BRIGHTON & HOVE CITY COUNCIL MEETING

4.30PM 8 OCTOBER 2009

COUNCIL CHAMBER, HOVE TOWN HALL

AGENDA

Brighton & Hove City Council

Council Meeting

Title:	**Council**
Date:	**8 October 2009**
Time:	**4.30pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**All Councillors** You are summoned to attend a meeting of the BRIGHTON & HOVE CITY COUNCIL to transact the under-mentioned business.
	Prayers will be conducted in the Council Chamber at 4.20pm by Reverend Andrew Bousfield
Contact:	**Mark Wall** Head of Democratic Services 01273 291006 mark.wall@brighton-hove.gov.uk

	**The Town Hall has facilities for wheelchair users, including lifts and toilets**
	**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.**
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AGENDA

Part One **Page**

13. STATUTORY OR VOLUNTARY DISCLOSURE BY COUNCILLORS OF INTERESTS IN MATTERS APPEARING ON THE AGENDA.

14. MINUTES. **1 - 44**

To approve as a correct record the minutes of:

(a) the Ordinary Council meeting held on 16 July 2009 and;

(b) the Extraordinary meeting held on 13 August 2009 (copies attached).

15. MAYOR'S COMMUNICATIONS.

16. TO RECEIVE PETITIONS FROM MEMBERS.

Petitions will be presented to the Mayor by Members of the Council at the meeting.

17. WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC.

A list of public questions received by the due date of the 1 October 2009 will be circulated separately as part of an addendum at the meeting.

18. DEPUTATIONS FROM MEMBERS OF THE PUBLIC.

A list of deputations received by the due date of the 1 October 2009 will be circulated separately as part of an addendum at the meeting.

19. WRITTEN QUESTIONS FROM COUNCILLORS. **45 - 48**

Councillors written questions as listed will be taken as read along with the written answer at the meeting. The Councillor asking the question may ask one relevant supplementary question which shall be put and answered without discussion. One other supplementary question may be asked by any other Member of the Council which shall also be put and answered without discussion (a separate addendum with the written answers will be circulated at the meeting).

20. REPORTS OF THE CABINET, CABINET MEMBER MEETINGS AND COMMITTEES.

(a) Call over (items 21-23) will be read out at the meeting and Members invited to reserve the items for consideration.

(b) To receive or approve the reports and agree with their recommendations, with the exception of those which have been reserved for discussion.

(c) Oral questions from Councillors on the Cabinet, Cabinet Member and Committee reports, which have not been reserved for discussion.

REPORTS FOR DECISION

The following reports are listed on the Council Agenda for decision and will be debated subject to call over.

21. REVIEW OF COMMITTEE ALLOCATIONS 49 - 52

Report of the Chief Executive (copy attached).

Contact Officer: *Mark Wall* *Tel: 29-1006*
Ward Affected: *All Wards;*

22. E PETITIONS 53 - 64

Extract from the Governance Committee Meeting held on the 22 September 2009 together with a report of the Director of Strategy & Governance (copies attached).

Contact Officer: *Elizabeth Culbert* *Tel: 29-1515*
Ward Affected: *All Wards;*

REPORTS FOR INFORMATION

The following report has been included on the Council Agenda for information and will be debated subject to call over:

23. DUAL DIAGNOSIS: OVERVIEW & SCRUTINY REPORT 65 - 176

Report of the Director of Strategy & Governance, together with the report of the Health Overview & Scrutiny Panel and an extract from the minutes of the Cabinet meeting held on the 9th July detailing the Executive response to the Review Panel's report (copies attached).

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

6.30 - 7.00PM REFRESHMENT BREAK

Note: A refreshment break is scheduled for 6.30pm although this may alter slightly depending on how the meeting is proceeding and the view of the Mayor.

24. NOTICES OF MOTION. **177 - 198**

(a) Transport Forum. Proposed by Councillor Gill Mitchell.

(b) Deafblind Support. Proposed by Jeane Lepper.

(c) 10:10 Campaign. Proposed by Councillor Alex Phillips.

(d) 10:10 Carbon Commitment. Proposed by Councillor Fallon-Khan.

(e) Unveiling of the Brighton and Hove Aids Memorial. Proposed by Councillor Paul Elgood.

(f) Reduce the Speed Limit in Built-Up Areas from 30mph to 20mph. Proposed by Councillor Ian Davey.

(g) Action on Drugs Harm. Proposed by Councillor Georgia Wrighton.

(h) 70th Anniversary of the Citizen's Advice Bureau (CAB). Proposed by Councillor Steve Harmer-Strange.

(i) Energy Crunch. Proposed by Councillor Brian Oxley.

(j) Shaping the Future of Care Together (SFCT). Proposed by Councillor Keith Taylor.

(k) National Rape and Sexual Assault Hotline. Proposed by Councillor Ben Duncan.

COUNCIL

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

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

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

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

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If you have any queries regarding this, please contact the Head of Democratic Services or the designated Democratic Services Officer listed on the agenda.

For further details and general enquiries about this meeting contact Mark Wall, (01273 291006, email mark.wall@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk.

Date of Publication - Wednesday, 30 September 2009

Acting Chief Executive

King's House
Grand Avenue
Hove
BN3 2LS

BRIGHTON & HOVE CITY COUNCIL

COUNCIL

4.30pm 16 JULY 2009

COUNCIL CHAMBER, BRIGHTON TOWN HALL

MINUTES

Present: Councillors Mrs Norman (Chairman), Peltzer Dunn (Deputy Chairman), Alford, Allen, Barnett, Bennett, Brown, Carden, Caulfield, Mrs Cobb, Davey, Davis, Drake, Duncan, Elgood, Fallon-Khan, Fryer, Hamilton, Harmer-Strange, Hawkes, Hyde, Janio, Kemble, Kennedy, Kitcat, Lepper, Marsh, McCaffery, Meadows, Mears, Morgan, K Norman, Older, Oxley, Pidgeon, Randall, Rufus, Simpson, Simson, Smart, Smith, Steedman, Taylor, C Theobald, G Theobald, Turton, Wakefield-Jarrett, Watkins, Wells, West, Wrighton and Young

PART ONE

1. STATUTORY OR VOLUNTARY DISCLOSURE BY COUNCILLORS OF INTERESTS IN MATTERS APPEARING ON THE AGENDA.

1.1 There were no declarations of interest.

2. MINUTES.

2.1 The minutes of (a) the Special Meeting and (b) the Ordinary Meeting of the Council held on the 30th April 2009 were approved and signed by the Mayor as a correct record of the proceedings.

2.2 The minutes of the Annual Council Meeting held on the 14th May 2009 were approved and signed by the Mayor as a correct record of the proceedings.

3. MAYOR'S COMMUNICATIONS.

3.1 The Mayor called for a minute's silence as a mark of respect for the deaths of former Mayor, John Blackman and former Brighton Borough Councillor Doreen Radford.

3.2 The Mayor presented Councillor Geoffrey Theobald with two prestigious awards on behalf of Brighton & Hove City Council. The first, a Civic Trust national award, which saw New Road recognised for design excellence alongside 28 other public realm and architectural projects including St Pancras Station and the Kew Gardens Treetop

Walkway. The second was a Commission for Architecture and the Built Environment (CABE), sponsored Civic Trust "special award" for New Road in the “streets" category.

3.3 The Mayor also presented two national awards to Councillor Pidgeon, given to the Council by the UK Centre for Economic & Environmental Development in June for the Talking Bus Stops Project, which was the winner in the “Improving Public Services” category and was also overall winner of the E-welling being awards.

3.4 The Mayor then welcomed, David Beevers, the Keeper of the Royal Pavilion to the meeting, who was responsible for the award winning exhibition *"Chinese Whispers"* which ran from May to November last year at Brighton Museum & the Royal Pavilion. The Mayor then invited Councillor David Smith to come forward and present David Beevers with the Museums & Heritage Award for the best temporary/touring exhibition of 2008.

3.5 The Mayor then invited Kim Philpott, manager at the council’s Homebase Support for the over 18s to come forward, and offered her personal and the Council’s congratulations for receiving the prestigious Home Care Manager Award at the National Home Care Awards.

3.6 The Mayor then gave an update on the issue of swine flu and the precautionary action being taken by the council in conjunction with the Primary Care Trust.

3.7 The Mayor stated that she had agreed to the holding of an Extraordinary Council Meeting on the 19th November 2009, to consider the submission and adoption of the Core Strategy, and asked Members to note the date in their diaries.”

4. TO RECEIVE PETITIONS FROM MEMBERS.

4.1 The Mayor invited the submission of petitions from councillors. She reminded the Council that petitions would be referred to the appropriate decision-making body without debate and the councillor presenting the petition would be invited to attend the meeting to which the petition was referred.

4.2 Councillor Davis presented a petition signed by 971 residents concerning the number of Primary School places available in the city.

4.3 Councillor Davis presented a petition signed by 268 residents concerning a request for traffic calming measures in Clarendon Road, Hove.

4.4 Councillor Marsh presented a petition signed by 78 residents concerning Kingspan developments.

4.5 Councillor Barnett presented a petition signed by 14 residents concerning a request for 20mph zones in Hangleton & Knoll.

4.6 Councillor Kemble presented a petition signed by 197 residents concerning the need for a safe crossing in New Church Road.

4.7 Councillor Duncan presented a petition signed by 93 residents concerning the Bowling Green in Queen's Park, Brighton.

4.8 Councillor Davey presented a petition signed by 184 residents concerning the number of school places in the BN3 post code area.

4.9 Councillor Brown presented a petition signed by 34 residents concerning ball games and the public open space in Queen Caroline Close.

4.10 Councillor Randall presented a petition signed by 50 residents concerning car dealers in Elm Grove.

4.11 Councillor Bennett presented a petition signed by 37 residents concerning trees in Woodland Avenue.

4.12 Councillor McCaffery presented a petition signed by 136 residents concerning the parking consultation exercise in

4.13 Councillor McCaffery presented a petition signed by 81 residents concerning parking in lower Waldergrave Road.

5. WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC.

5.1 The Mayor reported that three written questions had been received from members of the public and invited Mr. Pennington to come forward and address the council.

5.2 Mr. Pennington asked the following question:

"In March 2008, I attended public meetings about the Disabled Access Advisory Group and assurances were given that disabled groups and individuals would continue to have a meaningful voice in this city, following the subsequent closure of DAAG.

Will the council please repeat those assurances, with examples of how disabled groups and individuals can have a meaningful voice in this city?"

5.3 Councillor Simson replied, "I do want to assure you that this Council is committed to ensuring that disabled people will be enabled to have a meaningful voice in Brighton & Hove and we are working to promote the involvement of disabled people across all the council's activities. To this end we have, with the PCT, funded the Get Involved Project organised by the Brighton & Hove Federation of Disabled People with an overall aim of increasing visibility and influence of disabled people locally. This project supports a diverse and representative group of disabled people to hold public bodies to account by questioning key staff on elements of their Disability Equality Schemes, followed by joint problem solving.

Other activities by the Get Involved Project include:

A database of organisations and individuals wanting to engage with the council on particular issues.

Regular engagement with members of Montague House and Sensory Services.

Contributions to Brighton & Hove City Council's Equality Impact Assessments including the Physical Disability Strategy and Street Licensing.

Joint workshop for Federation staff and volunteers around how to ensure involvement in Equality Impact Assessment to make sure it is meaningful and productive.

LGBT-specific disabled people's group launch and Winter Pride event held.

A network of disabled people available to officers who need site visits (for example - a visit to Eastbourne to look at their accessible beach), focus groups on street licensing and taxi consultation and other engagement opportunities like the Waste Management Strategy.

Our planners are working with the Get Involved Group too in order to establish a structured way of obtaining feedback, both on long-term strategy and individual development projects. Planners recognise that disability should be built-in from the start – not bolted-on at the end. In addition to all this, all Directorates continue to support and engage with disabled people through our public consultations and service-user groups."

5.4 Mr. Pennington asked the following supplementary question,

"At what stage will the Federation become involved again on the Planning Committee?"

5.5 Councillor Simson replied, "As I do not sit on the Planning Committee I am not aware of that but I can tell you that planners, as I have said, are now working before the Planning Committee. They want to have input from the disabled groups long before the Planning Committee ever sit, so that any issues can be dealt with right at the start of planning applications rather than at the end."

5.6 The Mayor thanked Mr. Pennington for his questions and invited Mr. Hawtree to come forward and address the council.

5.7 Mr. Hawtree asked the following question:

"Would Councillor Smith please tell us whether, and how, he envisages such devices as the Kindle forming part of the public library system?"

5.8 Councillor Smith replied, "Thank you for your question about the Kindle, which is one of a number of portable ebook reading devices that are now available on the market. The Libraries Plan has committed us to researching how we can modernise our Libraries Services, and we will be looking at the feasibility of introducing ebooks in the future. There are issues of compatibility of different systems, and the need for enough books to be available as ebooks, to be considered. We will be seeking to balance the desire for early adoption with a long term sustainable ability to support as wide a variety of

electronic reader devices as possible. Ebooks certainly look like an exciting new way of making books available, which we would like to provide for our library users."

5.9 Mr. Hawtree asked the following supplementary question,

"It's a very large subject and I think Dan Brown's new novel will galvanise it - there's a lot of controversy over that - but it is a subject which brings many subjects to mind and I have been prompted to ask this question by the book I most recently read Hephzibah Anderson's recent book 'Chastened' in which she says, 'one couple I know traded lingering looks, smouldering looks and finally words, a folded slip of paper was passed like in a play or perhaps a classroom in one of the world's most romantic places, the New York Public Library's 42nd Street branch, but their's is an increasingly rare story; for more and more couples it starts with a click, a mouse click'.

Councillor Smith I am not so sure if it's going to be an entirely digital world. We have seen the rise of the 'slow movement' beside processed food, radio is now outstripping television, downloads are making people seek out live concerts more and more and I think there are printed leaflets swirling around Goldsmid, so it's a very wide ranging subject.

With all these thoughts in mind Councillor Smith could you tell us which book you most recently read and in which format?"

5.10 Councillor Smith replied, "How to win an election. I am sure if you went to our poetry classes they would be quite happy to hear you speak but being serious more and more people, especially of the younger generation, I know my grandsons who are aged five, six and seven, are on their computers and look things up on there. I am sure, like Volk's Railway is still there as a lovely place to go and the ride to go on, you will have the main monorails coming in the future."

5.11 The Mayor thanked Mr. Hawtree for his questions and invited Ms. Calder to come forward and address the council.

5.12 Ms. Calder asked the following question:

"Councillors can be proud of the role they played in safeguarding St Peter's Church, traditionally used for civic ceremonies. Holy Trinity Brompton's rescue package has been accepted. However, the Diocese has closed both church and hall while repairs take place - pending the start-date of HTB's priest in late October. This planned four month closure was opposed by most of the congregation, who felt it would be distressing to parishioners and put church and contents at risk. What steps can Councillors take to safeguard building and contents - and protect from damage or dispersal items of religious, historic or civic value?"

5.13 Councillor Mears replied, "Thank you for your question. I'd like to start by saying how important we feel faith communities are to Brighton & Hove. This Administration is committed to building a city around shared values and shared aspirations and we believe that participation of faith groups is essential if we are to achieve our goals by bringing different communities together.

St Peter's Church is one of the most dramatic and beautiful buildings in Brighton & Hove and is seen by many as the city's 'cathedral'. We have been very concerned about the building for some time and were delighted to hear that a future had been found through Holy Trinity Brompton.

As you have indicated we have been, where appropriate, active in supporting efforts to secure a future for St Peter's. As part of this we have met with various key stakeholders and liaised directly with the Diocese. For example, as part of this work we have written to the Church Commissioners requesting that the Book of Remembrance continues to be maintained within the church.

We have also recently met with Archie Coates, the future Vicar, to discuss their plans including restoration work and the conservation of the church's historic and civic items. During this meeting I suggested an exhibition of these items could be organised by Holy Trinity as part of the activities they will be undertaking to re-open the church in the autumn. In terms of next steps I plan to write formally to the Diocese regarding the matters of concern you have raised. In addition I will be offering practical support in the form of a photographic survey, carried out by our Museums Service, to document individual items of historic significance found within St Peter's Church."

5.14 Ms. Calder asked the following supplementary question,

"Thank you very much, that's very encouraging. As you say St Peter's is often referred to as Brighton's 'cathedral' and like All Saints in Hove it's traditionally been used for major civic ceremonies and to celebrate events of national importance. I would like to know is it this Council's intention to continue to use St Peter's Church for civic ceremonies and events of national importance?"

5.15 Councillor Mears replied, "It is certainly our intention to ensure that happens. We have talked with Archie Coates, the new vicar, and I have to tell you he is very, very keen to become part of the community. He knows of you very well and he is very keen to meet up with you and have these discussions. I think he totally recognises the importance of St Peter's and, you know, the impact it has on the city and wants to bring the community into the church and around that area. I have every confidence that St Peter's under Archie Coates' direction will actually take that forward.

I would also like to say on behalf of the city actually, thank you for all your work that you have done around St Peter's. You have raised its profile; you have worked so hard to ensure that it is in people's minds and it is well focused and I have actually shared all that with Archie Coates, so he is well aware of the real support from the community around St Peters, so a big thank you to you as well."

5.16 The Mayor thanked Ms. Calder for her questions.

6. DEPUTATIONS FROM MEMBERS OF THE PUBLIC.

6.1 The Mayor reported that one Deputation had been received and invited Ms Howard as the spokesperson for the deputation to come forward and address the council.

6.2 Ms Howard thanked the Mayor and stated that:

"The issue of road safety in Chalky Road and Fox Way is one that presents an ongoing concern for many. We do appreciate the measures that have already been put into place such as the flashing LED light and the 20mph zone but we feel that these need to be seen as a starting point which can be built on rather than a completed project.

We hope that we have demonstrated both the need and the benefits of the provision of an additional 'green man' crossing system and we have many other ideas such as painting '20mph' actually on to the road surface, adding railings at any crossing points and the removal of some pinch points that cause many problems rather than solves them.

We really feel that if we are going to promote sustainable transport from an early age within schemes such as healthy routes to school, bike it, walking buses, etc, the environment in which we are expecting people to travel needs to be made as safe and user friendly as possible. I, as do many others within the local community, look forward to working with you all in order to make this happen."

6.3 Councillor Geoffrey Theobald stated that "I am well aware of the situation in Chalky Road, indeed there was at least two petitions that came to my Cabinet Member Meeting from Councillor Alford and I think from a Councillor on that side drawing my attention to the situation, particularly after the very sad death of Henry.

I went up to Chalky Road and I stood there with our Road Safety Officer and Councillor Alford for at least half an hour trying to consider what we could actually do in this situation. I watched the movements, I watched the buses coming up and down, I watched people coming off the buses and at that time I think officers were thinking, well we are not sure that 20mph would really suit the situation but I was quite adamant here that I really did think the 20mph should be put in and I was very pleased when officers did that. It is possible, you refer to the other accident, that the fact that this was 20mph may well have made that injury less severe than it was.

The problem here, and I am sure you recognise that, is what I have already alluded to that there are a number of desire lines and it all depends where the pedestrians cross the road. It's quite a long strip as you know and if you stand there you can see some pedestrians crossing the road at point A, others at point B, others at point C and others further along the road. Now, that means that any formal crossing would probably only suit one set of people, the other sets of people because it wouldn't be on their desire line wouldn't use it, so that is the problem that we actually have here.

