





Brighton & Hove
City Council

Health & Wellbeing Overview & Scrutiny Committee

Title:	Health & Wellbeing Overview & Scrutiny Committee
Date:	26 February 2013
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Members:	Councillors: Rufus (Chair)C Theobald (Deputy Chair), Bowden, Cox, Marsh, Robins, Sykes and Wealls Co-optees: David Watkins (LINK), Jack Hazelgrove (OPC), Amanda Mortensen (Parent Governor Representative), David Sanders (Catholic Schools Service), Susan Thompson (Diocese of Chichester) and Youth Council
Contact:	Kath Vlcek 01273 290450 kath.vlcek@brighton-hove.gov.uk

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AGENDA

52. Procedural Business

(a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest – Statements by all Members present of any personal interests in matters on the agenda, outlining the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.

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

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

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

53. Minutes of the Previous Meeting 1 - 10

Minutes from 18 December 2012 Health and Wellbeing Overview and Scrutiny Committee.

54. Ambulance Service: Make Ready Scheme 11 - 22

Presentation from South East Coast Ambulance Service on their new Make Ready centre.

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

Ward Affected: All Wards

55. CCG Annual Operating Plan and Strategic Commissioning Plan 23 - 34

Presentation from the Clinical Commissioning Group on the CCG Annual Operating Plan

Contact Officer: Kath Vlcek, Scrutiny Tel: 01273 290450

Support Officer

Ward Affected: All Wards

56. Update on the Alcohol Project Board 35 - 46

Report of the Public Health Team.

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

Ward Affected: All Wards

57. Relocation of Services from Buckingham Road 47 - 54

Update on service relocation from Buckingham Road by Sussex Partnership NHS Trust

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

Ward Affected: All Wards

58. Update on Mental Health beds 55 - 56

Update paper from the CCG/Sussex Partnership NHS Foundation Trust (copy attached)

59. HWOSC Work Programme 57 - 62

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

Ward Affected: All Wards

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Date of Publication 19 February 2013

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

4.00pm 18 DECEMBER 2012

COMMITTEE ROOM 1, BRIGHTON TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

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

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

PART ONE

36. PROCEDURAL BUSINESS

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

37. MINUTES OF THE PREVIOUS MEETINGS

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

38. CHAIR'S COMMUNICATIONS

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

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

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

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

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

39. PUBLIC INVOLVEMENT

- 39.1 There was no public involvement.

40. ISSUES RAISED BY COUNCILLORS AND CO-OPTees

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

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

41. AUTISM - SERVICES FOR CHILDREN AND YOUNG PEOPLE

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

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

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

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

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

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

42. SCRUTINY REQUEST: BULLYING IN B & H SCHOOLS

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

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

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

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

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

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

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

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

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

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

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

43. SCRUTINY REQUEST: SEXUAL EXPLOITATION OF CHILDREN

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

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

43.5 Comments and questions included:

Autism – services for children and young people

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

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

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

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

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

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

Bullying in Schools

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

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

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

44. MENTAL HEALTH ACUTE BEDS

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

44.2 Questions and comments included:

How many people were being sent outside the city?

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

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

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

When will the new care coordinators be in place?

The posts are out to recruitment now.

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

45. MENTAL HEALTH ACCOMMODATION WITH SUPPORT

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

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

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

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

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

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

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

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

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

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

46. MENTAL HEALTH SUPPORT REVIEW

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

46.2 Questions and comments included:

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

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

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

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

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

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

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

This was welcomed.

47. DEMENTIA - PROGRESS UPDATE

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

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

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

47.4 Questions and comments included:

Are residents in care homes assessed?

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

Is there a shortage of specialist Mental Health beds?

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

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

48. TROUBLED FAMILIES INITIATIVE

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

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

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

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

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

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

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

How are families identified?

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

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

49. CCG AUTHORISATION

- 49.1 The report was noted.

50. PART TWO MINUTES

51. PART TWO PROCEEDINGS

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

The meeting concluded at 6.30pm

Signed

Chair

Dated this

day of



Brighton & Hove City Council HASC Briefing & Update 18 December 2012

Geraint Davies
Director of Commercial Services



Current Performance

- SECAmb wide YTD - Oct 2012
 - Cat A 77.4% (target 75%)
 - 30 mins 94.9% (target 95%)
- Brighton & Hove City PCT YTD - Oct 2012
 - Cat A 88.4% (target 75%)
 - 30 mins 96.9% (target 95%)



Updates

- 111
- PTS.
- Make Ready Depots
- Single HQ



NHS111

- Working in partnership with Harmoni we have won the NHS 111 contract for the SECAMB area.
- Key focus on clinical quality, clinical supervision and localised approach.
- Go live planned for March 2013.
- Benefits:
 - Seamless integration with the 999 service – one stop shop.
 - Underlying Directory of Services



PTS Contracts

- Sussex Contract awarded to SECAmb
- New Sussex contract went live on 1st April 2012
- We have won the Surrey PTS tender – went live 1 October 2012.
- Kent Tendering process commenced, go live due 1 July 2013
- Patient focused contracts
 - Patient Experience
 - Patient Safety
 - Patient Satisfaction – Kent 87% (Q4 11/12)
- Sussex 97% (q1 & Q2 12/13)



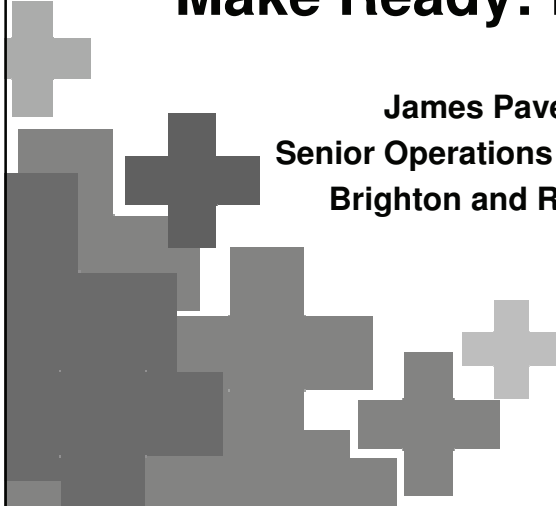
Single HQ/EDC Reconfiguration

- 201415
- Single HQ replaces the 3 legacy HQs at Banstead, Coxheath and Lewes.
- Time expired EDCs to be reconfigured probably from 3 to 2.
- Engagement strategy in development.
- Co-locate the HQ with an EDC and an MRC



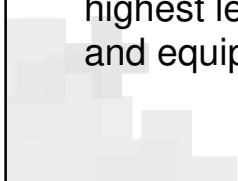
Make Ready: Brighton

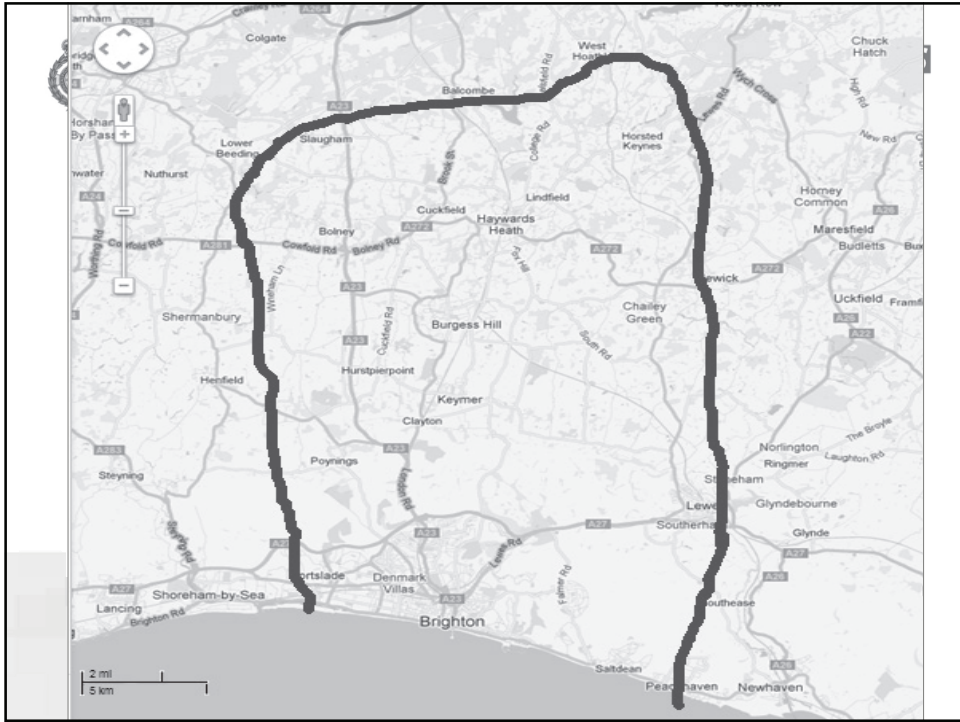
James Pavey
Senior Operations Manager
Brighton and Rother




What is the vision?


