Brighton & Hove City Council

# Health & Wellbeing Overview & Scrutiny Committee

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| Title: | **Health & Wellbeing Overview & Scrutiny Committee** |
| Date: | **23 April 2013** |
| Time: | **4.00pm** |
| Venue | **Council Chamber, Hove Town Hall** |
| Members: | **Councillors:**<br>Rufus (Chair) C Theobald (Deputy Chair), Bowden, Cox, Marsh, Robins, Sykes and Wealls<br><br>**Co-optees:**<br>Jack Hazelgrove (OPC), Amanda Mortensen (Parent Governor Representative), Mary Reynolds (RC Diocesan Board), Susan Thompson (Diocese of Chicester) and Youth Council |
| Contact: | **Kath Vlcek**<br>Kath.vlcek@brighton-hove.gov.uk<br><br>01273 290450 |

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**Part One** **Page**

**60.** 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.*

**61.** Minutes of the Previous Meeting **1 - 6**

To agree the draft minutes of the meeting of 26 February 2013 (copy attached)

**62.** Chair's Communications

**63.** Letters from Members of the Public/ Councillors/ Other Bodies

**64.** Update from Matthew Kershaw, Chief Executive of Brighton & Sussex University Hospitals Trust (BSUH) **7 - 22**

Report of the Head of Law (Monitoring Officer): update on the situation regarding A&E capacity at the Royal Sussex County hospital.

Relevant correspondence (a) between Sussex HOSC Chairs and senior BSUH managers, and (b) between the HWOSC Chair and the Accountable Officer of Brighton & Hove Clinical Commissioning Group is included in the papers.

The ECIST report on A&E at the RSCH has been circulated electronically

to members for information.

The Chief Executive of Brighton & Sussex University Hospitals Trust will address the committee on this issue, and representatives from the CCG, from Adult Social Care and from Sussex Community Trust will also be present to answer members' questions.

**65.** 3T Development of Royal Sussex County Hospital **23 - 42**

Report of the Head of Law (Monitoring Officer) on progress regarding the '3T' redevelopment of the Royal Sussex County Hospital (copy attached)

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

*Ward Affected:* *All Wards*

**66.** Sexual Exploitation of Children: Response from Local Children's Safeguarding Board **43 - 56**

Report of the Head of Law (Monitoring Officer) detailing the LSCB response to HWOSC requests for information (copy attached)

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

*Ward Affected:* *All Wards*

**67.** Autism - Services for Adults **57 - 98**

Report of the Head of Law (Monitoring Officer): update on progress in implementing the scrutiny panel report on Adults with Autistic Spectrum Conditions (copy attached)

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

*Ward Affected:* *All Wards*

**68.** Update on Current Scrutiny Panels **99 - 108**

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

*Ward Affected:* *All Wards*

**69.** Mental Health Beds Update **109 - 110**

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

*Ward Affected:* *All Wards*

**70.** Work Programme Update **111 - 112**

For information.

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Date of Publication 15 April 2013

**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 26 FEBRUARY 2013**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present**: Councillor Rufus (Chair)

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

**Other Members present**: Co-optees David Watkins (LINk); Jack Hazelgrove (OPC); and Youth Council

## PART ONE

### 52. PROCEDURAL BUSINESS

### 52(a) Declaration of Substitutes

There were none. Apologies had been received from Amanda Mortensen and Susan Thompson.

### 52(b) Declarations of Interest

There were none

### 52(c) Exclusion of Press and Public

As per the agenda

### Chair's Communications

The Chair began by apologising to the CCG and to Members for the late cancellation of the workshop on GP Performance; it had not been possible to clarify the course content satisfactorily and so the decision had been made to postpone it until it could be agreed. The Chair acknowledged that the late decision would have had a negative effect on attendees and presenters, and apologised for this. The rescheduled workshop will be co-produced between HWOSC and the CCG, to ensure that all of the necessary issues are addressed.

The Chair also noted that this was David Watkins' last meeting as LINk was closing at the start of April. Mr Watkins and LINk were thanked for all of the input and help that they had given to HWOSC.

Mr Watkins said that LINk had been a very unusual and useful organisation; Healthwatch would be taking over from April 2013, and it would be more proactive than LINk, as well as taking on children's services. Mr Watkins said that he hoped HWOSC would welcome a Healthwatch co-optee in due course, and thanked everyone for their help and support.

## 53. MINUTES OF THE PREVIOUS MEETING

53.1 The minutes were agreed.

## 54. AMBULANCE SERVICE: MAKE READY SCHEME

54.1 James Pavey, Senior Operations Manager, South East Coast Ambulance Service, gave a presentation on the proposed Make Ready Centre and answered members' questions.

Mr Pavey explained that currently paramedics can be based at a number of locations, and are expected to clean and restock their ambulances as part of their daily duties – this has an impact on the amount of paramedic calls that they can attend.

The Make Ready centre will be a new location where all ambulances will start and finish their shifts; a team of specialists will restock, clean and swab the ambulances so that they are ready for duty. This is the first significant estates investment in Sussex in over twenty years.

The Make Ready Centre will be located near the Amex stadium. The Ambulance Service has already begun engagement with Moulsecoomb and Bevendean residents, which has been mostly positive.

Mr Pavey then addressed Members' questions, which included:

54.2 How did the partnership arrangement with Harmoni come about?

Mr Pavey said that their medical expertise was needed to operate the 111 service, as they may need to despatch ambulances where necessary. Mr Pavey was unsure of the detail of how the competitive tendering process was carried out, but he would ask colleagues at the Ambulance Service to provide more detail.

54.3 What will happen with the unused land at Brighton General Hospital?

The land will be sold off so that the money can be invested into other projects.

54.4 Will there be disturbances to residents?

With regard to potential disturbance for residents, the Make Ready centre Is not a primary response post, but a start and finish point for ambulances on shift. Once they have left the Make Ready station on call, they will not return until the end of shift. The

ambulance shifts have been staggered so that the vehicles do not all leave or return at the same time. The services and the impact will be monitored.

54.5 How many vehicles will be using the site?

There will be approximately seven double-manned ambulances, which operate around the clock, and up to six response vehicles, which will be using the Make Ready centre.

54.6 Do emergency services share information?

Yes the emergency services continue to work closely together, and there is a Resilience team looking at emergency planning issues.

54.7 The Chair thanked Mr Pavey for his presentation and his time.

## 55. CCG ANNUAL OPERATING PLAN AND STRATEGIC COMMISSIONING PLAN

55.1 Anne Foster from the Clinical Commissioning Group (CCG) gave a presentation on the CCG's Annual Operating Plan and Strategic Commissioning Plan on behalf of Geraldine Hoban, who was unable to attend. Ms Foster outlined the seven priority areas for the CCG, and the cross-cutting themes.

Ms Foster then addressed members' queries, which included:

55.2 How were the priority areas chosen?

They were chosen from the Health and Wellbeing Board priorities, and through GP input. However the CCG also monitors other areas closely.

55.3 One of the targets is to reduce unnecessary A&E visits, how will this be achieved?

There will be a number of initiatives, perhaps by reviewing GP opening hours. In addition, the Mental Health Urgent Response Service is aimed at providing urgent responses to people rather than visiting A&E.

55.4 What is the relationship between the CCG and the Health and Wellbeing Board?

The CCG sits on the Health and Wellbeing Board, and the Joint Health and Wellbeing Strategy is jointly produced, informed by the Joint Strategic Needs Assessment. The strategy has focus on the highest impact areas, where the CCG thinks that it can make the most difference.

55.5 Ms Foster was thanked for her presentation.

## 56. UPDATE ON THE ALCOHOL PROJECT BOARD

56.1 Tom Scanlon, Director of Public Health, and Kathy Caley, Commissioning Manager - Alcohol and Substance Misuse, presented a report on the work of the Alcohol Project Board and answered committee members' questions.

Members heard about the impact of alcohol on crime and health in the city, balanced against the economic benefits, it is a key part of our day and night time economy.

The Alcohol Project Board has been in place since late 2010, bringing together bodies from across the city with a responsibility for alcohol-related problems. It has also managed to involve retailers for the first time, which has brought an added dimension to the Board's work. The Board has had a number of successes already, including the appointment of nurses dedicated to working in hostels, and alcohol liaison nurses in A&E.

The members heard, despite preconceptions, that the vast majority of alcohol problems were caused by Brighton and Hove residents not by visitors.

56.2 Mr Scanlon and Ms Caley were thanked for the informative report. Questions and comments included:

- HWOSC members would like to see democratically elected members represented on the Alcohol Programme Board.
- Changing the city's culture would be the biggest problem
- Would a late-night levy help?
- Could there be more alcohol free spaces open late at night?
- It was important to keep the funding for the Safe Space

56.3 Members asked what outcomes might be achieved by retailers' involvement in the Project Board?

Dr Scanlon said that retailers were committed to removing millions of alcohol units from sale by promoting lower alcoholic alternatives. By retailers becoming involved in the Project Board, they can demonstrate that they are responsible retailers.

The Project Board was trying to look at things in an alternative and creative way. For example, the Events team would be coming to the next Project Board meeting to talk about why event sponsors tend to bring more alcohol to an event in addition to that which is already available in the city.

56.4 Members asked for more information about the Bevy pub. Ms Caley offered to send a YouTube link to members to a film which Public Health had funded (http://www.youtube.com/watch?v=Qsp3qmlO_pQ)

Public Health are also looking to run some community services from the Bevy when it is open.

56.5 How can we change the drinking culture that we have in Brighton and Hove? How do we present ourselves to people outside, should we look to change the focus of our tourism approach?

Dr Scanlon said that it would be helpful to change the culture to something more manageable. He was keen to get better engagement with the universities, and hoped that they would promote themselves as more than just somewhere with lots of bars.

Dr Scanlon said that, the more that alcohol is available, the more people will drink. There is a very high concentration of alcohol in the centre of the city. Maybe alternatives could be to promote more events as family friendly, or alcohol-free, but without being 'anti-fun'.

The Local Alcohol Profile for the city showed Brighton and Hove as significantly worse on a number of performance indicators including alcohol specific mortality and hospital admissions.

56.6 Could Dr Scanlon give some more information on the effect of alcohol on young people?

Dr Scanlon said that studies across entire populations of young people showed that alcohol caused a differentiation in brain development in younger people. Locally, 9% of 14/15 year olds had been drunk three or more times in a month, in comparison with 5% nationally.

56.7 The Chair thanked Dr Scanlon and Ms Caley for their report and assistance. HWOSC had been asked to hold a scrutiny panel looking at alcohol in the city and there was a lot of information in the report that would prove very useful in directing the panel's attention. The report had suggested three specific areas that could usefully be looked at through a review panel – these were:

- Development of alcohol free events
- Development of best practice retailers
- Improving the environment by encouraging responsible drinking

The Chair said that he would like to add a fourth suggestion:

- How Brighton and Hove brands itself as a party town.

The four panel theme suggestions were agreed by HWOSC members.

## 57. RELOCATION OF SERVICES FROM BUCKINGHAM ROAD

57.1 Sam Allen, Sussex Partnership NHS Foundation Trust, updated HWOSC members on the planned relocation of services from Buckingham Road, which coincides with the closure of day services there. Ms Allen provided members with a report with more detail on the proposals.

57.2 Members commented that they were pleased to see that the new proposals would be age-friendly.

57.3 Would there be an impact for service users due to the new location of the service?

Ms Allen said there would be new Day Service providers at Buckingham Road, who would be offering enhanced opening hours so this would prove to be an improvement for clients. They would monitor any problems that clients had in accessing the new venues, although it was important to note that a significant amount of services were provided at people's homes so this would be not affected.

57.4 Ms Allen was thanked for her report.

**58. UPDATE ON MENTAL HEALTH BEDS**

58.1 Anne Foster from the CCG and Dr Becky Jarvis provided a brief summary for HWOSC members regarding the situation with the mental health beds. They remained encouraged by the metrics and had also recruited to a number of additional posts.

58.2 Ms Foster and Dr Jarvis were thanked for the update.

**59. HWOSC WORK PROGRAMME**

59.1 Members heard that there were a number of items outstanding on the work programme. Officers would meet with the Chair soon to consider the best way to move forward with this.

The meeting concluded at 6pm

Signed Chair

Dated this day of

| HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE | Agenda Item 64<br><br>Brighton & Hove City Council |
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| | | |
|---|---|---|
| **Subject:** | | **A&E and Capacity Pressures at the Royal Sussex County Hospital** |
| **Date of Meeting:** | | **23 April 2013** |
| **Report of:** | | **Head of Law (Monitoring Officer)** |
| **Contact Officer:** | **Name:** | **Giles Rossington** **Tel: 29-1038** |
| | **Email:** | **Giles.rossington@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. SUMMARY AND POLICY CONTEXT:

1.1 The Royal Sussex County Hospital (RSCH) has for some time been experiencing severe and prolonged pressure on the capacity of its Emergency Department and overall unscheduled care services. This pressure has led to breaches in the four-hour A&E wait targets. In February this year the situation became more acute so the trust declared an 'Internal Major Incident' in order to best focus its resources. The Department of Health Emergency Care Intensive Support Team (ECIST) has also been asked to visit RSCH and to produce an independent report on A&E services. Copies of this report have been circulated electronically to HWOSC members for reference.

1.2 The issue of A&E capacity at RSCH (and of its twin hospital, the Princess Royal in Hayward's Heath) has been of concern to local Health Overview & Scrutiny Committees (HOSCs), which have a statutory duty to monitor local NHS-funded health services to ensure that they are fit for purpose. In consequence, the Chairs of the three Sussex HOSCs recently wrote a letter to the interim Chief Executive of Brighton & Sussex University Hospitals Trust (BSUH) seeking assurances that patient safety and service quality had not been compromised. (This letter and the BSUH interim Chief Executive's response are included as **Appendix 1** to this report.)