Having said all that the Road Safety Team have been up there since this other accident. They have reviewed the location and they are looking into this again to see whether there is anything that we can really do to alleviate the situation there, so I must just leave it at that particular stage, you know, what you are saying is well understood and I certainly sympathise with the situation there. It's just that there are so many desire lines there and buildings in different parts of the road that people wish to actually go to that makes it extremely difficult to know what you can do to alleviate the situation."

6.4 The Mayor thanked Ms Howard for attending the meeting and speaking on behalf of the deputation. She explained that the points had been noted and deputation would now be referred to the Environment Cabinet Member Meeting for consideration. The persons forming the deputation would be invited to attend the meeting and would be informed subsequently of any action to be taken or proposed in relation to the matter set out in the deputation.

7. WRITTEN QUESTIONS FROM COUNCILLORS.

7.1 The Mayor reminded the council that councillors' questions and the replies from the appropriate councillor were now taken as read by reference to the list included in the addendum, which had been circulated as detailed below. She also noted that Councillor Mitchell had asked for her question in relation to communal bins, Item 7(i) to be withdrawn.

7.2 **(a)** Councillor Fryer asked:

"How many council assets worth less than £1m have been disposed of since May 2007 and what is their total value?

7.3 Councillor Fallon-Khan replied:

"There have been a total of 9 disposals worth less than £1m that took place between May 2007 to the present date, with a total sum of £2.085m being received."

7.4 Councillor Fryer asked a supplementary question, "There are fears that we are selling off the family silver and that these decisions are being made by one Member only, often behind closed doors. My question is does Councillor Fallon-Khan think it appropriate to have a report which addresses the long-term impact of this loss of council assets, including the reduction in rental income for the council and containing strategies for compensating these losses?"

7.5 Councillor Fallon-Khan replied, "First of all, it isn't selling off the family silver and also coming to a Cabinet Member, in this case the Cabinet Member for Central Services, it actually makes sense, because the Government have put authorities under pressure to speed up the processes to make them much more efficient otherwise they become very cumbersome and they take a long time. At the same time any property disposal or acquisition can be brought to Cabinet and we are quite happy to bring anything to Cabinet to be as open as we can. That's all I have to say on it."

7.6 Councillor Cobb asked a further supplementary question, "Is the Cabinet Member able to tell me what the value of disposed assets worth less than £1m was in the years prior to 2007?"

7.7 Councillor Fallon-Khan replied, "In 2003-2005 there were twenty-two disposals to the value of £3.2m and from 2005-2007 there were twelve disposals to the value of £3.7m."

7.8 **(b)** Councillor Fryer asked:

"Councillor Oxley mentioned at the last Full Council meeting that Members were not often putting in questions to Cabinet and Cabinet Member meetings. Can we receive confirmation that Cabinet Members will always endeavour to provide timely, comprehensive and detailed answers to any questions posed at any council meeting?"

7.9 Councillor Mears replied:

"It has always been the intention of this Administration to operate our Constitution in an open and inclusive way. I can confirm that Cabinet Members will always endeavour to provide timely, comprehensive and detailed answers to any questions posed at any council meeting."

7.10 Councillor Fryer asked a supplementary question, "The Webcasts will testify that many answers Members receive are of poor quality, this includes one word answers, answers which direct Members to officers when often the questions were put because Members wanted public and detailed answers. A recent Cabinet meeting question about a report which was one and a half years overdue, the response was, we are looking into it and Cabinet Members have even refused to answer some Member's questions. How can we take seriously this important democratic channel?"

7.11 Councillor Mears replied, ""The point I think Councillor Fryer is trying to make is about clarity about questions. We do have Opposition Councillors, as we all know, who are quite fixated about particular issues and we do have a large number of questions that come forward, particularly around one issue.

Now, I am sure Councillors would agree in this Chamber that after 30 or so times asking the same relevant question or similar to, bearing in mind officers' time that's taken up to do that, that is not actually the best value for council taxpayers' money.

There also is the issue that Cabinet Members do have their CMM's where actually councillors can come and ask questions and I think if you look at the records, Madam Mayor, you will find they don't actually take that opportunity. To stand in Council and say Cabinet Members do not answer questions I find rather vague, Councillor, because you do have the opportunity to come to Cabinet/CMM's and ask your questions quite openly."

7.12 Councillor West asked a further supplementary question, "Am I right in understanding Councillor Mears' answer is that she puts a fairly low level limit on the price of our democracy because through Members' questions of the Executive we are holding them to account. Clearly she doesn't agree that's important for us to be doing on behalf of our constituents."

7.13 Councillor Mears replied, "I think actually Councillor West has quite missed the point. Some questions that have been coming to Cabinet Members have been very technical, extremely technical and I would assume that Opposition Members would want a correct, technical response.

Bearing in mind there are no notices of supplementary questions and they are very technical, I believe serving Opposition Councillors and every Member of this Council

should have the correct answer. If it is very technical I am sure Councillor West would agree with me that it's really important that officers actually answer that so they have the absolute detail. I do not believe that is not giving a correct answer. I am sorry Councillor West takes that opinion."

7.14 **(c)** Councillor Morgan asked:

"Will Councillor Caulfield commit to installing a ramp in Tilgate Close, Craven Vale as soon as possible so that ambulance crews can access the many disabled, elderly and unwell tenants and residents who live there?"

7.15 Councillor Caulfield replied:

"1-15 Tilgate Close is a row of terraced houses, 9 of which are owner occupied and 6 let to council tenants. It is cut into a steep hillside and accessed by one of several staircases. As such, the properties are not suitable for people who have restricted mobility. A detailed assessment of each households access needs is being arranged, to assess the need for ramped access and any other internal adaptations required. Housing Officers are arranging an assessment of tenant's needs, and will also write to the owner occupiers, inviting any who require internal or external adaptations to contact the Adult Social Care 'Access Point' for an assessment . This needs assessment will include liaison with emergency services around access.

If need is demonstrated, then a study will be commissioned to establish the practical and cost implications of providing ramped access. Given the very steep gradient, planning requirements and building regulations, this may be quite complex. If, on conclusion of these processes, it is determined that providing ramped access is needed, practical and cost effective, then all residents will be consulted. If this project were to go ahead, then owner occupiers may be required to contribute to the cost of providing a ramp."

7.16 Councillor Morgan asked a supplementary question, "I am just very grateful for the response to this question which was meant for the CMM actually and would just thank her for the response."

7.17 Councillor Wells asked a further supplementary question, "Would Councillor Caulfield agree with me that Councillor Morgan, having been a Ward Councillor for East Brighton for a number of years now, has had ample opportunity to raise this issue with you, Councillor Caulfield, before now and indeed raise it with the previous Chairman of the Housing Committee, Councillor Mears, and with her predecessor, former Councillor Don Turner?"

7.18 Councillor Caulfield replied, "Yes, I am always happy to hear from Ward Councillors if they have particular issues around housing, whether that's an issue that's been ongoing or whether it's a new issue, so I am always pleased to have questions come to the CMM."

7.19 **(d)** Councillor Kennedy asked:

"Can the Cabinet Member for the Environment tell me whether the new controlled parking scheme in Preston Park (the park itself) and associated landscaping improvements (including a new pedestrian access ramp into the park at the northern end of Preston Park Avenue) will be going ahead or not?"

7.20 Councillor Geoffrey Theobald replied:

"At this stage there are no plans to introduce parking controls in Preston Park. We will monitor the situation when the Controlled Parking Zone comes into force in Preston Park Avenue.

Separate to this I will ask officers to look into the possibility of installing a new access ramp into the park at the northern end."

7.21 Councillor Kennedy asked a supplementary question, "That is excellent news regarding the access ramp and I thank the Cabinet Member for Environment for his answer, as he will no doubt be aware that residents and staff from nearby nursing homes for the elderly have been campaigning for this access ramp for twelve years now and he will remember that I submitted a petition on this matter to Council last October signed by 324 people.

The installation of this access ramp will make a huge difference to the lives of the elderly residents with limited mobility in the area. Is the Cabinet Member for Environment able to give me an idea of the timescales for the implementation of this access ramp?"

7.22 Councillor Geoffrey Theobald replied, "You are very kind to thank me for the answer but if you actually look at the answer I do refer to the fact that I have asked officers to look into the possibility of installing this ramp, so as it's a possibility I have to look at resources but we are looking at the possibility."

7.23 **(e)** Councillor Kitcat asked:

"Could Councillor Theobald update the council on the current average waiting times for public calls and also emails to CityClean to be answered?"

7.24 Councillor Geoffrey Theobald replied:

"We have implemented significant changes to the refuse and recycling rounds and introduced communal bins. This has been a huge undertaking affecting every single household in our city. It has resulted in annual savings to the council taxpayer in excess of £1 million and cleaned up our streets. As a result of these changes Cityclean has experienced high call volumes over recent months.

The average speed of answer in the Cityclean call centre peaked at 6.52 minutes in February of this year. We have continued to experience high call volumes since then

but I am pleased to report that most recently waiting times are nearly halved to 3.44 minutes.

The response rate to e-mails is currently 15 working days but we expect response rates to go down to 10 working days or less within the next four weeks. Measures are being put in place throughout July and August to reduce waiting times further."

7.25 Councillor Kitcat asked a supplementary question, "Can I start, Madam Mayor, by warmly welcoming Councillor Theobald's change of heart in choosing to answer my questions at this meeting.

I hope he will agree that the current response rates are not good enough, however, I don't agree with the statistics on the response rate for emails. He claims 15 working days response rate but I have a long list of residents who claim they are not getting an answer after six to eight weeks of waiting after having contacted Cityclean many times. His response is that measures are being put in place to resolve this matter.

I wonder if we could actually be told what those measures are and actually get a little bit of detail."

7.26 Councillor Geoffrey Theobald replied, ""I am not sure exactly what the supplementary question was, Madam Mayor. All I can say is that I am always pleased to answer questions, political questions, but questions which I think are more properly directed to officers, like nuts and bolts and such matters are the sorts of questions that could be dealt with by email or by telephone.

I wonder, Madam Mayor, if I could just, and I'm sure Councillor Kitcat won't mind me using this, say something today about the very tragic death of the young man. I am a father of children of the same sort of age and I am sure every Member of this Council was absolutely devastated, as I was, to learn of his sad death and we all know to what I am referring. I do want to make the point that the involvement here was a commercial undertaking and dealt with at a site that this council does not tip at, i.e. in Newhaven.

I am devastated as I have already said, I think it is absolutely tragic, I think it's dreadful and I know all Members of the Council will join with me, as you will Madam Mayor, in expressing our sympathy to the family but it didn't involve this council. I just wanted to make that clear because there seem to be some people who think that Cityclean were involved, that certainly was not the case, Madam Mayor."

7.27 Councillor Kitcat requested a point of order and asked "Thank you, Madam Mayor. I share Councillor Theobald's shock and expression of sympathy for the loss of life involved but as he said he didn't remember the question, I would just like to remind him that I was asking for the measures being taken to improve the response time for City Clean's email and phone lines and I wonder if he now, being reminded, could answer the question?"

7.28 Councillor Theobald replied, "Madam Mayor, we know and I have said this time and time again in this Chamber that we have gone through the most fundamental changes in the service, probably ever and obviously it follows that there would have been a very considerable number of emails and a very considerable number of telephone calls. As

the service has settled down it is obviously possible to answer these messages quicker and I do say that in my answer."

7.29 **(f)** Councillor Kitcat asked:

"Is Councillor Theobald aware that the new communal bin lids are getting bent to render their modifications useless? Does he believe that at £25 per new lid they present good value for money?"

7.30 Councillor Geoffrey Theobald replied:

"The communal bins are under warranty and where they have broken they are being replaced at no cost to the council. Therefore, the premise of Councillor Kitcat's question is incorrect. The introduction of communal bins has significantly cleaned up our streets which is a priority for this Administration."

7.31 Councillor Kitcat asked a supplementary question, "Councillor Theobald's written response, for which I am again most grateful, sort of misses the point because talking about warranty is not the point I am trying to make.

These were new lids replacing the original ones and they were £25 each, additional cost. My point is, in my supplementary question, does Councillor Theobald believe that the Conservative Administration's claims to openness and transparency are justifiable when the cost to the council of £25 per new lid, the so-called Mark 2, could only be obtained through Freedom of Information requests following his refusal to answer my questions at Council and Cabinet meetings. Does Councillor Theobald believe that the Conservative Administration's claims to openness and transparency are justifiable due to the Freedom of Information Act requests required?"

7.32 Councillor Geoffrey Theobald replied, "You know, I will be criticised but my answer to this is 'yes'. I can't say any more."

7.33 **(g)** Councillor Morgan asked:

Can the Cabinet Member state categorically that the Administration have not asked the Probation Service to use their Community Payback team of offenders on community service sentences to undertake work that would otherwise be done by city council staff, and can he/she confirm that the Community Payback team should work solely in communities on projects identified by residents that are not within the remit of council departments?"

7.34 Councillor Simson replied:

"Since the launch of the Community Payback Scheme in 2005/06 the Council has worked in close partnership with the Probation Service to the benefit of the city, its communities and the offenders alike.

As many Councillors will be aware the scheme offers unpaid work placements on projects not only within the community but influenced by them and supplements that already planned and carried out by the council. Residents take the lead on identifying projects to improve their areas and the communities which have been harmed by crime benefit directly from the work

In the period of Jan-May 09 the city benefited from 18,000 hours of unpaid work placements – this included work on many of our housing estates carrying out environmental improvements, the painting of car parks, the sea front railings, subways and underpasses. This work would not have been completed without this project in place.

We are continuing to improve the processes by which communities can nominate projects for their neighbourhoods, for example through the excellent network of Local Action Teams. This is a developing project and officers from both the council and the Probation Service will continue to work to ensure the city, its communities and the offenders gain maximum benefit."

7.35 Councillor Morgan asked a supplementary question, "I am grateful for the response from the Cabinet Member and for her comments on this subject at the recent Community Safety Forum but I would like further assurance that the Community Payback Team will focus on additional work identified by communities and that no council jobs are at risk or are not being filled from offenders doing the work of staff and that some clear guidelines will be put in place on this issue?"

7.36 Councillor Simson replied, "Yes, I can give that assurance. I am really grateful to Councillor Morgan for his question because it has given us the opportunity to really raise the profile of this scheme which is so vitally important in this city. As well as providing value for money, this project is proving to be a key action in our campaign to reduce the fear of crime and reduce vandalism. It's really important that we use these people in the correct way. It's also giving them an opportunity in some cases to learn skills which is really important.

On the subject of the seafront railings because that was one of the things that Councillor Morgan picked up, I did have a very interesting email this morning from a group of community activists from one of our churches, Hollingbury Baptist Church, who actually do community work throughout their summer period, and they too have recognised the state of our seafront railings which were very poorly maintained under the current Administration and they themselves are going to be painting some of those railings by Holland Road next week so I think that the use we have made of our Community Payback people to enhance those railings for our community, which wasn't from a request by local traders, has proved very successful."

7.37 **(h)** Councillor Meadows asked:

"Would the Leader of the Council please clarify how close this council is to acting on the report on Student Housing in the city and recommendations suggested by the Adult Social Care & Housing Scrutiny Committee?"

7.38 Councillor Mears replied:

"The Strategic Housing Partnership is one of the family of partnerships reporting to the Local Strategic Partnership. Owing to the importance of strategic housing issues to the city, the Strategic Housing Partnership is chaired by the Leader of the Council. Membership includes universities, National Federation of Residential Landlords, and a representative from Brighton and Hove estate agents as well as other key stakeholders.

The Strategic Housing Partnership has been looking at the issue of student housing and its impact upon the city for some time. This is in order to inform development of both the Citywide Housing Strategy and planning policy. The Partnership is working with researchers from the University of Brighton on the development of a Student Housing Strategy to look at student housing and student populations in Brighton and Hove, the benefits and challenges and strategic objectives moving forward.

As part of this work, and following Cabinet recommendation that the Strategic Housing Partnership consider the recommendations of the Adult Social Care & Housing Overview & Scrutiny report, the Partnership considered the scrutiny report at its meeting on 19 May. This was in order to ensure that the draft Student Housing Strategy took into account recommendations arising from the Scrutiny Report.

At the Strategic Housing Partnership meeting of 19 May, the Partnership agreed that members would take time to fully consider the Scrutiny Report prior to a further discussion on this and the final Student Housing Strategy draft at the next meeting on 28 July."

7.39 Councillor Meadows asked a supplementary question, "

"Thank you, Councillor Mears, for your very long reply but I actually asked a very simple question which was: 'when are the council going to accept any of the recommendations from the Student Vocation Panel? You haven't responded to that question with a date for Cabinet. However, I have noticed that even though this Conservative Council have not accepted the recommendations, the officers of this council are already starting to use them to great effect.

In the July edition of the City News there is a section on page 10 which calls on students to take advantage of a special bulky waste collection service or you suggest they can take them to a waste recycling site or you could donate items to charity and recycle them. Those are recommendations from the Student Vocation Panel, Recommendations 17, 18 and 19 as I recall, all of 2.6 and 2.7 of the Recommendations state that students were not aware of their options for recycling and disposing of bulky waste collections so I am very pleased that even though you haven't accepted them your officers have.

Would you share I and many residents disappointment that you are trying to implement them through the back door instead of admitting that the Panel did some great work on this subject that could indeed help frame sensible policies for this council?"

7.40 Councillor Mears replied, "

"Firstly, I would like to respond to Councillor Meadows as Chairman of the Strategic Housing Partnership.

I did feel right at the very beginning when Scrutiny took this process on that it was such a shame that Councillor Meadows didn't, in fact, come to talk to the Strategic Housing Partnership. She would have learnt then that actually we have been doing this work for quite some considerable time, so there is a tremendous overlap, so there is a concern there. Following Cabinet's recommendations to the Strategic Housing Partnership to consider the recommendations coming from the scrutiny report, Dr Dan Smith of the University of Brighton has undertaken an initial cross referencing exercise to ensure that the draft Student Housing Strategy being put together by the Strategic Housing Partnership encompasses recommendations arising from the scrutiny report.

Aside from three specific recommendations from scrutiny requesting lobbying from Cabinet Members on specific issues, Dr Smith advised all recommendations were covered and I would just like to add the point that Councillor Meadows has raised about students being targeted for recycling, actually this is something that's been going on for a long time. Even in the previous Administration students had been targeted to ensure that they recycled and put their rubbish out appropriately and her Administration ensured that that was happening, so I think we need to get this into context.

I am sure Councillor Meadows would be really pleased to know that the University of Brighton working with the Strategic Housing Partnership are actually doing a very important piece of work around student accommodation and the effect right across the city as to where these sites are located but the University does take seriously, and Sussex University, the concerns of residents in the city as does this Administration, so, yes, there has been a tremendous amount of cross-party work on this and I know Councillor Wrighton has been actively involved, particularly as it has encompassed part of her Ward.

I am slightly taken aback by Councillor Meadows' comments, I think, you know, this piece of work has been ongoing for quite some considerable time. I am sorry that she feels she is not getting the response that she feels she is entitled to but I can assure her that working with the Strategic Partnership and the Universities and the Ward Councillors we will endeavour to ensure that the recommendations are taken forward."