- To deliver a better, more efficient and cost effective service to patients in the Brighton operational area.
- To remove all extraneous influences that prevent our staff undertaking their clinical role to the best of their ability.
- For the safety of staff and patients to provide the highest levels of infection control on our vehicles and equipment.





 South East Coast Ambulance Service **NHS**
NHS Foundation Trust

Brighton Ambulance Station



Map Traffic

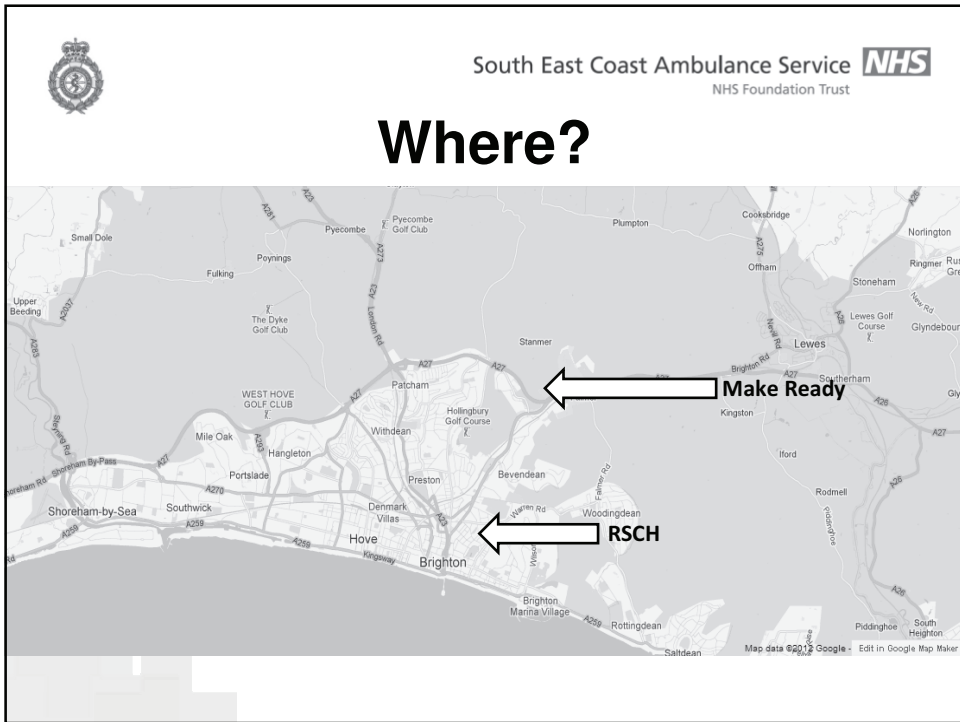
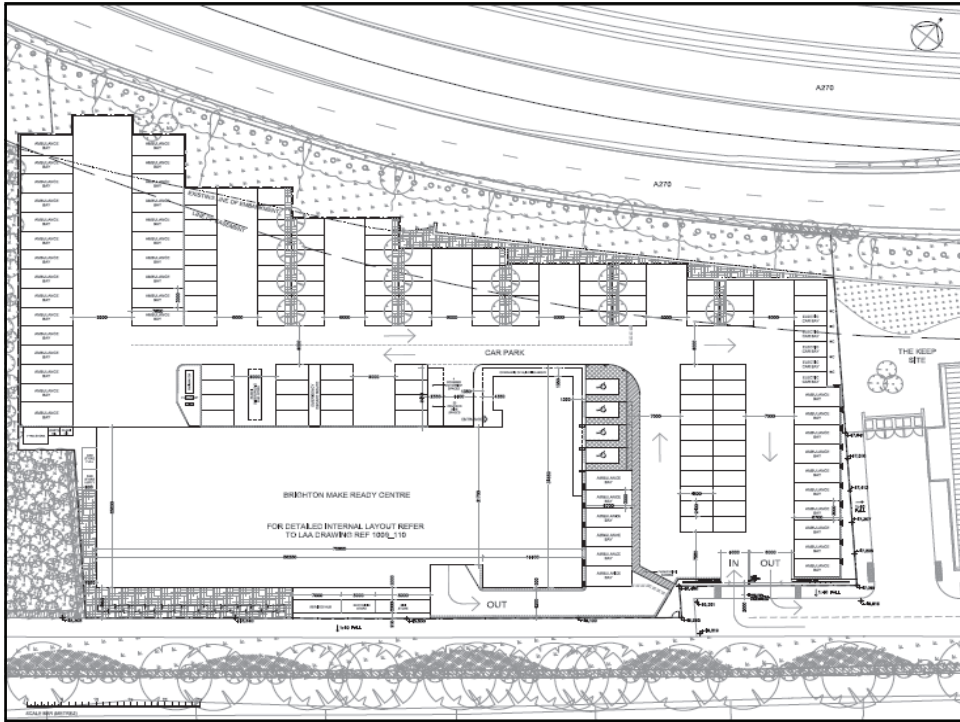
50 ft 150 m

© 2014 Google

Edit in Google Maps Report a problem

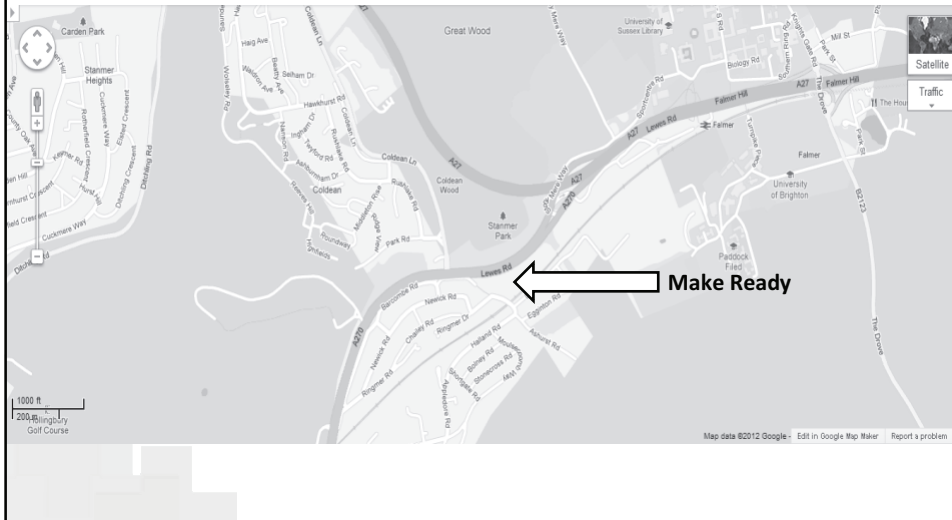
The image shows an aerial satellite view of the Brighton Ambulance Station. The station is a large, multi-story building with a flat roof, situated on a street named Elm Grove. There are several ambulances parked in a designated area in front of the station. The surrounding area includes residential buildings, trees, and other streets. The map interface includes a compass, a scale bar (50 feet / 150 meters), and a legend for 'Map' and 'Traffic'.





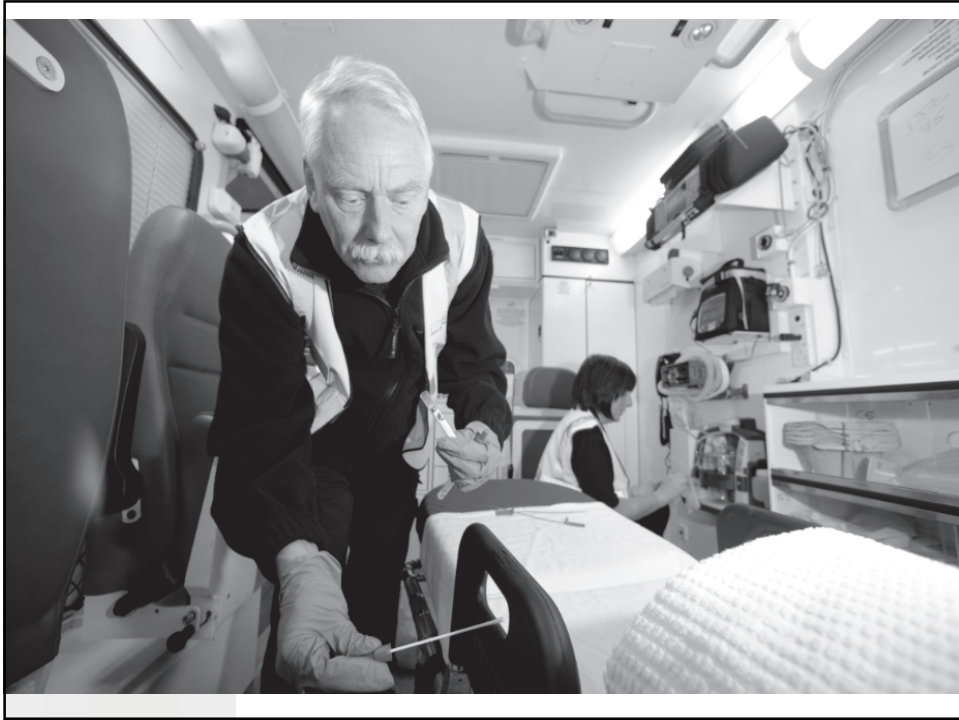


Where?



