel felt that it would be best led by the students' unions and the universities, as an indication that they were taking responsibility for the students. The panel suggested that the two students' unions work together, as student households will be made up of a mixture of students from both universities. The students' unions might wish to work in conjunction with Magpie as well as charity shops in the city.

Recommendation 19 - the panel suggests that the universities organise termly clean up days in conjunction with their student unions.

2.8 Car Parking

' a *car was parked outside my house for three months'*

'the road simply can not cope with 4 or 5 cars per household'

2.8(i) Residents told the panel that they were often frustrated at student households who had several cars per household and who occupied several parking spaces in the street. Residents felt that their opportunities to park near their homes were hampered by a proliferation of student cars in their neighbourhood. Some residents asked whether students needed their cars, pointing to the public transport links across the city. Students said that there could be scope for the students' union to promote the public transport and discourage students from bringing cars to the city.

The Sergeant from the Street Policing Team told the panel that parking obstructions and double parking offences were targeted on a regular basis, with fixed penalty notices being issued where necessary. More permanent measures had been put in where possible; for example in Elm Grove, barriers had been erected to stop on-pavement parking.

2.9 Recommendations

2.9(i) The panel thought that a good way to encourage students to use public transport rather than rely exclusively on their own cars would be for both universities' prospectuses and accommodation guides to have promote public transport and explicitly recommend that

students do not automatically bring their cars with them. This could include reference to the 24 hour bus to the university campus the Big Lemon bus, the car clubs in the city, the cycle routes to and from the universities and the train stations.

The panel noted that the University of Brighton's accommodation guide did include a section on public transport and explained that students living in certain halls of residence must not bring cars with them, but it was felt that there was room for a more direct statement requesting that students think carefully before bringing cars to Brighton & Hove. The University of Sussex's accommodation guide did not appear to make reference to public transport, although it did explain that students living on campus must not bring cars with them. The universities could draw students' attention to the difficulties and potential costs of parking in the city.

Recommendation 20 - the panel recommend that the universities include information in their prospectuses and accommodation guides about the range of public transport and Car Clubs in the city and that they explicitly recommend that students do not bring cars with them

2.9(ii) The panel also considered what options there might be for those student households who did choose to bring cars to the city. There are a number of Controlled Parking Zones in Brighton & Hove, where residents must have a permit to park their cars. Permits are restricted to one permit per person, and the car must be registered to a Brighton or Hove address. Not each area of the city has a Controlled Parking Zone, and for those areas that do not have one, there are generally no restrictions on parking. The panel felt it was important that, where applicable, student households were treated equally with other households requesting permits. They understood this to be the case already and wished the practice to continue.

It was noted that the four areas with the highest student population numbers - Moulescoomb and Bevendean, Hollingbury and Stanmer, Hanover and Elm Grove, and St Peters and North Laine - only one, St Peters and North Laine, was subject to any type of parking restriction. There were plans to consult on a Controlled Parking Zone in Hanover in summer 2009, with a potential introduction date of 2011.

Recommendation 21 - Students should be treated on an equal basis as non-students when it comes to the issue of residents' parking permits.

2.10 Council Tax

2.10(i) The panel heard from the Head of Strategic Finance and the Assistant Director, Customer Services that those student households who had not registered themselves as exempt under Council Tax legislation led to the local authority incurring costs in sending bills to those households, up to and including issuing court proceedings. These costs were incurred unnecessarily and this was therefore an inefficient use of council funds. The Assistant Director, Customer Services said that they worked closely with the universities in trying to publicise the importance of registering for exemption as soon as possible but recognised that this would not always be a priority for students.

The panel heard from one letting agent that they would return tenants' rent deposits only after the households could evidence that they had cleared their Council Tax obligations.

The panel also heard that it was important that the council had the correct number of student households registered, as this might affect central Government calculations for the council's funding. There were already regular information sharing meetings where this data was discussed but the panel queried whether these were as effective as they might be in communicating the necessary information between partners.

2.11 Recommendations

2.11(i) The panel was pleased with the proactive work of the Council Tax officers in meeting students and registering student households for exemption but wished to make recommendations for ways in which this could be extended.

The panel discussed whether there might be scope for letting agents or landlords to take any steps with their student tenants to complete the exemption forms at the beginning of their tenancy.

2.11(ii) The panel understood that meetings already took place between the universities and the council to establish the numbers of students in the city and to estimate future numbers in order to advise central Government for their funding calculations and that such information was shared with the Strategic Housing Partnership. The panel felt that these were important and wished to encourage the various parties to continue the meetings, perhaps on a bi-annual basis. The panel requested that results from the meeting could be made available to the proposed Student Working Group so that they could take it into account in their considerations.

Recommendation 22 - the panel would encourage Council Tax officers to continue to liaise regularly with the universities in order to establish current and future student numbers.