7.41 Councillor Wrighton asked a further supplementary question,

"Residents in Wards most affected will be bracing themselves for the start of the autumn term after a brief respite over the holidays. Can Councillor Mears reassure those residents that this Administration both understands the problems they face and is committed to ensuring that council service delivery is appropriately directed to improve their quality of life?"

7.42 Councillor Mears replied,

"Absolutely, and also the Cabinet Member for Housing. It actually affects her Ward, so she takes this issue really seriously, as do the Universities. That is why working with

them, because that's what we need to do to ensure that, particularly starting a new University term, we actually address this problem.

The Universities are really keen to ensure that they work with the residents, with Ward Councillors and the Administration, and Councillor Wrighton I am more than happy, should there be meetings, and Councillor Meadows, because obviously Councillor Meadows has a real concern around this, that you have a briefing from all the meetings that take place to ensure that you are kept fully informed."

7.43 **(i)** Councillor Mitchell asked:

"Is the Cabinet Member for Environment aware that many of the lids on communal bins are now falling off in to the collection vehicle as they are emptied and what steps is he taking to rectify this situation?"

Note: The question had been withdrawn by Councillor Mitchell.

7.44 **(j) Councillor Mitchell**

"Could the Cabinet Member for Central Services confirm that he and his colleagues are now being served hot lunches on the days of their private Cabinet Member Meetings at the taxpayers' expense?"

7.45 Councillor Mears replied:

"It has been standard practice under this Administration and the previous Administration for the Cabinet (formerly Committee Chairs) to meet prior to our regular meeting with the Council's Management Team. I can confirm that lunches - sometimes hot, sometimes cold - are provided to Cabinet Members in between these two long meetings. In addition, I can confirm that lunches were also provided to former Labour Leaders of the Council and Committee Chairs (including Councillor Mitchell) at their equivalent private meetings."

7.46 In view of Councillor Mitchell's absence, and having sought approval from the Mayor, Councillor Hamilton asked a supplementary question on her behalf, "I would like to thank Councillor Mears for answering Councillor Mitchell's question that was addressed to Councillor Fallon-Khan. Can I just add also there is a reference to hot food; the Labour Leadership Team never had hot meals at their meetings.

Contrary to Royal Town Planning Institute recommendations the Conservative Members of the Planning Committee hold a party pre-meeting. Can she confirm that food is provided for this pre-meeting despite the fact that ample food is provided for all Members of the Planning Committee in Committee Room 2?"

7.47 Councillor Mears replied, "With regards to the specific point that Councillor Hamilton has raised about do the Conservatives have any extra food, my understanding from my colleague, who is the Chairman of Planning, advising me that they do have some sandwiches.

Could I just go back to the original question that was raised by Councillor Mitchell as to the ordering of hot food, and bearing in mind that the previous Administration, and we follow the same practice as they did around a management meeting which normally could go on for between four, five, six hours, we actually do have lunch, a working lunch and I would also like to confirm that the amount we have actually spent is £70.60. We have checked that with the caterers.

Just so the Council is aware, during 2006 the previous Administration, they actually spent £917.80, so we actually have, just so you know what we eat, I don't want there to be any confusion that you think we have this luxury hot food. We have bread, bowls of tuna, chicken, ham, coleslaw, crisps and water and the hot food, occasionally we have a bowl of chips, so, you know, I don't actually class that as a hot meal."

7.48 Councillor Hamilton moved a point of order, accepted by the Mayor and stated that "Written down on the sheet is the answer to the first question. I asked a supplementary question, I don't get a proper answer to my supplementary question but we get an additional answer to the first question. Is that permitted? Can anybody come back and answer the second question when we're on the supplementary? I think it's completely out of order."

7.49 Councillor Mears replied, "Unless I got the supplementary wrong, my understanding was that Councillor Hamilton asked whether the Planning Committee had any extra food other than any that was provided for the Planning Committee and I did answer to say, yes Conservative colleagues do when they have a pre-meet have some sandwiches, not hot food."

7.50 Councillor Fryer asked a further supplementary question, "I'm actually going to change my supplementary question because this is quite alarming. We've just had confirmation that the Conservative Group have planning pre-meets which is in breach of Royal Town Planning Institute Guidelines and that's very alarming. Can you confirm that that's the case?"

7.51 The Mayor stated that she did not feel the supplementary question related to the original question and therefore ruled it out of order.

7.52 **(k) Councillor Mitchell**

"Could the Leader of the Council please state how much the council is paying the consultant Craig Melvyn for all work carried out for the council, including the story-telling work at the recent staff conferences and who agreed to this recruitment?"

7.53 Councillor Mears replied:

"The company MMeye, and Craig Melvin were commissioned (not recruited) to produce city stories – representative snapshots of individuals and businesses in the city - in order to supplement other sources of information such as statistical data and consultation findings. The outcomes from this project are intended to bring to life, and to illustrate the council's work and to provide real life examples to support priorities in the Corporate

Plan. All of the stories gathered represent specific demographic groups in Brighton and Hove or service users.

Funding for his work came from the Director of Strategy and Governance Initiatives Budget. The totals cost of the commission to source, produce, perform and provide all material to BHCC was £10,000. Hosting and additional work carried out for the staff conference was not directly funded through this commission and was provided as a goodwill gesture. A provider was sought who had experience in this very specialised area, who had worked with other Local Authorities, and who had a detailed knowledge of the city. MMeye fitted these criteria and Craig Melvin's appointment was made on this basis. The appointment was approved by Alex Bailey, then Director of Strategy & Governance."

7.54 In view of Councillor Mitchell's absence, and having sought approval from the Mayor, Councillor Hawkes asked a supplementary question on her behalf, "Thank you Councillor Mears for your answer. I appreciate that the Acting Chief Executive will be happy to provide any further information we need in writing. However, as Leader of the Council and a person who has lived in the city for a number of years, don't you agree that it would have been more genuine to have used real stories from real residents in the city rather than paying an outside company and the professional storyteller, Craig Melvin, to make up tales about our great city? I, for one have got plenty and I'm sure you have too."

7.55 Councillor Mears replied, "Thank you, Councillor Hawkes, for your question. With the issue regarding real stories, I actually met him down the market and he did ask me about my view on Brighton.

If I could just put some context into why this was brought forward. At the last Staff Conference last year staff made it very clear that they found Staff Conferences, they lasted a week and it wasn't really what they wanted to see, so the decision was taken to try and make it different for staff because it is a Staff Conference and at that Conference there were stories told from around the city and they are genuine stories but also what came out of that was a graffiti wall for staff and this is something totally different. It meant that staff at that time could listen and on the way out or during it actually go and put on the graffiti wall exactly what they thought.

Now, all that's been collated as part of the change in the way the Staff Conference was brought forward, so I recognise Councillor Hawkes' concern around using real people. As Councillor Hawkes knows because she is partly embedded into the city there are so many people in the city that have so many stories actually if you started to, I don't think we'd ever finish the Conferences, we'd have been there still now, so I do take your point but it was a cross section across the city."

7.56 **(l) Councillor Hamilton**

"Could the Cabinet Member for Environment confirm that the rent for some Council owned seafront shops are being increased by up to 300%, how many shops/businesses are going be involved and could he also provide the figures for the average rent increase, the maximum % and actual cash increase?"

7.57 Councillor Geoffrey Theobald replied:

"I can confirm that rent reviews and lease renewals have been undertaken in respect of a number of seafront properties and to date those that have been negotiated and agreed all fall below a 300% increase.

The rent review date, the method for agreement and basis of the review are set out in the lease terms and therefore rent reviews are negotiated as they become due rather than a set amount per year. To date officers have successfully undertaken and completed nine reviews/lease renewals and a further sixteen are still under negotiation.

A review (or lease renewal) is not bench marked to a percentage or RPI but to a market rate and a rental valuation is carried out in accordance with RICS (Royal Institution of Chartered Surveyors) guidance notes taking into account the terms of the actual lease. The RPI approach is occasionally specified in some leases and a profits (of the business) approach can apply in others but the vast majority are on the basis of market evidence from similar properties with a similar use. Tenants are advised to seek professional advice from a chartered surveyor because negotiations can be complex and require an understanding not only of the business, the property, the lease and valuation but also property law and the numerous legal cases that can influence the whole process of review/lease renewal. In the case of a rent review, if the parties are unable to agree, the lease provides for the matter to be referred to a third party (Arbitrator or Independent Expert) and for a lease renewal the matter would go to Court for a decision. In such circumstances the importance of professional representation for the tenant is even greater."

7.58 Councillor Hamilton asked a supplementary question, "It was interesting this evening that when we had question (b) from Councillor Fryer we were told that the Administration always gives comprehensive and detailed answers, it's a pity I haven't got one here for this particular question. I asked for the average rent increase. Is that given? No. I asked what the maximum percentage increase is. Is that given? No. I asked for the maximum actual cash increase. Is that given? No.

I wasn't asking for any particular details of any particular companies so there is no confidentiality to be breached in that particular situation and I am disappointed that that answer is the same as I got when I sent an email in, so there is no advance on that.

I will ask a question though. This says there are increases up to 300%, it doesn't say how big they are. I would like to ask Councillor Theobald, how can you reconcile this action with the Tory Administration's claim to be doing all that it can to help local businesses during these difficult financial times?"

7.59 Councillor Geoffrey Theobald replied, "I am really quite surprised at those comments from Councillor Hamilton because Councillor Hamilton is always lecturing this Council on good financial management and such like.

Now, Councillor Hamilton, I mean this is something that I do know about: when you're dealing with rent reviews and lease renewals you deal with them on an individual basis. Now some leases could be for 21 years, so you could go 21 years without a rent review,

you could go 10 years, you could go 5 years but the fact of the matter is, as I have explained in this question, the tenant will instruct a surveyor, the council will instruct a surveyor and they will endeavour to negotiate this in exactly the say way as any other shop, whether it's private, public or whatever nature. That is how it works. If both sides cannot agree, so in other words if the tenants think that the council are asking too much or if the council think that the tenants aren't paying sufficient then if it is a rent review it will go to an independent expert or an arbitrator and both sides will then put their case and the adjudicator will come to the result. If it is a lease renewal it then goes to the County Court for it to be decided there.

Now each case as I say is dealt with on its merits, the basis of rental value is market evidence, so that if one shop is exactly the same as another then you would expect that shop to pay the same rent. But I am sure Councillor Hamilton if anything because of the fact that this council has not had a seafront surveyor for a while we have got a little bit behind on some of these rent negotiations. That is why you can find that some increases are marginally more than other increases but as I have said there are no increases that are of 300%.

I am quite happy to discuss these matters at further length with Councillor Hamilton at any time."

7.60 Councillor Kitcat asked a further supplementary question, "Madam Mayor, Councillor Hamilton now shares my experience of struggling to get answers to questions. Not only did I not get details of the measures to reduce the waiting times for Cityclean but now Councillor Hamilton's very clear questions for the average rent increases and the maximum percentage increases have not been answered. The council has persisted in using an outside consultant to manage seafront rent valuations and negotiations despite extensive criticism from business owners who have detailed their grievances to officers many times. The main criticisms are that the consultants valuations are wildly optimistic compared to those by independent surveyors and ignore the actual turnover figures provided by business owners. With the consultants saying the council needs to ask for a 300% rent increase, because what they ask I admit is not what they agree but what they ask, it's very unlikely that expensive arbitration can be avoided.

Why does the council continue to persist in using these consultants?"

7.61 Councillor Theobald replied, "I did explain that for about 12 months we have been endeavouring to employ a seafront surveyor or another surveyor. We got to the stage of interviews, a position was accepted and that particular person then withdrew so we had to start again.

Now, we therefore used consultants but as I tried to explain to you consultants, rental values, I mean one can ask what one likes on these sorts of issues; it is what can be determined by evidence. If a tenant thinks that the council or indeed any tenant anywhere thinks that any landlord anywhere is asking too high a rent or it cannot be justified, as I have explained, it then goes to an independent expert and that person will inevitably be appointed by the President of the Royal Institution of Chartered Surveyors in London and both sides then give a written case as to why the rents should be that way or it should be the other way. That is the reason we use consultants and now I am

delighted to say we have a surveyor in place who will join the surveyors' team at this council and will then continue with the rent negotiations along the seafront.

I am sure Councillor Hamilton would be the first to complain if we said right we won't trouble with any rent reviews or any rent increases. We would certainly be in trouble with the District Auditor for value for money; we would be in trouble with the Government, so whereas I certainly don't believe that one should be asking for excessive rents, if the rents we ask for are justified by market value that is what one deals with, what is the market value and the market value as I have tried to explain in that argument is done by our President or its done by a profits method."

7.62 **(m)** Councillor Carden asked:

"Is the Cabinet Member for Environment aware that a significant number of street lights in North Portslade are left permanently on and what steps is he taking to rectify this problem?"

7.63 Councillor Geoffrey Theobald replied:

"I am aware that there has been a problem with day burning lights in Fox Way, Foredown Road and Forge Close. This arose as a result of repair work carried out by EDF. The council's own lighting contractor, Colas, has reported to us that they corrected this situation by installing a controlled circuit for this area on 1 July.

These lights are part of the city's older cable network which uses a centralised light sensor to turn on and off a whole network of lights. If there is a localised fault, as there was recently in Portslade, EDF do not reinstate the link to the central sensor, but repair the fault in such a way that leaves the lights permanently on. The electricity used by day burning lights is not paid for by the council, but every effort is made to rectify such faults as soon as possible.

Unfortunately, officers are not always notified by EDF on the occasions that this occurs. They therefore rely on Colas' regular city-wide inspections, and reports from members of the public."

7.64 Councillor Carden asked a supplementary question, "Thank you for my reply Councillor Theobald, I do appreciate it. It's very nice to see the lights working in part of Portslade.

My supplementary question is: will you please do something about the street light by the Church of the Good Shepherd as every time I attempt to go down the road the same person has a go at me about that light that has been permanently on for two years, so please, please, please attempt to do something about that light and give me the chance to peacefully walk down the road?"

7.65 Councillor Geoffrey Theobald replied, "I mean obviously we will look at this and try and deal with it as quickly as possible but again I think I ought just to explain the cable network that this Administration has inherited is extremely old. You could make the argument that more resources should have been put into it over the years so that our cable network would have been up to date.

What is happening is, we are trying to catch up and to replace a certain amount each year and that is why we run into these sorts of problems. Had that not been and the cable had been properly updated during the last twenty years then we wouldn't be in the situation that we find ourselves in now."

7.66 Councillor Alford asked a further supplementary question, "Having carried out my very own energy audit of each and every light in North Portslade, I found the sum number of three to be burning throughout the daytime hours. Obviously perhaps not quite as concerning as we had been led to believe.

My question to the Environment Cabinet Member is: would he agree with me that the original question is perhaps alarmist and wildly inaccurate and what is his view on what is significant?"

7.67 Councillor Theobald replied, "I mean one is one too many but three certainly I wouldn't regard as significant. I have tried to explain, in response to the last question, that had proper resources been put into the cable network over the last ten/fifteen years then – well this has been a Unitary Council since 1997 and East Sussex County Council was controlled by the Labour/Liberal Administration for five or six years before that so, quite frankly, my twenty years point the finger directly there. Frankly, Madam Mayor, I have tried to explain we are trying to upgrade the network, resources permitting, each year they are improved."

7.68 **(n)** Councillor Elgood asked:

"Could the Cabinet Member for Environment kindly update the council on progress with the proposed extension of the ban of Estate Agents Boards?"

7.69 Councillor Geoffrey Theobald replied:

"The council's proposal as approved at the Environment Cabinet Member Meeting last year is now with the Government's Regional Office for determination by the Secretary of State.

Ordinarily I would expect a decision within 2 months. However, on this occasion, you may recall that the Brighton & Hove Estate Agents Association did not give its support to the proposal and has indicated that they will wish to make further representation to the Secretary of State. I am aware that there was all-party support for the proposal and very much look forward to a positive outcome."

7.70 Councillor Elgood asked a supplementary question, "I am grateful for the response from the Councillor. It is an important move initiative for residents in Wards such as mine and so in order to see progress as quickly as possible can I ask how long it took to submit the applications to the Secretary of State?"

7.71 Councillor Geoffrey Theobald replied, "I can't answer that question. All I know is that this is something, and you know this Councillor Elgood, that I am particularly keen on. Obviously it is something I think should happen and as soon as I could I brought this in

and I know I had your support and that of very many residents. I very much hope that the Government will agree with us and that we can bring this in but at the moment we are in the hands of the Government."

7.72 **(o)** Councillor Elgood asked:

"How many parking fines have been taken to appeal since April 2008?"

7.73 Councillor Geoffrey Theobald replied:

"921 cases were taken to appeal at the Traffic Penalty Tribunal from 1 April 2008 and 31 March 2009. This equates to less than 1% of all Penalty Charge Notices issued and this is in line with other Local Authorities."

7.74 Councillor Elgood asked a supplementary question, "I am grateful for the response from the Councillor. Of course one appeal is too many, let alone 921. Can I ask when this contract is next up for renewal and will the Administration be considering some kind of in-house operation in the future?"

7.75 Councillor Theobald replied, "It's about another two years but it's actually irrelevant to the PCNs."

7.76 **(p)** Councillor Hamilton asked:

"At the Planning Committee on July 1st, when you spoke and voted against a planning application to provide 39 units of affordable housing, you said that it was 2 and 3 bed units, not 1 bed units that were needed. Do you accept that this application would have provided 19 x 2 bed and 4 x 3 bed units, and that any addition to the city's social and intermediate housing stock, including 1 bed units, is to be welcomed?"

7.77 Councillor Mears replied:

"I accept that this scheme incorporates a mix in terms of 1, 2 and 3 bedroom homes as is required under our Local Plan Policy HO3. There is however evidence of significant pressure for larger family homes and housing affordability is a major issue for the city, particularly for families.

The city's Strategic Housing Market Assessment (June 2008) shows that there is a role for planning in influencing the mix of dwellings where there are gaps in the choice of homes that are available and suggests planning should look to address 'bias and broad imbalances' in the existing stock through new residential developments. The study shows that within the city's housing stock there is a 'bias' towards smaller homes and recent residential development in the city has reinforced this trend. This points to a lack of 'choice' in terms of property types and sizes available to current and future households and particularly of family sized dwellings which is what we seek to address.

The targets recognized in the emerging Local Development Framework Core Strategy preferred options and Affordable Housing Policy give a clear indication of our preferred approach where for the city as a whole we want to see the housing mix to be achieved from new build to be 30% 1 beds, 45% 2 beds and 25% 3 beds.

However, Members of the Planning Committee have to judge each individual application on its merits and while as an administration we encourage the development of family housing we do need a mixture of affordable accommodation in the city. The recommendation from officers on this particular application was to refuse it and as we are still within the appeal timeline I cannot comment on this particular application."

7.78 Councillor Hamilton asked a supplementary question, "I would like to thank Councillor Mears again for answering the question that I, in fact, addressed to the Cabinet Member for Housing, Councillor Maria Caulfield. The question related not to the actual decision of the Planning Committee but I addressed it specifically to Councillor Caulfield to give her the chance to elaborate on the comments she made at that meeting that we didn't really have need for any more one bedroom units. Can I therefore just read out from the Homemove Magazine where I looked at one of the recent magazines where there were five one bedroom flats on offer, they attracted 587 bids and four of those five went to a priority A applicant.