1.3 Separately, the Chair of the Brighton & Hove HWOSC contacted Brighton & Hove Clinical Commissioning Group (CCG) to better understand the CCG's perspective on the situation. The CCG commissions emergency (A&E) care from BSUH on behalf of city residents. (A letter from the CCG's Clinical Accountable Officer, Dr Christa Beesley, is included as **Appendix 2** to this report.)

1.4 Whilst the correspondence included in the appendices to this report provides some assurances around the safety and quality of services at the RSCH,it was thought important that HWOSC members should have the opportunity to hear a statement on the current state of affairs at the RSCH from the new BSUH Chief Executive, Mr Matthew Kershaw, and also to question directly Mr Kershaw and his officers, the CCG, and other bodies with a significant interest in RSCH

unscheduled care services - e.g. the city council's Adult Social Care department (ASC) and Sussex NHS Community Trust (SCT). ASC and SCT have an important role to play in managing transfers of care from acute hospital care into community settings.

## 2. RECOMMENDATIONS:

2.1 That HWOSC members consider and comment on the information included in this report and its appendices, and on any additional information presented verbally at the HWOSC committee meeting;

## 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Hospitals across England are currently experiencing unprecedented demands upon their A&E services, with many A&E departments experiencing similar pressures to the RSCH. However, the fact that this is a widely experienced problem does nothing to lessen its gravity. It is clearly important that the Local Health Economy works together to understand and better manage the underlying factors which are responsible for the capacity pressures on RSCH A&E.

3.2 There are a number of possible reasons for the capacity problems currently being faced by A&E units. These include:

- Changing demographics – as the population becomes older it is anticipated that there will be more pressure on a range of NHS services, potentially including A&E. In general, the older the person, the poorer their health can be expected to be, and therefore the greater the likelihood that they may need to use A&E services (and that they will present with a complicated condition requiring admission to hospital). In addition, older people tend, on average, to be less likely to be suitable for early discharge from hospital, and more likely to require a community care package on discharge, potentially increasing average lengths of bed stay and the risk of delays in transfers to community settings. Since the ability of an A&E department to admit patients to hospital beds depends on the availability of these beds elsewhere in the hospital, the length of time patients spend in hospital is a critical factor in A&E performance – even in terms of patients who were not admitted via A&E. Therefore, as the population ages, the number of people presenting at A&E and the actuity of their conditions may also increase. Although Brighton & Hove is not experiencing the same pressures as many areas in terms of an ageing population, we are seeing a significant increase in very old and frail people – the group most likely to require hospital services.

- Problems accessing GP services – people unable to book a timely appointment with their GP are more likely to present for treatment at A&E – but A&E is intended as a last rather than a first resort. Therefore areas where people struggle to access regular GP services may see particular spikes in A&E attendance.

- Problems accessing GP Out Of Hours (OOH) services – people who receive a poor service from, or do not understand how to access, OOH services are more likely to present for treatment at A&E. Again, A&E is not intended to be an alternative to OOH, but an escalation should OOH be unable to cope. (Similarly, NHS advice services such as NHS Direct/111 are intended to divert non-emergencies from A&E, but will only do so if they work properly and if people use them as intended.)

- Unregistered patients – people who have not registered with a GP (or who are registered with a GP practice in another part of the country) are more likely to present directly at A&E for treatment, since they may feel that they have no obvious alternative recourse (although there is in fact a walk-in GP surgery at near Brighton station that accepts unregistered patients). The groups of people most likely to fall into this category include students, recent immigrants, tourists, and people living chaotic lives who cannot cope with the challenge of registering with a GP (e.g. homeless people etc). Once again, the intended pathway to services is via a GP, not attending A&E directly except in cases of genuine emergency.

- Delayed transfers of care – many patients discharged from hospital are able to return home and live independently immediately, but for some people, particularly the frail and elderly, this is not possible. For these people, timely and effective discharge will depend on the availability of medical and/or social care at home, or of intermediate/short term community beds, or of a place in a residential care or nursing home. Delays in the transfer of patients from acute to community settings are a long term problem for many areas, and effective management of this area typically involves several agencies working together productively. In Brighton & Hove this includes BSUH, ASC, the CCG, SCT and a number of other community care providers. Where there are delays in the system, it may be due to community care providers/commissioners not putting community care in place in a timely manner; but it may also be due to the acute provider for not alerting the community care system at an early enough stage that an in-patient is likely to need an assessment for/the provision of community care.

- Delayed transfers from tertiary care – the RSCH is increasingly taking on tertiary (specialist) hospital activity for patients who live outside the BSUH catchment area of Brighton & Hove and Mid Sussex. Transferring these patients into local (to them) community services may be more complicated than transferring local patients, because there is unlikely to be the same level of understanding between hospital and community services as exists locally.

- A&E attendances due to behaviour – people may end up having accidents due to their own risky behaviour, particularly in terms of behaviour related to heavy drinking. Clearly this is likely to be an issue in Brighton & Hove given the orientation of our economy. Management of risk in this instance is a multi-partner affair, involving the police, health services, community safety, public health, licensing etc.

- A general inclination to use A&E as a first recourse – this is not wholly understood, but it does appear that a greater proportion of the population, even those who are registered with and able to access GP services, have been using A&E as a first recourse in recent years.

- Inefficient practices within unscheduled care within a hospital – this could include poor triage of people presenting for treatment at A&E, issues for patients admitted to an inpatient bed whose care does not then progress as quickly as possible. This could be due to a number of factors including how consultant input is provided but might also include delays in getting prescriptions to patients ready for discharge, meaning that a patient who could have been discharged in the morning is still tying-up a bed in the afternoon when the hospital is able to deal with them (this specific issue was flagged up by the BHLINk in its recent report on prescribing problems). In short, anything that complicates or delays the timely processing of patients through the hospital system may impact on A&E capacity.

3.3 The above represent some of the main reasons why hospital A&E services may be experiencing increased pressures. These are essentially generic issues, and some may not be locally relevant. However, members may be interested in ascertaining whether they do apply locally, and if so, what steps are being taken to counter them.

3.4 Issues around A&E capacity are clearly very complex. It is unlikely that problems with capacity at an A&E unit will be solely due to inefficiencies at that unit – indeed it is entirely possible that an A&E could be very efficient yet still experience severe capacity problems. Any 'solution' to A&E capacity problems clearly involves the whole of the local health economy, including the acute provider (in terms of the entirety of hospital services not just the A&E department), the commissioners of emergency care (CCG), the commissioners of local GP services and of very specialist hospital care (The NHS Commissioning Board Area Team), the provision of primary care (the GPs) community care commissioners and providers, local ambulance services, and potentially other partners such as the police, community safety and licensing.

3.5 It is unlikely that HWOSC can add much in the way of value to this professionally driven process, but HOSCs do need to be assured that the professional leaders of the local health economy are taking issues of A&E capacity seriously and have agreed a multi-partner approach to dealing with problems. If HWOSC members are assured that this is the case locally, they may choose to take no further action at this stage, other than perhaps of requesting update report(s) on the situation. However, if members are not satisfied with the approach being taken they may wish to consider involving other agencies – e.g. writing to the Care Quality Commission expressing their concerns.

## 4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None at this point

## 5. FINANCIAL & OTHER IMPLICATIONS:

5.1 None directly – there is no decision here which has financial implications for the city council.

Legal Implications:

5.2 None to this report for information

Equalities Implications:

5.3 None directly

Sustainability Implications:

5.4 None directly

Crime & Disorder Implications:

5.5 None directly

Risk and Opportunity Management Implications:

*].*

5.6 Members may wish to enquire as to how BSUH (and potentially the CCG, ASC etc) is quantifying risk in relation to A&E pressures and what its mitigatory approach to this risk entails.

Public Health Implications:

5.7 Timely access to A&E services is a key part of healthcare.

Corporate / Citywide Implications:

5.8 None directly

## 6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 This report is for information

## 7. REASONS FOR REPORT RECOMMENDATIONS

7.1 This report is for information

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Letter from Sussex HOSC Chairs to Chris Adcock, interim CE of BSUH, and response from Mr Adcock

2. Letter from Dr Christa Beesley to Cllr Sven Rufus

**Documents in Members' Rooms**

None

**Background Documents**
None

**Mrs Margaret Whitehead**
Chairman
Health and Adult Social Care Select Committee

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Margaret.whitehead@westsussex.gov.uk
website: www.westsussex.gov.uk

County Hall
West Street
Chichester
West Sussex
PO19 1RQ

Xxx March 2013

Mr Chris Adcock, Interim Chief Executive
Brighton and Sussex University Hospitals NHS Trust
Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE

SENT VIA E-MAIL

Dear Mr Adcock,

We are writing to you as the chairmen of the health scrutiny committees for East and West Sussex and Brighton and Hove. We are aware that Brighton and Sussex University Hospitals NHS Trust has experienced some significant challenges recently in terms of your ability to deliver the 4-hour standard of care. We welcome the fact that you have been open and honest about the pressures facing Royal Sussex County and Princess Royal Hospitals – and understand that some of these pressures are system-wide. However, we are concerned that our residents should be receiving the best possible care, and that their experience of hospital care should be a positive one. We are therefore looking for reassurance from you that the Trust is doing all it can to manage demand and capacity to ensure that the situation doesn't arise again where you are forced to call an internal major incident (as happened at the end of February).

It would be helpful if you could outline:

- How BSUH is working to manage capacity at both the Royal Sussex County and Princess Royal Hospitals
- How you are working with the system as a whole (i.e. ambulance service, community services, social services across Sussex) to manage demand
- Any work being undertaken to understand the reasons for the pressure on services – which we understand is being experienced by acute trusts across the region.

We hope to be able to support you in addressing these challenges, and suggest that it may be helpful to arrange for some of our committee members to visit both Royal Sussex County and Princess Royal Hospitals at some point in the future.

Cont/….

We look forward to your response.

Yours sincerely,

Mrs Margaret Whitehead
Chairman, West Sussex Health and Adult Social Care Select Committee

Mr Rupert Simmonds
Chairman, East Sussex Health Overview and Scrutiny Committee

Sven Rufus
Chairman, Brighton and Hove Health and Wellbeing Overview and Scrutiny Committee

c.c. Julian Lee (Chairman)

Brighton and Sussex University Hospitals NHS
NHS Trust

Headquarters
The Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE

Tel: 01273 696955

**Our ref:** CA167/SF

28 March 2013

Mrs Margaret Whitehead
Chairman, West Sussex Health and Adult Social Care Select Committee

Mr Rupert Simmons
Chairman, East Sussex Health Overview and Scrutiny Committee

Mr Sven Rufus
Chairman, Brighton and Hove Health and Wellbeing Overview and Scrutiny Committee

Dear Mrs Whitehead, Mr Simmons and Mr Rufus

Thank you for your letter dated 11 March in relation to your concerns about the continuing pressure at the Royal Sussex County Hospital and the impact on services to patients during this time.

Firstly, I would like to assure you that addressing the issues which have contributed to the current situation and delivering the care and experience our patients have a right to expect is the number one priority and focus of the hospital at this time.

I will respond to your specific points in the order you have raised them:

1. **How is BSUH working to manage capacity at both the Royal Sussex County (RSCH) and Princess Royal Hospitals (PRH)?**

As you are aware, RSCH is a very constrained site in terms of our existing infrastructure at the present time and this provides us with very particular challenges during periods of significant pressure such as we have experienced over recent months. RSCH is a comprehensive emergency or "hot" site. Only by concentrating emergency and critical services in the way that we have done at RSCH are we able to have in place the scale of resources, skills and clinical expertise vital for providing the best outcomes for patients, in order to provide local and regional access to these services for the residents of Sussex.

Although it is of absolutely critical importance to be able to provide these services closer to the homes of our population than would otherwise be the case, this does necessarily constrain our access to flexible capacity as our elective beds, which are often used by hospitals to provide a buffer at times of crisis, are located at PRH. We are therefore reliant on being able to maximise the flexible use of capacity at PRH to support RSCH in times of acute activity pressures.

The concept of "one hospital on two sites" is very important to the way our hospitals run and we seek to maximise flexibility across all of our capacity wherever possible. Our staff on both sites have been extremely flexible and when the ambulance service has been able to support this we have done this to the maximum extent possible.

Another factor in relation to the infrastructure constraints at RSCH is that Level 5, our Emergency floor is now too small. We have well developed plans to increase the clinical footprint and extend our emergency department capacity and this work will commence later in the current financial year.

Ultimately, the 3Ts development will address the remaining infrastructure issues at RSCH and this is a crucial and significant component of our longer term planning arrangements.

In the meantime, we are working very hard on a number of our internal processes which we are confident will lead to the tangible and material improvements which are required. We have a comprehensive plan of actions supported by strong governance arrangements to support the senior clinicians who are leading each component. The management of the hospital will be supporting the rapid implementation of all components of the plan.

**2. How the system is working as a whole to manage demand?**

You may be aware that in January we invited the Emergency Care Intensive Support Team (ECIST) to visit our hospitals to independently review the current situation and make recommendations for improvement. This was subsequently followed by a further visit in February to conduct a point prevalence study (a detailed and comprehensive clinical audit of patients in acute beds). The reports from these visits made a series of recommendations which we have used to directly form our action plans and the construction of our improvement programme. The measures we have in place to protect the patient experience at this time, and to deliver the improvements required have been formally reviewed along with the wider and associated Local Health Economy plans through a system risk summit meeting and follow up meeting held yesterday. We have established robust system programme management arrangements to co-ordinate and performance manage the implementation of these action plans.