2.11(iii) The panel was concerned at the unnecessary administrative overheads being incurred by the Council Tax team in billing student households because those households had not registered their exemption. They were aware that Council Tax was not often a priority for students, and that many students might incorrectly assume that they did not have to register their exemption. The panel heard that the Council Tax officers went to Freshers' fairs at the beginning of term and that this was successful in terms of a number of households registering for exemption. The panel wished to think of ways in which this could be extended, perhaps by involving letting agents or universities earlier in the process. The panel had a number of suggestions that they wished the Council Tax team to consider:

- Letting agencies and private landlords could be emailed a web link to access exemption certificates online and encouraged to provide a form to each student household at the start of their tenancy. The email link would mean that as many forms as were needed could be printed off by the landlords, and it would be in line with the council's sustainability agenda
- The universities and student unions could be emailed the same web link and students actively encouraged to complete the forms as soon as possible. The Council Tax team could consider whether an incentive could be offered to the universities if a certain percentage of households were registered
- The universities and students' unions could be asked to publish the form in their

newsletters and on their website on a regular basis. This would mean that students could either tear out the form from the printed newspaper or complete the form online via the university website. The university newspapers might wish to expand this by publishing occasional articles reminding students to register their exemption and explaining the benefits for students in registering?
• When students enrolled with the university with details of their address, they could authorise the university to share the information solely with Council Tax, to ensure that an exemption form is sent to the household as soon as possible.

Recommendation 23 - the panel recommends that the Council Tax service considers the four suggestions made in the body of the report about how to improve levels of registered student household exemptions.

3 - Planning & Accommodation Policies

3.1 Planning Policies

'Neighbours ...tell me of feeling like they are virtual prisoners in their own homes because they are surrounded by HMOs. Many of these have conservatories built out into the garden so there is no escaping their presence.'

'overbuilding is a huge problem'

'one solution would be... to limit the numbers of extensions granted for HMOs'

3.1 (i) The panel heard from a number of residents that they felt that there should be a cap put on to the number of Houses of Multiple Occupation tenanted by students in certain areas. This was requested because it was felt that some areas were in danger of losing or changing their character as the make-up of tenants had changed. They pointed to the fact that one school had already closed one of its two reception classes due to low pupil numbers, because there were fewer families and more students living in the area.

The panel's research showed that some university cities had chosen to introduce restrictions on future student housing, for example Loughborough introduced a threshold approach and Newcastle established areas of Student Housing Restraint, where potential student landlords would be subject to tighter planning restrictions for future developments.

The universities and the Federation of Private Landlords told the panel that they did not think that further planning restraints would be of any benefit to Brighton & Hove; they recommended that it would be better to micro-manage the situation and address problems as they arose.

The panel heard that there was currently no requirement to report or obtain permission for plans to convert family accommodation for student use unless the accommodation in question was designated a 'House in Multiple Occupation'. Although there was widespread support for the notion of introducing some kind of 'class order' for such changes of use, this could not apply retrospectively, so even if it were to be introduced,

it would apply to only a small percentage of student housing.

The panel's research had indicated that local authorities had the discretion to extend licensing to other categories of Houses of Multiple Occupation to address particular problems that existed in smaller properties, although there was a corresponding requirement to compensate landlords who were negatively affected by any such licensing introduction. The panel said that an analysis of this option and its potential application in Brighton and Hove should be included in the research undertaken by the Planning Strategy team.

3.1 (ii) The panel heard that some local authorities had a planning condition that stipulated that, for every square metre of additional educational space that was agreed, the university would agree to supply a corresponding number of bed-spaces rather than relying solely on private sector housing to meet the additional need that would be created. The panel thought that this was an interesting concept and one that should be explored further by the Planning Strategy team in their work on the Supplementary Planning Document.

3.1 (iii) The Head of Planning Strategy and the Head of Development Control told the panel that there was a limited amount that Brighton & Hove City Council was able to do with regard to registering student households, due to the legislation on Houses of Multiple Occupation. The panel heard that there were two sets of legislation relating to Houses of Multiple Occupation, one from a planning perspective, and one from a private sector housing point of view, and the two sets of legislation did not correlate.

In terms of planning permission and property classification under the Use Classes system, the panel were told that, although it was relatively straightforward to re-classify a 'family home' as a 'student home', it was more complicated to change the classification in the opposite direction. This might discourage possible purchasers from buying an empty property. The panel's research indicated that there was already a national lobby regarding this issue. The panel thought that it would be helpful if the Government took action to make it easier to change property classification from 'student' house to 'family house'.

3.1 (iv) The panel heard that the Planning Strategy team had to demonstrate how they would meet challenging government targets for different housing types in the Local Plan; at least 11, 000 new homes were needed by 2025. However there was no government target for student housing. This meant that the Planning Strategy Team was loath to allocate specific land for student housing in the Local Plan and it was not considered a priority. On-campus accommodation did not conflict with any other housing policies.