Where?







Who?

- Brighton
- Burgess Hill
- Haywards Heath
- Hove
- Lewes
- Newhaven (PTS only)



How?

- System Status Plan (SSP)
- Ambulance Community Response Posts (ACRPs)
- Rotas
- Management structure
- Staff engagement
- External engagement
- Unit Hour Utilisation (UHU)
- Community First Responders (CFRs)



When?

- Currently seeking planning permission
- If approval given, ground works could start in early 2013
- Approximate 12 month build time
- Possible opening spring/early summer 2014



Local Impact

- MRC home for 250 operational staff, A&E and PTS
- Principle staff shift changeover times approx 0530–1000 and 1730–2000
- Ambulance vehicles deploy from MRC to ACRPs – use of blue lights and sirens unlikely



Recruitment

- Looking to recruit make ready operatives for the opening of the MRC
- Like to be a beacon for recruitment of local people into the ambulance service
- Open Day planned shortly after opening



Q&A Session



Brighton and Hove CCG Commissioning Plans

Health and Wellbeing Oversight
and Scrutiny Committee



Background & Context

The CCG has three key commissioning plans:

Strategy/Plan Title	Description
Joint Health and Wellbeing Strategy (JHWS)	High level plan, jointly agreed by the city council and local GP commissioners, to deliver better outcomes in key areas of health, public health and social care.
Strategic Commissioning Plan (SCP)	CCG 3-5 year high level strategic plan setting out medium and long term objectives
Annual Operating Plan (AOP)	CCG 1 year delivery plan that aligns to SCP and is responsive to the National Guidance



Background



Brighton and Hove
Clinical Commissioning Group

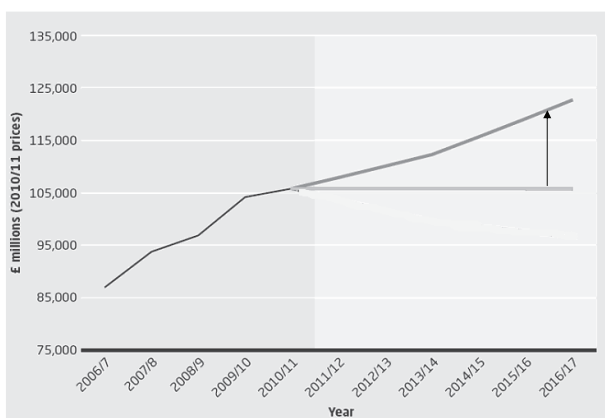
- Developing commissioning plans:
 - needs of the local population
 - Clinical engagement – priority planning workshops
 - stakeholder views - LINKS, local authority, patient groups
 - nationally derived priorities
 - locally derived priorities
 - new and developing treatments and drugs
 - balancing costs



Challenge Facing the NHS



Brighton and Hove
Clinical Commissioning Group



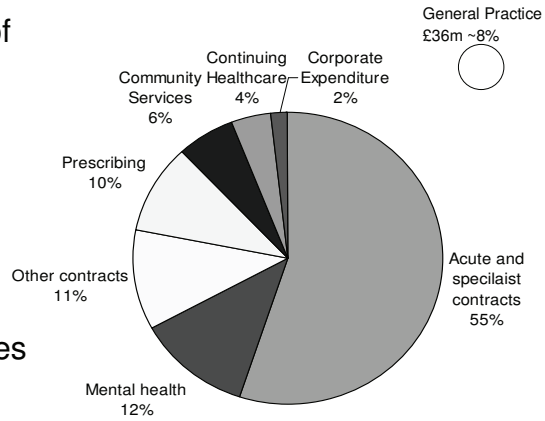
The NHS must release up to £20 billion of efficiency whilst driving up quality

Demand is increasing due to ageing population, new treatments available, higher patient expectations



Local Budget and Spend

- The CCG has a budget of ~£400m
- Approx. half is spent on hospital care* (~£200m)
- 12% on Mental Health (~£50m)
- 6% on community services (~£25m)

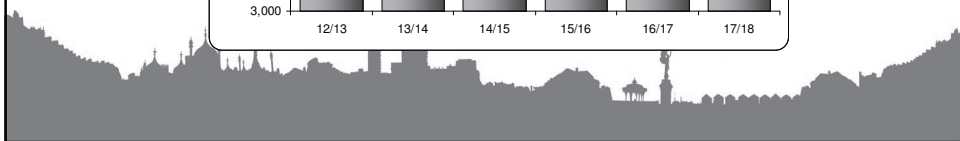
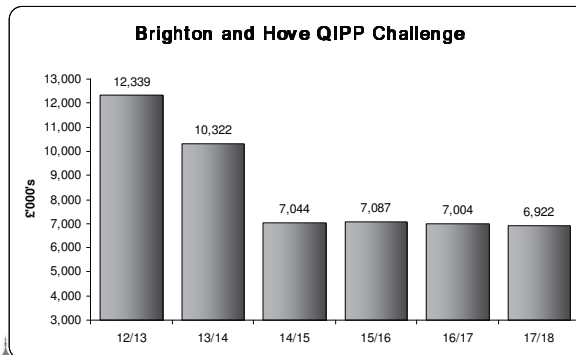


*includes specialist services



Local Challenge

In order to meet identified cost pressures in 2013/14 Brighton and Hove CCG must save ~£10.3m from existing services and budgets



QIPP – not cuts

- To deliver the scale of change necessary the CCG must increase the **Q**uality of services, drive up the use of **I**nnovation, increase **P**roductivity and focus on **P**revention of ill health and promotion of wellbeing

Clinical Priorities

- The JSNA identified a number of specific priority areas:
 - Cancer
 - Diabetes
 - Musculoskeletal conditions
 - Dermatology
 - Dementia
 - Healthy weight & good nutrition
 - Emotional health & wellbeing – including mental health

Cancer

- Poor outcomes and survival rates (particularly for lung cancer)
- **Priority areas for 2013/14:**
 - Clinical leads (Macmillan GP and nurse)
 - Improve early detection and diagnosis
 - Sustain access to and quality of diagnostic services
 - Achieve radiotherapy access targets



Diabetes

- **Issues:** Diagnosis rates, care plans & patient information
- **Priority areas for 2013/14:**
 - Clinical leads to review and assess current service model
 - Design, procure and implement integrated care model



MSK and Dermatology

- Poor PROMs (Patient Reported Outcome Measures)
- **Priority areas for 2013/14:**
 - Clinically led service design
 - Implement new community based services
 - Improved waiting times and outcomes



Dementia

- Poor diagnosis rate (ranked 160/176 local health areas for diagnosis of dementia)
- **Priority areas for 2013/14:**
 - New memory assessment service
 - Care home in-reach team
 - Address antipsychotic prescribing
 - Improved hospital care – Dementia Champion Post
 - Implement the dementia end of life pathway



Healthy Weight & Good Nutrition



Brighton and Hove
Clinical Commissioning Group

- limited service for complex and severe obesity resulting in increase in patients for bariatric surgery
- Currently no reliable long-term local data on adult obesity

Priority areas for 2013/14:

- Improve data collection
- Development of a comprehensive weight management service for children and adults from primary through to tertiary care

Emotional Health & Wellbeing – Including Mental Health



Brighton and Hove
Clinical Commissioning Group

- Prevalence of the range and complexity of mental illness tends to be higher than average in Brighton and Hove including high rates of self harm, suicide and substance misuse
- **Priority areas for 2013/14:**
 - New Wellbeing Service
 - Improved support in crisis and out of hours
 - Implement tendered community support services
 - Focus on pathways/service model for dual diagnosis and personality disorder

Strengthening Services

- In addition to the specific clinical pathways there are also a number of service areas identified as priorities:
 - Community care
 - Integrating physical and mental health
 - Primary care
 - Urgent care
 - Care for vulnerable groups