We continue to have concerns about the difficulties in accessing social care, rehabilitation and other community based short term services and this is having a dramatic impact on patient flow out of the hospital resulting in the bed pressures which have so constrained Emergency Department performance at this time. A further ECIST review of the wider systems and processes had been planned to independently assess these services and processes and I am hopeful that this will happen in the near future.

**3. What work is being undertaken to understand the reasons for the pressure on services across the region?**

Many healthcare systems are experiencing similar pressures to those faced in Brighton at the current time and there are various efforts to understand the national and regional picture underway. In Brighton, and as I have previously mentioned, we have engaged ECIST to conduct an independent review of the situation within the hospital and we are anticipating a similar system review in the near future. BSUH has been working very closely with members of NHS Sussex to better understand the patient

flow pressures, ambulance conveyance trends and various other indicators which will help form conclusions about systemic causes to these pressures. This work is underway as part of our overall integrated system approach and we will be able to say more on this matter in the near future.

As you will be aware, our new Chief Executive Matthew Kershaw will be in post full time from 3 April. I have shared your letter with him and either Matthew or myself would be very happy to discuss these issues further with you in the near future and discuss how we could make best use of the offer of the support of your committee members in implementing the changes and delivering the improvements which we require for our patients.

Best wishes

Yours sincerely

Chris Adcock
Chief Executive

c.c. Julian Lee, Chairman, BSUH
Matthew Kershaw, Chief Executive Designate, BSUH
Nikki Luffingham, Chief Operating Officer, BSUH

Brighton and Hove
Clinical Commissioning Group

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17 March 2013

Cllr Sven Rufus
Chair
Health and Wellbeing
Overview and Scrutiny
Committee
Brighton and Hove City

Dear Cllr Rufus

**A&E at the Royal Sussex County**

As you will be aware, there has been a lot of media attention concerning A&E services at the Royal Sussex County in the past week, including a letter I had written to Chris Adcock which was unfortunately leaked to the BBC.

I am grateful for the opportunity to write to you and clarify the issues that have led to this situation and reassure you of the safety of care within our local services.

There is continued pressure on A&E services, not only locally but also across the country. Many people attend A&E for minor issues that could as easily have been self managed or managed by primary or community services. We have a significant programme of work within the CCG focusing on urgent care and alternatives to A&E that we would be really keen to update HWOSC members more on if they were interested. Additionally, the level of acuity of patients when they do need urgent admission into hospital – particularly our frail elderly community – is rising and the service is finding it challenging to meet their needs and appropriately discharge these more complex patients who often also have mental health needs or dementia. We are working with all our partners in the City, including primary care, the ambulance service, community and mental health services and social care to ensure the system around the hospital is working as effectively as it might be to provide alternatives to hospital admission and support early discharge.

This growth in attendance and acuity at our local A&E (about 3% on last year's figures) would not, on its own however, account for the deterioration in A&E performance over the last few months. BSUH and the CCG invited the Emergency Care Intensive Support Team (ECIST) from the Department of Health into BSUH recently to undertake a through review of A&E and flow within the hospital to understand better the contributing factors and actions that need to be taken to improve the experience of patients and performance of the service. The ECIST Team provided some initial feedback to the Hospital on what they needed to do immediately to improve the way in which A&E operated. One of the key actions involved putting a consultant on the front door of A&E to ensure people were rapidly assessed and treated by a very experienced clinician and

directed on the most appropriate pathway immediately. The full ECIST report is due to be made available this week and we have already agreed with the Trust the need for a focused internal action plan alongside system measures for recovering performance that I will oversee with the Trust on a weekly basis.

We must emphasise that staff at BSUH have been completely open about the challenges of working in a busy and over-crowded environment. We have heard from them directly, visited the department and discussed the clinicians' concerns with the Regional Area Team of the NHS Commissioning Board and the Care Quality Commission. We feel confident that all possible steps are being taken to make sure that the A&E service is safe, but we do acknowledge that it is not currently being delivered in a way that is providing the best quality of care or experience for patients in the City. The deterioration in the four hour target as well as the number of trolley breaches is of major concern to us as commissioners of this service. We are working extremely closely with the incoming Chief Executive, the Area Team as well as all our partners in the City to ensure there is a clear and detailed plan for bringing the standard of the service back to where we need it to be.

I know there is a HWOSC meeting coming up shortly. I or another senior member of the CCG will be on hand to answer any further questions you or the committee may have. Alternately, please do not hesitate to contact me in the meantime if you would like to discuss anything further.

With kind regards

Yours sincerely

Christa Beesley
**Clinical Accountable Officer**
**Brighton & Hove Clinical Commissioning Group**

| HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE | Agenda Item 65<br><br>Brighton & Hove City Council |
|---|---|

| | | | |
|---|---|---|---|
| **Subject:** | | **3T Final Business Case** | |
| **Date of Meeting:** | | **23 April 2013** | |
| **Report of:** | | **Head of Law (Monitoring Officer)** | |
| **Contact Officer:** | **Name:** | **Giles Rossington** | **Tel: 29-1038** |
| | **Email:** | **Giles.rossingtion@brighton-hove.gov.uk** | |
| **Ward(s) affected:** | | **All** | |

**FOR GENERAL RELEASE**

## 1. SUMMARY AND POLICY CONTEXT:

1.1 Brighton & Sussex University Hospitals Trust (BSUH) provides hospital services for the populations of Brighton & Hove and Mid Sussex at the Royal Sussex County Hospital, Brighton (RSCH) and the Princess Royal Hospital, Hayward's Heath (PRH), as well as running other facilities including the Sussex Eye Hospital and the New Royal Alexandria Children's Hospital.

1.2 BSUH plans to develop the RSCH site, increasing its capacity to deliver *tertiary* (i.e. specialist) hospital services for the population of Sussex and beyond; *trauma* care (making RSCH the specialist trauma care centre for the South East of England); and *teaching* capability (further developing BSUH's role as the regional teaching hospital). The project also includes the replacement of significant DGH inpatient, outpatient, diagnostic and treatment facilities. This ambitious programme is colloquially known as '3T'.

1.3 3T is intended to be financially supported via NHS Capital Funding, and access to this funding requires BSUH to follow an application process and to meet a series of Department of Health (DH) and HM Treasury (HMT) criteria. This process has taken a number of months to date, and the HWOSC has been involved/informed throughout. Approval of the Outline Business Case is now not anticipated until later in 2013. The final Full Business Case which will formally allow the main construction project to commence is expected in 2014. The attached report from BSUH (**Appendix 1**) provides an update on progress.

## 2. RECOMMENDATIONS:

2.1 That HWOSC members consider and comment on the Brighton & Sussex University Hospitals Trust (BSUH) update on the 3T development and other major trust developments (see **Appendix 1** to this report);

## 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 For a number of years, local NHS planning has sought to develop the RSCH as a hub for specialist hospital services. Initially this was in terms of the BSUH catchment area of Brighton & Hove and Mid Sussex; latterly it has been expanded to include a number of tertiary services across Sussex and some (including trauma) on a regional basis. However, any further enhancement of the RSCH as a specialist centre will require a very significant redevelopment of the existing site.

In parallel with this, the Trust has also been planning to substantially redevelop facilities associated with DGH services for the Brighton & Hove population, in particular the wards for medicine and care of the elderly which are currently located in the 1828 Barry Building.

3.2 This development programme, generally known as '3T', includes a very significant building programme. 3T is a multi-year initiative, costing in the region of £400 million, and will eventually transform the RSCH into a regional trauma centre, and a tertiary care centre for Sussex. 3T will also seek to reinforce and improve BSUH's standing as a teaching hospital trust – the only teaching hospital in the SE region.

3.3 The advantages to the city of the 3T programme are obvious: 3T should ensure the long term future of services (and local jobs) at the RSCH site; it should provide local people with good access to specialist healthcare; construction will provide a significant boost to the local economy. However, there are some potential downsides to be considered also. These include the disruption to local communities caused by the build; the risks to existing services during the build (including services which are already very stretched); the suitability of arrangements for decanted services during the build; the environmental sustainability of the build; and the degree to which 3T and allied developments will future-proof the hospital against demographic changes and the possible downsizing of other acute hospital provision across the region (e.g. whether the re-vamped RSCH will be able to cope with potential increases in patient flow).

## 4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 This report has been shared with the local Community & Voluntary Sector Forum and with local Healthwatch.

## 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 directly

Sustainability Implications:

5.4 3T is a very major project and there are obvious sustainability issues around the nature of the build, the environmental-footprint of the new building, reliance upon out-of-area catering etc. However, these issues will have largely been addressed via the planning process – the main focus for HWOSC members is around the health impact on local people.

Crime & Disorder Implications:

5.5 None identified

Risk and Opportunity Management Implications:

5.6 3T is obviously a major area of risk and opportunity for the whole city, given the sheer scale of the project. BSUH maintains detailed project risk registers on all major aspects of the initiative. Members may be interested in the degree to which project risks are shared with or informed by relevant city council risk managers.

Public Health Implications:

5.7 None specifically identified

Corporate / Citywide Implications:

5.8 3T is a very significant development project and is likely to provide both a short-term and a long-term boost to the city economy (e.g. in terms of the construction project and in terms of the long term sustainability of RSCH as a major local employer).

## 6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 This report is for information

## 7. REASONS FOR REPORT RECOMMENDATIONS

7.1 This report is for information

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Additional information provided by BSUH.

**Documents in Members' Rooms**

None

**Background Documents**

None

# Appendix 1

Brighton and Sussex University Hospitals NHS Trust

**Brighton & Hove City Council Health & Wellbeing Overview and Scrutiny Committee: 23 April 2013**

**Update from Brighton & Sussex University Hospitals NHS Trust: The 3Ts Programme and other Trust Developments**

## Introduction

1. The purpose of this report is to update the Health & Wellbeing Overview and Scrutiny Committee (H&WOSC) of Brighton & Hove City Council on progress with regard to the 3Ts Programme and other Trust Developments.

## Areas Covered within the Report

2. The following key areas are covered within this report:

   - The 3Ts Development, including progress to date and the proposals for decant;
   - Other Trust major developments.

## The 3Ts Development

### Overview

3. The H&WOSC will be aware that the overall objectives of the programme to develop a leading teaching, trauma and tertiary care centre (the 3Ts Programme) at Brighton and Sussex University Hospitals NHS Trust (BSUH) are to:

   - Replace the outdated Barry and Jubilee Buildings with modern, fit for purpose accommodation. These buildings provide outpatient, diagnostic, treatment and inpatient facilities for some of the most vulnerable patients from Brighton & Hove that the Trust cares for. The Barry Building was completed 20 years before Florence Nightingale became a nurse and have very low numbers of single rooms and sanitary provision;
   - Relocate the Regional Neurosciences Centre from Hurstwood Park in Haywards Heath to the Royal Sussex County Hospital (RSCH) campus and expand it so that it is able to treat patients from across Sussex. Many patients from Brighton & Hove and across Sussex currently have to travel into London for treatment;
   - Become the Major Trauma Centre for the region, with full capacity and capability available once neurosciences is transferred to the RSCH;

- Rebuild and expand the Sussex Cancer Centre to ensure that patients do not have to travel outside Sussex for their treatment;

- Develop teaching, training and research facilities in partnership with Brighton & Sussex Medical School and Kent, Surrey and Sussex Deanery. The Medical School was recently voted top in the country for student satisfaction after less than 10 years in existence and more can be done to develop it to provide continued and growing benefits to patient care and the quality of clinical staff trained locally.

4. Although dubbed "the Regional Centre for Teaching, Trauma and Tertiary Care", the 3Ts project will also significantly improve service for patients from Brighton & Hove as well as those from the rest of Sussex and beyond: this is not an "either/or", the Trust is committed, through this investment, to do both. **Around 70% of the overall capital cost of the project is consequent on the replacement and improvement of our DGH services. There is no diminution of services for local people planned as part of the 3Ts project.**

5. The bed and capacity modelling has been tested robustly over the last 5 years by the (then) Primary Care Trusts, the Strategic Health Authority and the Department of Health.

**Preferred Option**

6. The Trust's preferred option is to develop the south half of the RSCH campus in three main stages:

   - Stage 1 will comprise the replacement for the Barry Building wards and departments (including the hospital's main x-ray department) including the expansion of critical care facilities, the relocation and expansion of the regional neurosciences service and specialist facilities for the treatment and multiple major trauma. This will be complete in late 2018;

   - Stage 2 will comprise specialist facilities for the relocation and expansion of the Sussex Cancer Centre and for the Medical School. Stage 2 will also have a roof garden for patients, visitors and staff. This will be complete in late 2021;

   - Stage 3 will provide a logistics centre for the site, with the entire development completing in late 2022.

7. The development will provide an average of 65% of inpatient accommodation in single rooms with en-suite toilet facilities and accompanying facilities which will be fit for purpose for the 21st Century, rather than those which were seen to be no longer fit for purpose in the early 20th Century.

8. A helipad is proposed to be put in place on the existing Thomas Kemp Tower for the transfer of trauma patients by early 2015.

9. The fine detail of the planning and design of the building is available on B&HCC website at:

   http://www.brighton-hove.gov.uk/index.cfm?request=c1199915&action=showDetail&application_number=BH2011%2F02886

**Current Position**

10. Full Planning Consent was released on 28 March 2012 when the Section 106 agreement between the Council and the Trust was agreed and signed.