Can I ask please whether Councillor Mears agrees that we should welcome all units of affordable housing, including one bedroom units?"

7.79 Councillor Mears replied, "As you know Councillor Hamilton, as a Member of the Planning Committee, the recommendation from officers was to refuse this planning application: the reasons being there were no open spaces for families to use for children to play and the density of the scheme in their view was to excess.

I think we need to really take stock as to what is happening in the city, Councillor Hamilton, and I am actually answering this question as Chairman of the Strategic Housing Partnership because the targets emerging from the Local Development Framework Core Strategy for options on affordable housing policy gives very clear indications of the approach for the city that we need a mix of housing, particularly new build around family homes.

Now, we do have subsequently in the city for many years many applications for one bedroom properties as you quite rightly say but we do have an absolute need for family homes. We have real pressure within the city. We are actually losing families out of the city. A lot of these are our key workers and one bedroom accommodation is not suitable for them. We are also putting quite a lot of pressure on neighbouring authorities, particular Adur, who are taking our young families because we are not actually able to house them, so yes, the Homemove magazine does show a number of one bedroom properties, you are absolutely right Councillor Hamilton, but I think you would agree with me they are not suitable for young families or any families with children.

The question around do we need to change and look at where we are with one bedroom properties in the city, Councillor Hamilton I am sure you would agree with me, particularly as a Ward Councillor you know in your Ward you have families that need to move around family accommodation, so I think as an authority we do need to be very

careful that we ensure from now, bearing in mind the large number of planning applications that previously have been agreed for one bedroom properties, that we actually take stock and ensure that we can provide accommodation suitable for families in the city."

7.80 Councillor Kennedy asked a further supplementary question, "Would the Leader of the Council agree with me that the provision of affordable housing in Brighton and Hove should be viewed more in terms of providing decently sized housing for both families and single people to meet the needs of all the city's residents and less in terms of a box ticking exercise to meet Government targets, which so often results in sub-standard schemes for poky accommodation, lacking in amenity space such as the application referred to by Councillor Hamilton?"

7.81 Councillor Mears replied, "I could not agree with you more. I do not believe it's right that developers assume that we would allow our residents in this city to live in small boxes. I have seen applications where the accommodation, if provided, would be so small if the resident actually managed to move into it, which with some of them are doubtful, and take any furniture, they would actually have to slide round the walls because there is no room to actually live in the accommodation, so I could not agree with you more."

7.82 **(q)** Councillor Meadows asked:

"Could the Cabinet Member for Sport please confirm that residents, over 16 and under 60, in Moulsecoomb and Bevendean are eligible for free swimming lessons?"

7.83 Councillor Smith replied:

"As we are one of only two authorities fully implementing the scheme in Sussex I would like to clarify that the Free Swimming Programme is available at the King Alfred, Prince Regent and St Luke's swimming pools for all of the city's residents aged 16 or under, or aged 60 and over (not over 16 and under 60 as per your question).

The programme enables free swimming in general public sessions in accordance with the pool timetables but does not include swimming lessons. However, a proposal for a new scheme by the Amateur Swimming Association (ASA) to provide some funding towards free swimming lessons is in the process of being launched. Officers will meet the ASA in the near future with partners from the Primary Care Trust to obtain more information about the possible scheme including match funding requirements."

7.84 Councillor Meadows asked a supplementary question, "Thank you Councillor Smith for your response. Yes, I can see that councillors are open to making mistakes and it should have read sessions, not lessons but what I would really like to know is whether the Cabinet Member will be asking his Conservative colleague to correct her mistakes, or was it a mistake, when she wrote in black and white, or blue and white in this case, to residents in Moulsecoomb and Bevendean saying and I quote: 'This Council has provided free swimming for the over 16s and the under 60s unlike many other neighbouring authorities.'

My first thought and question has been raised with me by residents who wanted to know how they could access this free service for the rest of the population in Moulsecoomb and Bevendean. My second thought and question was that I also felt that other Councillors may ask to have the same offer for their constituents. However, if you are saying that Councillor Caulfield has made a mistake and will put that in writing then I need to know whether the correct information will go out to residents telling them of her mistake and that they will not be getting the free swimming sessions for the over 16s and the under 60s that she told them about.

Furthermore will she be telling them the truth at all and admit that it was indeed the Labour Government and the Primary Care Trust that has provided free swimming sessions for the under 16s and over 60s? Will she also inform them that the Government and the PCT has indeed paid for all of those expenses so that it will not fall on the council taxpayers of this city as officers have already confirmed it to me?"

7.85 Councillor Smith replied, "I think the answer to one part of the question about a leaflet that went round and they were very proud to see that the people of Moulsecoomb and Bevendean read the leaflets that come round the estates there and notified of that mistake and I think it was after so many there that at once it was rectified and sent to the public in some areas that it was a mistake.

Obviously I am answering the question that was given to us and we have got the answer there. They made the mistake whether it was deliberate or not they said swimming lessons when we don't do swimming lessons, it's swimming sessions there, so basically speaking it was a leaflet sent out, whether it was right or wrong, it was rectified and I think the question that was put to me wasn't to the benefit of the citizens of this Council."

7.86 Councillor Fallon-Khan asked a further supplementary question, "Unlike Councillor Meadows I will just ask one question and that is: could the Cabinet Member say how successful these sessions have been since its inception?"

7.87 Councillor Smith replied, "As a leading city and one of only two in Sussex that are doing free swimming for the 16s and under and over 60s we are very proud of the record. We have had over 4,000 youngsters apply for free swimming and over 2,000 adults and it fits in nicely with our plan for this city to have at least half an hour's exercise five days a week by all the citizens of this city and some of you, there's no-one under 16, are over 60, I hope you are taking advantage of this scheme and going swimming."

7.88 **(r)** Councillor Davis asked:

"What are Brighton & Hove City Council's projected figures for the number of children needing primary school places for 2009, 2010, and 2011 across the city?"

7.89 Councillor Brown replied:

"The data we use for planning is based on the home addresses of all children registered with GPs in the City. This allows us to look at numbers living in the city as a whole and also at numbers living in wards or postal areas. Not all children living in the City and registered with a GP take places at maintained schools. On the basis of school census

numbers in recent years compared with GP data we estimate that the equivalent of 88% of GP registered pupils will seek a maintained school place. For the years in question this gives the following expectation of Reception pupil numbers for the City as a whole.

2009 2521 (this is the number of places actually allocated rather than an estimate based on GP data)
2010 2556 (88% x 2905)
2011 2783 (88% X 3163)"

7.90 Councillor Davis asked a supplementary question, "I want to thank Councillor Brown for her figures, though I don't think they are incredibly enlightening. I think everyone here is in no doubt that the demand for primary school places, in some parts of the city, is now rapidly outstripping the number available. I think there are a thousand signatures and the deputation outside proves the point. We have been pressing for many months asking for Hove to have a new school using Government money on offer but it's the immediate future that concerns many parents most.

In London this week temporary classrooms are being found to ease the crisis there, so my question is: what is the Cabinet Member for Children & Young People doing here and now for our city's children, what options is she exploring to find temporary classrooms, even closed down private schools or church halls and find more places for the many parents who have nowhere to send their child or children this September?"

7.91 Councillor Brown replied, "Thank you Councillor Davis for your question but you are being really misleading there. There is plenty of space in this city for every primary child to go to school this September. The places may not all be where we would like them to be but they are there and it's not a question of what I'm going to do by September but it's a question of what we've already done since we have come into Administration.

When we first came into Administration we realised there were not going to be enough primary places in this city so we set to work immediately to rectify that and as you know last year we put an extra class in West Blatchington and we also temporarily then put an extra class in Davigdor. I have just recently made that class permanent and it means that this year will go all the way through the schools which means that in Davigdor and Somerhill we will be catering for an extra 200 children.

Now, I know not everybody's got a place where they would like it and I'm really sorry about that but a lot of the people you are talking about live quite near other schools which may be slightly outside the BN3 area, so they're not all having to travel vast distances and we have since we've been in power done quite a lot about providing extra places."

7.92 Councillor Kemble asked a further supplementary question, "I think it's a shame at this time that Councillor Davis for one reason or another is trying to ramp up primary school admissions.

My question is: would the Cabinet Member for Children & Young People agree with me that this Administration has provided more and continues to provide additional places in our primary schools more than the previous Labour Administration had done since the foundation of the city council in 1997?"

7.93 Councillor Brown replied, "Thank you Councillor Kemble, in fact I think I have already answered that question by explaining how many extra places we have put across the city in the previous two years."

7.94 **(s)** Councillor Davis asked:

"Has the Cabinet Member met recently with the owners of the Engineerium to progress the re-opening of this world famous collection and museum?"

7.95 Councillor Smith replied:

"The owner is currently still doing refurbishments on the Engineerium. His plan is to open it in the latter part of 2010."

7.96 Councillor Davis asked a supplementary question, "Thank you Councillor Smith for your reply. I am delighted to hear that the Engineerium is going to be opened. I think what we would really like to hear is a real date and when we might know that date?"

7.97 Councillor Smith replied, "I don't know off-hand but we did have a site visit round there and it was fantastic the amount of work that has been done on it, new roofs and everything else there.

Obviously the owner's ambition is to open it next year, we don't know the date yet but obviously we've had the tour round there. Unfortunately, I don't think you were able to come on it. We had a very good tour there by the owner and he went right into everything there and his ambition for the future is to make it an Engineerium for everybody in the city and the world-wide renown."

7.98 **(t)** Councillor Marsh asked:

"Would the Cabinet Member for Enterprise, Employment and Major Projects, agree with me that especially in these difficult economic times, the Council should make every effort to encourage businesses/developers/service providers etc. who wish to maximise opportunities to both employ local people and provide much needed amenities for local residents?"

7.99 Councillor Kemble replied:

"The council is committed to increasing opportunity for its residents, particularly in the area of employment. We recognise that the key to creating sustainable employment is by supporting and growing the local business base."

7.100 Councillor Marsh asked a supplementary question, "Thank you very much indeed Councillor Kemble for your reply which I was very grateful to receive, and I am delighted that you support the opportunity to grow and support the local business base.

Could you tell me when this Administration will support and grow the local business base of Kingspan by identifying an alternative site for them which will be fit for purpose for their expanding business and thus releasing the current site they occupy in my Ward which can then be developed to provide further sustainable employment and much needed amenities for my local community in Moulsecoomb?"

7.101 Councillor Kemble replied, "I confirm that there are ongoing negotiations between Kingspan and council officers about the location of a suitable site. I don't propose to comment on individual businesses in this particular Chamber but as soon as a proposition comes forward to officers it will come to me for a decision and I will make the appropriate decision based on the information that I have."

7.102 Councillor Kitcat asked a further supplementary question, "I hope the Cabinet Member will recognise the importance to employment the seafront traders provide to this city and will support their rent negotiations. I also wonder, given the importance this Administration have put on American Express to provide future employment, would he share my concern over their cuts to pension contributions and the effective cut in the value of employment to our local residents working for American Express?"

7.103 Councillor Kemble replied, "Thank you Councillor Kitcat. Can I confirm to Councillor Kitcat that this Administration is fully supportive of all types of businesses that want to do business with the city. I am not in a position to comment on a private business's personal pension arrangements."

7.104 **(u)** Councillor Taylor asked:

"The council is to implement its new equal-pay proofed future pay scheme from Jan 1 2010. Can the Leader of the Council confirm how the council will react to staff who are unwilling to sign their new equal-pay-based contracts of employment?"

7.105 Councillor Mears replied:

"We are working hard to ensure that we will emerge from the equal pay negotiations with the Trade Unions, with a set of proposals acceptable to the majority of staff. At this stage it is therefore not appropriate for us to pre-empt those negotiations, nor would it be fair on the staff who may be affected."

7.106 Councillor Taylor asked a supplementary question, "Councillor, you may have seen the Evening Argus on Saturday where it was reported that 821 staff members would suffer a decrease in wages as a result of the future pay implementation from January 1 2010. Further the Argus report revealed that the council's negotiating team is suggesting that any staff who refuse to accept their new contracts at a lower rate of pay be issued with notices terminating their employment within three months.

I have a question in three parts and the first part is: I would like to offer Councillor Mears the chance to confirm or deny that this provision has now been agreed. The second question or second part of the question is would Councillor Mears not agree with me that threatening to sack staff who do not accept pay cuts will damage industrial relations and increase the risk of disruptive disputes and, finally, as the Leader of the Council will

she now rule out the termination of employment contracts to staff unwilling to accept pay cuts?"

7.107 Councillor Mears replied, "I am sure Councillor Taylor will share with me my real concern that for whatever reason, or wherever from, a supposed report, and I can only assume it's a supposed report because I haven't seen what the Argus received, should be sent. It's just the fact that our staff are being discussed in the Argus around a really sensitive issue that affects them directly, that people feel it is appropriate, for whatever reason, to contact a local paper and, I'm not sure, I don't know what was sent to the Argus but they certainly printed a story. I, and I am sure Councillor Taylor would agree with me, think that is quite disgraceful because we are entering into negotiations with recognised Trade Unions on the proposals for future pay and we are working jointly with the Unions for a considerable period before that to ensure that we actually work this through for the benefit of our staff.

Now, I am quite aware that there is a lot of politics around that. I am sure that Councillor Taylor would agree with me that actually this is such a sensitive issue that really these negotiations should be played out with the Unions, the recognised Unions, and the council officers and not played out in the local press.

Now, you asked me a specific question around whether I would agree to one particular route. I actually can't agree with anything Councillor Taylor at this moment in time. The reason being, and I am sure you would agree with me, that we are entering negotiations with the Unions. You do not go into negotiations with a done deal. You go into negotiations to discuss how you are going to take it forward. Now this is a really, really serious issue for staff in this council and I am really disappointed, really disappointed that whoever felt it was their right to talk to the Argus and on whatever report or whatever they said to the Argus for it to be put in the press. I am actually sure Councillor Taylor you would agree with me this is not, not the correct way that we as an organisation should be consulting with our Unions for our staff."

7.108 **(v)** Councillor West asked:

"As the Cabinet Member with responsibility for environmental services, is Councillor Theobald satisfied with the mediocre 68% user satisfaction rates for waste and recycling? If not, what will he do to improve on this?"

7.109 Councillor Geoffrey Theobald replied:

"I am pleased to say that levels of resident satisfaction with refuse and recycling has been increasing year on year. In fact the recent 2008 Place Survey indicated that 70% of residents are satisfied with the refuse service and 68% with the recycling service.

We are not complacent and we are committed to improve services for our residents. We have been implementing significant changes which will save just short of £1m per annum and communal bins have a significant impact on cleaning up our city centre streets. I accept these changes have been difficult ones for residents and for staff.

Of course, we want to improve customer satisfaction levels with the service and this is our focus now that we have a service which is more affordable. With communal bins we will have cleaner streets, with the waste strategy proposals we will have a better recycling service and increased recycling levels. It is a commitment of this Administration to make difficult decisions to improve services for residents. We will continue to focus on improving the refuse and recycling services."

7.110 Councillor West asked a supplementary question, "Can I thank Councillor Theobald for his long answer to both my questions. It's quite an unusual thing to happen but thank you very much. I am surprised though that Councillor Theobald seems content that at the last count a third of residents, almost, expressed discontent with the waste and recycling services, a figure I suspect is likely to worsen after recent events.

Will he and his pledge to improve services recognise the importance of effective communications with residents and does he agree that in order to get greater buy-in and understanding from residents this council needs to publish a regular newsletter dedicated to waste and recycling and delivered to all households? If not, why not, and what will he do otherwise to improve communications that will help raise our unimpressive recycling rates?"

7.111 Councillor Geoffrey Theobald replied, "I would love the situation to be that we would have a 100% satisfaction rate but when one bears in mind that the Place Survey took place in 2008, towards the end while we were in the middle of all the changes, and then one considers what the situation was in 2003 and in 2003 the satisfaction rate for refuse collection was 46% and for doorstep recycling 50%. In 2006 it was 66% for refuse collection and 68% for doorstep recycling, so we are moving upwards. Now, I dare say that once everything has settled down, it pretty well has, that I would hope that the survey would go up even higher than the figure now but if you consider that it was 46% in 2003 and 70% towards the latter part of 2008 when the survey was undertaken, that is a great step forward.

As far as communications, I think that was the other point that Councillor West mentioned, we do convey to our residents through City News and we have got a communications strategy as well."

7.112 Councillor Janio asked a further supplementary question, "Does the Cabinet Member for Environment have any figures for recycling rates across the city, particularly those before 2007?"

7.113 Councillor Theobald replied, "I did give the recycling rates in 2003 which was 50% doorstep recycling but I don't have that figure here. I'm sorry, the figure was 14% and has now gone up to virtually 30%, so that has doubled."

7.114 **(w)** Councillor West asked:

"Does Councillor Theobald think recycling food waste, which makes up a third of domestic waste, could make a vital contribution towards meeting recycling targets and public aspirations for moving towards zero waste?"

7.115 Councillor Geoffrey Theobald replied:

"Our recycling rates are at their highest levels ever thanks to the efforts of our residents. Initial figures for 2008/09 indicate we recycled and composted in excess of 29% of our waste.

I fully agree that the amount of food waste we throw away is unsustainable – 33% of our waste is food much of which could have been eaten. We have carried out a lot of research into food waste collection and to make this work and make it affordable we would have to move to fortnightly refuse collections. We will not do this. Residents are entitled to a weekly refuse collection service.

Instead we will develop campaigns to reduce the amount of food residents throw away, which I'm sure you will agree is the most sustainable option for dealing with food waste. We are also proposing to subsidise food composters and wormeries to enable residents to compost their own food waste at home."

7.116 Councillor West asked a supplementary question, "Is Councillor Theobald familiar with existing food waste recycling services around the country in places like Richmond and Ludlow, which in the case of Ludlow has been successfully turning 4,000 tonnes of food waste per year into energy and fertiliser? Will he agree to visit these schemes or schemes like these to see for himself their potential and the potential that they hold for this city?"

7.117 Councillor Geoffrey Theobald replied, "Interestingly enough, one of my good friends, Councillor Paul Bettison who is the Leader of Bracknell Forest Council, they do actually do what you want them to do. They do do a food waste collection but I have to tell you the collection is based on a fortnightly cycle, so food and other matters are collected once a fortnight. Now, quite frankly, I do not believe that the residents of Brighton and Hove would wish to see a fortnightly collection and that is the direction we will go in if we were to follow your suggestion of food waste.

I would just also make the point that food waste collection would require in excess of £1m capital investment and over £1m revenue investment year on year and I think you would agree with me that those sorts of sums, bearing in mind what is going to happen, particularly after the next General Election when we can all expect a change of Government, but whatever Government is there the situation for local government will not be an easy one."

7.118 Councillor Kitcat asked a further supplementary question, "I'll take Councillor Theobald's answer as a no then that he won't visit. Just to clarify, most authorities collect food weekly and I wondered if he could just clear up because his response in today's agenda states the reason that he won't consider food waste is due to the need for fortnightly collections but the waste strategy which he approved at a consultation and Cabinet Member meeting which I did attend, Membership note, was the reason they weren't going to look at food waste collection was because it wasn't sustainable in terms of carbon emission savings, so what is it, is it carbon emission savings or is it because you don't want to go to fortnightly collections? Why are you ruling this out now?"