3.2 Recommendations

3.2(i) The panel considered residents' requests for the council to introduce a cap on student housing in the city. The panel concluded that they did not have sufficient time to explore all of the options in enough detail to provide meaningful comment. However they were mindful that it would be useful for further research to be carried out and that the conclusions be drawn up and included in a formalised Supplementary Planning Document by the council.

The panel therefore felt that it would be more appropriate for a recommendation to be made that the Planning Strategy team carry out research into the various planning

options available to control the level of student housing, and to consider whether there would be any merit in introducing such controls into Brighton & Hove. Their findings should either be published as or be included in a Supplementary Planning Document. The Supplementary Planning Document would be of use to the Strategic Housing Partnership in their work on strategic planning for student impact.

Recommendation 24 - the panel recommend that the existing Planning Strategy team carries out research into the various planning options available to control the level of student housing, and to consider whether there would be any merit in introducing such controls into Brighton & Hove where this was appropriate for the area. If planning controls were introduced, this would help to ensure balanced and mixed communities across the city.

The Planning Strategy Team should also consider the feasibility of adopting a planning condition regarding the need for universities who have planning permission to expand their educational space to provide a commensurate increase in bed spaces.

The findings should be published as a Supplementary Planning Document.

3.2(ii) The panel heard about the discrepancies in the planning and private sector housing legislative systems with regard to the use classes order. The panel felt it would be of use for the local authority to make representations to the Government on these anomalies, requesting that the process was streamlined.

The panel was also mindful of residents' comments that developers were using permitted development rights to build conservatories at the rear of properties and using these as living rooms, thereby freeing up additional rooms to be used as bedrooms. Residents were aggrieved that there was no action that could be taken to prevent this from happening.

Recommendation 25 - the panel recommends that the Cabinet Member for Environment lobbies central Government on behalf of Brighton & Hove City Council with regard to the planning Use Classes Order and the associated permitted development rights.

3.2(iii) The panel was mindful of the competing demands on land resources and it recognised that the Planning Strategy team had a number of demanding targets to accommodate, although student housing was not included within a target. The panel thought that it would be advantageous for the council, through the Cabinet Member for Environment, to lobby central Government to issue a target for student housing so that more forward planning could be carried out.

Recommendation 26 - the panel recommends that the Cabinet Member for Housing lobbies central Government on behalf of Brighton & Hove City Council to request that student housing is given its own targets with regards to providing accommodation.

3.2(iv) The panel considered that it was necessary to take steps to plan for future student housing provision in Brighton & Hove, regardless of whether or not there were central Government targets for student housing. The panel appreciated the various competing demands on the available land, but they felt that it was short-sighted not to consider

allocating land space for the development of halls of residence. The panel thought that there might also be scope to include some units of student housing in major new build housing developments across the city, for example, Preston Barracks. This work would be best carried out in conjunction with the universities.

Recommendation 27 - **the panel recommends that the Planning Strategy team recognises the need for student accommodation to be planned and that the team considers positively identifying land suitable for halls of residence in the Local Development Framework. The team could consider the scope for including small numbers of units of student housing amongst major new- build developments.**

3.3 Provision of Halls of Residence

'reduce demand for student housing by encouraging the Universities to build more student halls on their own land'

'recent campus building has focussed on the luxury end of the market …beyond the means of many students'

3.3(i) The panel, the universities, residents and students were all in agreement that providing more halls of residence would be valuable in addressing some of the issues of student effect, although it should be borne in mind that the halls of residence themselves led to certain problems. It was clear from listening to both of the universities that there was a high demand for accommodation in halls of residence and that the universities were unable to meet the demand.

3.3(ii) The University of Sussex had drawn up a housing strategy campus master plan in consultation with planning officers from Brighton & Hove City Council. The University guaranteed to offer accommodation to all of its first year students who wanted to live in halls. It managed 3,400 bedspaces in total, with 3,145 at Falmer. 35% of students were housed, which was in line with the national average, and were aiming at a target of housing 40%. 18% of their students did not require housing, preferring to live at home or make their own arrangements. The University's housing strategy was having a positive influence, with the number of students living in private sector accommodation reducing by more than 1000 people. The University had recently received planning permission to build a new halls of residence on its land.

3.3(iii) The University of Brighton told the panel that its supply of purpose built halls accommodation has not kept pace with the growth in student numbers; as a result, a high proportion of their students lived in private sector accommodation. The University considered it a high priority to increase the stock of halls accommodation on offer and was working with Brighton & Hove City Council to expand Varley Hall and on a development in Circus Street.