11. The Outline Business Case for the development was re-approved by the Strategic Health Authority on 29 March 2012.

12. The Department of Health has reviewed the OBC and passed it to HM Treasury for consideration in June 2012.

13. A set of queries from HM Treasury were received in September 2012 and responses provided in December 2012.

14. In late March 2013, the Trust was informed that the Treasury wanted further assurance on the overall affordability of the project. The Trust is therefore preparing:

    - Detailed plans for achieving our Cost Improvement Plans for 2013/14 (which were already well developed), plus 2014/15;

    - Higher level plans for 2015/16;

    - A refreshed Long-Term Financial Model for the next 10 years.

15. These will be submitted to the NHS Trust Development Authority (the replacement in part for the Strategic Health Authority) in Late May 2013. Once the TDA is happy with the content and level of detail of our plans, these will be submitted to Treasury with a view to the final decision on the Outline Business Case being made.

16. Upon approval of the OBC, the Trust will be able to conclude the detailed planning of the main 3Ts buildings (primarily internal planning). If an approval decision is made over the Summer, the Trust expects to be able to prepare the final approval stage – the Full Business Case – for submission and approval in the first half of 2014.

17. The approval of the Full Business Case is the final stage before construction work can commence. Members are invited to note that the Full Business Case approval is confirmatory – that the capital costs and revenue consequences of the scheme – remain affordable. It is the stage that the Trust is currently in that is the key approval stage.

18. The capital cost of the project remains £420m.

19. The impact of the project on the local area will be significant in two ways:

    - There will be disruption due to construction traffic. The Trust and its construction partner is committed, via the Section 106 legal agreement, to production of an agreed management plan for the construction phase, so that we can identify the most serious periods of disruption and ensure that local people are aware of these;

    - There is also a commitment in the Section 106 to ensure that 20% of job opportunities during the decant and construction phase shall be taken by the Brighton & Hove workforce.

**Decanting**

20. It is one of the Trust's key objectives to ensure that patient access to services are maintained through the proposed construction period.

21. In order to deliver this, the Trust is planning to put in place temporary facilities on the RSCH and Brighton General Hospital sites whilst the construction of Stage 1 of the 3Ts development is underway. It is planned to have these in place and operational before demolition work is undertaken.

22. The majority of clinical facilities displaced by the construction work will stay on the RSCH site whilst construction is underway (nuclear medicine, ENT, audiology, speech and language therapy etc). The only exceptions will be physiotherapy and Rheumatology outpatient facilities which will transfer to Brighton General until Stage 1 is complete. As noted, the only patient facilities which will transfer away from the RSCH site are outpatient facilities. There is no intention to transfer any inpatient facilities away from the hospital site.

23. Office accommodation on the site will relocate to the refurbished St. Mary's Hall. This project is currently underway. This is a £9,689,000 scheme funded from £2,887,000 of Trust operational capital, and by £6,802,000 from the 3Ts decant budget. It allows the Trust to provide replacement accommodation for functions in properties peripheral to the RSCH site and their eventual disposal. The majority of the accommodation is to replace the administrative and management functions on the part of the RSCH site which is required to construct Stage 1 of 3Ts.

24. The overall plans for the decant projects are set out below. There are some changes to the plans from those summarised in the "Trust Statement" which formed part of the approved 3Ts Planning Application. These changes are currently under discussion with officers.

25. The Trust has received approval for three of the decant schemes to be progressed in advance of the final Treasury approval of the OBC. These are shown in the table below.

| **Decant Building** | **Functions/Departments** | **Status/ Projected Completion Date** |
|---|---|---|
| St. Mary's Hall (Refurbishment) | Administrative and management offices;<br>Trust HQ;<br>Physiotherapy Inpatient Support Offices;<br>Rheumatology Offices. | Underway<br>August 2013 |
| Front Car Park (Temporary Modular Build) | Medical Physics Offices;<br>Nuclear Medicine;<br>MRI Scanners;<br>Radiopharmacy;<br>Speech & Language Therapy. | Approved<br>Late 2014 |
| Royal Alexandra Children's Hospital (Refurbishment) | Paediatric Audiology | Approved<br>Late 2013 |
| Brighton General Hospital "C" Block (Refurbishment) | Rheumatology OPD;<br>Physiotherapy OPD. | Subject to approval<br>Early 2014. |

| Decant Building | Functions/Departments | Status/ Projected Completion Date |
|---|---|---|
| Thomas Kemp Tower Courtyard (Temporary Modular Build) | Oncology and Clinical Infection Service Inpatient Beds. | Approved Mid 2014 |
| Building 545 (Refurbishment) | ENT OPD;<br>Audiology;<br>Junior Doctors' Mess | Subject to approval Early 2014 |
| North Service Road Building (New build) | Site Management Offices;<br>EBME Department;<br>MIE Store;<br>Post Room | Subject to approval Late 2014 |

26. The Trust is currently completing the detailed planning and site logistics exercise to allow the approved schemes to commence and to complete the approvals for the remaining schemes.

27. Members are invited to note the following key points in relation to the decant exercise:

- No inpatient beds are moved away from the RSCH site;
- Only outpatient facilities are moved away from the RSCH site;
- The circulation routes between A & E and the beds on site are not affected – they remain as they currently are;
- The construction site for the first stage of the building works is self-contained and should not impact on the day to day operations of the Trust.

28. A full programme of communication and information will be provided to patients well in advance of the relocation of services. This is currently in the planning stages.

**Sustainability**

29. The Trust is proposing that the 3Ts development is BREEAM "Excellent" and is planning to cut the carbon emissions for the whole site by the introduction of combined chilling, heat and power energy generation. This will be one of the largest energy retrofit projects in Sussex. We are forecasting that energy consumption for the new facilities will be below the NHS target for new build facilities and we are currently examining ways this can be improved still further.

30. The 3Ts development will also have solar energy generation included with the potential to add more as the economics of the renewable improves.

31. The development also provides a roof garden on Stage 2 as an amenity on the site and to provide a facility for greater biodiversity and to play a part in reducing the urban heat island effect.

32. It is one of the Section 106 requirements that we update our Sustainable Travel Plan whilst construction is underway, building on the work that we have done over the last 10 years in this area.

**Engagement and Consultation**

33. Over the last four years, the Trust undertaken well over 100 different presentations, meetings and events for the people of Brighton & Hove and across Sussex to consult and engage on, and provide information about, the emerging proposals. These have included:

    - Re-establishment of the Hospital Liaison Group for local residents within 0.25 miles of the hospital site. HLG continues to meet on a quarterly basis currently and has been a useful and valuable conduit for regular contact with local residents;

    - Exhibitions;

    - Establishment of a Patient and Public Design Panel to test detailed elements of the planning of the interior of the building;

    - A video explaining the key points of the development;

    - A Facebook page dedicated to the development;

    - Articles in the Argus and other traditional media.

34. This work will continue so that we can provide information to patients, carers, visitors, local residents and our staff about what will happen, when it will happen and what the impact of that will be on them. In particular, we are using our experience on the St. Mary's refurbishment project to improve what we do in this area.

## Other Developments

35. There are a number of other developments which the Trust is undertaking on the RSCH campus.

Provision of a Third Cardiac Surgery Theatre

36. This £7.5m project is well underway and the new theatre will be operational in September 2013. This will provide additional capacity for us to treat patients who require heart surgery from the local area and across Sussex.

Development of Major Trauma Centre

37. The Trust was designated as a Major Trauma Centre in April 2012. To support this, in advance of the first stage of 3Ts becoming operational, we are undertaking a series of projects to improve capacity and quality:

- A new CT scanner was installed close to the front door of the Accident and Emergency Department to ensure patients requiring a CT scan could have this as early as possible upon arrival at the hospital. This became operational in September 2012;
- A dedicated theatre for major trauma patients was completed at the end of March 2013. This is additional theatre capacity for the Trust;
- A new interventional radiology theatre will be operational in mid 2013;
- Plans are being developed to refurbish and upgrade the main Accident and Emergency Department to improve capacity and patient flow. This will be a phased development to allow the department to remain operational and will be complete during 2014.

Expansion of Radiotherapy across Sussex

38. There are currently only 4 linear accelerators in Sussex for the non-surgical treatment of cancers via radiotherapy and these are based on the RSCH site. The Sussex Cancer Network has identified a requirement for 11 to be in place in Sussex by 2015.

39. Our plans to achieve this are:

- Installation of a brachytherapy machine in the Sussex Cancer Centre during 2013;
- Installation of two compact linear accelerators at our diagnostic facility in Preston Park during 2013/14;
- Installation of a cyberknife at the RSCH site in 2014;
- Replacement of our existing linear accelerators over the next three years;
- Establishment of linked Radiotherapy Units at Eastbourne and Worthing (5 linacs in total between the two), operated by BSUH by 2015.

**Duane Passman**
**3Ts Programme Director**
**April 2013**

**3Ts Project – Details of the Content of the Building**

| Service/Department | Rationale for Inclusion in Development |
|---|---|
| **Level 0** | |
| Car Parking and Plant | Overall, there are an additional circa 200 additional spaces planned for the site. |
| **Stage 1 – Level 1** | |
| Main Entrance | The closest to a Main Entrance on the site is the entrance to the Barry Building which is small for the current size of the hospital: the original entrance to the Barry building was designed for a hospital of less than 100 beds in 1828. |
| Retail | The development proposals call for a café and some retail units to be included in the main entrance space for patient, visitor and staff amenity. |
| ENT/Audiology/Maxillofacial Outpatients | The current ENT/Audiology/MaxFax Outpatients will be decanted to make way for the main development into temporary accommodation elsewhere on the hospital site. The potential to move it away from the site has been considered and rejected: clinical staff undertake outpatient clinics, undertake surgical procedures and also manage in-patient beds on the site – often during the same day. It is therefore considered to be an inefficient use of staff time if the OPD function was located remotely from surgical and inpatient facilities. |
| Rheumatology Outpatients | Rheumatology is currently located in the Latilla Building and will be decanted to Brighton General for the period of the Stage 1 build. This was considered to be a temporary move as the clinical staff also manage Rheumatology inpatients and are required to attend patients in Accident and Emergency as part of the medical bed base. There is also an increasing link to treatment of patients who primarily fall under the auspices of care of the elderly. It was considered that a permanent move would not be sustainable in the longer term. |
| Switchboard | Switchboard is also the main location for siting of medical gas alarms, management of the bleep system (including change over of bleeps to junior medical staff) and dealing with cardiac arrest calls. This is the main telecommunications hub for the Trust. Switchboard is currently located in the Barry Building which would be demolished to make way for Stage 2 of the development. |
| Discharge Lounge | This facility provides accommodation for patients who are medically fit for discharge from the wards but are either awaiting transport to their homes or another hospital or healthcare facility. It is a crucial part of the system of patient flow through the hospital. The number of beds/chairs in the facility has been assessed based on historical usage of the current facility, which is located in the Barry Building which would be demolished to make way for Stage 2 of the development. |

| Service/Department | Rationale for Inclusion in Development |
|---|---|
| Former Chapel/Heritage Centre | A space has been provided to allow for the relocation of the interior of the existing chapel to a new heritage space which will allow the listed interior and patient/staff memorials to be retained for the longer term, ensuring the link between the community and the memorials are maintained. This is a space for space reprovision. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 1 – Level 2** | |
| Neurosciences OPD | The relocation of the neurosciences function is one of the key objectives in this development. Neurology already undertake satellite clinics away from the Hurstwood Park site across Sussex. The provision for neurology reflects this. The provision for neurosurgery reflects the fact that it clinical staff undertake outpatient clinics, surgery, Intensive care and inpatient management across the day. It is therefore inefficient to divorce this facility from the rest of the overall provision. |
| Neurophysiology | The relocation of the neurosciences function is one of the key objectives in this development. The very specialised nature of the investigations undertaken here preclude an off-site provision. |
| Neurosciences Support & Offices | This is mainly office accommodation for neurosciences staff and support staff for these functions. There is no further space at St. Mary's Hall for these functions and there is non-cash releasing efficiency in co-locating these functions with the other departments within neurosciences. |
| Nuclear Medicine | Nuclear medicine is a core diagnostic function for the Trust and the wider health community and as such needs to be on the acute hospital site. The current department is within the Stage 1 development area and therefore needs to be decanted in the short term. The Front Car Park modular building has been identified as the appropriate location for this. The current department was built in the 1970s as a temporary location after the original RSCH development was reviewed between 1971 and 1991. The current department is no longer complaint with the regulator for this function and it is only the commitment to 3Ts (and decant) that is preventing the department being closed. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require |

| Service/Department | Rationale for Inclusion in Development |
|---|---|
| | changing facilities. |
| **Stage 1 – Level 3** | |
| Non-Invasive Cardiology | This is a key diagnostic function associated with the Sussex Cardiac Centre. It is currently located in the Barry Building and therefore requires reprovision before Stage 2 can be implemented. It cannot be located away from the hospital campus as it serves inpatients and outpatients and a division of function between these two areas would be inefficient. There is no flexibility to include this within the existing Millennium Wing where the Cardiac Centre is located. |
| Therapies | Therapy activity will be focused on providing care on the wards and around the bed areas. This facility is the office base for the hospital therapists. It is located in Stage 1 as the majority of the interventions made relate to elderly care, stroke rehabilitation, neurosciences rehabilitation and trauma rehabilitation – which are all part of the 3Ts development. It would be inefficient to locate this elsewhere. |
| Staff Bank | This is the main temporary staffing management facility for the site. It is currently located in the Barry Building which is proposed to make way for Stage 2 of the development so requires a permanent location. It cannot be located off-site as bank & agency staff are controlled from here and there needs to be an interplay between this function and all clinical areas across the site. |
| Facilities Management | The RSCH site is probably almost unique across the NHS as it does not have a central focus for Facilities Management logistics across the site – often to the exasperation of local residents. FM logistics are currently provided in a series of locations across the site and many of these are temporary facilities stemming from the pause in major redevelopment in the 1970s and which have not been addressed since. However, this area will not be fully effective until Stage 3 is complete, the Cancer Centre demolished and the new service yard is operational. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 1 – Level 4** | |
| Fracture Clinic | The fracture clinic is mainly an outpatient function but has close links to the Accident & Emergency Department: many of the patients treated in the clinic have already presented in A&E and have been diverted from treatment in that area (unless urgent) for less urgent treatment – often as a booked outpatient several days after their presentation in A & E (dependent upon clinical acuity). For patients who have require or have |