7.119 Councillor Theobald replied, "I am quite happy to go and visit as many authorities as I have the time to be able to go along and do. Yes, it may well be if I am in the area I will go to Richmond-upon-Thames and the other authority. I am quite happy to ask officers with the technical expertise to go to Richmond-upon-Thames to visit there and certainly for when I am next in the area.

There are a number of reasons, and I have given you two reasons and another one in the waste strategy where I do not think at the present time moving over to that food waste collection that you are talking about would be ideal at the present time. I have given you two, if not three reasons."

8. REPORTS OF THE CABINET, CABINET MEMBER MEETINGS AND COMMITTEES.

(a) Callover

8.1 None of the items on the agenda were reserved for discussion:

(b) Receipt and/or Approval of Reports

8.2 The Acting Chief Executive confirmed that the Overview & Scrutiny Annual Report and Counter Fraud Strategy, Item No's 9 and 10 respectively, on the agenda with the recommendations therein be approved and adopted.

(c) Oral Questions from Members

8.3 The Mayor noted that there were no oral questions.

9. OVERVIEW & SCRUTINY ANNUAL REPORT.

9.1 **RESOLVED –** That the Annual Report of the Overview & Scrutiny Commission be noted.

10. COUNTER FRAUD STRATEGY - REFERRED TO COUNCIL FOR INFORMATION.

10.1 **RESOLVED –** That the report be noted.

11. NOTICES OF MOTION.

(a) Tackling Unemployment Through Social Housing.

11.1 The Notice of Motion as detailed in the agenda was proposed by Councillor Randall and seconded by Councillor Wrighton.

11.2 Councillor Caulfield moved an amendment, seconded by Councillor Kemble, which was accepted by Councillor Randall.

11.3 The Mayor then put the following Notice of Motion as amended to the vote:

"This council believes that social housing should be seen as a gateway into employment, training and education for unemployed people who are housed by the city council and housing associations working in Brighton and Hove.

This Council welcomes the work already being carried out to establish a positive link between social housing and employment in the City. This includes: the Places for Change programme, local apprenticeship opportunities in the new housing repairs and maintenance contract and innovative use of the allocations policy to promote social mobility amongst working households.

It notes the success of the London-wide Housing Employment Connections programme, which has adopted a joined-up approach to housing, training and job opportunities, principally through the Choice Based Letting system.

It therefore asks the Cabinet to consider the possibilities of introducing the Housing Employment Connections programme in Brighton and Hove"

11.4 **The motion was carried.**

(b) Making the Most of Wasted Spaces.

11.5 The Notice of Motion as detailed in the agenda was proposed by Councillor Randall and seconded by Councillor Kennedy.

11.6 Councillor Smith proposed an amendment, seconded by Councillor Older, which was accepted by Councillor Randall.

11.7 The Mayor then put the following Notice of Motion as amended to the vote:

"This council applauds the success of groups making use of empty spaces and buildings to the cultural, commercial and community benefit of the city, notably:

- Andrew Comben and the Brighton Festival for the inspirational use of the market building to house Anish Kapoor's *The Dismemberment of Jeanne D'Arc*
- The Guerilla Gardeners who have turned an eyesore into a community landmark with their rescue of the derelict garage site in the Lewes Road
- The Brighton University art students who converted the Old Music Library into an art gallery for the Brighton Festival
- Slack Space Brighton, which is bringing empty shops and offices into use for small traders across the city.
- The Bristol Estate Artists' Studio project.
- The conversion of disused buildings, such as bin stores, on some of the Council's

housing estates.

- The Cyberden I.T. training facility at St. James House.

It therefore asks the Cabinet to further examine the possibilities of helping these and other groups in their efforts to make the most of wasted spaces to help the city out of the recession."

11.8 **The motion was carried.**

(c) Save Our Local Newspaper and Local Independent Newsagents.

11.9 The Notice of Motion as detailed in the agenda was proposed by Councillor Mitchell and seconded by Councillor Hawkes.

11.10 The Mayor then put the following Notice of Motion to the vote:

"This Council notes the cross party EDM 1424, that seeks to support the National Federation of Retail Newsagents and the Association of News Retailers' serious concerns about *"the recent consolidation of the newspaper and magazine distribution market and the likely emergence of two regional monopolies; values the important role of independent newsagents and is concerned that these changes in the market may force many to close, restricting consumer choice and harming local communities, as well as causing up to 2,800 job losses in news distribution branches across the UK.."*

The Council also notes that independent newsagents are closing at a rate of more than one a day, which will threaten thousands of jobs throughout the Country. With the monopoly of the two distribution giants, Smiths and Menzies, our local newsagents are now becoming powerless against increased prices.

The Council recognises that the worrying decline of locally written media across the country has spread to Brighton and Hove with the proposed closure of the printing works at the Argus offices in Hollingbury, with up to 53 local jobs being lost.

This Council acknowledges the significant contribution that local newsagents bring to communities throughout the City and values the importance of local news and requests that;

- The Acting Chief Executive writes to the Secretary of State for Business, Enterprise and Regulatory Reform to request that the Office of Fair Trading looks urgently at these recent developments in the distribution market and takes action to safeguard competition for the benefit of consumers, independent newsagents and distribution employees alike.

- The Acting Chief Executive write to Newsquest Sussex and the Editor of The Argus, expressing the Council's concern over the recent job losses and to;

- Emphasise the value that the Council places on locally written media
- Expresses concern at any attempts to regionalise the City's press coverage."

11.11 **The motion was carried.**

(d) Support the 'Great British Refurb' and the Creation of More Eco-Jobs and Training in the City.

11.12 The Notice of Motion as detailed in the agenda was proposed by Councillor Turton and seconded by Councillor Mitchell.

11.13 The Mayor then put the following Notice of Motion to the vote:

"The Council welcomes the Great British Refurb that is planned across the country and the subsequent creation of jobs and training opportunities across the City.

The Council recognises that the refurbishment of Britain's schools, public buildings and council housing to improve energy efficiency has had received wide ranging support. The Renewable Energy Association has called the Government's plans 'very positive, visionary and ambitious and the Local Government Association has called the plans a 'a major step forward' and the LGA have asked that energy suppliers pay a £500m annual charge to help fund a home insulation programme that would save 10 million households £280 a year on their energy bills, and create up to 20,000 new eco jobs.

Key proposals of the Great British Refurb include;

- Finance packages to install energy efficiency measures and low-carbon heat and power sources would be offered to householders. Repayment from part of the savings on energy bills would be linked to the property, rather than residents.

- Combined with guaranteed cash payments by way of a Renewable Heat Incentive and a Feed-in Tariff for small scale electricity generation, the payback for homeowners who switch to low-carbon technologies and save energy would start from day one.

- Options for improving the delivery of energy efficiency advice and measures, including establishing a central coordinating body funded by energy companies and working to Government-set targets.

- Rolling out low-cost home energy audits, developing a qualification for energy advisers, and establishing an accreditation scheme for installers.

The Council accepts that it will also have a large role to play in developing renewable and low carbon heat and electricity, such as district heating schemes and asks:

(a) The Cabinet Sustainability Committee to consider its responsibility to ensure;

- Local schools, colleges and universities take full advantage of any future qualifications and apprenticeships linked to the instalment of environmentally friendly technology in the City's homes,

- Local people are kept informed of the benefits of the Great British Refurb, such as any paybacks for homeowners who switch to low carbon alternatives and training opportunities in green industries, through council publications such as the website and City News,

- Work with local energy companies based in the City, as well as government departments to guarantee the best options, in terms of energy packages, training opportunities and jobs for residents and young people in the City,

(b) The Council asks the Cabinet to consider whether there is a wish for any involvement in the roll out of the Great British Refurb, particularly with regards to any future skills and training initiatives, and

(c) That the Acting Chief Executive write to the Department of Energy and Climate Change to outline the Council's support for the scheme."

11.14 **The motion was carried.**

(e) Protecting Public Services.

11.15 The Notice of Motion as detailed in the agenda was proposed by Councillor Steedman and seconded by Councillor Kennedy.

11.16 The Mayor then put the following Notice of Motion to the vote:

"As a result of the economic troubles facing the UK, more and more people are turning to public services for support. However, in the context of current budget deficits, some commentators argue services are likely to experience real term budget cuts over the next decade. Making sure that vital front-line services which support the most vulnerable in our society have adequate funding is crucial to helping people across the UK weather the economic storm.

***** This council notes that the UK economy is experiencing grave difficulties:

- The overall unemployment rate in the UK in June reached a 12 year high of 7.2 per cent. (In Brighton & Hove more than 7000 people claimed Job Seekers Allowance in May 2009.)

- The Financial Service Authority found in the same month that house repossessions are up 62 per cent in the last year.

- The Organisation for Economic Cooperation and Development (OECD) in June revised down its forecast for the UK economy in 2009. It warns that the UK is in "a sharp recession" with output set to contract by 4.3 per cent in 2009, worse than its previous forecast of a 3.7 per cent fall.

* Further, this council notes that periods of economic downturn often feature a rise in health, welfare and social problems, and that the more vulnerable members of society are likely to be disproportionately affected:

  - 2008 saw 2.1million more prescriptions of antidepressants in England than in 2007.

  - 66 per cent of Relate Centres (the UK's largest provider of relationship counselling) across the country have seen an increase in demand for their services.

  - Shelter has seen a 250 per cent increase in the number of calls to its free helpline regarding mortgage arrears over the last year.

  - The attorney general, Lady Scotland, has warned that domestic violence will rise with increased financial worries. (Rise, formerly known as the Women's Refuge Project in Brighton, says it is handling an average of about two dozen new referrals a month and the trend is up on last year.)
  - Ministers have conceded that the recession will make it more difficult for the government to meet its pledge to end child poverty (1 in 5 children in Brighton and Hove are growing up in poverty).

  - The Prime Minister has said: 'historically, in tough economic times, there has been a rise in crimes of violence and theft.'

* Further, this council notes that

  - Brighton and Hove is ranked as the 79th most deprived local authority in England - so falls within the most deprived 25 per cent of all authorities in England.

  - 15 of the city's 164 'super output areas' (SOAs) fall within the 10 per cent most deprived SOAs in England, with 8 SOAs falling in the 5 per cent most deprived. Deprivation in the city is allied to health inequalities (particularly around mental health), drug, alcohol and substance misuse and child poverty.

  - The city's most recent Local Government Finance Settlement (which funds nearly 50 per cent of the council's net budget) saw Brighton & Hove City Council receive the minimum increase each year, known as a "grant floor increase", which is likely to continue for many years ahead. The grant increase for 2009/10 is 1.75%, well below the national average increase for Unitary Councils of 3.4%.

* Therefore this council resolves to request the Acting Chief Executive to write to the Chancellor, Alistair Darling MP and the Shadow Chancellor, George Osborne MP requesting that they:

  - commit to protect funding for frontline public services

  - take into consideration Brighton & Hove's unique problems in any future financial settlement decisions."

11.17 **The motion was carried.**

(f) Metering Water Supply in Flats.

11.18 The Notice of Motion as detailed in the agenda was proposed by Councillor Duncan and seconded by Councillor Kitcat.

11.19 Councillor Caulfield proposed an amendment, seconded by Councillor Janio, which was accepted by Councillor Duncan.

11.20 The Mayor then put the following Notice of Motion as amended to the vote:

"This Council notes:

Basing charges for domestic water on the readings of a water meter is likely to result in a decrease in water bills, in some cases this has been reported to be as much as 60% a year.

Further, by creating a financial incentive to reduce water consumption, the installation of a water meter usually results in a marked reduction in annual household water consumption.

But Southern Water – the principal supplier of water to households in the city – has been either unable or unwilling to install individual water meters in a large number of flats owned by this council.

This means tenants and leaseholders living in council-owned blocks are likely to be paying more, on average, for their water, than those living in private houses – and have no direct incentive to try to reduce their water consumption.

Recent projections of the city and region's climate predicted a large reduction in rainfall in coming decades – whilst the city's population is set to increase: this is almost certain to increase pressure on supply, pushing up costs and requiring ongoing reduction in consumption to avoid interruptions in supply.

This Council resolves:

1. To support the principle that charges for water should be made more fair: that the charging structure should be based on three key principles: (a) bills should reflect the amount of water actually used, (b) Southern Water should reward households for taking steps to reduce their water consumption, and (c) Southern Water should ensure that water is available for all, all the time, and that no-one chooses to use less water than they need for their health or welfare in order to reduce bills.

2. To recognise and welcome the work already being done on this issue by tenants and staff working in the housing directorate, as well as the city's High Rise Action Group and members of the Older Person's Council and the Sheltered Housing Action Group.

3. Support the principle that all residents should have the opportunity of having individual water meters fitted, where this is technically possible, with the cost borne by the water company – and that where this is not possible fairer charges for water should be applied.

4. To support the principle that calculating water charges on the basis of the number of bedrooms in a residence rather than occupancy constitutes discrimination against single people as a class and an unfair pricing policy.

5. To request the Acting Chief Executive to write to Southern Water (sending a copy to industry regulator Ofwat), urging the firm to rethink its policy on charging for water at unmetered properties, specifically that information is sought about the number of people living in a particular property and adjustments made to ensure water bills are cut for single and two-person dwellings, and that no charges for surface drainage are made to those living in properties with 'soakaways'

6. To request the Acting Chief Executive write to the city's MPs with a copy of this Notice of Motion, urging them to support the principle of fairer charges for water."

11.21 **The motion was carried.**

12. REFERRED NOTICES OF MOTION REPORTED TO COUNCIL FOR INFORMATION ONLY.

12.1 The Mayor noted that the Notices of Motion relating to (a) Neighbourhood Policing, Council Services and Local Action Teams (LATS) and (b) Support Apprenticeship Programmes in Brighton and Hove, as detailed in the agenda had been referred to the Cabinet meeting held on the 21 May 2009, and the decisions taken were being reported back to the council for information in accordance with Procedural Rule 24.

12.2 **RESOLVED –** That the information be noted.

The meeting concluded at 8.35pm

Signed Chairman

Dated this day of 2009

BRIGHTON & HOVE CITY COUNCIL

EXTRAORDONARY COUNCIL

4.30pm 13 AUGUST 2009

COUNCIL CHAMBER, BRIGHTON TOWN HALL

MINUTES

Present: Councillors Mrs Norman (Chairman), Peltzer Dunn (Deputy Chairman), Alford, Allen, Barnett, Bennett, Caulfield, Mrs Cobb, Drake, Elgood, Fallon-Khan, Hamilton, Harmer-Strange, Hawkes, Hyde, Janio, Kemble, Kennedy, Lepper, Marsh, McCaffery, Meadows, Mears, K Norman, Older, Oxley, Phillips, Pidgeon, Simpson, Simson, Smart, Steedman, C Theobald, G Theobald, Turton, Wakefield-Jarrett, Watkins, Wells and Young

Apologies: Councillors Carden, Davis, Duncan, Mitchell, Morgan, Randall and Taylor.

PART ONE

1. STATUTORY OR VOLUNTARY DISCLOSURE BY COUNCILLORS OF INTERESTS IN MATTERS APPEARING ON THE AGENDA

1.1 There were no declarations of interest.

2. MAYOR'S COMMUNICATIONS

2.1 The Mayor called for a minute's silence as a mark of respect for the death of Henry Allingham who had been the world's oldest man and a Freeman of Brighton and Hove.

2.2 The Deputy Mayor requested that Members also remember Peter Baker, former councillor for Hove, who had recently passed away.

3. APPOINTMENT OF CHIEF EXECUTIVE AND HEAD OF PAID SERVICE

3.1 Councillor Mears introduced the report and formally moved the recommendation that John Barradell be appointed as Chief Executive and Head of Paid Service. She thanked all those involved in the recruitment process, particularly the Group Leaders, and noted that the decision had been unanimous.

3.2 On behalf of their respective Groups, Councillors Hawkes, Kennedy and Elgood reported that the process had been conducted fairly with involvement from all Groups. They welcomed the appointment and looked forward to working with the new Chief Executive.

3.3 Councillor Bennett reported that she would not be voting in favour of the recommendations as she had not been involved in the recruitment process.

3.4 The Mayor noted that the recommendations of the report had been moved and sought confirmation from the council.

3.5 **RESOLVED** –

(1) That Mr John Barradell be appointed as Chief Executive and Head of Paid Service.

(2) That the Assistant Director of Human Resources, after consultation with the Leader of the Council and the Leaders/Convenor of the other Groups, be authorised to agree the terms and conditions of employment of the Chief Executive within the existing salary scale for the post of Chief Executive.

The meeting concluded at 4.50pm

Signed Chair

Dated this day of 2009

WRITTEN QUESTIONS FROM COUNCILLORS

(a) Councillor Davey

"Could the Cabinet Member for the Environment please tell me how many petitions, letters or other requests for speed limit cuts have been submitted to the council by residents and councillors since they formed the administration in May 2007?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(b) Councillor Kitcat

"Can Councillor Theobald explain to the meeting his priorities for the seafront area and how he intends to implement them?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(c) Councillor Kitcat

"Councillor Theobald will be aware of the rust on the seafront bandstand which recently had to be repainted. Can the Councillor explain why rust is already visible? I understand recent touching up was done at no cost to the Council but what will be the cost of ongoing maintenance of the bandstand and how will that cost be met?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(d) Councillor Kitcat

"Would Councillor Theobald be so kind as to provide the meeting with the cost per tonne this year to the Council to recycle paper and the average price per tonne received by our contractors for the sale of that paper on the open market?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(e) Councillor Steedman

"Through a process of public workshops and expert research and analysis, leading sustainability consultants Bio Regional, working with Council officers, prepared a first draft of a One Planet Living Plan for Brighton and Hove. The draft Plan, funded by thousands of pounds of taxpayers' money, matched by a generous equivalent donation of time from Bio Regional, began to set out how the Council, its partners and the residents of the city could work to create a sustainable Brighton and Hove, with a high quality of life, living within its

ecological means. Could the Leader of the Council confirm that her administration has now abandoned this work and has no intention of adopting a revised final draft of the Plan, or of achieving One Planet Living status for the city?"

Reply from Councillor Mears, Leader of the Council

(f) Councillor Turton

"Can the Cabinet Member for Environment please state what is the total amount of money that has been received between 20th August and 24th September 2009 from Penalty Charge Notices and towed away vehicle recovery fees specifically related to the Conservative Administration's voluntary decision to start the issuing of fines and to tow-away vehicles parked more than 50cms from the kerb, as decided at Environment CMM on 30th July 2009?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(g) Councillor Turton

"To ask the Cabinet Member for Housing to confirm when kitchen and/or bathroom refurbishment will commence on the Bristol Estate and why this did not happen in the current financial year despite the assurances of Council officers that this would be the case?"

Reply from Councillor Caulfield, Cabinet Member for Housing

(h) Councillor Turton

"To ask the Cabinet Member for Culture, Recreation and Tourism what public and staff consultation has taken place over the future of temporary exhibitions and Craft related activity at Hove Museum & Art Gallery from September 2010?"

Reply from Councillor Smith, Cabinet Member for Culture, Recreation & Tourism

(i) Councillor Davis

"Prior publicity for the White Air Festival suggested that 20,000 tickets would be on sale for each of the three days and 'tens of thousands' more were expected to watch from outside the festival grounds. Would Cllr. Smith share with us his estimate of how many people attended this event and how much it is likely to have contributed to the local economy?"