A comparison of the approximate numbers of full time students at each of the University of Brighton sites with the availability of halls of residence accommodation is below:

Campus	**Full time students**	**Number of halls beds**	**Shortfall**	**Halls places as % of students**
Falmer	3,500	1,128	2,372	32%
Moulsecoomb	5,000	163	4,837	3%
Grand Parade	1,500	298	1,202	20%
Total	10,000	1,589	8,411	16%

3.3(iv) The panel heard from some students, however, that they found the costs of the rooms in

halls prohibitive, at up to £125 per week inclusive for an en-suite study room, and that they actively chose to live in lower standard private rented accommodation because it was much cheaper. The panel also heard that there was demand for accommodation in halls from some second and third year students, but that this could not be met at present.

3.3(v) The panel also heard from the universities that they currently managed some properties in the private rented sector that were tenanted by students. These were popular places to live for students, and the demand outstripped supply. The universities did not rule out the possibility of expanding their portfolio of managed properties, although they were mindful that they did not wish to become full landlords directly.

The panel was aware that halls of residence had to be carefully sited and planned, as they would also have a significant effect on the local community, as seen, for example, in the case of the Phoenix Halls. Both of the universities said that they would be happy to consider any suggestions for managing student impact.

3.4 Recommendations

3.4(i) The panel recognised that the halls of residence were highly in demand and that there were almost 100% occupancy rates in halls. They were also mindful that the rent included gas and electricity, cleaning costs, broadband internet and other facilities.

However, members were concerned at the comments made by some students that the costs were too high for the students to consider living in halls and wished the universities to consider whether it was possible to offer cheaper rooms to students with a low income, perhaps in exchange for slightly fewer facilities to be offered.

Recommendation 28 - the panel would suggest that the universities, working with the students' union consider the potential for offering alternative, affordable accommodation in halls of residence for students with low incomes

3.4(ii) The panel heard that a significant proportion of second and third years who had lived in halls in their first year had expressed an interest in staying on in halls in their second and/ or third years but that this was not possible due to the limited number of rooms available. The panel considered that, if even a small number of second or third year students were able to live in halls, this might slightly reduce the number of private sector houses needed for students.

Recommendation 29 - the panel would suggest that the universities consider whether there is scope to expand the offer of rooms in halls of residence, not only to first year students but also to those second and third years who would like to live there.

3.4(iii) The panel considered the option of the universities directly managing accommodation in the private rented sector. It was apparent that there was unmet demand for such accommodation and the universities said that they would not rule out taking on more properties in this manner. The universities have their own occupancy standards for properties, and any private property would need to meet the standard.

The benefit of these properties for residents is that the university is directly involved with

the management and can take swift action against any complaints; the benefit for students is that the property would be of a certain guaranteed standard.

Recommendation 30 - the panel would suggest to the universities that they explore the possibilities of expanding their portfolio of directly managed properties over the long term, in order to increase the range of options available to student tenants.

3.5 Student Landlord Issues

'Landlords should be made, through their HMO licences to have more responsibility for their properties and tenants'

'Little money is spent in the upkeep of houses…HMO houses are easily identifiable by their scruffy exterior'

3.5(i) The panel heard from residents unhappy with the condition of student properties in their neighbourhood; the panel heard about houses with flaking paint, broken windows, and unkempt gardens. Students told the panel that they often had to live in unsatisfactory conditions in private rented accommodation, and that they had little control over the condition of the building.

The panel was mindful that this was an issue that could cause tension between student and non-student neighbours, and that it was not a subject that could be resolved by either party, but that it was the responsibility of the landlords to resolve.

3.5(ii) The Head of Private Sector Housing told the panel about the legislation that already existed in terms of Houses of Multiple Occupation, from a housing perspective.

The Housing Act 2004 relating to the licensing of Houses in Multiple Occupation and the new Housing Health & Safety Rating System for assessing property conditions came in to effect in 2006. The Act requires landlords of many Houses in Multiple Occupation to apply for licences. Licences were needed for Houses of Multiple Occupation with:

- three or more storeys, which are
- occupied by five or more people forming two or more households (ie people not related, living together as a couple, etc), and
- which have an element of shared facilities (eg kitchen, bathroom, etc)

The council issued a set of standards for licensable houses in multiple occupation: http://www.brighton-hove.gov.uk/downloads/bhcc/housing/hmo licensing/BH HMO Licensing Standards.pdf

The panel heard that the legislation governing Houses in Multiple Occupation was quite restrictive, both in terms of defining an House in Multiple Occupation and in terms of the powers it granted to local authorities, which tended to focus on ensuring the quality of accommodation provided rather than on managing the effect upon the local community.

3.5(iii) In terms of landlord accreditation schemes, members were told that there was an existing scheme for Houses of Multiple Occupation and that most city landlords already provided good quality accommodation. However most student properties did not fit the House of Multiple Occupation definition, so it might be beneficial to extend the scheme's criteria. This might be achieved by closer co-working with the universities.