Integrated Community Care

- Integrated services that enable and support people who are frail or who have complex/long term needs to live as independently as possible
- Commission services that provide rapid support and intervention for people when they become suddenly unwell
- Incorporate social care and mental health within integrated teams;



Integrated Physical and Mental Health



Brighton and Hove
Clinical Commissioning Group

- There is strong and complex inter-relationship between physical and mental health
- By integrated physical and mental health services we can significantly improve health outcomes
 - Pain management
 - Diabetes



Improved Primary Care



Brighton and Hove
Clinical Commissioning Group

- Quality of primary care is linked positively to overall population health
- Addressing variation and improving quality
 - Balanced scorecard
 - Membership agreement



Improved Urgent Care

- Providing a range of alternatives to A&E
 - Roll out of NHS 111
 - Publicity campaign for appropriate use of A&E
 - Reducing ambulance conveyances
 - Avoiding acute admissions:
 - Community Rapid Response Service
 - Rapid assessment of older people
 - Proactive management of LTCs and older people



Caring for Vulnerable Groups

- Homeless
 - Pilot in RSC around emergency admissions
 - Primary Care in-reach to Hostels
 - Aligning support from Integrated Primary Care Teams and community services
- People with Learning Difficulties
 - Maintain support for Primary Care Facilitator, Liaison Nurses etc and build on Self Assessment Framework;
 - Increased care management for out of area placements
- Gypsies and Travellers
 - Responding to findings of JSNA



Focus on Quality and Outcomes

- Maintaining Access
 - 18 weeks, A&E 4 hours, urgent cancer referrals etc
- Improving outcomes – 4 Domains:
 - Preventing people from dying prematurely
 - Mortality rates for cancer, respiratory disease etc
 - Enhancing quality of life for people with LTCs
 - Unplanned hospitalisation, diagnosis rates etc
 - Helping people to recover from illness
 - Re-admission rates, reported health gain for hips, varicose veins
 - Ensuring people have a positive experience of care
 - Patient experience of primary care, hospital care, friends and family
 - Treating and caring for people in a safe environment
 - MRSA, C Difficile rates



Conclusion

- The CCG plans are:
 - Aligned to the JSNA and JHWS
 - Clinically led
 - Balanced financially - contain realistic and deliverable savings
 - delivered through joint working with local partners – strengthened Section 75 Agreements
 - Continued focus on quality and outcomes



HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

Agenda Item 56

Brighton & Hove City Council

Subject:	Health and Wellbeing Overview and Scrutiny Committee update report on Alcohol		
Date of Meeting:	26 February 2013		
Report of:	Tom Scanlon, Director of Public Health		
Contact Officer:	Kathy Caley,		
	Name:	Commissioning Manager for Alcohol and Substance Misuse	Tel: 29-6557
	Email:	Kathy.caley@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The information below sets out the current work streams of the Alcohol Programme Board, which was set up following the Alcohol Intelligent Commissioning Pilot in 2010.

2. RECOMMENDATIONS:

- 2.1 That the following information is noted.
- 2.2 Committee members consider focusing on the following priority areas in any future panel work:
- 2.2.1 Development of alcohol free events (see point 3.17)
- 2.2.2 Development of best practice retailers (see point 3.18)
- 2.2.3 Improving the environment by encouraging responsible drinking (see point 3.35)

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Alcohol, its costs and benefits, and its relation to inequalities

3.1 Brighton and Hove scores poorly on virtually all alcohol impact indices. Each week in the city there are typically:

- Two deaths associated with alcohol use;
- 98 alcohol-related inpatient admissions to hospital of Brighton and Hove residents;
- 66 alcohol-related ambulance call outs;
- 46 alcohol-related attendances at A&E by adults;
- 7 alcohol-related attendances at A&E by young residents (13-18 years);
- 11 young people attended to by the weekend Alcohol Rescue Service *Safe Space*.

3.2 The costs to Brighton and Hove of alcohol misuse are estimated at £107M per year: £10.7M due to the health impact, £24.5M due to economic effects and £71.8M as a result of crime.

3.3 Alcohol is also an important contributor to health inequalities and it is often the most vulnerable who are victim, either by direct consumption or by way of collateral damage. Alcohol-related death rates in Brighton and Hove are twice the national average, with most deaths occurring in residents from deprived parts of the city. Alcohol-related attendances at A&E are 50% higher in city residents from the most deprived quintile. Children in Brighton and Hove are almost twice as likely as children in England to report that they have been drunk three or four times in the last four weeks (9% versus 5%) and half of domestic violence cases involve alcohol consumption either by the adult victim or perpetrator.

3.4 At the same time, the city benefits from alcohol sales in trade, tourism and employment. Over 30,000 university students study in Brighton and Hove and along with residents and visitors enjoy the city's night-life and leisure opportunities. There are 7,200 local people employed in alcohol sales and 2.5% of city employees work in bars. The annual turnover from this is estimated at £329M.

3.5 The challenge is then how to deal with the problems that alcohol presents without prejudicing employment, diminishing a vibrant city atmosphere and compounding economic difficulties.

Intelligent Commissioning Pilot

3.6 For many years alcohol consumption has been recognised as a serious public health issue in Brighton and Hove. It is also well established that the sale of alcohol through pubs, clubs and restaurants is very important to the economy of the city. The 2010 Alcohol Intelligent Commissioning Pilot came at an opportune time as the Public Health Directorate through the PCT had just received some funding and support via the national *Healthy Places, Healthy Lives* programme which in turn emerged from the Marmot Review of Inequalities. The Intelligent Commissioning Pilot and *Healthy Places, Healthy Lives* initiative worked in tandem.

3.7 A comprehensive needs analysis was undertaken by multidisciplinary team across the city and views were gathered from members of the public, community and voluntary sector organisations and professionals. Members of the alcohol industry were also engaged in a wider alcohol debate following the introduction of the Public White Paper *Healthy Lives, Healthy People*.

3.8 The results of this engagement and needs analysis exercise was the establishment, for the first time, of an Alcohol Programme Board with very senior input from across the city (Health, City Council, Police) to lead a programme of work in tackling the adverse consequences of alcohol consumption in Brighton and Hove. There are four 'domains' of work within the Programme Board Action Plan:

- The drinking culture
- Availability of alcohol
- The night time economy
- Early identification, treatment and aftercare

Each domain has an identified lead and for each action activities, anticipated outcomes, milestones, resource implications, leads and key performance indicators were identified.

3.9 The needs assessment and consultation conducted during this pilot identified the heavy burden on city services and the lives of families and communities which result from alcohol misuse. The reduction of alcohol related harm in the city was confirmed as the overarching

outcome to be achieved for the city. The intelligent commissioning process pulled together for the first time all relevant partners – a significant departure from the ‘old way’ of commissioning. This allowed partners to look at the issues with fresh eyes resulting in a range of lessons learnt which are reflected in the work plan of the Alcohol Programme Board.

The Alcohol Programme Board

3.10 In late 2010 a city Alcohol Programme Board was established. The Board was jointly founded on the NHS *Healthy Places Healthy Lives* initiative and the Local Authority *Intelligent Commissioning* process. The purpose of the Board was to bring together senior leaders with a shared responsibility for tackling the problems that alcohol brings whilst seeking to minimise any impact on related benefits. Membership of the Programme Board is diverse. It is chaired by the Director of Public Health with senior input from across health, licensing, the police, probation and community safety. To cover the breadth of issues that are encountered when looking to address alcohol related harm, there is also membership from the two universities situated in Brighton and Hove, and from all organisations commissioned to provide support and treatment to people with alcohol related issues. In the last year representatives from the retail industry have joined the Programme Board, and now the Chair of the Brighton and Hove Licensees Association and the Licensing Manager from Sainsbury’s are members.

3.11 The Brighton & Hove Alcohol Programme Board has the following responsibilities:

- To agree and assure delivery of an Alcohol Strategy for Brighton & Hove, for all ages.
- To be guided by learning from best practice in commissioning in order to deliver services in relation to the implementation of the relevant priorities of the Alcohol Strategy.
- To make recommendations for the commissioning of services that take into consideration and have a demonstrable impact in reducing the health inequalities gap within the City and reduce alcohol-related crime and disorder.
- To performance manage progress against agreed/high level outcomes, targets and indicators, highlighting and raising issues of concern.
- To identify lead responsibility (communications expert) and target audience for a communications plan to support the Alcohol Strategy

The key initiatives within the four domain groups for 2012/13 are described below.