Reply from Councillor Smith, Cabinet Member for Culture, Recreation & Tourism

(j) Councillor Fallon-Khan

"Now that Cllr. Duncan is the Council's sole representative on the Sussex Police Authority, will he give a commitment to report back to Cabinet on a regular basis on how his work is benefitting the residents of Brighton & Hove?"

Reply from Councillor Duncan, Council Representative to the Police Authority

(k) Councillor Caulfield

"Could Councillor Mitchell please explain to Council why the Commission which she chairs did not feel that it was in the best interests of the residents of East Brighton to scrutinise the financial arrangements and public accountability of EB4U and the East Brighton Trust, organisations which have been funded solely from taxpayers' money?"

Reply from Councillor Mitchell, Chairman of the Overview & Scrutiny Commission

(l) Councillor West

"Following the lively and poignant events of car-free day, Cllr Theobald remarked in the Argus that his administrations transport policy is "all about offering choice of forms of transport to make it as easy as possible for people to get around the city." What exactly does he mean by this: to make it easier for people to choose to drive into the city centre?

Reply from Councillor G Theobald, Cabinet Member for Environment

(m) Councillor West

"For residents living around Preston Circus, Lewes Road and elsewhere, where air pollution from vehicle exhaust is at dangerous levels, what choice does Councillor Theobald offer them to breathe more easily?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(n) "The Lewes Road for Clean Air Campaign have measured that nearly 75% of vehicles using Lewes Road are private cars and of those 60% are carrying just one driver. What will Cllr Theobald do to promote car sharing or to persuade people travelling alone to make their journey by sustainable alternatives? Will he seek to introduce a comprehensive rapid transit network around the city?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(o) Councillor Duncan

"Is the Cabinet Member responsible for public lavatories aware that the closure of the public lavatory adjacent to St Mary's Church on Upper St James's St has left many vulnerable and older residents of the Queen's Park ward unable to visit the businesses, services and leisure facilities offered in the St James's Street area?"

Reply from Councillor G Theobald, Cabinet Member for Environment

(p) Councillor Duncan

"Does the cabinet member share my gratitude for the work of the seafront staff and lifeguards, and desire to see sea swimming promoted as a healthy and free sporting and leisure opportunity?"

Reply from Councillor Smith, Cabinet Member for Culture, Recreation & Tourism

COUNCIL	Agenda Item 21
8 October 2009	Brighton & Hove City Council

Subject:		**Review of Committee Allocations**		
Date of Meeting:		**8 October 2009**		
Report of:		**Chief Executive**		
Contact Officer:	Name:	**Mark Wall**	**Tel:**	**29-1006**
	E-mail:	mark.wall@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 To consider the proposed changes to the make-up and membership of various committees following the result of the Goldsmid Ward By-election.

2. RECOMMENDATIONS:

2.1 That the revised memberships of the Council's Licensing and Health Overview & Scrutiny Committees be agreed as follows:

(a) Licensing Committee on the basis of 7 Conservative, 3 Labour, 4 Green and 1 Liberal Democrat Member; and

(b) Health Overview & Scrutiny Committee on the basis of 3 Conservative, 2 Labour and 3 Green Members.

3. BACKGROUND INFORMATION:

3.1 The result of the Goldsmid By-election has led to a change in the overall balance of the political make-up of the Council. This has led to a review of the allocation of the seats available to each of the political groups represented on the council and the need to revise the membership of some of the council's committees.

3.2 There are 97 seats to be allocated and based on the size of each of the political groups on the council the overall breakdown is as follows in the table below:

Prior to the By-election:			**Following the By-election**	
Conservative	47		**Conservative**	**45**
Labour	23		**Labour**	**23**
Green	22		**Green**	**23**
Lib Dem	4		**Lib Dem**	**4**
Independent	1		**Independent**	**1**
Total	97		**Total**	**96**
			remainder	***1***

3.3 Previously the allocation of the 97 seats left one seat unallocated to any particular Group and in accordance with the convention recognised by the political groups, the seat was allocated to the Independent Member of the council.

3.4 The result of the by-election has meant that in looking at the allocations of seats to each group, a total of 95 seats can be allocated proportionately, with the Conservative Group's allocation going down by 2 seats and the Green Group's allocation increasing by 1 seat. The total number of seats allocated therefore is 96 taking into account the one currently held by the Independent Councillor. This then leaves 1 seat to be allocated.

3.5 Following discussions with the Leaders of the Groups affected, and taking into account the political balance regulations; there is a need for the Conservative Group to drop a seat from Licensing Committee, going down from 8 to 7.

3.6 It has also been agreed that the Conservative Group will give up a seat on the Health Overview & Scrutiny Committee, thereby going down from 4 to 3.

3.7 The Council then has the option to allocate the two vacant seats taking into account the following:

(a) That the Green Group has indicated a preference for an additional seat on the Licensing Committee, taking their allocation up from 3 to 4; and

(b) That should the council approve the allocation of the seat in (a) above; the vacant seat on the Health Overview & Scrutiny Committee (HOSC) should be filled by the Green Group until the Annual Council Meeting in May 2010 when all committee allocations are reviewed and appointed to.

3.7.1 The council is under a duty to allocate the seats available on committees and therefore in order to facilitate the allocation of the remaining seat on HOSC to the Green Group an informal agreement has been reached between the Convenor of the Green Group and Leader of the Labour Group. The agreement also allows for the Labour Group to hold the seat

during the next municipal year should there be no changes to the allocations of seats at the Council's Annual Meeting in May 2010.

3.8 The above proposals also take into account that the council has previously agreed not to include the Personnel Committee in the overall number of seats to be allocated. This was agreed to enable Personnel Appeal hearings to be called without having to adhere to the requirements of proportionality and to establish a cross-party pool of Members who could be called upon to serve on appeal hearings.

3.9 The inclusion of the Personnel Committee, which consists of 3 Members would result in an additional seat being allocated to the Conservative, Labour and Green Groups and therefore not affect the proposals listed above. However, by leaving the Committee outside of the political balance requirements, it enables the calling of appeal hearings with varying memberships.

4. CONSULTATION

4.1 The two Group Leaders and the Convenor have been consulted on the various changes that were required to comply with the regulations covering the need to maintain political balance on committees. Having taken into account the various options available to them, the Group Leaders and the Convenor have agreed to the proposed changes to the allocations for the committees detailed in 2.1 above for the remainder of the municipal year.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no direct financial implications arising from the report.

Finance Officer Consulted: Anne Silley Date: 27 July 2009

Legal Implications:

5.2 The proposals in this report comply with the requirements of the Local Government & Housing Act 1989 and associated guidance.

There are no adverse Human Rights Act implications arising from this report.

Lawyer Consulted: Abraham Ghebre-Ghiorghis Date: 27 July 2009

Equalities Implications:

5.3 The changes to the allocations of committee seats maintain a political balance and thereby ensure an equal distribution for all Groups.

Sustainability Implications:

5.4 There are no direct sustainability issues arising from the report.

Crime & Disorder Implications:

5.5 There are no specific implications arising from this report.

Risk and Opportunity Management Implications:

5.6 There is a risk that agreement cannot be achieved on the proposed allocations and that the full membership of the committees in question cannot be achieved.

Corporate / Citywide Implications:

5.7 There are no corporate/city wide issues arising from the report.

SUPPORTING DOCUMENTATION

Appendices:
None

Documents in Members' Rooms:
None

Background Documents:
None

EXTRACT FROM THE PROCEEDINGS OF THE GOVERNANCE COMMITTEE MEETING HELD ON 22 SEPTEMBER 2009

GOVERNANCE COMMITTEE

4.00PM 22 SEPTEMBER 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Oxley (Chairman), Simpson (Deputy Chairman), Brown, Elgood, Fallon-Khan, Mears, Mitchell, Randall, Simson and Taylor.

28. E-PETITIONS

28.1 The Committee considered a report of the Acting Director of Strategy & Governance which set out proposals for Brighton & Hove City Council to commence an e-petitions facility (for copy see minute book).

28.2 Members welcomed the trial of the e-petitions facility and sought clarity on their role in the process.

28.3 The Head of Law explained that the intention was to carry forward the existing position followed for paper petitions as detailed in the Council's Standing Orders; Members could initiate an e-petition, but could not sign it themselves, and the guidance would be amended to reflect this clearly.

28.4 Councillor Elgood requested that, in addition to the petitioner, the relevant Ward Councillor also be invited to attend the meeting at which the petition is considered.

28.5 **RESOLVED** -

(1) That the Committee recommends that **Full Council**:

(a) Approves the launch of an e-petitions facility with effect from 21 November 2009 for Brighton & Hove City Council for a trial period and requests a further report on the outcome of the pilot is brought to Governance Committee on 9 March 2010;

(b) Notes that the pilot period will be shorter if the provisions relating to e-petitions in the Local Democracy Economic Development and Construction Bill come into force prior to the review date;

(c) Agrees the e-petitions guidance attached at Appendix One;

(d) Authorises the Head of Law to take all steps necessary to implement the e-petitions facility, including making any necessary amendments to the Council's Constitution;

(2) That the Committee notes the provisions of the Local Democracy Economic Development and Construction Bill in relation to e-petitions and requests officers to bring a further report back to Committee when the commencement date is known.

COUNCIL	Agenda Item 22
8 October 2009	Brighton & Hove City Council

Subject:	**E Petitions**		
Date of Meeting:	**8 October 2009** Governance Committee 22 September 2009		
Report of:	**Director of Strategy and Governance**		
Contact Officer: Name:	**Elizabeth Culbert**	**Tel:**	**29-1515**
	Caroline Banfield	**Tel:**	**29-1126**
Wards Affected:	**All**		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out proposals for Brighton & Hove City Council to commence an e-petitions facility.

2 RECOMMENDATIONS:

That the Governance Committee recommends that Full Council:

2.1 Approves the launch of an e-petitions facility with effect from 21st November 2009 for Brighton & Hove City Council for a trial period and requests a further report on the outcome of the pilot is brought to Governance Committee on 9th March 2010;

2.2 Notes that the pilot period will be shorter if the provisions relating to e-petitions in the Local Democracy Economic Development and Construction Bill come into force prior to the review date;

2.3 Agrees the e-petitions guidance attached at Appendix One;

2.4 Authorises the Head of Law to take all steps necessary to implement the e-petitions facility, including making any necessary amendments to the Council's Constitution;

That the Governance Committee:

2.5 Notes the provisions of the Local Democracy Economic Development and Construction Bill in relation to e-petitions and requests officers to bring a further report back to Committee when the commencement date is known.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 In Brighton & Hove members of the public are encouraged to bring forward their issues on matters relating to the work of the Council in a number of ways. They can bring deputations, ask questions at public meetings and submit a petition to a full council meeting through a ward councillor or directly at other public meetings.

3.2 The Council wishes to increase the opportunities for direct engagement with the public and one way of doing this is to make access to the Council and its decision makers easier. Rather than requiring a petition to go through a ward Councillor it is possible to enable members of the public to directly submit their own petitions and enable this to happen on-line. It is a modern approach to engaging the community and reflects the desire of the Council to increase public involvement in its work.

3.3 In 2008, Democratic Services purchased software that enabled the team to produce standardised paperwork for council meetings and to publish them to the council's website. This software also allows Democratic Services to launch and administer an e-petitions system at no additional cost. There would be a requirement for the team to moderate any petitions received and it is proposed that existing staff would do so for the duration of the six month trial period. At the end of the trial, the level of demand for e-petitions and the consequent demands on staff time and cost implications of this will need to be reviewed.

How would e-petitions work?

3.4 The Council would set up and monitor an online facility for members of the public to register their petition. This would be available on the Council's website for others to view and add their name to. At the close of the petition, the petition would be considered at the relevant meeting and the petitioner invited to attend. The online petition facility would not replace the ability of ward councillors or members of the public to submit a paper petition should they wish to do so.

3.5 A guidance setting out the procedure would be available – a draft of which is attached at Appendix One. The key elements of the guidance are:-

- **Who can sign an e-petition?**
  Any person who lives, works or studies in Brighton & Hove. They would be asked to provide a few basic details for verification purposes. In line with current arrangements, a Councillor would not be eligible to sign a petition.

- **Who can submit an e-petition?**
  Any person who lives, works or studies in Brighton & Hove. In addition they would need to register as a user giving certain information for verification and contact purposes.

- **What issues can the e petition relate to?**

Any issue in respect of which the Council has powers or duties or shared delivery responsibilities.

- **Rejection of petitions**
  The guidance sets out the circumstances in which a petition may be rejected, for example if it is vexatious, abusive, discriminatory or otherwise offensive.

The proposed new legislative framework

3.6 There is currently no requirement to provide a petition facility, online or otherwise. However, the Local Democracy, Economic Development and Construction Bill contains provisions requiring Councils to have a facility for the public to present petitions in electronic form. The Bill has already been through the Lords and is set to be considered in the Commons in October 2009. The requirements in the Bill in relation to e-petitions are detailed and prescriptive. They include:-

- A requirement for a facility for electronic petitions;
- A published scheme to govern dealing with valid petitions;
- An acknowledgement to the petition organiser including information on action taken;
- One or more specific steps on receiving a petition to be made available. The steps include:- holding an inquiry; holding a public meeting; commissioning research; giving a written response; referring the petition to Overview and Scrutiny; considering the petition at a meeting of the Council;
- Petitions signed by a certain number of people (to be defined by the Council taking into account Statutory Guidance) will be able to request that they are considered at a meeting of the Council
- Further, petitions will be able to "require an officer to be called to account" at a public meeting. Such petitions will need the support of a specified number of people as defined by the Council for this purpose and taking into account Statutory Guidance. The officers who can be called to account are Chief Officers and the Chief Executive.
- A petition organiser will be able to request that Overview & Scrutiny review the steps taken in response to the petition and the Council must publish the result of the review.

3.7 It is possible that these provisions will be in force by late 2009 or, more likely, early 2010. If we have a scheme in place already it will enable officers and Members to become acquainted with online petitions and address any early concerns before the more stringent requirements are enacted.

Taking forward e petitions in Brighton and Hove

3.8 If Members agree the proposal, the new e petitions facility could be launched on 21st November 2009 as part of the "Get involved" programme which is planned to promote the council, local democracy and active citizenship in a year-long campaign. A separate report with full details of the programme appears on the Committee agenda. The launch event for the programme is scheduled for Saturday 21 November 2009 and it is proposed that e-petitions

will be launched to members of the public who attend that event. In order to ensure that the e-petition system works effectively and efficiently, democratic services propose to soft launch e-petitions in mid October to undertake user testing on a live system.

3.9 It is suggested that officers should bring back a report after six months of operating the scheme in order to review its success and to determine whether to continue with it.

3.10 If the provisions of the Local Democracy Bill are enacted prior to the end of the six month period, a report will be presented to Governance Committee and Council earlier setting out the additional features required by the new legislation and a draft amended scheme.

4. CONSULTATION

4.1 Consultation has taken place internally with the Communications Team, Policy Team, ICT and with the Environment Directorate.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

There are no financial implications as the Modern.Gov system is already in place and there are no additional IT costs to support e-petitions. The proposal for the 6 month pilot is to moderate and support the system using existing staff resources and a review of this arrangement will be necessary at the end of the pilot period when a further report will come back to Governance Committee.

Finance Officer Consulted: Anne Silley Date: 15th September 2009

5.2 Legal Implications:

As set out in the body of the report, there is currently no legal requirement for the Council to provide an e-petitions facility. The Local Democracy, Economic Development and Construction Bill includes proposals to create a duty for Councils to have an e-petitions facility. The proposals are summarised at paragraph 3.6 of the report.

Lawyer Consulted: Elizabeth Culbert Date: 21st August 2009

5.3 Equalities Implications:

The proposals will increase accessibility to Council decision makers through creating an additional means of submitting petitions directly and online. The existing means of submitting petitions through ward Councillors will still be available so that anyone without IT access will continue to be able to submit a petition.

5.4 Sustainability Implications:

The use of an online e-petitions facility is likely to decrease the amount of paper petitions that are submitted.

5.5 Crime & Disorder Implications:

There are no Crime and Disorder implications arising from this report.

5.6 Risk and Opportunity Management Implications:

The risks involved are that the demand for e-petitions is so high that our Modern.Gov system is not able to cope with the volume or that the number of petitions being brought to Council meetings becomes unmanageable. Modern.Gov is hosting e-petitions elsewhere and have been able to manage issues regarding demand. The report and guidance proposes the option of a petitioner choosing to receive a direct response for the relevant Director which would assist in managing high number of petitions at meetings.

5.7 Corporate / Citywide Implications:

The initiative supports the “Get Involved” programme which is seeking to promote the Council, local democracy and active citizenship.

SUPPORTING DOCUMENTATION

Background Documents

APPENDIX ONE

DRAFT

E-Petitions Guidance

Who can sign an e-petition?

An e-petition can be signed by a person (other than an elected Councillor) of any age who lives, works or studies in Brighton & Hove. You do not have to be a registered user to sign all e-petitions but you will need to provide a few basic details, including a valid email address, for verification purposes. Details of all signatories will be passed to the lead petitioner on the completion of the e-petition.

You can only sign an e-petition once. The list of signatories will be checked by officers and any duplicate signatures or obviously frivolous responses will be removed.

Who can submit an e-petition?

An e-petition can be submitted by a person of any age who lives, works or studies in Brighton & Hove. To submit an e-petition you will need to be a registered user. Registration is a simple process that just requires you to provide us with a few details in case we need to contact you about the e-petition. From time to time, the Council may also submit an e-petition itself to gauge public feeling on a particular issue.

How do I start an e-petition?

On the e-petitions homepage, select the 'Submit a new e-petition' option. You will be prompted to enter a title which the system will automatically check against existing e-petitions to allow you to see if a similar one has been considered recently. There is also a drop down box which allows you to associate your e-petition with any existing issue in the Council's Forward Plan which details all of the key decisions to be taken by the Council in the coming months. You will then need to fill in the online form. This will be submitted to the Democratic Services team who may contact you to discuss your e-petition before it goes live.

What issues can my e-petition relate to?

Your e-petition should be relevant to some issue on which the Council has powers or duties or on which it has shared delivery responsibilities. It should also be submitted in good faith and be decent, honest and respectful.

Your e-petition may be rejected if the Head of Democratic Services considers it:

- Contains intemperate, inflammatory, abusive or provocative language.
- Is defamatory, frivolous, vexatious, discriminatory or otherwise offensive; or contains false statements.
- Is too similar to another petition submitted within the past six months..
- Discloses confidential or exempt information, including information protected by a court order or government department.
- Discloses material which is otherwise commercially sensitive.
- Names individuals, or provides information where they may be easily identified, e.g. individual officers of public bodies, or makes criminal accusations.
- Contains advertising statements.
- Refers to an issue which is currently the subject of a formal Council complaint, Local Ombudsman complaint or any legal proceedings.
- Relates to the Council's Planning or Licensing functions as there are separate statutory processes in place for dealing with these matters.
- Does not relate to an issue upon which the Council has powers or duties or on which it has shared delivery responsibilities.

During politically sensitive periods, such as prior to an election, politically controversial material may need to be restricted.

The Council accepts no liability for the petitions on these web pages. The views expressed in the petitions do not necessarily reflect those of the Council.