It might also be useful to encourage the universities to manage their own accommodation. It was recognised that the ultimate guarantor of housing quality was demand: if demand for a particular kind of housing outstripped supply, then accreditation could never be wholly effective, as non-accredited landlords would still find customers.

3.5(iv) The panel heard that some private landlords were wary about the introduction of a formal accreditation system; there were concerns that some landlords might decide not to continue renting properties if the legislation were too onerous.

3.5(v) Letting agents told the panel that potential student tenants would choose or ignore properties based on the standard of the accommodation. They already had some properties that were not tenanted and they felt that this number would be likely to increase.

3.5(vi) Students told the panel that they felt there would be benefits to having an accreditation system for properties as this would mean it would be more likely that accommodation would be of a reasonable standard.

3.5(vii) The panel heard that the universities limited the private sector rental properties that they advertised on their websites to those properties with a rent of £80 or under. They were concerned that this gave potential students who did not live in Brighton and Hove a false idea of rental levels in the city, and potentially restricted their access to better quality accommodation. The panel thought that it might be more beneficial if the universities were to offer the full range of housing options on their websites, and then allow students to make their own choice about costs.

3.6 Recommendations

3.6(1) The panel considered the comments of all of the parties involved and the experience of local authorities who had introduced a voluntary accreditation scheme. Canterbury, for example, reported that approximately 50% of private landlords had signed up to their voluntary accreditation system. Canterbury said that they had found it useful to offer incentives to the landlords, for example, additional refuse services for registered accredited landlords at the end of term.

3.6(ii) The panel was mindful that it would not do to be too heavy-handed or forceful with any potential accreditation system as this would alienate landlords and not achieve the desired outcome. However it was hoped that a voluntary accreditation scheme would be of assistance to landlords too; if there was more of a supply of properties than was needed, the accreditation system might help to signpost students to properties of a better standard. It would help to improve the management and safety of student houses in the city.

The panel thought that it would be valuable to explore the potential for a voluntary accreditation system with the various parties concerned or to extend any scheme that was already in existence. It was suggested that this would be led by the Private Sector Housing Team as they would be likely to be the team to administer any such scheme. The research should take resource implications into account as well as any costs for the landlord.

Recommendation 31 - the panel recommends that the Private Sector Housing

Team discuss the potential benefits of extending the landlord accreditation scheme in relation to student accommodation, which does not fit into the existing Houses of Multiple Occupation accreditation scheme, with representatives from Brighton and Hove's landlord associations and other parties.

3.7 Empty Properties

3.7(i) The panel was concerned by comments from the letting agents that some properties were already sitting empty because they had not been let to student tenants. The panel thought it was more likely that these properties would become rundown and so become less desirable; any disrepair might have an adverse effect by spreading to neighbouring properties. The letting agents told the panel that they anticipated that more and more student properties would remain vacant as there was higher supply than demand in the city. Empty properties were of no benefit to the owners; they would be losing money for the entire time that the property is empty, and they would have to cover any resulting repairs costs etc.

3.8 Recommendations

3.8(i) The panel was mindful that there was an overwhelming demand for family accommodation in Brighton & Hove, and that some of the student properties that were now standing empty had originally been intended as family housing. They considered whether there might be a citywide strategy to encourage landlords to use empty homes for family accommodation again. This might be particularly welcome in the current economic climate; any steps that could be taken to reduce the number of vacant properties, assist community cohesion, help landlords financially and ensure that family accommodation was brought back to its original use should be strongly considered.

The Panel discussed whether there might be a further role for the council's Empty Properties Officer to build on its existing good practice. The Officer could look at properties that had been empty for perhaps one or two years, assisting with grants or other ways of renovating property on the agreement that the property would then be let to families via a Housing Association.

3.8(ii) The panel was aware that there would be a great many factors to be taken into consideration when debating how the long term empty properties might best be used and that there were already empty property strategies in place within Brighton & Hove City Council. They felt that it was a piece of work that should be fully researched and the potential benefits of extending the Empty Properties Strategy to be considered.

Recommendation 32 - the panel recommends that the Empty Properties Team works proactively with student landlords and managing agents to ensure that student properties that are unoccupied can be reused for social housing.

4 - Partnership Working and Communications

4.1 Partnership Working

4.1(i) The panel felt that an overarching approach for all of the student impact issues could be useful in continuing to develop partnership working in the city. The partners might include:

stakeholders such as both of the universities and local colleges, the council, police, residents, the students' union, local councillors, landlords and community liaison staff. It was recognised that the Strategic Housing Partnership met to consider a wide range of strategic housing issues across the city and there was no intention to duplicate this work.

The panel felt that this was a significant piece of community work. The issues that had been raised could not be addressed in isolation but would be better tackled by cross-partner working and shared approaches; for example, the council might introduce an initiative to address noise problems but this would be more effective if, as suggested in recommendation 7, the universities and Students' Unions were involved and could promote the message amongst its students.