| Service/Department | Rationale for Inclusion in Development |
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| | had major orthopaedic surgery, this is also the place where they will have initial or follow-up appointments with their clinical team and where their rehabilitation will be monitored. Patients who have suffered major trauma (other than neurosurgical) will also have their follow-ups in this clinic. It is important that the fracture clinic is close to imaging facilities – both conventional imaging and more complex modalities (such as CT and MRI) as different modalities will be required to diagnosed and monitor different injuries. Hence, the fracture clinic should be close to imaging and should be on the acute hospital site (doe to the links to A&E, orthopaedic inpatients and imaging). The Fracture Clinic is currently in a modular building on the west side of the Barry Building and will need to be removed to facilitate the building of Stage 2. |
| Imaging (Cold) | Imaging is part of the core functions of the hospital. A decision has been made to separate out the two key sides to imaging and place them on different floors as an aid to patient amenity. "Cold" imaging is non-urgent imaging which is linked mainly to outpatient and day case patients who require further investigation. It is linked to fracture clinic and to cancer outpatients (in Stage 2) to ensure that there is a clear pathway between imaging and booked patient attendances. In this way, emergency imaging can be kept separate (on Level 5 of the building) so that "walking", elective patients are not imaged in the same area as emergency patients who may be in a variety of differing clinical conditions. It is the intention that no patients in beds should be scanned in the same area as patients who are not in beds – for privacy and dignity reasons. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 1 – Level 5** | |
| Imaging (Hot) | See cold imaging above. However, the co-location of all "hot" imaging functions – this which will treat the sickest patients – is to ensure that there is flexibility across all specialties who require imaging (neurosurgery, orthopaedics, vascular and trauma) for emergencies. This function will be located on Level 5 of the building – which will link across to the Accident & Emergency Departments and be co-located with theatres so that patients can be diagnosed and then treated quickly and efficiently. |
| Neurosurgery Theatres | The relocation of the neurosciences function is one of the key objectives in this development. Three theatres are required – one for elective (booked) cases which are less urgent and two for emergency cases. This is |

| Service/Department | Rationale for Inclusion in Development |
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| | so that booked cases are not cancelled if more than two emergencies are required to be dealt with at once. It is intended to co-locate the theatres with the polytruama theatre for maximum flexibility and efficiency. These theatres will be on Level 5 of the new building and will be a short link away from the existing major theatre complex of the RSCH. |
| Polytrauma Theatre | A dedicated polytrauma theatre – which is double the size of normal theatres is required so that multiple surgical team can work in it simultaneously. It also requires the capability for imaging within it – so that surgeons can use real-time imaging to guide them in their interventions. This cannot be a shared facility with other surgical specialties as it needs to be available on a 24/7 basis. |
| Acute Medical Assessment Unit | The current AMU is on Level 5 adjacent to A&E. It is proposed to relocate this to the new facility to free up space in A&E for better treatment facilities there. Given that the majority of patients who are treated in AMU are medical patients, it is logical t have them in the same building as the medical wards on the floor above. The unit will also be adjacent to "hot" imaging so that patients who are acutely ill can be scanned quickly and away from patients who are less acutely ill. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based on an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 1 – Level 7** | |
| Multi- Faith Centre | The multi-faith centre reflects the fact that there are increasing numbers of people who wish to have a non-denominational space in which to reflect and worship. There will be facilities for different faiths within the centre, but it will not be consecrated or designated for a single faith. The current multi-faith space is in a small room in the Barry Building and will require relocation when Stage 2 is constructed. It is proposed to place this on Level 6 of Stage 1 so that there are good links to the north part of the site as well as the 3Ts facility and will be part of a very public part of the new facilities. |
| Clinical Infection Service Ward | The current CIS wards are in the Jubilee Wing and will be decanted temporarily to allow construction of Phase 1. Clinical Infection (including patients with HIV) is a key tertiary specialty at the Trust. It is proposed that the ward will have 100% single rooms and a large number of isolation facilities to improve the risk of cross-infection or hospital acquired infections. |
| Clinical Infection Service Outpatients | This is the outpatient facility which is directly associated with the CIS ward. Staff work flexibly across the two areas and therefore it is essential for |

| Service/Department | Rationale for Inclusion in Development |
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| | these services to be co-located. |
| Café | This will be located at the end of the circulation route which will link the new facilities to Thomas Kemp Tower and to the north part of the site. It will have an unrivalled view over the sea and be a significant patient, visitor and staff amenity. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| Intensive Care Unit (General Acute) | The main hospital ICU is currently located on Level 7 of Thomas Kemp Tower and has 18 beds. Bed modelling suggests that the receipt of additional major trauma workload will require at least a further 3 beds. This is also one of the major areas which may require further expansion. The new ICU has been planned with expansion space built in for this purpose. There is currently no prospect of providing additional space in TKT for expansion without splitting the unit over two floors which has a major implication for staffing and duplication of facilities. It is therefore proposed that ICU should move to Level 7 of Stage 1 and be co-located with neurosurgery ITU and general HDU to form a major critical care unit with the potential for flexible use of staff and sharing of common infrastructure where appropriate. The relocation of ITU then frees up space in TKT to provide space for a trauma ward – linked to ITU. |
| Intensive Care Unit (Neurosurgery) | This provides the expanded neurosurgical ITU facilities transferring from Hurstwood Park to ensure that all patients who require ITU can be treated in Sussex. It is intended to co-locate these facilities with the general ITU and HDU from the RSCH for the reasons set out above. |
| High Dependency Unit | See above. This frees up further space adjacent to A&E to facilitate less crowded conditions there and to provide greater flexibility across ITU and HDU (rather being separated by two floors as they currently are in the Thomas Kemp Tower). |
| **Stage 1 – Level 8** | |
| Medical and Care of the Elderly Wards | These wards replace those currently in the Barry Building. 79 beds are provided on this floor. This gives good links to A&E and to the “hot” imaging facilities on Level 5 of the building. There will also be almost 70% of single rooms – a huge improvement from the current position in the Barry Building. There is no potential to move these wards off-site temporarily as they require access to all the facilities of the acute hospital. |
| **Stage 1 – Level 9** | |
| Medical and Care of the Elderly Ward | As above. |

| Service/Department | Rationale for Inclusion in Development |
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| Neurosurgery Wards | These wards relocate – and additional capacity is provided – from Hurstwood Park which is one of the key objectives of the project. They are located in Stage 1 to facilitate the earliest possible transfer of services and to ensure good vertical adjacencies with theatres, ITU, imaging and the neurology ward above. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 1 – Level 10** | |
| Neurology Ward | These wards relocate – and additional capacity is provided – from Hurstwood Park which is one of the key objectives of the project. They are located in Stage 1 to facilitate the earliest possible transfer of services and to ensure good vertical adjacencies with imaging, neurosurgery and the stroke ward which will be adjacent. |
| Stroke Ward | The stroke ward is currently located in the Barry Building and will relocate into Stage 1 to facilitate the construction of the Cancer Centre in Stage 2. The ward is being co-located with neurology because of the clinical links between the two. |
| Neurology and Stroke Rehabilitation | This area is designed to provide near to bed rehabilitation of neurology and stroke patients at the earliest opportunity after their admission. There is evidence to suggest that commencement of rehabilitation as soon as possible after admission improves outcomes. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 1 – Level 11** | |
| Simulation Centre | This is a new service for the Trust. The simulation centre provides training facilities where students can practice procedures on maquettes and where all clinicians can be trained in a variety of procedures. It also provides mock-up facilities for patient bed areas and a theatre. It allows clinicians to train and be filmed/observed with the outcomes of this allowing opportunities for learning and improvement. The facility is modelled on the successful facility at University College Hospital, London. |
| Meeting/Teaching | The HBN allowance for every department allows for space for meeting/seminar/teaching rooms but it is considered that these are underutilised on a department by department basis. It has therefore been |

| Service/Department | Rationale for Inclusion in Development |
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| | agreed that all such facilities are extracted from each department and centralised in the top floor of the building. This provides greater flexibility (as there will be the opportunity to create different sized rooms in an unparalleled location. The intention is to provide a flexible meeting/teaching/conference suite to rival the Rubens Suite at Guy's Hospital. |
| Junior Doctors Mess | A Junior Doctors' Mess is required under British Medical Association guidance for the training of junior medical staff. It is currently located in the Trust HQ modular building and must be relocated for the construction of Stage 1. It should be central to the main clinical activity (so that students can study when away from the ward) and therefore cannot be off-site. |
| Site Management Offices | These offices are the minimum presence necessary and include the main bed management offices and the Operations Centre for the site. These are currently located in the Railli Building and will be decanted to Building 545 for the construction of Stage 1. The majority of such offices will relocate permanently to St. Mary's Hall. Building 545 must be demolished to facilitate the construction of Stage 2, so these facilities must be provided in Stage 1. |
| **Stage 2 – Level 1** | |
| Oncology Entrance | This is to provide an entrance facility for the Stage 2 building which will include cancer, Trust HQ and medical school facilities. |
| Radiotherapy | This is to be relocated from the Sussex Cancer Centre as part of the proposed Sussex Cancer Network expansion. There is little room to expand the existing facilities economically. |
| Medical Physics | Medical Physics is currently on the Stage 1 decant site and will be relocated to St. Mary's temporarily. The majority of the work of Medical Physics is with imaging and radiotherapy, so the inclusion of this facility in Stage 2 is a good fit. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 2 – Level 2** | |
| Trust HQ | Trust HQ is in a modular building and the function will be decanted to St. Mary's Hall in advance of the Stage 1 build. The majority of Trust HQ will remain at St. Mary's but the key Executive Office functions will move back onto the main site when Stage 2 is complete. |
| EBME | This is a Trust-wide service which is currently in a modular building on the Stage 1 construction site. It will be decanted into the Courtyard building until the completion of Stage 2. |
| Private Patients | This is a shell space for a potential PPU which will only |

| Service/Department | Rationale for Inclusion in Development |
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| | be fitted out when a viable Business Case can be constructed for it. |
| Staff Change | Staff change and amenity is in short supply across the hospital site currently – especially in the Barry Building. This will provide facilities for staff to change and also to shower if they have cycled to work. The staff change in this area has been based in an assessment of the number of staff working on this floor who will require changing facilities. |
| **Stage 2 – Level 3** | |
| BSMS (Medical School Research Centre) | This space will be funded by the Medical School. |
| CIRU | CIRU is currently partially attached to the Cancer Centre and needs to be demolished at the conclusion if Stage 2 to allow for the establishment of the service yard for FM services. |
| **Stage 2 – Level 4** | |
| Oncology Support and Palliative Care | These functions support the oncology service and are currently located in the Cancer Centre. |
| Oncology Day Care | This provides cancer day care facilities. Patients can often be in the unit for at least half a day for treatment and counselling. |
| Oncology Outpatients | This provides facilities for initial and follow-up consulting for patients with recent diagnosis or for follow up after treatment. |
| Aseptic Suite | This facility prepares drugs for use in the cancer centre. This cannot be provided off-site as some of the drugs have a limited use and must be applied immediately. |
| **Stage 2 – Level 5** | |
| Oncology Wards | The current oncology wards are in the Jubilee Wing and will be reprovided in Stage 2 with the expanded capacity set out by the bed modelling exercise. |

| HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE | Agenda Item 66<br><br>Brighton & Hove City Council |
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| **Subject:** | | **Sexual Exploitation of Children: Response from the Local Children's Safeguarding Board** |
| **Date of Meeting:** | | **23 April 2013** |
| **Report of:** | | **Head of Law/Monitoring Officer** |
| **Contact Officer:** | **Name:** | **Giles Rossington** **Tel: 29-1038** |
| | **Email:** | **Giles.rossington@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. SUMMARY AND POLICY CONTEXT:

1.1 At its December 2012 meeting, the Health & Wellbeing Overview & Scrutiny Committee (HWOSC) considered a request from Cllr Phillips to establish a scrutiny panel to examine issues relating to the sexual exploitation of children. HWOSC members agreed that, before deciding whether to set up a panel, they would request an update from the Local Children's Safeguarding Board (LSCB), the body responsible for overseeing children's safeguarding services across the city.

1.2 **Appendix 1** to this report contains the LSCB response to the HWOSC.

## 2. RECOMMENDATIONS:

2.1 That HWOSC members note the information provided by the LSCB (**Appendix 1**);

2.2 That HWOSC members agree that they are satisfied by the approach taken by the LSCB in relation to preventing the sexual exploitation of children, and do not choose at this time to establish a scrutiny panel.

## 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Cllr Phillips wrote to the Chair of the HWOSC requesting the establishment of a scrutiny panel to look at the issue of the sexual exploitation of children. This request was considered at the December 2012 HWOSC meeting, where members agreed that they would seek the input of the LSCB before deciding whether to establish a panel.