If your petition relates to an issue which is beyond the powers of the Council to address, it may be more appropriate to start an e-petition on the Number 10 website. Advice on the admissibility of e-petitions can be obtained from Democratic Services (contact details below).

Privacy policy

The details you give us are needed to validate your support but will not be published on the website. This is the same information required for a paper petition. On the completion of an e-petition, your details will be passed on to the principal petitioner. The Council may contact you in relation to any petitions you have signed, unless you have requested not to be contacted when signing the e-petition.

What information should my e-petition contain?

Your e-petition will need to include:

- A title.
- A statement explicitly setting out what action you would like the Council to take (a “call for action”).
- Any information which you feel is relevant to the e-petition and reasons why you consider the action requested to be necessary. You may include links to other relevant websites.
- A date for when your e-petition will go live on the website. It may take Democratic Services a couple of days to check your e-petition request and discuss any issues with you so please ensure that you submit the request a few days before you want the e-petition to go live.
- A date for when your e-petition will stop collecting signatures. In order to achieve the maximum impact, you may want to set this date so that the e-petition will be submitted prior to a date on which a debate is to be held or a decision taken on the issue. We will host your e-petition for up to 4 months but would expect most to be shorter in length than this.

  As lead petitioner, your name will be displayed with your e-petition on the website.

If you are having trouble submitting an e-petition or would like further advice and information then please contact Democratic Services and Scrutiny (details below) and we will be happy to assist you.

Promoting your e-petition

Whilst the Council will host e-petitions on its website, it will not generally promote individual e-petitions. It is therefore down to the lead petitioner to spread the word about their e-petition in order to get as many people as possible to sign up. If this is not done then your e-petition could receive no signatures. Raising awareness of it could be done in a number of ways such as promoting it on local community websites, discussion forums or newsletters. All it takes is to give people a brief explanation of the issue and then direct them to the site at www.brighton-hove.gov.uk/epetitions to sign up.

What happens when the e-petition is complete?

When the e-petition reaches its closing date, you will no longer be able to sign it online. The list of signatories will be collated by Democratic Services and you will be contacted regarding the submission of the completed e-petition.

What will happen to the e-petition once it is submitted?

Once the e-petition has been submitted, you will be offered the choice as to whether you wish the petition to be referred to the appropriate

Council meeting for response or wish to receive a response directly from the relevant Director. The relevant Council meeting could be Full Council, Cabinet, Cabinet Member Meeting, Committee or Sub Committee depending on the issue.

If you wish to refer the petition to a Council meeting, you will be invited to attend the meeting and will be offered the opportunity to present the petition which will involve spending up to three minutes summarising what the petition is about and how many signatories you have. A response will also be sent to you within 15 working days of the Council meeting and will be posted on the Council's website.

If you wish to receive a written response directly from the relevant Director this will be sent to you within 21 days of the close of the petition and a copy will be posted on the Council's website.

What can e-petitions achieve?

When you submit an e-petition to the Council it can have positive outcomes that lead to change and inform debate. It can bring an issue to the attention of the Council and show strong public approval or disapproval for something which the Council is doing. As a consequence, the Council may decide to, for example, change or review a policy, hold a public meeting or run a public consultation to gather more views on the issue.

Can I still submit a paper petition?

Yes, you can still submit paper petitions.

A petition may also gather names and addresses in both forms - you can have a paper version and an online version, although repeat names will be removed. Both forms should run for the same period of time and must be submitted together. When submitting an e-petition request, please let us know if you are running a paper petition as well and this can be highlighted on the website.

Contact Details

For more information and advice, or to discuss a potential e-petition, please contact:

Mark Wall
Head of Democratic Services
mark.wall@brighton-hove.gov.uk
01273 291006

Alternative formats and languages

If you would like information published by Brighton & Hove Council in large print, braille, audio tape, in pictures and symbols, or in a community language please call.

Brighton & Hove Council reserves the right to vary these guidelines as and when necessary. However, any changes will not be applied retrospectively.

COUNCIL	Agenda Item 23
8 October 2009	Brighton & Hove City Council

Subject:	**Dual Diagnosis: Overview & Scrutiny Report**	
Date of Meeting:	**8 October 2009**	
Report of:	**Director of Strategy & 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 The Council's Constitution (6.15.4) requires reports from Overview & Scrutiny Ad Hoc Panels and Select Committees, together with the Executive response to these reports, to be reported to full Council for information.

1.2 **Appendix 1** to this report contains the original Overview & Scrutiny report on Dual Diagnosis (of mental health and substance misuse issues) together with its appendices. **Appendix 2** to this report contains the Cabinet response to the Dual Diagnosis report (the report which went to 09.07.09 Cabinet and an extract from the minutes to this meeting).

2. RECOMMENDATIONS:

2.1 That the Dual Diagnosis Scrutiny Panel's report and the executive response of the Cabinet to the report be noted.

3. BACKGROUND INFORMATION

3.1 At the 14 January 2008 Overview & Scrutiny Organisation Committee (OSOC) meeting, OSOC members considered and approved a scrutiny request from Councillor Georgia Wrighton 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."

3.2 Co-existing substance misuse and mental health problems are commonly referred to as 'Dual Diagnoses'. People with a Dual Diagnosis may be some of the most vulnerable *and* the most disruptive members of the local

community, and can pose very considerable challenges for health, social care, housing and police services. A detailed discussion of the problems associated with Dual Diagnosis can be found in the body of the Overview & Scrutiny report.

3.3 Councillors Pat Hawkes, Keith Taylor, David Watkins and Jan Young agreed to form a scrutiny panel to investigate this issue, with Councillor Watkins elected Chairman of the panel. (Councillor Young subsequently resigned from the panel upon being appointed to the Council's Executive, as Executive members may not sit on Overview & Scrutiny committees/panels.)

3.4 The panel's completed report was presented to the Overview & Scrutiny Commission (OSC) on 21 April 2009. The OSC endorsed the report and referred it to the Council's Executive.

3.5 Cabinet considered the report on 11 June 2009. Cabinet endorsed the majority of the report recommendations and agreed to pass all the recommendations on for consideration to the partnership group currently working to revise the city Working Age Mental Health Commissioning Strategy. The revised Working Age Mental Health Commissioning Strategy is due to be ratified by the Joint Commissioning Board in early 2010.

4. CONSULTATION

4.1 No formal consultation has been undertaken in compiling this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The impact of the recommendations agreed by the Cabinet following the Scrutiny review and development of mental health and housing services will be financially modelled as part of the development of the Adult Mental Health commissioning strategy and subsequently input into future Health and Council budget strategies for consideration.

Legal Implications:

5.2 As indicated in paragraphs 1.1 and 2.1 above, and in accordance with the council's procedure rules on overview and scrutiny, this report is purely for Council to note. There are no further legal implications arising directly from the report.

Equalities Implications:

5.3 None specific to this report for information. Please see the implications on the attached report to Cabinet.

Sustainability Implications:

5.4 None specific to this report for information. Please see the implications on the attached report to Cabinet.

Crime & Disorder Implications:

5.5 None specific to this report for information. Please see the implications on the attached report to Cabinet.

Risk and Opportunity Management Implications:

5.6 None specific to this report for information. Please see the implications on the attached report to Cabinet.

Corporate / Citywide Implications:

5.7 None specific to this report for information. Please see the implications on the attached report to Cabinet.

SUPPORTING DOCUMENTATION

Appendices:

1. The Overview & Scrutiny Report on Dual Diagnosis (and its appendices);

2. The Cabinet response to the Dual Diagnosis report (report to 09.07.09 Cabinet and an extract from the minutes of this meeting).

Documents in Members' Rooms:

None

Background Documents:

None

Scrutiny Report on Dual Diagnosis

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

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[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 3(i)

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 3(ii)

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 3(iii)

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 3(iv)

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 3 (v)

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 3(vi)

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 A (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 A (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 2002

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 [illegible] 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 Councilors 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 buses 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.

COUNCIL	Agenda Item 23
8 October 2009	Brighton & Hove City Council

EXTRACT FROM THE PROCEEDINGS OF THE CABINET MEETING HELD ON 9 JULY 2009

CABINET

4.00PM 9 JULY 2009

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Mears (Chairman), Brown, Caulfield, Fallon-Khan, K Norman, Simson, Smith, G Theobald and Young.

Also in attendance: Councillor Mitchell (Leader of the Labour Group), Councillor Randall (Convenor of the Green Group) and Councillor Watkins (Opposition Spokesperson, Liberal Democrats).

Other Members present: Councillors Allen, Duncan, Kitcat and Wrighton.

PART ONE

48. DUAL DIAGNOSIS

48.1 The Cabinet considered a report from the Director of Adult Social Care & Housing outlining the initial response from service commissioners from Brighton and Hove Teaching Primary care Trust and Brighton & Hove City council Adult Social Care and Housing to the scrutiny review on dual diagnosis (for copy see minute book).

48.2 The Chairman invited Councillor Watkins, Chairman of the Scrutiny Panel, to introduce the report.

48.3 Councillor Watkins commended the scrutiny report and stated that it was a good example of joint working and scrutiny. He had been amazed by the number of responses received and felt that the issue would now be taken forward. He was pleased that the recommendations would inform the Working Age Mental Health Commissioning Strategy and looked forward to seeing the completed strategy in the New Year.

48.4 Councillor Watkins wished to place on record his thanks to Giles Rossington and John Heys for all their hard work on the scrutiny review.

48.5 Councillor Wrighton, the councillor responsible for requesting the original scrutiny review into dual diagnosis thanked the Scrutiny Panel and the Cabinet for their acceptance of the recommendations in principle.

48.6 Councillor Wrighton read a statement from Sue Baumgardt, a mother would have given evidence to the Scrutiny Panel and had first hand experience of the problems associated with dual diagnosis.

48.7 Councillor Mitchell echoed the comments and added that the council now had more powers to hold partner organisations to account through scrutiny.

48.8 Councillor Randall commented that the proposed Local Delivery Vehicle for housing management may look into the provision of better supported housing and that one option could be to use vacant farm buildings in order to remove people in need from the temptations prevalent in the city.

48.9 **RESOLVED** - That, having considered the information and the reasons set out in the report, the Cabinet accepted the following recommendations:

(1) That support, in principle, for the review's recommendations as detailed in appendix 1 be confirmed.

(2) That the consideration of all the recommendations by the Working Age Mental Health Commissioning Strategy Working Group be endorsed.

(3) That it be requested that the Working Age Mental Health Commissioning Strategy by presented to a future Cabinet meeting and made available to the members of the Scrutiny Review.

CABINET	Agenda Item 48 Brighton & Hove City Council

Subject:		**Dual Diagnosis – Response to Scrutiny Review**
Date of Meeting:		**9 July 2009**
Report of:		**Director of Adult Social Car e & Housing**
Contact Officer:	**Name:**	**Simon Scott** **Tel: 545414**
	E-mail:	**Simon.Scott@bhcpct.nhs.uk**
Key Decision:	**No**	
Wards Affected:	**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report outlines the initial response from service commissioners from Brighton and Hove Teaching Primary care Trust and Brighton & Hove City council Adult Social Care and Housing to the scrutiny review on dual diagnosis (of mental health and substance misuse problems).

1.2 The scrutiny review defined 'dual diagnosis' as individuals diagnosed with both severe mental illness and substance use disorders. However, it is a definition that is not fully recognised by all practitioners in the field and represents an emergent area requiring further intervention and support.

1.3 The review was instigated by Councillor Georgia Wrighton. The Scrutiny Panel comprised Councillors David Watkins (Chairman) Pat Hawkes, Keith Taylor and Jan Young (who resigned shortly into the review due to a new appointment). The Panel met five times.

1.4 Evidence was sought from and provided by clinicians and managers from Sussex Partnership Foundation NHS Trust, officers of NHS Brighton & Hove, officers of Brighton & Hove City Council, 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 substance misuse; and the families and carers of people with a dual diagnosis.

1.5 The Panel made twenty three recommendations. These were offered under separate themes namely; 'Supported Housing', 'Women' Services', 'Children and Young People', 'Integrated Working and Care Plans', 'Funding', 'Treatment and Support' and 'Data Collection and Systems'.

1.6 The outcome of the scrutiny review will be used to inform the 'Working Age Mental Health Commissioning Strategy'. The strategy is being developed by a working group consisting of Brighton & Hove Teaching Primary Care Trust, Sussex Partnership Foundation Trust, Brighton & Hove City Council Adult Social

Care & Housing, MIND, service users, carers and GPs. In recognition of its significance dual diagnosis will be a central theme for the new strategy and the group has made a commitment to consider the recommendations of the scrutiny review during the development of the strategy. The strategy is due to be completed early in the New Year.

2. RECOMMENDATIONS:

2.1 That Cabinet confirms, in principle, support for the review's recommendations as detailed in appendix 1.

2.2 That Cabinet endorses the consideration of all the recommendations by the Working Age Mental Health Commissioning Strategy Working Group.

2.3 That Cabinet request that the Working Age Mental Health Commissioning Strategy by presented to a future Cabinet meeting and made available to the members of the Scrutiny Review.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The integration of mental health and substance misuse services has been a longstanding matter of concern locally and nationally. The Reducing Inequality Review (2007) identified that over 52% of all people in receipt of Incapacity Benefit in the city receive it as a result of poor mental health, a significantly higher proportion than the South East (41%), England (42%) and other small cities (41%). Furthermore, the City contains an area with the highest level of mental health needs in England. This has significant impact on the health and wellbeing of individuals and communities as well as the overall economic health of the city.

3.2 The scrutiny review proposed a number of recommendations to address the challenges of dual diagnosis. Of the twenty three recommendations, four in particular are of specific significant to the city council. These are as follows:

3.3 Recommendation (1C – Supported Housing): 'Consideration should be given to commissioning long term supported housing for people with a dual diagnosis who refuse treatment for their condition(s).'

3.3.1 Practioners in both housing and treatment services recognise that successful treatment of dual diagnosis requires stable housing and that stable housing requires successful treatment. However, provision of supported housing for those not in treatment presents an unsustainable cost for both housing and health services. Therefore an alternative for consideration is the provision of long term supported housing as an incentive for those individuals to engage and maintain their treatment. This will be considered as part of the commissioning strategy.

3.4 Recommendation (3C – Children and Young People): '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.'

3.4.1 This issue is detailed in and concurs broadly with the recommendations from the 'Children and Young Peoples Overview and Scrutiny ad hoc panel on Alcohol and Young People' (May 2009). The implications of this report are due to be circulated imminently; there will be benefit from the perspectives of both pieces of work.

3.5 Recommendation (6B – Treatment and Support): '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.'

3.5.1 The accessibility of services will be a key part of the Working Age Mental Health Commissioning Strategy. Commissioners will work over the summer to give further consideration to the timeliness of intervention.

3.6 Recommendation (5A– Funding): '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.'

3.6.1 There is a recognised link between mental well-being and alcohol use. The Annual Report of the Director of Public Health concurs that provision for the better management of alcohol in the city is a key factor in improving the overall health of the city and specifically for those with mental health issues. Better integration of services (both existing and future) is also considered important by the Sussex Partnership Foundation Trust.

4. CONSULTATION

4.1 The working age mental health commissioning strategy working group includes practitioners, service users and carers, all of whom will be involved in considering the recommendations of the scrutiny review and their use in the strategy.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no immediate financial implications arising from this report. The impact of the recommendations and development of mental health or housing services will be financially modelled as part of developing the commissioning strategy and subsequent input into future Health and Council budget strategies for consideration.'

Finance Officer Consulted: *Anne Silley* *Date: 29/06/09*

Legal Implications:

5.2 At its meeting on 21 April 2009, the Overview & Scrutiny Commission resolved that the Dual Diagnosis Scrutiny Report be endorsed and that its recommendations be referred to Cabinet. The Council's constitution requires Cabinet to consider the report within 6 weeks of it being submitted to the Chief Executive, or at its next scheduled meeting, whichever is the later.

Lawyer Consulted: *Liz Woodley* *Date: 29/06/09*

Equalities Implications:

5.3 As part of the scrutiny review consideration was given to the needs of older and young people with dual diagnosis as well as its prevalence in ethnic minority communities. This information will be helpful in informing the commissioning strategy. Moreover, the strategy will be equality impact assessed.

Sustainability Implications:

5.4 Better use and co-ordination of existing resources will deliver a more cost-effective and sustainable service. In addition, support for individuals with dual diagnosis to engage in community and working life will help contribute to the sustainability of the local economy and local communities.

Crime & Disorder Implications:

5.5 Improving the quality and co-ordination of treatment for offenders with a dual diagnosis is anticipated to result in increasing the stability of their lifestyles and consequentially a reduction in the likelihood of re-offending.

Risk & Opportunity Management Implications:

5.6 As an emergent area it is widely acknowledged that services for individuals with dual diagnosis require review and improvement. The council has a duty of care to vulnerable individuals. The outcome of the scrutiny review presents a prime opportunity to inform the current work on the new commissioning strategy. Moreover, as noted earlier in this report the Reducing Inequality Review (2007) identified over 50% of incapacity benefits claimants claimed on the basis of mental health issues. Therefore there is a substantial risk, if this area of work is not prioritised, to the long-term economic welfare of a large proportion of the working age population.

Corporate / Citywide Implications:

5.7 As noted in the scrutiny review and this report dual diagnosis is a complicated disorder and requires a multi-facetted response involving a range of partners. Thus the scrutiny review recommendations have and will be considered by the multi-agency working group.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 An alternative option is to not accept the recommendations of the scrutiny review. However the detailed work and considered opinions of the experts in the field who contributed to the review are held to be accurate and valuable and thus should be considered as part of the development of the new commissioning strategy.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 Cabinet is required to provide a response to scrutiny reviews. Having considered the review and its recommendations Cabinet is keen to ensure that the work of the scrutiny panel and those that gave evidence is made best use of.

SUPPORTING DOCUMENTATION

Appendices:

1. Scrutiny review recommendations and relevant lead organisation

2. Scrutiny Report on Dual Diagnosis (on mental health and substance misuse problems)

Documents in Members' Rooms

None

Background Documents

None

COUNCIL	Agenda Item 24(a)
8 October 2009	Brighton & Hove City Council

NOTICE OF MOTION

LABOUR GROUP

INCLUSIVE TRANSPORT PLANNING
A CITY-WIDE TRANSPORT FORUM FOR BRIGHTON AND HOVE

"Strategic and sustainable transport plans are of vital importance to Brighton and Hove and its surrounding region. Successful, integrated transport plans should support and enhance all of the city's key priorities in terms of improving our urban environment, boosting the local economy and reducing the city's carbon footprint.

The main policy driver for the city's current Sustainable Transport Strategy is the 2007/2011 Local Transport Plan (LTP 2) and work on LTP 3 has already begun.

Since the consultation on and adoption of LTP 2 it is becoming increasingly apparent that there is a gradual departure from the principals and policies in the current, agreed Local Transport Plan and in some instances key policies are not being taken forward.

Council consultation on several different policy documents during the summer of 2009 has drawn serious expressions of concern at the various forums where these documents have been discussed, particularly in relation to their sections on transport.

It has become clear that rather than being restricted to only being able to feed-in comments relating to transport issues on separate policy documents, in what can be a rather ad-hoc manner often only relating to individual areas of the city, there is a strong desire for a more formalised, on-going dialogue on strategic transport planning issues between the council, its partner organisations, user groups, councillors and other stakeholders. The start of the formation of Local Transport Plan 3 would seem an ideal time to formalise such a dialogue.