It was felt that local councillor involvement might be better coordinated through more joint working. At present, individual ward councillors tend to contact the universities separately, although it is likely that the issues are largely the same. In addition, the panel felt that there were also a number of initiatives going on across the city but they are not always joined up as well as they might be.

4.1(ii) Residents told the panel that they were not concerned about which university or college a student household might attend; if there were complaints about the tenants, they would like there to be a consistent approach across all of the educational institutions in the city. Partnership working and shared communication could help to address this. Residents said that it was difficult to always know to which agency a particular complaint should be addressed; would it be a police matter, local authority or university. The panel heard that residents would welcome guidance and asked whether this might be publicised on the council's website.

4.2 Recommendations

4.2(i) The panel heard that the Strategic Housing Partnership met to develop strategic approaches to a variety of housing issues in the city, and that both of the universities were represented at the Partnership. There was debate amongst the panel as to whether the Strategic Housing Partnership might be best placed to deal with the operational issues that had been raised by residents or whether another forum ought to be established. It was felt that a number of the potential issues would fall outside of the remit of the Strategic Housing Partnership, for example, noise nuisance protocols or work involving CityClean.

The panel concluded that it wished to recommend a new Student Working Group, which might act like a 'Student Impact Local Action Team'. Their work would be community based, facilitating better relationships between residents and students, and covering the whole range of student effects that have been discussed in this report.

Subject areas might include residents' complaints about street noise; about refuse, recycling and bulky waste; planning policy; council tax implications; the quality of student housing; review students living in certain wards; student numbers in the private rented sector compared to numbers in halls of residence, joint work on promoting the SShh campaign as suggested in recommendation 7, review the provision of purpose built accommodation and so on.

4.2(ii) The panel was mindful of Dr Darren Smith's comments that 'existing powers were often

enough to tackle problems' and that it might not always be necessary to introduce new policies but rather to use the existing ones. The partner organisations each already had a number of powers and sanctions that might be of use in tackling any kind of antisocial behaviour, not just that which could be attributed to students. The council, for example, had its noise abatement procedures, and CityClean could take enforcement action if households consistently left refuse or recycling out on the wrong days.

However, there was a sense that partners were not always fully aware of the extent of the power that other stakeholders might have. The panel thought that it would be beneficial for the members of the Student Working Group to summarise the powers that already existed, and to monitor and update the information as necessary. This information should be made available to the public, via the website and other means.

There may well be other occasions when various partners needed to meet up throughout the year; this suggested meeting is not intended to replace those other meetings. However the suggested Student Working Group would be an opportunity for all of the various stakeholders to be together to discuss operational issues and to allow them to consider possible solutions.

The panel recognised that there would be resource implications in establishing a new group. It was felt that the local authority could provide officer support and it was hoped that all of the partners, in particular the universities, would recognise the benefits and value of having such a group, and support it accordingly.

The panel felt that it would be important for the Student Working Group to be aware of the information gathering that was currently happening in the city. It welcomed the work that was being carried out by the University of Brighton on behalf of the Strategic Housing Partnership in mapping student numbers in Brighton & Hove and hoped that this research would be continued into the future, as this would help to inform planning and strategies for student housing in years to come.

Recommendation 33 - the panel recommends that a Student Working Group is formed, comprising of both of the universities and local colleges, the council, police, residents representing Residents' Associations, the students' unions, ward councillors, representatives for landlords and community liaison staff or staff from the accommodation teams. This would facilitate ongoing and improved communication and liaison between the partners.

The Group should consider the operational issues caused by the impact of students living in the city and discuss ways of addressing possible solutions where necessary. The Group should also coordinate a shared database of sanctions that the partners already have.

4.3 Communications

4.3(i) The panel felt that one of the areas that the Student Working Group might wish to consider was that of the induction packs given to students. At present, the universities each have their own pack, the letting agents and landlords issue students with a pack, and the council has its own information that it wishes to give to students; this can lead to students being overloaded with information and discarding it all out of frustration.

The Community Liaison Officer from the University of Brighton confirmed that a joint

council/ university information pack for students would be useful, particularly if landlords and letting agents were encouraged to distribute it, as many students take up accommodation in advance of their university induction, meaning that landlords are a better initial contact than universities or student unions.

4.4 Recommendations

4.4(i) It was felt that it might be more effective to have one induction pack that was used by all of the partners in order to coordinate the information that is given to students across the city.

The panel thought that this might be resourced by redirecting the funds that are currently spent on each partner's individual induction packs. It was considered that it could prove to be more cost-effective to have a centralized induction pack.

The pack might include a checklist that students ought to consider when setting up their tenancy, for example, suggesting that the students introduce themselves to their neighbours; that they check details of their refuse and recycling days; has the household completed its Council Tax exemption form etc. The panel was aware that the University of Sussex's current accommodation induction booklet included a checklist of this nature; they considered this to be an example of good practice that they would like to see continued.