3.2 The LSCB brings together senior professionals from across the city to oversee and co-ordinate children's safeguarding services. The LSCB is therefore the body responsible for assuring the quality and effectiveness of services to protect children against sexual exploitation.

3.3 In light of the assurances provided by the LSCB it is recommended that members choose not to establish a scrutiny panel to look at these issues in more detail. It is clear that the LSCB has done a good deal of work on this issue, and that there is good buy-in from a range of organisations. Ultimately, of course, this is a decision for HWOSC members, bearing in mind both the other demands on members in terms of the existing programme of scrutiny panels, and the potential demands on safeguarding services that a scrutiny panel would impose.

## 4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None directly at this stage,

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are no direct financial considerations for the HWOSC. Should the committee choose to establish a scrutiny panel, this would be supported within agreed Scrutiny Team budgets.

Legal Implications:

5.2 None directly – the only decision for HWOSC members is whether or not to agree to establish a scrutiny panel, which the committee is free to do under the terms of the Council's constitution.

Equalities Implications:

5.3 There is some evidence from other localities that, where there has been systemic or widespread sexual exploitation of children, the victims have been disproportionately from equalities groups or other 'vulnerable' groups, such as children from deprived communities, children in care etc. Members may wish to seek assurances that city safeguarding services are designed with these vulnerable groups in mind.

Sustainability Implications:

5.4 None identified

Crime & Disorder Implications:

5.5 There are obvious criminal implications to the sexual exploitation of children. The local police are active members of the LSCB and LSCB planning in this context is fully informed by police concerns.

Risk and Opportunity Management Implications:

5.6 Recent events in Rochdale, Derby and elsewhere have shown that the systemic and/or widespread sexual exploitation of children can occur across a local area. Knowing this, there is an obvious risk in not taking all reasonable steps to assure that local safeguarding services are fit for purpose.

Public Health Implications:

5.7 Should sexual exploitation occur, it is bound to have a major impact upon its victims, with potentially lifelong effects upon both mental and physical wellbeing. The degree to which this impacts upon public (i.e. population) health will depend on how widespread the abuse is, but given the seriousness of its consequences, it is likely that even a relatively low level of abuse will have an adverse and measurable impact on city health and wellbeing in the longer term.

Corporate / Citywide Implications:

5.8 Safeguarding children is a core corporate responsibility. It also relates directly to the corporate priority to Tackle Inequality, and specifically to the commitments within this priority to ensure that children have the best start in life.

## 6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 This report recommends that a scrutiny panel is not established, arguing that the LSCB has provided compelling evidence that local safeguarding services for child sexual exploitation are well run and that this is a priority issue for the LSCB and its constituent partners. A scrutiny panel would therefore be relatively unlikely to lead to service improvements.

6.2 The alternative option would be for members to agree to establish a scrutiny panel, and this remains an option, if members are not satisfied with the assurances provided by the LSCB. However, members should consider where they think they might add value to the process of safeguarding children from sexual exploitation before establishing such a panel.

## 7. REASONS FOR REPORT RECOMMENDATIONS

7.1 HWOSC members are asked to decide whether or not to establish a scrutiny panel on the sexual exploitation of children. In this instance the recommendation is that a panel should not be established. This does not reflect the gravity or timeliness of the subject matter, but rather recognises the fact that we already

have excellent cross-partner working on this area, as demonstrated by the LSCB submissions to this report.

## SUPPORTING DOCUMENTATION

### Appendices:

1. Information provided by the Brighton & Hove LSCB

### Documents in Members' Rooms

None

### Background Documents

1. Report to December 2012 HWOSC: "Scrutiny Request: Sexual Exploitation of Children"

**REPORT FROM BRIGHTON & HOVE LOCAL CHILDREN SAFEGUARDING BOARD TO HEALTH AND WELLBEING OVERVIEW & SCRUTINY COMMITTEE ON CHILD SEXUAL EXPLOITATION – 23 APRIL 2013**

## 1. BACKGROUND

**1.1. Research – 'Tipping the Iceberg'** - A pan Sussex study of young people at risk of sexual exploitation and trafficking was commissioned and funded by Barnardo's and the three Sussex wide Local Safeguarding Children Boards (LSCBs) in 2005. The study was carried out by researchers from Barnardo's Policy and Research Unit between December 2005 and December 2006. The findings were produced in a final report entitled Tipping the Iceberg in September 2007.

**1.2. Sussex Central YMCA – Specialist Sexual Exploitation Service** Following publication of the Tipping the Iceberg research report, a project advisory group was subsequently established to consider the findings of the report. As a result of the work of the group, Sussex Central Young Man's Christian Association (YMCA) was supported to set up a specialist service for young people aged 13 - 25 in Brighton & Hove regarding Child Sexual Exploitation (CSE) issues. Nine months development funding was initially secured from the Sir Halley Stewart Trust, and later joint funding for three years was secured from Comic Relief and the former Children and Young People's Trust.

**1.3. Vulnerable Young Person's (Sexual Exploitation) Development Worker** - As a result of the work of the project advisory group, a jointly funded post was established within Sussex Central YMCA to take work forward. A Vulnerable Young Person's (Sexual Exploitation) Development Worker was subsequently employed from the joint funding on a three year contract from April 2010. Due to the success of the work in the city, Sussex Central YMCA has recently secured a further 3 year funding stream from Comic Relief. In addition, Sussex Police provided additional funding in 2012-13 and 2013-14 which has enabled the recruitment of a 0.5 support worker.

**1.4. Sexual Exploitation Steering Group -** A multi-agency Sexual Exploitation Steering Group was set up in October 2010 to support the Young People's Sexual Exploitation Project. Membership of the group was from a



Sharon Healy
LSCB Business Manager
April 2013

wide range of statutory and voluntary sector organisations across the city. Following a presentation by Sussex Central YMCA to the September 2011 Local Safeguarding Children Board (LSCB), the LSCB Chair and Board agreed that the work of the Sexual Exploitation Steering Group was importantly sufficient for it to become an official LSCB sub group.

## 2. LSCB CHILD SEXUAL EXPLOITATION SUB GROUP

**2.1. LSCB CSE Sub Group** - The LSCB CSE sub group meets quarterly and is currently chaired by T/Superintendent Jeremy Graves, Crime Manager, B&H Division, Sussex Police. The purpose of the city-wide multi-agency sub group is to engage all relevant agencies and promote the delivery of an enhanced service to ensure children and young people who may be sexually exploited or at risk of exploitation are identified, safeguarded and supported.

**2.2. The main aims of the LSCB Sexual Exploitation Sub Group are:**

- To support Community Safety Partnership/Police/LSCB Strategic plans regarding CSE
- To gain an understanding of the City Problem Profile
- Monitor ongoing prevalence and responses to CSE
- To develop and maintain an effective local strategy ensuring that there is a co-ordinated multi-agency response to CSE
- Increase understanding of CSE in both the professional and wider communities
- Address issues around Trafficking of young people for the purposes of sexual exploitation.

**2.3.** The CSE sub group also helps support the 'What is Sexual Exploitation (WiSE) project which is led by Sussex Central YMCA's Vulnerable Young Person's (Sexual Exploitation) Project Worker.

## 3. WHAT IS SEXUAL EXPLOITATION (WiSE) PROJECT

**3.1.** Following consultation with the Vulnerable Young Person's (Sexual Exploitation) Development Worker, the Young People's Sexual Exploitation Project was named WiSE (What is Sexual Exploitation). Key aims of the WiSE project include:

- Providing a specialist service for young women and young men aged 13 – 25 at risk of or experiencing sexual exploitation.
- Working in partnership with Sussex Police, Children's Services and the LSCB.

- Raising awareness through a young people-led eyes and ears campaign.
- Delivering a multi-agency training programme.
- Case working young people at risk and /or experiencing CSE through one-to-one and group work.

## 4. CARE PATHWAY

**4.1.** There have been significant developments within Brighton and Hove to review the care pathway for CSE, which have included the evaluation of existing meetings and forums to reform the processes by which children and young people at risk of CSE are identified. Changes have included how cases of concern are raised and discussed with key agencies, information sharing, allocations support plans, accountability and reviews.

**4.2.** The Missing Young People steering group is due to extend its remit from the 1st April to include any child or young person who is deemed to be vulnerable and this includes sexual exploitation. Children and young people will be referred to the steering group which will be multi-agency and the group will have responsibility to ensure the most appropriate response is given. The group will also act as an intelligence gathering forum in order to establish patterns and trends among groups of young people or possible perpetrators.

## 5. INFORMATION SHARING

**5.1.** There is an excellent working relationship between WiSE, Sussex Police and Children's Social Care, regarding CSE. WiSE is a key member of the Police's information sharing meetings and has been invited to use their intelligence systems, ESINS. This allows WiSE to inform and update Sussex Police and Children's Social Care of any intelligence gathered around both perpetrators and survivors of CSE and trends/locations of concern. This allows key statutory agencies to be linked into information that may otherwise have been unavailable.

**5.2.** CSE has been recognised in the job title and responsibilities of a key member of the Police Child Protection Team which is further evidence of the commitment the force is making to the work around CSE. A 'marker' is now put on Police reports to ensure that any information where CSE is mentioned gets sent to the Child Protection Team.

**5.3.** CSE has been added as a 'client characteristic' to the new Single Assessment document that will be replacing Children's Social Care's Initial and Core Assessments as of mid April 2013. This will enable Children's Social Care to draw upon data regarding those cases where CSE has been



Sharon Healy
LSCB Business Manager
April 2013

identified as an issue.

## 6. TRAINING

**6.1.** The 'Preventing and Disrupting Sexual Exploitation' multi-agency training course run by WiSE was successfully piloted on the LSCB multi-agency programme in 2011. Additional courses were run in 2011/2012 and more dates are being put on during 2013 in order to raise awareness of the project to more professionals across the city including a level two course for practitioners who want to develop their understanding of CSE.

**6.2.** In addition, WiSE has continued to train a large number of frontline workers from professional teams from a wide range of organisations, including Sussex Police and a large training day of 80 Social Workers and Social Work Resource Officers (SWROs) from Brighton and Hove's Children's Services Advice, Contact Assessment Service (ACAS) Duty Team.

**6.3.** WiSE has also delivered lectures to Brighton University Social Work Master's students. The training programme has become embedded within the training of health professionals. WiSE sessions have become part of core training for student midwives and paediatricians in the city.

**6.4.** Professional training has had an extremely enthusiastic response from a huge number of organisations across the city. This has led to the large increase in the numbers of young people who are at risk/being exploited being identified and referred to the project; providing evidence for successful awareness raising across the city.

**6.5.** The training programme has been significant in changing professional attitudes around the risky behaviours young people undertake as a result of CSE, the training has opened people's eyes and provided them with the confidence to identify abusive relationships with confidence, and an understanding of what support is available to children and young people.

## 7. OUTREACH WORK

**7.1.** WiSE has developed and maintained strong links with services across the city delivering support to young people around Housing, Sex Working, Sexual Health and within the Night- time economy. WiSE has made particularly good progress at the Claude Nicol Clinic (GUM) providing outreach during young person's drop-in sessions.

**7.2.** Outreach sessions increase accessibility for vulnerable children and

young people and help host providers talk about the service highlighted CSE as an issue within the service integrating the screening tool as part of their assessments.

## 8. MARGINALISED GROUPS

**8.1.** WiSE has been working with organisations in Brighton and Hove to ensure that services are available for young people who may be 'hard to reach' or not in contact with many support services.

**8.2.** WiSE work very closely with Independent Sexual Violence Advisers (ISVA's), meeting every two weeks to share information and refer into each others services. ISVA's from Survivors Network (a local voluntary organisation that supports female survivors of childhood sexual abuse) will also be co-delivering group work to young people in order to build capacity in both services.

**8.3.** The recent training of the whole ACAS team referred to in section 6.2 has led to a whole section of vulnerable young people being offered support from WiSE. ACAS were also joined by members of the Police Child Protection Team and the Police Anti Victimisation Unit on their training. The purpose of which was to develop a common language and understanding between agencies with statutory safeguarding responsibilities, in terms of identification and response.

**8.4.** At the beginning of the year, WiSE trained the staff team at St John's College for children and young people with learning difficulties, this was in response to the number of referrals made to the service of young people with learning disabilities.

**8.5.** WiSE is also working with the staff (and some of the young people) of the local Asylum Seekers support group, to train staff and raise awareness of the understanding of sexuality and relationships in the UK, based on a few incidents of cultural differences causing problems for young male asylum seekers in Brighton and Hove.

**8.6.** WiSE aim to work with 'Mosaic' (Children and Family Service) and B&H BME Youth Group to raise awareness of the WiSE Project with BME young people in the city.

**8.7.** A Practice Lead in respect of CSE has been created in both ACAS and the Police Child Protection Team. The Practice Leads are available as Specific Points of Contact to staff for the purposes of consultation in respect of identification and response to CSE. In addition the Practice Leads have taken responsibility for the dissemination of advice, training and development

within their respective teams on the issue. The Practice Leads also meet on a fortnightly basis with a WiSE representative to complete a safeguarding review in respect of children and young people who have come to the attention of services as a result of CSE.

## 9. WORK WITH YOUNG MEN

**9.1.** WiSE has recently given particular focus on how to promote the service and the support offered to young men. This has been done through linking in with 'Mankind' (a local voluntary sector organisation for providing support to male survivors of sexual assault) and Allsorts (an LGBT youth organisation offering activities and support). It is the intention of the project to fund raise for a specialist young men's worker to increase accessibility to the service.

**9.2.** WiSE also reviewed the content of their training sessions to include discussion about the needs of young men in order to support male referrals to WiSE.