This council therefore:

- Recognises the expressed need for a Citywide Local Transport Forum.
- Agrees that the council should be demonstrating leadership on this issue.
- Calls on the Cabinet to consider the setting up of a Citywide Local Transport Forum.
- Calls on the Cabinet to take into consideration that the creation of the Forum is undertaken in conjunction with the Local Strategic Partnership and its themed partnerships to avoid any potential duplication."

Proposed by: Councillor Mitchell Seconded by Councillor Morgan

Supported by: Councillors Hawkes, Hamilton, Carden, Davis, Turton, Simpson, Marsh, McCaffery, Meadows and Lepper.

COUNCIL	Agenda Item 24(b)
8 October 2009	Brighton & Hove City Council

NOTICE OF MOTION

LABOUR GROUP

SUPPORT AND GUIDANCE FOR THE DEAFBLIND IN BRIGHTON AND HOVE

"Whilst there is no generally accepted definition of deafblindness there is a working description that has been accepted over many years; 'persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility'. Deafblindness is a visual and hearing impairment. These impairments can be of any type or degree and are sometimes called multi-sensory impairments (MSI). There are many different causes of MSI. Most people who are multi-sensory impaired have some useful vision and/or hearing.

This Council welcomes the Department of Health's Social Care for Deafblind Children and Adults – LAC (DH) 2009 6 circular. The implementation of this guidance will have a positive impact upon the level of support that deafblind people in the City receive.

The improved deafblind guidance expects this Council to carry out the following:

- Identify, make contact with and keep records of deafblind people in the City
- Ensure that assessments are carried out by properly training personnel
- Ensure that appropriate services are provided for deafblind people- remembering that individual services who are deaf or who are blind, may not be appropriate for someone who is both deaf and blind
- Ensure that all deafblind people in the City have access to fully trained, one-to-one support workers if necessary
- Provide information in a suitable format which is accessible to deafblind people

The Council therefore requests the Cabinet to consider that the guidance contained in the circular is implemented and to receive a report on the progress of the implementation."

Proposed by: Cllr Jeane Lepper Seconded by: Cllr Juliet McCaffery

Supported by: Cllrs Anne Meadows; Bob Carden; Christine Simpson; Leslie Hamilton; Melanie Davis; Mo Marsh; Warren Morgan; Craig Turton; Gill Mitchell and Warren Morgan

COUNCIL	Agenda Item 24(c)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

GREEN GROUP

10:10 CAMPAIGN

"This council notes that 10:10 is a mass movement that has seen people and organisations from across the country sign up to reduce their carbon emissions by 10 per cent in 2010. From councils and hospitals to faith groups, scout troops and national newspapers, organisations across the UK have joined what it commonly being seen as the start of the journey to a low-carbon society.

Leaders of the national Green, Liberal Democrat, Labour and Conservative parties have all committed to 10:10. Councils from across the political spectrum including Greenwich, Hackney, Islington, Richmond, Oxford, Slough, West Sussex, Stroud, Eastleigh, Kirklees have also signed up.

This council notes that:

- Cutting global carbon emissions is vital if we are to stave off runaway climate change.

- The Lancet earlier this year published a report warning that climate change is the biggest threat to global health of the 21st century.

- There are compelling business reasons for joining the 10:10 campaign, not least that cutting our spending on energy is one way to reduce costs and increase efficiency.

- The importance of the outcome of the Climate Change talks in Copenhagen in December this year cannot be overstated, and early commitment to the 10:10 Campaign has the potential to influence those talks to make urgent cuts in global emissions a reality.

Therefore this council requests the Cabinet to consider the possibilities of Brighton & Hove City Council signing up to the 10:10 campaign."

Proposed by: Councillor Alex Phillips Seconded by Councillor Bill Randall

COUNCIL	Agenda Item 24(d)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

CONSERVATIVE GROUP

10:10 CARBON COMMITMENT

"This Council recognises the progress that has been made in recent years to reduce the Council's and City's carbon emissions and on wider sustainability initiatives. In particular:

- Launching a £6 million energy efficiency grant scheme over three years to help householders cut costs and carbon emissions
- Committing to installing a network of electric car charging points in the city
- Running a successful Carbon Management Programme, saving more than £50,000 to date in energy efficiency measures, with more to follow
- Committing the council and the city to tough, short-term targets to cut carbon dioxide emissions – by 12% over three years
- Helping secure £180,000 from the Department for International Development for Climate Connections, a three year city-wide public engagement project
- Committing to introduce a network of park and rides sites at key strategic locations in the City
- Launching an impressive bid at an internationally-recognised conference to become the world's first Urban Biosphere
- Playing an integral part in helping the city's Food Partnership secure a grant of £500,000 over four years
- Launching a major Be Local Buy Local campaign to support local jobs and the environment.

This Council welcomes the national 10:10 campaign to persuade every sector of British society to work together to achieve a 10% cut in their carbon emissions in 2010. The 10:10 campaign is receiving growing support from a wide range of organisations in the public, private and voluntary sectors as well as from individuals and households.

Therefore, as part of its continuing drive towards achieving a low carbon Brighton & Hove, this Council resolves to:

- Call on the Cabinet, as soon as possible, to sign up to the 10:10 campaign to reduce the City Council's carbon emissions by 10% in 2010/11.

- Request that the Cabinet considers calling for a report to be brought to the meeting of the Sustainability Cabinet Committee in January 2010 outlining the measures which will be taken to attempt to achieve this ambitious goal."

Proposed by: Councillor Ayas Fallon-Khan Seconded by Councillor Tony Janio

COUNCIL	Agenda Item 24(e)
8 October 2009	Brighton & Hove City Council

NOTICE OF MOTION

LIBERAL DEMOCRAT GROUP

UNVEILING OF THE BRIGHTON AND HOVE AIDS MEMORIAL

"This council welcomes the unveiling of the Brighton and Hove AIDS Memorial in the New Steine, which marks the devastating impact of AIDS and HIV to many people in Brighton and Hove.

It notes:

- That the memorial is a stunning piece of public art by local artist Romany Mark Bruce and was entirely funded by public donations, at no cost to the taxpayer.

- That the importance to all residents of Brighton and Hove of ensuring accessible support and healthcare for residents with HIV and AIDS. Furthermore, it welcomes the ongoing health education and promotion work undertaken in the city, especially that by the voluntary sector.

- That HIV and AIDS crosses all boundaries and all groups of people, and the dedication of the memorial aims to reflect this.

The council therefore applauds all the effort in securing the acquisition of the memorial and thanks the artist and all individuals who supported the memorial through their donations."

Proposed by: Councillor Paul Elgood Seconded by Councillor David Watkins

Supported by: Councillors Hawkes, Hamilton, Carden, Davis, Turton, Simpson, Marsh, McCaffery, Meadows, Lepper and Bennett.

COUNCIL	Agenda Item 24(f)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

GREEN GROUP

REDUCE THE DEFAULT SPEED LIMIT IN BUILT-UP AREAS FROM 30 TO 20MPH

"This council is deeply concerned that:

1. 141 people were killed or seriously injured on roads in the city in 2008-9 (NI047)
2. 13 of these were children (NI048)

And that these casualty figures particularly those for children, whilst falling, are still far too high. Also that the relevant performance indicators for both of these figures have until recently been at red.

This council recognises that:

1. The most effective measure that can be taken to lower the number of serious road casualties is to reduce traffic speed [1]
2. That many towns and cities across the country have already decided to set speed limits at 20mph across large urban areas. These include: Glasgow, Portsmouth, Leicester, Norwich and Bristol.
3. That campaigning organisations such as Living Streets are calling on local Authorities across the country to do likewise.
4. Many residents and community groups throughout the city have called for traffic speed reductions on their local roads.

This council is also aware that additional benefits of reduced traffic speed include:

1. Reduced emissions and improved traffic flow – as proven by research in Germany where 30kph (19mph) speed limits have long been commonplace. [2]
2. Improved sociability - recent research in Bristol found that relationships between residents increased and improved on streets with lower traffic speed. [3].
3. Safer conditions for walking and cycling.

This council supports the principle of implementing 20mph speed limits in residential areas of Brighton & Hove wherever feasible.

It therefore requests the Cabinet to consider asking for a report as a matter of urgency that would look at the viability of rolling out a programme of 20mph speed limits across the city early in the New Year.

In addition, in order to support local efforts towards this outcome the council requests the government to reduce the default speed limit for urban areas from 30 to 20mph.

This will reduce the time; effort and cost for Local Authorities of moving towards slower speeds becoming the norm in areas where people live, work, play or go to school.

Consequently this council calls on its Chief Executive to write to Lord Adonis, The Minister for Transport, and ask him to use the DfT's road safety strategy consultation, 'A Safer Way', as an opportunity to set in motion changes to the Road Traffic Regulation Act to reduce the standard default speed limit on 'restricted roads' [4] in urban areas from 30mph to 20mph."

Proposed by: Councillor Ian Davey Seconded by Councillor Pete West

Supported by: Councillors Alex Phillips, Amy Kennedy, Ben Duncan, Bill Randall, Georgia Wrighton, Jason Kitcat, Rachel Fryer, Sven Rufus, Keith Taylor and Vicky Wakefield-Jarrett.

Notes

[1] someone struck by a car at 35mph has a 50% chance of survival. At 20mph this increase to 97%. www.rospa.com/roadsafety/advice/driving/speed_policy.htm

[2] Dr Carmen Hass-Klau. An illustrated Guide to Traffic Calming p3.

[3] Joshua Hart (2008). Driven to Excess. www.driventoexcess.org

[4] As defined in the Road Traffic Regulation Act (1984) as streets with streetlamps no more than 183 metres apart.

COUNCIL	Agenda Item 24(g)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

GREEN GROUP

ACTION ON DRUGS HARM

"This Council Notes:

1. Brighton and Hove is once again Drugs Death Capital of the UK

2. 44 people died in the City as a result of drugs in 2008, ranking it above London, Manchester and Birmingham

3. This is the 6th time in 8 years the City has topped the list after falling to second place in 2006 and 2007.

4. Brighton and Hove has around 2,300 injecting heroin addicts, who are particularly at risk.

5. The majority of deaths in Brighton and Hove, compiled from coroners' reports, were from heroin but there were also 5 from cocaine and 2 from ecstasy

6. The partial contribution of dangerously strong street heroin to drugs deaths in 2008

7. National research suggests that between one half and two thirds of all crime in the UK is drug-related and three quarters of crack and heroin users claim they commit crime to feed their habit

8. The personal, social and public costs of drugs harm to the City,

9. The value of City frontline workers who assist people in accessing existing services and tackle street dealing.

It notes furthermore, that:

1. The recently published results of a national drugs treatment trial in Brighton and Hove, London and Darlington called RIOTT (Randomised Injecting Opiod Treatment) which gave heroin to injecting addicts in supervised clinics, along with psychological support and help with their housing and social needs, showed that in the study areas:

   a) Three quarters 'substantially' reduced their use of street heroin

   b) More than half were 'largely abstinent' and 1 in 5 did not use street heroin at all

c) Criminal offences were down from 1,731 in 30 days to 547 in 6 months

d) Spending on drugs was down from £300 to £50 a week

2. The Government stated in its National Drugs Strategy, published last year, that it would "roll out" clinics for the prescription of injectible heroin, subject to the findings of the pilot scheme.

3. The Advisory Council on the Misuse of Drugs calls on the government to make the drug naloxone much more widely available and to allow frontline workers who may witness an overdose to retain and administer the drug. Naloxone is a drug that reverses heroin overdoses long enough for medical help to arrive and has been estimated could save 500 lives nationally every year.

Given the demonstrable success of the recent pilot and national calls for action, this Council now calls on the government to take urgent action that will reduce harm caused by heroin drug addiction in Brighton and Hove.

It therefore asks that the Chief Executive write to the Secretary of State for Health requesting the government to:

1. Honour its pledge to roll out clinics for the prescription of injectible heroin.

2. Respond to the Advisory Council on the Misuse of Drugs' calls for the drug naloxone to be made more widely available.

3. Provide this Council's Health Overview and Scrutiny Committee with an urgent report of additional proposals to enable the prevention of drugs deaths on the scale experienced in Brighton and Hove."

This Council further requests that the Chief Executive writes to the City's 3 MPs asking that they indicate their support for the actions set out under points 1, 2 and 3 above.

Proposed by: Councillor Georgia Wrighton Seconded by Councillor Keith Taylor

COUNCIL	Agenda Item 24(h)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

CONSERVATIVE GROUP

70TH ANNIVERSARY OF THE CITIZENS ADVICE BUREAU (CAB)

"This Council congratulates the CAB on its 70th Anniversary which took place on 4th September 2009.

This Council recognises the vital contribution made by CABs in providing free, independent and confidential advice on a wide variety of topics including: debt, benefits, housing, employment, consumer issues, relationships, family matters, health, education, discrimination, immigration and the law.

The CAB provides a vital service to the residents of Brighton & Hove. During 2008/9 the local Brighton & Hove branch helped over 10,000 residents with advice and support, a 7% increase on the previous year. The CAB has been particularly invaluable to those who have been hit hard by the recession - personal debt is now the single biggest problem dealt with by the CAB.

Furthermore, this Council recognises that every CAB is a registered charity reliant on trained volunteers and public funds to provide these vital services for local communities.

Therefore, this Council resolves to ask the Chief Executive to write to the Director of the Brighton & Hove Citizens' Advice Bureau congratulating them on reaching this significant milestone and expressing the Council's sincere appreciation for the excellent work they carry out for some of Brighton & Hove's most vulnerable residents."

Proposed by: Councillor Steve Harmer-Strange

Seconded by: Councillor Dee Simson

COUNCIL	Agenda Item 24(i)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

CONSERVATIVE GROUP

ENERGY CRUNCH

"This Council notes with grave concern the Government's predictions in the "UK Low Carbon Transition Plan" that they are expecting power cuts equivalent to three thousand megawatt hours a year by 2017. This is equivalent to a million people seeing the lights go out for 15 minutes at peak time on twenty-four winter evenings a year by 2017. This will have a serious and detrimental impact on both residents and businesses in Brighton & Hove.

Furthermore, this Council notes that North Sea gas supply peaked in 1999, since when the flow has fallen by half and by 2015 it will have dropped by two-thirds. By 2015 four of Britain's ten nuclear power stations will have shut and no new ones are likely to be ready for years after that. Of a total UK generating capacity of around 75 Gigawatts, estimates suggest that between 20 and 32 Gigawatts will disappear by 2015.

This Council regrets the lack of foresight and planning by the Government in addressing these putative shortfalls. For the last decade it has been known that:

- UK nuclear plants were reaching the end of their planned life
- The most polluting coal-fired power stations would need to be closed
- We continue to lag well behind most of our European neighbours in exploiting renewable resources.

Therefore, this Council resolves to ask the Chief Executive to write to the Secretary of State for Energy & Climate Change asking him what steps are being taken to address this vital issue for the residents of Brighton & Hove and the rest of the UK."

Proposed by: Councillor Brian Oxley

Seconded by: Councillor Ayas Fallon-Khan

COUNCIL	Agenda Item 24(j)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

GREEN GROUP

SHAPING THE FUTURE OF CARE TOGETHER (SFCT)

"This council notes the Green paper Shaping the Future of Care Together, concerning the funding of social services, both residential and home-based, and welcomes the opportunity to comment on emerging government policy.

City care services are in a period of transition - moving toward personalised budgets at the same time as experiencing increasing budgetary pressures. The combination of insufficient funding, increased demand from an ageing society and escalating costs is already placing an immeasurable strain on adult care.

The Local Government Association believes councils already contribute a significant amount to total local adult social care expenditure through Council Tax. They estimate that local government contributes 39%, or more than £5.3bn to total adult care spend of over £13bn.

The Green paper;

- Points to current geographic inequalities both in services provided concerning both the level of need of the recipients and services provided and proposes a National Care Service (NCS) be formed to coordinate standards.

- The Green paper proposes that the work of the NCS and the benefits it provides will be funded through one of three options, Partnership, Insurance or Comprehensive. All of these options require means-tested personal contributions – (apart from the Partnership arrangement where people with less than £23,000 (or an amount to be agreed) would get basic services free.

- Rules out services being wholly funded by the state.

- Proposes a realignment of 'disability benefits', which is widely understood to mean that Disability Living Allowance be ceased (DLA), and its funds be diverted to services arranged via NCS.

Such a comprehensive reorganisation of social care payments would affect thousands of Brighton & Hove residents - 12,460 people claimed DLA alone in the year ending August 2008. Added to this are the significant number of people receiving home and residential care packages. Withdrawal or reduction of benefits payable to the most vulnerable will cause real hardship and further widen the poverty gap.

The recent publication of the 'Green New Deal' proposals by the Green party argued for non means-tested free universal social care for all. The cost would be met from, among other things, the abolition of tax havens (a total of £10bn a year could be raised in this way), improved tax collection and cancellation of expensive and wasteful projects such as Trident renewal and the ID cards scheme.

Bearing in mind the importance of these issues to residents and the Council itself; this Council therefore asks:

The Cabinet Member for Adult Social Care and Health to consider submitting a consultation response to the green paper reflecting the council's views, informed by this discussion."

Proposed by: Cllr Keith Taylor Seconded by: Cllr Georgia Wrighton

COUNCIL	Agenda Item 24(k)
8 0ctober 2009	Brighton & Hove City Council

NOTICE OF MOTION

GREEN GROUP

NATIONAL RAPE AND SEXUAL ASSAULT HOTLINE

"This council notes:

1. Though under-reporting makes exact figures elusive, the Home Office estimates that more than five per cent of women and men are thought to be raped, and 21 per cent of women and 11 per cent of men are sexually assaulted, at some point in their lives (Cross Government Action Plan on Sexual Violence and Abuse www.homeoffice.gov.uk/documents/ Sexual-violence-action-plan)

2. Since the closure of *Brighton Rape Crisis Project* in 2002 survivors and victims of rape and serious sexual assault in the city have been able to access only limited specialist support services for a few hours a week, including those funded by this council and provided by the *Survivors Network.* There is no round-the-clock support available for victims of sexual crimes beyond that operated by Sussex Police. While Sussex Police provide a good service in dealing with reports of rape and supporting victims, many sexual crimes go unreported, and many victims do not choose to go to the authorities.

This council therefore resolves:

1. To ask the Cabinet to consider investigating outcomes for women and men who have been raped or sexually assaulted in Brighton and Hove – and to examine whether the council can improve them.

2. To request that the Community Safety Forum gives consideration to the calling for a report at the next available opportunity setting out existing Rape Crisis support provision in the City, and opportunities for addressing the gaps in service.

3. To ask the Cabinet to consider whether it would be possible to support calls for a National 24-hour Rape Crisis hotline, to provide round-the-clock, seven day a week access to immediate support and referral for victims of sexual crimes, directing callers to local services where possible.

4. To ask the Chief Executive to write to the Home Secretary and the city's three MPs seeking support for this Notice of Motion.

Proposed by: Cllr Ben Duncan Seconded by: Cllr Amy Kennedy

Supported by: Cllrs Sven Rufus, Jason Kitcat, Georgia Wrighton and Bill Randall