Domain 1: Addressing the drinking culture

Lead: Communications Team

3.12 Brighton & Hove wears the image of a party town, with hoards of late night revellers keeping weary residents awake into the small hours. But is this perception true? The key objective in this domain is to *‘create a cultural shift away from problematic drinking through community engagement and mobilisation’*. The first task was to determine what local residents and visitors actually thought about alcohol and the role it plays in the city, for no-one had really asked the question before. Funded through the Healthy City resources, a ‘Big Alcohol Debate’ ran from October 2011 to January 2012 and asked contributors a number of open questions including *‘What would you do about alcohol in Brighton and Hove if you were in charge?’*

3.13 The debate used established and new methods to capture a range of views: postcard and on-line surveys, focus groups, a mobile ‘Big Brother’ style video pod and, to launch the debate, a 24 hour mass ‘twitterthon’, with participation from residents, retailers, A&E staff and the police.

3.14 The debate and very successful ‘twitterthon’ saw more than 154,000 exchanges. The age profile of survey respondents corresponded with the city’s demography with 50% of respondents aged 25-44 years. Alcohol was reported as important in the lives of 41% of respondents and not important in the lives of 45% of respondents.

3.15 It is fair to say that the viewpoints expressed in the debate have been overwhelming in favour of much tougher measures to deal with alcohol and in particular the socially disruptive

effects of alcohol. A number of themes emerged:

- The city needs to promote more **alternatives to alcohol** including late-night solutions to encourage a broader mix of people into the city centre. For example, alcohol-free venues such as cafes, tea houses and other attractions should be encouraged to stay open late and there should be more city sponsored activities that aren't alcohol-driven. Many residents are discouraged from coming into the city in the evening because of alcohol-fuelled disruptive behaviour which affects even events which are supposed to be 'uncontaminated' by alcohol such as *White Night*.
- The city's **licensed premises should support other activities** like sport (go-karting, football, roller skating) and cinema and not focus solely on alcohol consumption. Licensed premises should also be required to support alcohol support services such as Safe Space in West Street and police and local authority initiatives to tackle problem drinking.
- There should be greater support for **local community bars** as opposed to bars and clubs in the town centre to encourage more local sociable drinking as an alternative to low-cost drinking at home, or binge drinking in town centre
- Licensed premises should be **prevented from inappropriately advertising and marketing alcohol** in a way that encourages problem drinking such as cheap shots, happy hours or special offers
- There are **too many licensed premises** across the city and measures should be taken to restrict the growth of more licensed premises as well as **curtailing the licensing hours** of those premises operating. Many residents avoid parts of the city because of a fear of being a victim of an alcohol-related incident.
- There should be **more education about the adverse effects of alcohol** consumption. People drinking on the streets and causing problems should be required to undertake some sort of education about the effects of their drinking on their own health and the wellbeing of others.

A number of potential measures are emerging from the debate, some of which already are being addressed and others which merit further consideration.

Education

3.16 Parents and older siblings are often involved in the purchasing of alcohol for younger people. A programme of work specifically targeting these groups is under development. The Healthy Schools Programme has made links with education systems in other areas. One area with a very strong abstinence message for young people is Rotterdam. A parent 'contract', with parents agreeing to not provide their children with alcohol has been signed in some schools. The possibility of developing something similar in Brighton and Hove is under discussion, with a view to changing attitudes towards young people drinking alcohol.

Alcohol free events

3.17 Developing an extended programme of specific alcohol free events for young people including 'dry' club nights at city venues, and for older residents and families to promote more people participating in a more diverse night-time economy is a priority for the Alcohol Programme Board. The 'Pink Fringe' is an example of an alcohol free event which was run along side the annual St James' Street Party at Pride. Organisers applied for an Arts Council Grant and set up a number of events including historic walks and talks on the history of Brighton as a Spa town. These events took place alongside the traditional 'Pride' events, and the aim was to offer an alternative to people visiting the area. Anecdotal feedback was positive and the hope is that the Pink Fringe, and other alcohol free events, will expand in 2013.

Best Practice Retailers

3.18 Work is underway to develop a network of designated best practice retailers who are branded as such and commit to specific measures such as better proxy purchase detection, corralled drinking areas, limited alcohol promotion and better information for consumers (units of alcohol and associated calories purchased). As a member of the Alcohol Programme Board,

Sainsbury's have indicated that there is scope to work with Brighton and Hove to limit the availability of alcohol during high profile events. This could include a temporary suspension of alcohol sales during Pride from Sainsbury's close to potential hotspots. Support for the Bevendean Community Pub Project, or 'The Bevy', is a further example of a best practice retailer. A community group are working to re-open the pub as there is nowhere for the local population to go to socialise. The plan is to have community run pub, alongside a café for those who do not want to drink alcohol. Meeting rooms will be available and utilised for health promotion type sessions such as smoking cessation and health MOTs/trainers. There will also be a community kitchen offering training opportunities. The community group is also keen to provide somewhere for teenagers such as a milk/coffee bar. The suggestion is that the venue will become a community hub, with interchangeable space to suit the needs of the local population. Local Police are involved in the development to address any potential issues that may arise in a project such as this. The Alcohol Programme Board are supporting the project by funding a film following the evolution of the project from concept to reality, and by ensuring healthy living initiatives are available in the pub once opened to support the community to live healthy lives and develop community resilience.

Domain 2: Availability of alcohol

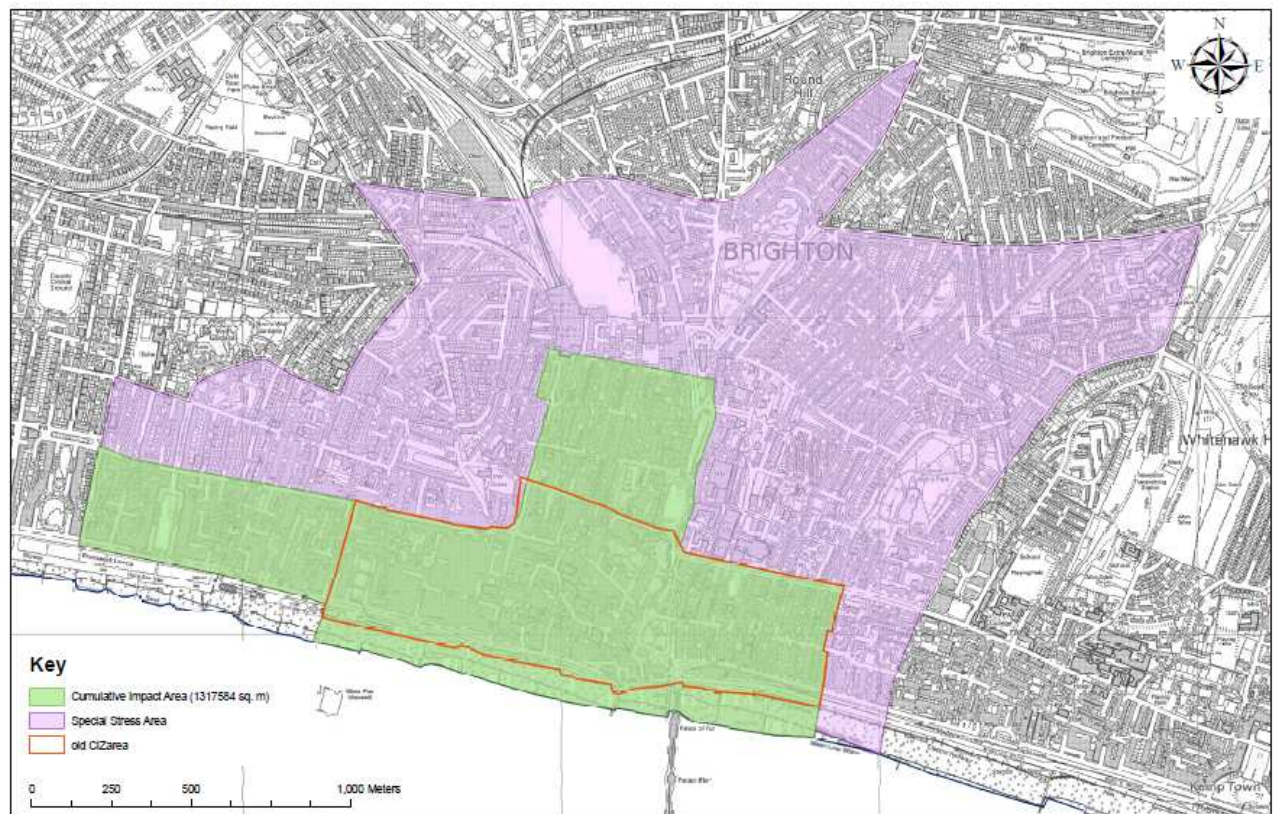
Lead: Licensing Team

3.19 The key objective of this second domain is to 'reduce the consumption of alcohol across the city focusing in particular on young people and heavy drinkers'.