**9.3.** Currently the referrals for young men at risk of CSE are 14%, 84% female and 2% transgender. As WiSE enter their fourth year of funding they plan to work with 'Mankind' to create further specific promotional material, based on the recent evaluation of a research survey produced for men in the city around attitudes and understanding of sexual assault, unhealthy relationships and SE.

## 10. DATA 2012-13

**10.1.** There were 86 referrals including those believed to be at risk of CSE and those experiencing CSE into WiSE in 2012-13. Of the 86, 63 ended up being worked with through one-one case work. The remainder were non-engaging and/or did not want the support of the service. Out of the 63 being worked with, 67% were, or had been in the care system at one time.

## 11. WHOLE SCHOOL APPROACH

**11.1.** Access to schools is essential in relation to early intervention, and WiSE has been able to build upon the links that YMCA already has in schools and the local authority to get CSE on to education agendas. WiSE has been a part of the development and design school's group-work programme entitled 'Positive Choices'.

**11.2.** The Positive Choices Programme will be delivered in partnership with WiSE, Survivors Network and Rise (Women's Refuge) and is being supported across the local authority through the Partnership Adviser: Health and Wellbeing who is looking to promote this as part of a whole school approach

across Brighton and Hove secondary schools. The successful pilot was completed in autumn 2012 and the partnership aims to roll out the programme to other secondary schools in the summer 2013.

**11.3.** The local authority Partnership Adviser: Health and Wellbeing, with support from Wise and Rise, will support and review and development of planning tools for the primary and secondary school PSHE curriculum to ensure these cover age appropriate issues related to safe touch, healthy relationships, domestic and sexual violence and sexual exploitation.

**11.4.** Through a Whole School Approach to Domestic Violence and Sexual Exploitation, training will be provided to schools to support the development of understanding CSE.

## 12. PAN SUSSEX CONFERENCE

**12.1.** A Sussex wide conference regarding Child Sexual Exploitation, Trafficking and Missing Children was held in October 2012 to further raise awareness and increase understanding for practitioners and managers across the county. The conference was very well attended with over 100 multi-agency partners from a range of agencies.

**12.2.** Key note speakers included Sheila Taylor, the Director of the National Working Group for Sexually Exploited Children and a live theatre performance called 'Chelsea's Choice' by Alter Ego Theatre Company. Participative workshops included: best practice and legislation for health care professionals around confidentiality and sharing information; group work sessions based on activities and exercises that are normally undertaken with young victims of CSE; Identifying and Safeguarding Trafficked Young People and Operation Newbridge; on-line CSE and examination of the latest national and local data with regard to the types of online sexual behaviours that young people engage in on the internet and other connectable devices and identifying and reducing missing young people from local authority care and from the community.

## 13. NATIONAL WORKING GROUP FOR TACKLING CSE

**13.1.** The National Working Group (NWG) for tackling CSE is the main national forum where practice issues and learning is exchanged amongst professionals working on CSE Projects. Sussex Central YMCA is a member of the National Working Group on CSE and has tools published on the NWG website. YMCA staff have participated in practitioner forums and has fed into the development of the University of Bedfordshire data management tool.



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LSCB Business Manager
April 2013

**13.2.** The LSCB Business Manager has also attended NWG network meetings to share information and best practice examples with other LSCBs.

## 14. OFFICE OF THE CHILDREN'S COMMISSIONERS' TWO-YEAR INQUIRY INTO CSE IN GANGS AND GROUPS

**14.1.** WiSE has supported all the calls for evidence in relation to the inquiry and has been interviewed by the Office of Children's Commissioners (OCC), the project has regular contact with Sue Berelowitz (Deputy Children's Commissioner) exchanging information and providing learning from the work in Brighton & Hove.

**14.2.** The LSCB has also been actively involved with the OCC Inquiry. The previous chair of the LSCB (Alan Bedford) was interviewed as part of the evidence gathering process in year one of the inquiry and the LSCB has recently completed the OCC dataset request required for year two.

## 15. UNIVERSITY OF BEDFORDSHIRE RESEARCH

**15.1.** Sussex Central YMCA took part in the University of Bedfordshire's research project, supported by Comic Relief, exploring the extent and nature of the response LSCBs to the 2009 Government guidance on safeguarding children and young people from sexual exploitation on behalf of Brighton & Hove LSCB. The research is referenced in the Government's action plan on tackling child sexual exploitation.

## 16. CONCLUSION

**16.1.** It is fair to say that Brighton & Hove has well supported multi agency processes in place and is making good progress compared to other areas where high profile CSE cases have not been triggered. Nonetheless, there is still further work to be done in terms of capacity, understanding networks of perpetrators and recognising the national drive. LSCB partners will therefore continue to work as jointly as possible in order to address such issues.

**16.2.** In summary, the overarching achievement over the past three years is that the sexual exploitation of children and young people in the city of Brighton and Hove is being recognised by statutory services as a safeguarding issue in which a lot of joint work has been put in place. Furthermore, key achievements over the last three years include the following:

- WiSE steering group adopted as a sub-group of Brighton & Hove LSCB with excellent multi-agency membership which is now chaired by Sussex Police.



Sharon Healy
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- Referral pathway embedded amongst professionals including connection with SARC, health, social care partner agencies.
- Adoption of CSE screening tool
- Missing Persons Panel changed to Vulnerable Young People's Panel to reflect inclusive of missing children and CSE.
- Information-sharing protocol with Sussex Police developed fortnightly meetings with ACAS and Police with WiSE.
- Police Missing Persons lead has CSE formally recognised and integrated into their role.
- Marker put on Police reports to ensure that any information where CSE is mentioned gets sent to the Child Protection Team – (process tested via mystery shopper and verified as working accurately)
- Citywide training of professionals being included within B&H Children's Workforce development and LSCB multi-agency training programme.
- Increased numbers of young people supported to reduce risk taking behaviours, minimise harm and exit sexually exploitative relationships.
- Changes to PSHE curriculum in schools to include CSE.
- Development of a whole schools training package with WiSE, Survivors Network and RiSE
- Close working links with the National Working Group, Office of Children's Commissioner and University of Bedfordshire (academic lead for CSE in country).
- Young people's participation in the development of posters, leaflets and DV.
- Established cross border relations with neighbouring LSCB's including regular meetings between Business Managers and pan-Sussex conference on CSE
- WiSE project is very well-regarded by funders Comic Relief and has been re-funded for another three years plus years funding from Police to provide a part time case worker due to an increasing demand on case load.



Sharon Healy
LSCB Business Manager
April 2013

| # HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE | **Agenda Item 67**<br><br>Brighton & Hove City Council |
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| **Subject:** | | **Adults with Autistic Spectrum Conditions: Update on Implementation of Agreed Scrutiny Panel Recommendations** |
| **Date of Meeting:** | | **23 April 2013** |
| **Report of:** | | **Head Of Law (Monitoring Officer)** |
| **Contact Officer:** | **Name:** | **Giles Rossington** **Tel: 29-1038** |
| | **Email:** | **Giles.rossington@brighton-hove.gov.uk** |
| **Ward(s) affected:** | | **All** |

**FOR GENERAL RELEASE**

## 1. SUMMARY AND POLICY CONTEXT:

1.1 In 2011 a scrutiny panel was established to look at services for adults with an autistic spectrum condition. The panel, chaired by Cllr Steve Harmer-Strange, and including Cllrs Alex Phillips, David Watkins and Anne Meadows, reported to the Adult Social Care & Housing Overview & Scrutiny Committee (ASCHOSC) on 10 March 2011. The report was then considered by Cabinet at its 17 March 2011 meeting, where the majority of the report recommendations were accepted.

1.2 The Health Overview & Scrutiny Committee (HOSC) received an update report on 06 November 2011. The current report provides a further update on progress towards implementing the agreed report recommendations. **Appendix 1** to this report includes information provided by Adult Social Care detailing progress towards implementing each of the agreed panel recommendations. Appendix 2 is the city Joint Commissioning Startegy for Adults with Autistic Spectrum Conditions – the vehicle via which the majority of agreed panel recommendations are to be enacted.

## 2. RECOMMENDATIONS:

2.1 That HWOSC members consider and comment on the contents of this report and its appendices.

## 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The implementation of (agreed) scrutiny panel recommendations is routinely monitored by the relevant scrutiny committee until members are content that all necessary actions have been undertaken. This is the second monitoring report regarding the Adults with Autistic Spectrum Conditions (ASC) scrutiny panel which reported in 2011.

3.2 The Adults with ASC scrutiny panel was time-tabled to precede and inform both a local needs assessment of adults with ASC and the development of a local autism strategy for adults, and many of the panel's accepted recommendations were incorporated into the autism strategy. In most respects this represents very good practice, ensuring that panel recommendations inform the highest level of strategic thinking and are coordinated with other aspects of autism services planning from an early stage. However, the development and implementation of multi-year multi-partner strategies is inevitably (and quite properly) a lengthy process. This does mean that some of the panel recommendations have not yet been implemented, but it is important to understand that this is essentially because they have been incorporated into the autism strategy (which is being implemented incrementally over three years), rather than because implementation has been unduly delayed.

3.3 **Appendix 1** to this report has been provided by Adult Social Care and includes detailed information on the implementation of each agreed panel recommendation.

## 4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None with regard to this monitoring report.

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None with regard to this monitoring report.

Legal Implications:

5.2 None with regard to this monitoring report.

Equalities Implications:

5.3 None with regard to this monitoring report.

Sustainability Implications:

5.4 None with regard to this monitoring report.

Crime & Disorder Implications:

5.5 None with regard to this monitoring report.

Risk and Opportunity Management Implications:

5.6 None with regard to this monitoring report.

Public Health Implications:

5.7 None with regard to this monitoring report.

Corporate / Citywide Implications:

5.8 None with regard to this monitoring report.

## 6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 This is a monitoring report rather than one proposing any active decision.

## 7. REASONS FOR REPORT RECOMMENDATIONS

7.1 This is a monitoring report and not one requiring a specific decision.

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Information provided by Adult Social Care (details of implementation in regard to each of the agreed panel recommendations).

2. Joint Commissioning Startegy for Adults with Autistic Spectrum Conditions

**Documents in Members' Rooms**

None

**Background Documents**

1. Scrutiny Panel report on Adults with Autistic Spectrum Conditions (2011)

2. The Autism Act (2009)

**Adults with Autistic Spectrum Conditions: Update on Implementation of Agreed Scrutiny Panel Recommendations**

## 1. Overview

1.1 The local response to meeting the needs of adults with autism is driven by a range of national and local activities:

- The recommendations of the Autism Act (2009),
- 'Fulfilling and Rewarding Lives', the strategy for adults with autism in England (2010)
- Local recommendations through extensive consultation
- The Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions ( March 2011)
- The Joint Strategic Needs Assessment (JSNA) for Adults with Autism

1.2 Local priorities and actions are defined in the Brighton & Hove Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012-2015. The strategy is led by the Adult Social Care Commissioning team.

1.3 This local strategy *"sets out the longer-term direction and scope of how health and social care services and their partners can achieve better outcomes for adults with autism, their families and carers"* (p3)

1.4 The strategy sets out 25 strategic objectives, each with relevant strategic actions and outcomes. The governance of the strategy sits with the Adult Autism Strategy Stakeholder Group which includes representation for people with autism, carers, community groups and professionals from across the public sector and meets throughout the year to monitor and drive activities to achieve the strategy's objectives.

1.5 The strategy is currently in the early stages of year 2 of its 3 year life:

- **Year 1** has focussed on improving the diagnostic and care pathway for adults with autism and improving the training and awareness of ASC in the workforce.
- **Years 2 and 3** will increase focus on the transition for people with autism as they move from being children to adults and local planning and commissioning of services. This will involve actions to improve services across sectors in health, housing, social care, employment, education & leisure.

1.6 The agenda for improving the lives of adults with autism is wide-ranging and complex, as it implicates services across the city at

every level. Consistent and continuous efforts are needed from a range of partners in order to make comprehensive progress.

1.7 In this context significant progress has been made and there is an ongoing commitment to improving local services for adults with autism. The comprehensive strategy and partnership working arrangements will support ongoing and long-term progress.

## 2. Response to Scrutiny Panel Recommendations (March 2011)

***2.1 Recommendation 1:*** *With the permission of the person with ASC, parents and carers should be included in discussions and decisions as much as possible.*

The importance of involving family carers is already central to service commissioning and delivery within Brighton & Hove City Council and its partners. The local Autism Strategy highlights the importance of family involvement throughout and the importance of providing good information to families.

All services commissioned for people with Autism now include the expectations that families are involved and consulted, with the consent of the person. For example, the draft service specifications for the new Brighton and Hove Neurobehavioural Service (for people with Autism, ADHD & Tourette's Syndrome) states:

"Assessments, wherever possible, will include the views of family and they will be offered support and information about autism spectrum condition / ADHD / TS and (subject to permission from the patient) treatment decisions."

***2.2 Recommendation 2:*** *The panel recommend that training on ASC awareness should be widened out to allow as many council frontline services as possible to have appropriate training. As part of this training, the Learning and Development team should look to involve people who have ASC in the training programmes for frontline staff*

Autism training is now available to all adult social care & housing staff at the council and all adult social care provider services in the independent and voluntary sector, and there has been a review of council e-learning to consider Autism awareness.

A new framework for Autism training has been developed in conjunction with East & West Sussex County Councils, which

includes a tiered approach according to level of knowledge required for role. The delivery of the training is out for tender, with evaluations taking place on the 18th April, after which the level of involvement of people with ASC in the training can be confirmed.

The establishment of a 'Champions Network' in mainstream services is being considered, supported by small group of leads with specialist knowledge. The Champions would receive a level of training and support that would enable them to support their services to be fully accessible to people with Autism.