Recommendation 34 - the panel recommends the immediate benefits of a shared information pack for all partners in the city to issue to students and that the Student Working Group could implement this as one of their first actions.

4.4(ii) As a long-term goal, the Student Working Group might wish to commission a piece of work to look at various environmental factors in a student neighbourhood, in order to assess its 'healthiness'. This could include car pollution/ refuse/ effect of poor standard accommodation on heath and stress levels, and so on The research might include work about the hidden costs of student accommodation, for example, the number of students living in private rented accommodation means that a certain number of family type houses are no longer available for family use, and the ongoing effect that this might have on the demand for social housing.

Alternatively, the working group might wish to work in conjunction with researchers at the universities to carry out investigations into the feasibility of an Area Action Zone, also known as a cumulative impact zone.

Recommendation 35 - the panel recommends that the Student Working Group considers the benefits of carrying out a 'Neighbourhood Health Impact Assessment' or a cumulative impact zone in student neighbourhoods.

5 - Positive Impact of Students to Local Community

5.1 (i) The panel was concerned that it may seem as if Brighton & Hove did not welcome students and that the entire panel had been focused on listing the negative effects of students living in the city. The members wished to place on record their commitment to students living in Brighton and Hove.

The panel heard that students played a valuable and useful community role in the city in terms of carrying out volunteering in the city. This was welcomed and students were encouraged to carry on volunteering.

5.1(ii) The panel heard that the University of Brighton was linked to local communities through the Community University Partnership Programme which had been in operation since 2003. One of its main tasks was to develop the curriculum to give students the chance to contribute to their local community through their studies. Over 300 students were annually involved in community projects as a formal part of their learning, with each student would normally do 50 hours which equates to 15,000 hours of University of Brighton student resource going into the community each year. On top of this many students also volunteered in their own time. The panel heard that the University of Brighton was the winner of the national award for outstanding contribution to local community 2008, awarded by the Times Higher Educational Supplement. Students from the University of Sussex also contributed to community engagement in a large number of projects in the city.

5.2 Recommendations

5.2(i) The panel welcomed and supported the current volunteer arrangements that were in place at both universities. The panel thought that there may be benefits if students were encouraged to undertake volunteering opportunities in their immediate neighbourhood as much as possible, as this would help to foster good relationships between students and non-students. Members thought that it would be useful for the volunteer coordinator or organising group to work closely with ward councillors to establish what might need to be done in an area; this would help to ensure that the most pressing tasks were being prioritised. The panel would encourage the student volunteers to liaise with the local press and with the university newspapers in order that their achievements could be recognised and publicised.

The panel was aware that work was underway on a citywide volunteering strategy and would encourage the universities and students' unions to sign up to the strategy.

Recommendation 36 - the panel would recommend that the universities continue to encourage students to take part in volunteering opportunities in the residential areas in the city where there is a significant student population in order to foster improved community relations. The ward councillors and community association should become involved in helping to prioritise tasks.

5.2(ii) Dr Smith told the panel that students were traditionally under-represented on residents' groups and associations and any work which encouraged greater engagement should be welcomed. The panel also thought that it would be a positive move if students were encouraged to be active members of their Local Action Teams and Residents' Committees. This would help to build relationships between students and non-students, and break down barriers between the two groups.

Recommendation 37 - the panel would encourage students, via their Students' Unions, to attend their Local Action Team meetings and to play an active part in the community.

6 - Conclusion

6.1 The panel heard and received evidence from a wide range of Brighton and Hove residents and bore this in mind throughout the three evidence gathering meetings. The panel members would like to sincerely thank all of the residents and witnesses who took part in the work of the investigative panel in any way.

6.2 The panel appreciated that the issue of students living on a temporary basis amongst longer established communities had a significant effect on residents, although it was often the case that the majority of students had little or no effect on other residents.

6.3 The panel has made a range of recommendations that it hopes will help to address the various aspects of the student impact on residents. These recommendations are not intended to stand alone but, if accepted, should form part of the policy framework for student housing that already exists in the city.