Cumulative impact zone

3.20 In keeping with interim findings from the Big Alcohol Debate, the boundaries of the cumulative impact zone were reviewed and with the approval by the Licensing Committee, extended from 0.8% to 1.5% of the city area. The map below sets out the expanded cumulative impact zone and the special stress area.

Cumulative Impact Zone



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Special stress area

3.21 Adjacent to the cumulative impact zone is a '*special stress area*' where operators are expected to make positive proposals to minimise any impact from alcohol use. These include additional training for staff, membership of accredited crime reduction schemes and safety measures such as the use of polycarbonate glass and lockable glass bins.

The matrix model

3.22 In order to promote '*the right type of alcohol retail establishment*' for the city a new matrix model for licensing decisions has been adopted. Three matrix criteria are:

- A. Location of the proposed establishment;
- B. Type of establishment;
- C. Hours of opening.

So for example, a restaurant would now be granted a licence to serve alcohol in a residential area until 11.30pm, in the cumulative impact zone until midnight or in the special stress area until 2am; an off-licence would only be allowed to open in a residential area and only until 8pm; and super-pubs would not be permitted a license in any location.

Advocacy

3.23 Cheap alcohol off-sales are often used by young people to pre-load and by others, including older people to drink to excess alone at home. The Alcohol Programme Board has written to the Home Secretary on two occasions supporting a minimum price per unit of alcohol, and differential VAT ratings for local pubs and off sales. Public health colleagues in Greater Manchester visited the city to discuss their work in tackling alcohol including the Greater Manchester local authority motion supporting local minimum alcohol pricing. The Director of Public Health has discussed with Manchester colleagues the establishment of a network of local authorities that support minimum alcohol pricing. This Government has now announced a national consultation on minimum alcohol pricing.

Late Night Levy and Early Morning Restrictions

3.24 These national licensing changes could result in reduced late night/early morning openings, or could result in a funding stream to pay for schemes to help reduce the negative impact of the busy night time economy e.g. fund taxi marshals and Safe Space.

Support for local residents to oppose licensing applications.

3.25 Local residents need support to be better equipped to oppose licensing applications. Programmes of education for local residents will run, to enable them to better lodge challenges to licensing proposals.

Reducing Illegal Alcohol Sales

3.26 Investigation takes place into smuggled, falsely described and illicit alcohol supplies. Work is underway with trading standards and environmental health to tackle the emerging and significant food fraud with potential public health implications. This can mean the selling of wine or beer not of the nature, substance or quality demanded by the customer. Joint work between the Council and Sussex Police has led to the development of a pilot project from the Joint Delivery Programme. The pilot begins on the 1st January 2013 and will run for three months. It will allow intelligence to be shared more successfully, and is the first of it's kind in the country.

Domain 3: Night time economy

Lead: Police

3.27 The key objective in this domain is '*to reduce the impact of alcohol harm arising out of the night time economy*'.

The Cardiff Model

3.28 In 2011, after two years of frustrated efforts attempting to secure A&E data as part of the Cardiff Model, it was finally implemented through the facilitation of the Programme Board. Patients attending A&E with an alcohol-related injury due to an assault now have their

anonymised details passed to the police. This model, first developed in Cardiff has been found to reduce assaults in some parts of the country, but in Brighton and Hove has proved valuable in checking the under-reporting of assaults. Although the data confirmed that most assaults resulting in injury were reported to police and few occur in our pubs, clubs, and bars, it provides a useful mechanism to check this assumption, as well as enabling the police to take appropriate action with the relevant licensees if assaults regularly occur in their premises. We are continuing to assess the correlation between the A&E and Police data sets twice a year in Spring and Autumn. Audit work with the Alcohol Nursing Team in A&E is also enabling us to incorporate assault activity from their referrals within these reviews.

Safe Space

3.29 The Safe Space project runs every Friday and Saturday night from St Paul's church in the city centre helping people distressed or injured as a result of alcohol use by delivering advice, medical, practical and emotion support. The service can help to reduce the number of inappropriate A&E attendances and arrests due to alcohol related antisocial behaviour. Clients are offered follow-up referrals to a wide range of services. Funding levels have been problematic in 2012/13, with a threat of closure of the service in January, February and March 2013. The partnership nature of the Alcohol Programme Board ensured that all members could be made aware of the benefits of the service, and allow additional funding to be secured to keep the service operational all year.

Quick shared solutions – the case of the Taxi Marshals

3.30 The late night taxi marshal service, which is recognised by police as an important contributor to reducing late night alcohol-related disorder and crime had its funding threatened. By being able to quickly harness resources, the Alcohol Programme Board agreed to jointly fund the service at short notice.

Alcohol Diversion Scheme

3.31 After positive feedback from pilot sites, the Alcohol Diversion Scheme was launched in Brighton and Hove. The scheme is delivered by Druglink and backed by the Home Office and Ministry of Justice. All adults arrested and given a Penalty Notice for drunk and disorderly, drunk and incapable or a Section 5 Public Order (Section 5) are offered the opportunity to attend a three hour educational course for the fee of £40, with the £80 penalty notice fee waived. The model is similar to the 'speed awareness' course offered when a person is caught speeding.

3.32 The programme Druglink delivers to attendees on the course is interactive and encourages offenders to face up to the reality not only of the stupidity of their behaviour but also to the very real danger to their own health by over indulgence in alcohol. Participants are also encouraged to think of the consequences of alcohol fuelled violent behaviour to others around them.

Student Safety Issues

3.33 Alcohol use can have a negative impact on student safety. Property such as mobile phones and wallets are often stolen from incapacitated students. Teams are working with Student Union representatives to ensure that safety messages are being disseminated to students.

Greater role for residents at the receiving end of alcohol-related disruption

3.34 Local Area Teams are working with schools and with alcohol rescue services (Safe Space / A&E worker) so that people who disrupt residents lives can have more of a picture of the impact of their unwise drinking.

Improving the environment by encouraging responsible drinking

3.35 In a move away from the traditional drinking 'environment', work has been taken forward in conjunction with the Council arts team to develop alternative events throughout the year which help to encourage responsible drinking and promote the city as a focus for cultural activity. 'White Nights' is one example of this. This work will continue with a view to developing a wider

range of activity options and alternatives, for all age groups. The aim is to establish a new 'norm' for people participating in the night time economy in Brighton and Hove.

Domain 4: Early identification, treatment and aftercare

Lead: Public Health

3.36 The key objective in this domain is *'to reduce the risk from consumption of alcohol through effective early identification and screening, and onward referral to appropriate treatment and aftercare'*. The priority areas for this domain group focus on:

1. increasing the number of people being screened and offered appropriate alcohol treatment services
2. ensuring that services commissioned provide the right support to enable people to recover from their addition and re-integrate with the community (in line with national policy direction)
3. reducing the number of alcohol related A&E attendances and hospital admissions

Health promotion

3.37 Alcohol awareness, identification and screening training packages/support is offered to Tier 1 and 2 workforce e.g. ante/post natal staff (midwives, health visitors), police, probation, mental health staff, housing/hostel workers, domestic violence workers, social workers, health trainer, etc. This ensures that the workforce are appropriately trained to identify individuals who require some form of treatment.

3.38 The Health Promotion team also delivers a range of campaigns. These include Alcohol Awareness week, Fresher's and Christmas campaigns and bespoke alcohol awareness training courses for a range of professionals.

3.39 A recent needs assessment focusing on alcohol use in 18 to 25 year olds identified that increasing numbers of students are drinking at high risk levels. Some of these students may be inappropriately using health care services as a result of their alcohol consumption. In January 2013 a project will commence, using students in their volunteer placement post. These students will undertake a health promotion campaign, focusing on students and young people and the use of alcohol. It is anticipated that the outcome of the project will be the development of a 'tool' to be used by young people to better equip them with the information needed to inform their safe alcohol use. This could be something like an 'app' to be used on a smart phone, or using another form of social media to deliver the information. It is hoped that an associated reduction in alcohol related A&E attendances will be seen.

Community Brief Interventions

3.40 Work has taken place to ensure that appropriate community support is available to people drinking at higher risk levels, but who are not yet showing a dependence on alcohol. This early intervention should help to support these individuals to be aware of the dangers they may be putting themselves under, and to moderate their drinking behaviour. The aim of the service is to reduce the number of people drinking at high risk levels.

Specialist Alcohol Nurses in A&E

These nurses are in place to liaise with individuals attending and being admitted to hospital with an alcohol related issue. They provide brief interventions and referral support to people, where appropriate, to ensure that people requiring services are supported. The nurses liaise with individuals, often younger people and students, who have been 'binge drinking' on a night out, and drunk to an extreme level, resulting in their complete intoxication. In the past year a decrease in the number of these types of individuals being admitted for a second time due to acute intoxication has dropped. This could be a indicator that the service is having an impact.

Hostels alcohol nurse

3.42 A specialist alcohol nurse provides intensive support to hostel residents who have alcohol dependence issues. The aims of the post are to: reduce alcohol related emergency call-outs, A&E attendance and hospital admissions, improve health and increase numbers accessing treatment for these hostel residents, who often have a history of homelessness, and who are currently not accessing treatment or accessing treatment sporadically. A considerable impact has been seen, and the number of A&E attendances has dropped dramatically. A further positive impact is a considerable reduction in the number of evictions from hostels, as residents are supported to address their anti-social behaviour caused by their alcohol consumption.

Alcohol Frequent Flier Worker

3.43 The Frequent Flier worker aims to engage more assertively with individuals frequently attending A&E with an alcohol related issue. This group will have alcohol dependence issues and will be consistently failing to complete the assessment and treatment process.

National Treatment Agency work

3.44 In late 2012, the National Treatment Agency (NTA) identified Brighton and Hove as one of the 14 areas nationally to receive additional support to look at current alcohol treatment pathways and provision, and to understand what the challenges are in reducing unmet need. The 14 areas were selected because of existing action already underway to reduce alcohol related harm and because of higher than average rates of alcohol harm and treatment need. The programme of support runs from November 2012 to March 2013 and aims to provide support in the planning and delivery of an effective local response.

Actions for 2013/14

3.45 In 2013/14 the Board will continue to build on the work streams being implemented. It will also be necessary to ensure that services are delivered in line with recent national policy developments.

3.46 In 2010 the Government published a new drug strategy. The 'Drug Strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' puts the emphasis on supporting people to recover fully from their substance misuse problem (including alcohol), and reintegrate in the community. This continues to focus on the right treatment services being available, but also prioritises things such as appropriate housing, training/education opportunities and structured daily activities such as volunteering or paid employment. This strategy applies to both drug and alcohol treatment.

3.47 In 2012 the Government published a new alcohol strategy. The 'Government's Alcohol Strategy 2012' looks at how excessive and dangerous drinking can be reduced by focusing on minimum pricing and bans on multi-buy alcohol discounting. The strategy also highlights the need for strong health promotion messages, and evidenced based identification and treatment services. Again the focus is on 'recovery' and how an individual can move beyond their alcohol issues.

3.48 Consideration is being given to undertaking a procurement exercise for drug and alcohol services in Brighton and Hove. As the last procurement exercise took place in 2007, and given the recent national strategy developments, it is timely to review drug and alcohol services available locally, and undertake a re-tendering exercise to shape the future delivery of services. This would be with a view to having new contracts awarded and services operational from 1st April 2014. The work being undertaken by the NTA, as well as the existing improvement work streams, will feed into this procurement exercise.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None to this report for information.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information.

Legal Implications:

5.2 None to this report for information.

Equalities Implications:

5.3 None to this report for information.

Sustainability Implications:

5.4 None to this report for information.

Crime & Disorder Implications:

5.5 There are clear crime and disorder implications involved in the use and misuse of alcohol; please see the body of the report for more information.

Risk and Opportunity Management Implications:

5.6 None to this report for information.

Public Health Implications:

5.7 Alcohol misuse has wide public health implications, which are reflected in the Alcohol Programme Board's remit. Please see the body of the report for more information.

Corporate / Citywide Implications:

5.8 None to this report for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this report for information.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To draw HWOSC's attention areas that might benefit from a scrutiny panel's involvement.

SUPPORTING DOCUMENTATION

Appendices:

1. None
- 2.

Documents in Members' Rooms

1. None
- 2.

Background Documents

1. None
- 2.

COMMITTEE

Agenda Item

Brighton & Hove City Council

Subject:	Relocation of Services from Buckingham Road		
Date of Meeting:	26 February 2013		
Report of:	Monitoring Officer		
Contact Officer:	Name:	Kath Vlcek	Tel: 29-0450
	Email:	Kath.vlcek@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE.

1. SUMMARY AND POLICY CONTEXT:

1.1 Sussex Partnership NHS Foundation Trust will vacate Buckingham Road location by 31 March 2013. There is no loss of provision. The following clinics are transferring to new locations:

- Recovery Clinic
- Specialist Eating Disorder Clinic
- Specialist Neurobehavioural Clinic

2. RECOMMENDATIONS:

2.1 That the HWOSC note the moving of the services to the new locations.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Sussex Partnership NHS Foundation Trust will vacate Buckingham Road location by 31 March 2013. The following clinics are transferring to new locations: Recovery Clinic; Specialist Eating Disorder Clinic; and the Specialist Neurobehavioural Clinic

3.2 Further information can be found in the attached appendices from Sussex Partnership NHS Foundation Trust and from the Clinical Commissioning Group.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Please see the appendices for more information on consultation.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

[

5.1 None to this cover report.

Legal Implications:

5.2 None to this cover report.

Equalities Implications:

5.3 None to this cover report.

Sustainability Implications:

5.4 None to this cover report.

Crime & Disorder Implications:

5.5 None to this cover report.

Risk and Opportunity Management Implications:

5.6 None to this cover report.

Public Health Implications:

5.7 The relocation is designed to provide improved services to service users.

Corporate / Citywide Implications:

5.8 None to this cover report.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this cover report.

SUPPORTING DOCUMENTATION

Appendices:

1. Letter from SPFT and the CCG to Councillor Rufus
2. Mental Health Services information from the CCG and SPFT.

Documents in Members' Rooms

1. None
- 2.

Background Documents

1. None.
- 2.

28 January 2013

Councillor Sven Rufus

Sven.rufus@brighton-hove.gov.uk

**Email: Geraldine.hoban@nhs.net
Tel: 01273 574863**

Dear Councillor Rufus

Transfer of mental health services from Buckingham Road

Sussex Partnership NHS Foundation Trust will vacate Buckingham Road location by 31 March 2013. The following clinics are transferring to new locations:

- Recovery Clinic
- Specialist Eating Disorder Clinic
- Specialist Neurobehavioural Clinic

The service users who attend the Recovery Clinic will transfer to either Hove Polyclinic (located on Mill View Hospital site) or East Brighton Community Mental Health Team (located on East Brighton General site). Both specialist clinics are transferring to East Brighton Community Mental Health. These clinics are regional and therefore serve the whole population of Sussex.

This service relocation is taking place as a result of the CCG's re-commissioning of the day service provided from Buckingham Road. There is no loss of provision as part of the relocation.

Sussex Partnership is also in the process of implementing the Assessment and Treatment Service and this was launched in June 2012. Service improvements continue to take place across the assessment and treatment service. These will be completed by April 2013. A key aspect of the new service model is the co location of professionals and improved environments for service users and staff to support new ways of working. The staff located at Buckingham Road are relocating to new team bases.

It is anticipated the new Assessment and Treatment Service will bring the following benefits to service users:

- it is an ageless adult service for all adults aged 18 and over this will therefore remove the previous barriers that existed for service users when they reach 65
- reduced number of assessments
- multi disciplinary triage
- access to specialist assessment
- improved environment for outpatient clinics (waiting areas and clinic rooms)
- a new group treatment programme
- greater flexibility across the service to enable greater service user choice

NHS Sussex represents the following primary care trusts:

NHS East Sussex Downs and Weald
NHS West Sussex

NHS Hastings and Rother
NHS Brighton and Hove

- increased access to psychological interventions
- improved communication between professionals through collocation and new ways of working

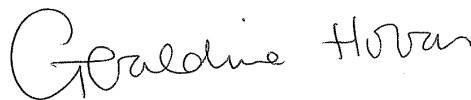
Wherever possible we are ensuring continuity of care for service users and are seeking to minimise any disruption to them that may occur through service users attending a new location and changing the professionals involved in their care. Impact on individuals is being discussed as part of individual care planning.

Over the past 12 months the new service model and relocation of services has been shared at the Mind Live Gateway sessions. The embedded briefing note has been shared with service users at the sessions. Care Coordinators have been working with individual service users on the relocation and discussing the changes that will affect them.

The new model of care was discussed with representatives from LINKS across Sussex in 2011. A Equality and Human Rights Impact Assessment has been undertaken and this has informed a number of actions we will be progressing.

If you have any further questions please do contact us.