AGENDA ITEM 113

OVERVIEW AND SCRUTINY COMMISSION WORK PLAN 2008 - 2009

Issue	Date	Overview & Scrutiny Activity	Progress And Date	Outcome And Monitoring /Dates
Coordination And Monitoring of Overview and Scrutiny				
Establishing working relationships between Cabinet and Overview and Scrutiny	From 15 May 2008, new Leader and Cabinet Constitution 9 September 2008 20 January 2009 3 February 2009	Joint discussions, agreed priorities, shared information, invitations to relevant meetings Invite Cllr Fallon-Khan for discussion of portfolio Invite Cllr Simson for discussion of portfolio Invite Cllr Jan Young re budget proposals	Positive discussions on working between Scrutiny and the Executive and suggestions for possible scrutiny activities	Suggestions added as possible items to OSC work plan
OSC Work Plan	15 July 2008 and every meeting	To agree Outline Work Plan with built-in flexibility	Suggestions added to the work plan. Additional meeting arranged to discuss budget 2009-2010 proposals	Regular monitoring
Communities in	10 March 2009	Updating on Consultation		

Issue	Date	Overview & Scrutiny Activity	Progress And Date	Outcome And Monitoring /Dates
Control		and Legislation		
Overview and Scrutiny Work Plans	21 October 2008 twice yearly	OSC to receive Scrutiny Committees' work plans	Establishment of first scrutiny panels.	Regular monitoring
Coordinating Overview and Scrutiny	Each OSC meeting?	Tracking progress in developing overview and Scrutiny by the O&S Committees and Scrutiny panels		
Corporate Documents and Performance Monitoring				
The Corporate Plan	3 June 2008 15 July 2008	Commenting on the Corporate Plan in advance of the 12 June Cabinet meeting Reporting back to OSC, re Commission Comments taken to Cabinet 12 June	Supplementary Report on OSC comments was taken to Cabinet 12 June	12 June Cabinet agreed 3 June OSC amendments
The Council's Annual Performance Report	15 July 2008 and annually	Receiving annual report before being presented to 10 July Cabinet	Replies provided to queries on performance against targets	
Local Area	3 June	Receiving	Request to	Regular

Issue	Date	Overview & Scrutiny Activity	Progress And Date	Outcome And Monitoring /Dates
Agreement	2008 Then regular review as necessary	draft report	keep under review	monitoring
Performanc e Monitoring	21 October 2008 20 January 2009 10 March 2009	Monitoring performance Q2 performance report Q3 Performance Report	Replies provided to queries Replies provided to queries	Regular monitoring
Overview and Scrutiny of Budget and Policy Framework				
Targeted Budget Managem ent	OSC 15 July 2008 Month 2 OSC 21 October 2008 Month 4, incorporati ng financial recovery plans OSC 2 December TBM Month 6 OSC 10 March TBM Month 9	Considering forecast outturn and requesting financial recovery plans Considering forecast outturn Considering forecast outturn	Replies provided to queries Replies provided to queries	Regular monitoring

Issue	Date	Overview & Scrutiny Activity	Progress And Date	Outcome And Monitoring /Dates
The Council's Annual Budget	OSC 2 December 2008 3 February 2009	Background to Budget setting Issues Additional OSC meeting to consider 2009 – 2010 budget proposals	Comments/areas of concern to be taken into account by Cabinet	
Sustainable Community Strategy	Early 2009	Commenting before publication of Strategy		
Equalities and Inclusion Policy	OSC 15 July 2008 OSC 20 January 2009 OSC Mid-2009	Providing feedback on Policy Receiving and commenting on the first of twice yearly progress reports Commenting on progress report	Requesting twice-annual progress reports	
Dignity at Work	OSC 2 December 2008	Commenting on approach to Draft Dignity at Work Policy	Scrutiny panel established	
Sustainability Strategy	OSC 21 April 2009	Receiving draft strategy for comment		
Overview and Scrutiny Of Other Functions Of The Council Leader, Finance And Central Services				

Issue	Date	Overview & Scrutiny Activity	Progress And Date	Outcome And Monitoring /Dates
Corporate Procurement Strategy	OSC 9 September 2008	Commenting on recommended strategy	18 September Cabinet agreed Strategy	
Asset Management Plan and Corporate Property strategy	OSC 9 September 2008	Commenting on recommended plan and strategy	Scrutiny comments taken into account by Cabinet 16 October	
Draft ICT Strategy	OSC 21 October OSC mid-2009	Commenting on draft strategy Commenting on Revised ICT Strategy and development Plan	Comments taken into account by Cabinet 20 November	Further report to OSC during 09/10
Scrutiny Reviews/Requests				
Dual Diagnosis	OSC 21 April 2009	Endorsing scrutiny panel recommendations for reply by Cabinet/NHS bodies		
Risks and Opportunities of a Changing Climate	10 March 2009	Considering proposal to review progress against performance indicator NI188		
Other strategic items				

Issue	Date	Overview & Scrutiny Activity	Progress And Date	Outcome And Monitoring /Dates
Community Engagement Framework	15 July 2008 21 October 2008	Considering consultation document for comment Receiving the final CEF and Monitoring its use in practice	Commenting as part of consultation process OSC comments reported to Cabinet 18 November	

Potential Items for June OSC:

1. Recession
2. Audit Committee referral
3. LAA refresh
4. Sustainable Community Strategy
5. Budget process
6. Sustainable Communities Act – For information
7. Annual Report to Council
8. O&C Committee Work Plans

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