Yours sincerely



Samantha Allen
Service Director
Sussex Partnership

Geraldine Hoban
Chief Operating Officer
Clinical Commissioning Group



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NHS Sussex represents the following primary care trusts:

NHS East Sussex Downs and Weald
NHS West Sussex

NHS Hastings and Rother
NHS Brighton and Hove

The Assessment and Treatment Service

Background

We are reorganising some of Sussex Partnership NHS Foundation Trust's community mental health services. The Recovery Service and the Older People's Mental Health Community Service will be a new Assessment and Treatment Service for Brighton and Hove. This is a secondary mental health service which means that we assess and support people who have more complex needs than can be supported by their GP or the Wellbeing Service alone. The trust will deliver the service in the city from two hubs:

- The Mill View/Poly Clinic building in Hove;
- The East Brighton mental health centre.

For new people referred to the service we will see you within five days if you have priority needs, or 28 days as standard. If you need to be seen by a mental health worker urgently we will see you within four hours. If you have previously received a service from Recovery or Older People's community teams in the recent past we will see you again within seven days if your GP thinks you need the service again.

The service has a range of mental health professionals working in both hubs including psychiatrists, mental health nurses, occupational therapists, social workers, psychologists and support time recovery workers.

If you are receiving treatment from a doctor, or having sessions with a psychologist for example, they will be called your lead professional. If you have more complex needs you may need a care coordinator to help support you and plan your service with you. They will help you create a CPA care plan.

The service will be ageless meaning that we will work with adults over 18 with no upper age limit.

Currently we are moving staff across to be based in the two sites and will be finished doing this by early 2013.

What will happen to Buckingham Road?

The trust has several services at 79 Buckingham Road. One of these is the day services and these will be closing by April 2013 and transferring to new locations. Further details provided in the day services update.

The recovery team will also move from Buckingham Rd and the staff will become part of the Assessment and Treatment Service. People who have a care coordinator at Central Recovery may get a different worker, or you may keep the same one. Your current care coordinator will be meeting with you to explain how this affects you and if you are changing your worker they will ensure that you have a meeting with them to handover.

If you see a doctor at Central Recovery your appointment may move to a different doctor and we will write to you to explain who this is and where your appointments will be. Everyone should know how the changes affect them by the end of December.

From April 2013 the Sussex Partnership NHS Foundation Trust will not be delivering any service from the Buckingham Rd building and will hand this building back to the council.

Who owns and reviews my care plan?

Everyone who receives a service from the Assessment and Treatment Service will have a care plan. Some plans may be very simple and describe the treatment service you are receiving and state where you have other supports and what to do if you have a crisis. Other plans may include a care plan as part of the Care Programme Approach (CPA). These will also describe the roles of other professionals, and agencies, which are part of your overall care and treatment.

Plans may also be self directed and reflect the recovery planning/relapse work that you are doing.

We will review the plan with you and your carer at least every 6 months or sooner if things change or you request it.

How can communication between services be improved?

We are always vigilant about needing to communicate clearly what our services do, and also when people are moving between services it is important to ensure that professionals have passed on all the information to others needed to provide a good quality and safe service.

We expect that the Assessment and Treatment Service will have fewer barriers for service users. For example, we will no longer pass someone to another service because they have reached the age limit for one service. We value feedback and suggestions where you feel we can improve our communication.

Mental Health Acute Beds

HWOSC Update - February 2013

1. Purpose of the Paper

The purpose of this paper is to update the HWOSC regarding the investment in community mental health services to support the acute bed reductions programme.

2. Background

Previous papers have described the rationale for the proposals. The last report to the HWOSC was in December 2012

3. Update on Investment in Community Services

3.1 **Crisis Resolution Home Treatment Team.** Most of the new posts have now been recruited too. Some staff have already started work, and it is expected that by April the team will be full established.

3.2 **Investment in Additional Care Co-ordinators.** The 7 additional posts have been advertised. Interviews are scheduled for 28 February.

3.3 **Enhanced Brighton Urgent Response Service.** This new service providing a 24/7 urgent response started on 14 January. Further details about the impact of this service development will be provided the next report to HWOSC.

4. **Update on Performance - Access to Acute Mental Health Beds.** The latest data (October to December 2012) shows that 94% of people have been able to access a bed within the City which is very near the 95% target This has increased from the previous quarter where performance was at 93%

5. Summary

The beds have been closed on a temporary basis for over a year (since January 2012). The system has on the whole managed well with less beds and the overall position in terms of people being able to access beds in the City is now at 94%. It should be noted that this improvement has been made prior to the additional community investment taking effect and this provides confidence that the once the new investment is in place the system will be able to operate safely and effectively. The new posts associated with the community investment are coming on line between January and April 2013. The Clinical Review Group will closely monitor the impact of the new investment and anticipate being able to bring a full report to a HWOSC meeting in early summer that demonstrates the system is safe for the beds to be closed on a permanent basis.

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 59

Brighton & Hove City Council

Subject:	Health and Wellbeing Overview and Scrutiny Committee Work Programme		
Date of Meeting:	26 February 2013		
Report of:	Monitoring Officer		
Contact Officer:	Name:	Kath Vlcek	Tel: 29-0450
	Email:	Kath.vlcek@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides Members with information on the suggested work plan for the remainder of the Health and Wellbeing Overview and Scrutiny Committee (HWOSC) meetings for 2012-13. It is presented to Members for information and to help with the future work-planning for this committee.
- 1.2 The Committee needs to engage with co-opted members of the HWOSC separately to ensure that they can contribute to the work plan.
- 1.3 Appended to this report are the work programme items suggested for each meeting.

2. RECOMMENDATIONS:

- 2.1 That members:

Agree the work programme for the next committee, as set out in **Appendix 1** to this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The HWOSC has four distinct areas of work:

- (a) Statutory scrutiny of NHS-funded healthcare commissioning and provision
- (b) Scrutiny of the local Health & Wellbeing Board
- (c) Scrutiny of local Adult Social Services (in partnership with the Adult Care & Health Policy Committee)
- (d) Scrutiny of local Children's Services (in partnership with the Children & Young People Policy Committee)

More detailed information on all of the above has been provided in previous reports to HWOSC in July 2012.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 HWOSC co-optees have been asked for their input into the work programme on behalf of their organisations..

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 All HWOSC activity for 2012-13 will be funded from current Scrutiny team budgets.

Legal Implications:

- 5.2 Agreeing a work plan is provided for in the council's overview & scrutiny committees' terms of reference. HWOSC is therefore acting within its authority to agree the recommendation at 2.1 above.

Lawyer Consulted: Oliver Dixon

Date: 01/06/2012

Equalities Implications:

- 5.3 None to this report for information.

Sustainability Implications:

- 5.4 None to this report for information.

Crime & Disorder Implications:

- 5.5 None to this report for information.

Risk and Opportunity Management Implications:

- 5.6 None to this report for information.

Public Health Implications:

- 5.7 None to this report for information although many of the agenda items reflect public health priorities and concerns.

Corporate / Citywide Implications:

- 5.8 None to this report for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 None to this report for information.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 A robust work programme is key to engaging effectively with partners, particularly external partners, and ensuring that resources are used efficiently.

SUPPORTING DOCUMENTATION

Appendices:

1. HWOSC work programme (updated February 2013)

HWOSC – Future Work Planning

23 April 2013 (and future meetings)

Issue: Integrated Primary Care Teams (t)

Issue: Short Term Services (v)

Issue: Dual Diagnosis (wv)

Issue: Joint Health & Wellbeing Strategy (JHWS) Priorities/ non-priorities (n)

Issue: Immunisations/ Vaccination uptake (j)

Issue: Sussex Community Trust: Foundation Trust application

Issue: Autism – services for Adults (c)

Issue: ‘3T’ Development of Royal Sussex County Hospital (i)

Issue: Cancer screening (and other screening and immunisation/vaccination programmes) (j)

Issue: B&H Wellbeing Service (wii)

Issue: Hospital Mortality (x)

Issue: Update on completed scrutiny panels

Issue: Update on Talk Health report recommendations

Issue: Local Safeguarding Children’s Board Update

June 2013

Issue: Prospectus Report (Anne Foster) - June

Issue: Update on dementia strategy - June

HWOSC Panels 2012-13/ 2013-14

Issue: Community Mental Health Services (a) (agreed in work plan)

Issue: Alcohol (k) (agreed in work plan)

Issue: Youth Justice Review (agreed at 24 July 2012 committee)

Issue: Hostels and Homelessness (agreed at 24 July 2012 committee)

Issue: Bullying in B&H Schools (agreed at 18 Dec 2012 committee)

Issue: Autism services for Children (agreed at 18 Dec 2012 committee)