***2.3*** ***Recommendation 3:*** *Specialised autism awareness training should be incorporated into the annual training programmes for GPs in the city as part of their continuous professional development. This could take place in a number of ways, including the annual GP appraisal and revalidation scheme (a recommendation for NHS bodies).*

Training & awareness for Primary Care workforce, including GPs, is an area for year 2 of the local strategy. Although the restructuring of the CCG means we do not yet have confirmation of how this will take place, we do have a lead GP for Autism within the CCG (Dr Becky Jarvis) who will support the Autism stakeholder Group in taking this forward. This will build on available best practice advice and guidelines such as the National Autistic Society guidelines for CCGs.

***2.4*** ***Recommendation 4:*** *That key frontline police officers such as custody officers and others should receive more enhanced ASC awareness training, possibly on an annual basis. This should be extended to include criminal justice colleagues such as magistrates, probation officers and lay visitors.*

Brighton Probation have arranged training for their staff to be delivered by ASSERT, a local specialist Autism organisation

Sussex Police stated at the time of the Scrutiny Panel that: "Front line police officers received training every six months. This included some element of ASC awareness, both in terms of someone being an offender and a victim. Officers were taught to communicate with people clearly and directly; be aware that there may not be any visible signs of ASC; to avoid physical contact and to try and keep the person in a safe place."

This is still accurate, and Sussex Police are currently reviewing their training programmes to refresh training and ensure that priorities including autism awareness are included.

**2.5** ***Recommendation 5:*** *The hidden numbers of families caring for adults with ASC must be identified. If these families are appropriately supported now, this will help to minimise the need for potentially resource intensive support at a time when the main carers are no longer able to care for them.*

*As part of this, the Panel recommends exploring the options of extra respite care, both in provision and variety, for parents of adults with ASC.*

Considerable work has taken place to develop the diagnostic and care pathways for adults with Autism. This, alongside improved access to a diagnostic service with increased capacity, will allow for earlier identification of ASC and also earlier sign-posting to support for carers.

Year 2 of the Joint Commissioning Strategy for Adults with ASC includes a strategic action;

- Carer's Assessment automatically triggered by diagnosis of autism

All carers providing a regular and substantial level of unpaid care can access a Carers Assessment. This enables access to resources such as the Carers Centre and drop-in for carers for carers at the Buddhist Centre, free counselling at the Rock clinic, Cognitive Behavioural Therapy for carers, the Carers Emergency Back Up scheme and the Carers Leisure Card.

Access to respite care is for those people who are eligible for social care services. However, improved training and awareness for frontline staff, improved diagnostic pathways, plus enhancements in the level of advice, support and interventions that will be available through the new Brighton and Hove Neurobehavioural Service should all support timely and appropriate support for people with Autism and the carers that support them.

**2.6** ***Recommendation 6:*** *The panel heard that there were currently two pathways to diagnosis, through Mental Health services and through Learning Disabilities. However, they were not always as well linked as they might be. The panel recommends that there*

*are clear accessible pathways both for diagnosis and for support services for those with ASC*

A single pathway is being developed through the Autism Stakeholder group, where access to diagnosis is primarily through GP. The main focus is to improve and clarify the diagnostic pathway for those individuals that do not have access to Mental Health or Learning Disability services. This pathway will be complete and published by August 2013.

It will remain the case that where people have mental health needs or learning disabilities, they will be supported by the relevant teams and therefore those teams will have a role in supporting access to diagnosis where this is appropriate.

***2.7*** ***Recommendation 7:*** *GPs must have the best available tools to aid diagnosis. As part of this, the panel recommends that health partners amend and clarify the existing 'Map of Medicine' used as a diagnostic tool, to ensure that it is easier for GPs to diagnose ASC in adults.*

Map of Medicine is not a diagnostic tool; it is a tool to create a care pathway. The autism care pathway is being developed using Map of Medicine, which will then be available to GPs. Map of Medicine allows the care pathway to include information for GPs on referral routes for diagnosis, guidance on supporting adults with Autism (e.g. NICE guidance,) and how to access services in the public and community and voluntary sectors.

***2.8*** ***Recommendation 8:*** *The panel feels it is imperative that families and carers are kept more informed of what is happening or what is planned in terms of transition. Joint working and information sharing between children's and adults services is crucial to ensure the service is managed as smoothly as possible.*

*Transition planning must include statutory and third sector agencies in a joint working approach. A strong role for the voluntary sector, recognising their commitment and good work done in supporting adults and their families, and including the good practice already built up, would improve the service and support for families*

Year 2 of the Joint Commissioning Strategy for Adults with ASC includes 4 strategic actions to improve the transition for people with autism as they move from being children to adults:

- Review transitions planning process to ensure compliant with best practice
- Ensure that young person & their carers are informed of their right to assessment as transition approaches
- Ensure joint working, planning & robust communication between key services & agencies
- Ensure full & appropriate involvement of young person with autism & families in the transition process

The strategic oversight of transition for people with autism will be through the new SEN Partnership Strategy 2012 – 2017 steered by the SEN Partnership Board, which in turn responds to the proposals of the Government's Green Paper, *Support and aspiration: A new approach to special educational needs and disability* and the Children and Families Bill currently going through the parliamentary process.

Brighton and Hove is one of 20 'Pathfinder Projects' established by the Department for Education to test some of the key proposals in the Green Paper. Included in the proposals is the introduction of a new single assessment process and 'Education, Health and Care Plan' by 2014 to replace the statutory SEN assessment and statement, bringing together the support on which children and their families rely across education, health and social care.

The SEN Partnership Strategy includes 5 priorities, including Priority 5: We will improve transition arrangements with a focus on transition post 16 and services up to 25; which has key actions around involving families and all relevant agencies. A multi-agency working group around priority 5 will be meeting from May 2013. The draft work plan for this group includes:

- Developing seamless transition arrangements
- Developing the 16-25 'offer'
- Developing strong partnerships with stakeholders

In addition to the above, there are existing operational transition arrangements between children's services and adult Mental Health and Learning Disability services. Within these arrangements there are already communication systems to promote a smooth transition; for example the Children's Disability Team meets quarterly with the Community Learning Disability Team and LD Commissioners to plan for young people with complex needs in transition. The support planning process for each individual would always involve the young person's family (if appropriate) and all relevant agencies.

**2.9** ***Recommendation 9:*** *The panel understands that the eligibility criteria for adults services is set at a higher need level than accessing children's' services; it recognises that there are limited resources. The panel is concerned for those young people and their families who have had services up to the age of 18/ 19 and are then left unsupported. It urges more consideration is given to how to informally support these young people. This is particularly important if some of the current support services for children with special educational needs are removed.*

Years 2-3 of the Joint Commissioning Strategy for Adults with ASC includes a range of strategic actions to support young adults with autism in education, employment, leisure and housing:

- Explore opportunities for changes or modifications to the current criteria for adult learning based on age limits rather than learning needs
- Review current support arrangements in FE for students with autism
- Increase awareness & understanding of autism within the employment framework
- Reasonable adjustments in recruitment of staff within the local authority & health providers as responsible & empowering employers
- Increase engagement with employers through Supported Employment Team
- Review local housing policy & strategy to ensure consideration of needs of people with autism
- Carry out a review of Home Move eligibility criteria (for access to social housing)
- Review the Integrated Support (Homelessness) Pathway to ensure the needs of people with autism are reflected
- Social & leisure services review potential barriers to access for adults with autism

In addition, the information given under Recommendation 8 about the SEN Partnership Strategy is also relevant as the new proposals will replace SEN statements (for under 16s) and learning difficulty assessments (for over 16s) with a single, integrated education, health and care plan from 2014 from birth to 25 years.

The proposals also include extending Personal Budgets to all young people with an 'Education, Health and Care Plan', better information for young people and families and more joint commissioning to meet their needs.

In addition the council is improving the information available on community based activity through the "It's Local, Actually" web resource and through a review of social care day activity provision.

***2.10 Recommendation 10:*** *The panel recognises the importance of life long learning and development for some people with ASC, post the age of 19, due to the difference in their developmental and their physical age. The panel recommends that further consideration is given to how to offer further adult learning opportunities to people with ASC where appropriate.*

The responses to Recommendations 8 & 9 are also relevant here. To enable implementation of actions in adult learning the Autism Stakeholder Group will work with the Brighton & Hove Learning Partnership & Adult Learning Group to conduct a review of access to adult learning services within the life of the strategy.

***2.11 Recommendation 11:*** *That the council publishes a simple, practical guide for employers to give some guidance and support for employing and working with people with ASC, based on the guidance given by Assert. This could be used to encourage employers' organisations in the city to employ people with ASC.*

This is an action for Year 2, as referenced in the response to Recommendation 9.

However, the council Supported Employment Team already provide information to employers when they are working with someone with ASC. This information is accessed through Prospects who are the employment and training service at the National Autistic Society for people with an autism spectrum disorder (ASD) who wish to work. The Supported Employment Team commissioned training from Prospects to their team and to other agencies providing supported employment in the city.

Impetus, a voluntary sector organisation, has begun work on Better Futures, a BIG Lottery funded programme that will support people with learning disabilities, autistic spectrum conditions, and mental health support needs to gain work skills through volunteering. Better Futures will support organisations through funded training to create voluntary opportunities for people with disabilities, and provide 1-1 support for the volunteers in their placements. In order to ensure this service can meet the needs

of people with Asperger's, the Communities Team at the council has added some funding the project to support access from Aspire.

***2.12*** ***Recommendation 12:*** *The panel heard that West Sussex operated a triage service model for diagnosing ASC; it was able to see people more quickly than the Brighton and Hove model, but offered a less intensive service. The Panel would like to encourage health colleagues to explore this as an option for service provision in the city. This might reduce the waiting time for diagnosis.*

Currently a similar service is being commissioned & will commence in mid-2013. The proposed "Brighton and Hove Neurobehavioural Service" is being commissioned by the CCG in partnership with B&HCC and will be provided by Sussex Partnership NHS Foundation Trust. The service specification has been agreed and key professionals are currently being recruited to provide the service.

In summary, the service will provide a specialist clinical assessment and treatment service for adults with a suspected diagnosis of Asperger's Syndrome (AS) and related Autism Spectrum Conditions (ASC), adult Attention Deficit Hyperactivity Disorder (ADHD) and Tourette Syndrome (TS). In addition to the current specialist diagnostic evaluation service BHNS will be expanded to provide a rolling group programme of weekly psycho-education as well as time limited Cognitive Behavioural Therapy (CBT) group for people with ADHD.

The service will take referrals directly from GPs, meaning people do not need to be accessing specialist Mental Health or Learning Disability services to access diagnosis. The service will link with the existing Neuro-Behavioural Clinic by assessing and diagnosing less complex cases and effectively acting as a triage to that service.

Funding has been secured for 2 years and the service will be reviewed throughout to monitor its effectiveness.

***2.13*** ***Recommendation 13:*** *The Council and its health partners should work together to set up a dedicated team of professionals to act as lynchpin and first point of contact for adults with ASC. This might involve a virtual team rather than necessarily a relocated physical team. The panel felt that it was important that the team should include partners such as GPs, Speech and Language Therapists, education, police, employment etc.*

The establishment of a 'Champions Network' in mainstream services is being considered, supported by small group of leads with specialist knowledge. This is at early stages with a first meeting of specialist leads meeting in May. The leads are drawn from specialist voluntary and statutory sector agencies.

The idea is not for the Network to provide first point of contact for people with ASC, but to create roles and resources that are facilitative – to liaise with and support mainstream services to help them work better with people with autism. This will be part of the wider efforts of partnership working to help providers adapt their services to be more appropriate and accessible to people with ASC.

The establishment of a 'Champions Network' is expected to take place by the end of 2013.

***2.14*** ***Recommendation 14:*** *The panel understands that data sharing and collection is central to providing a joined up supportive service to people with ASC. They understand that there are a number of different databases within and without the council and they are not necessarily connected. It would be very useful to have a central database of people with ASC, so that all of the service providers could ensure that they were supporting the full client group.*

Year 3 of the Joint Commissioning Strategy for Adults with ASC includes a strategic action:

- Develop a locally coordinated & comprehensive data system to inform planning

Due to the breadth of the autism spectrum, people with autism access the full range of the city's services and some people will not access any specialist services. There are a number of systems that already will record autism, but they do not cross-reference each other and there would be both practical and confidentiality issues in doing so. It may be that work with GP surgeries will be the best way to achieve a single database, in a similar way to Learning Disability registers that are held in GP practices, but these conversations are at the earliest stages. It is expected that an agreed way forward will be established within the life of the strategy.

***2.15*** ***Recommendation 15:*** *The panel recognises the excellent work carried out by third sector colleagues, supporting people in the city with ASC. The panel recommends that the Council looks at*

*the ASC services that third sector providers deliver on behalf of the council and undertake a review as how to provide appropriate funding accordingly.*

B&HCC and the local CCG are working in partnership with the community and voluntary sector to support its growth and development, and are developing this through a 'prospectus' approach to commissioning for outcomes. This enables monies traditionally available through grant funding to be used more flexibly to meet the needs of our communities. This in turn will provide new opportunities for services to be commissioned that better meet the needs of people with Autism.

For example, enhanced services with Assert have been commissioned through the CCG Mental Health prospectus; and there may also be scope to address the needs of autism more specifically within other commissioning prospectuses.

Year 2 of the Joint Commissioning Strategy for Adults with ASC includes the following strategic actions:

- Develop an integrated commissioning plan around services for adults with autism
- Review contract specifications to ensure inclusion of autism in equality requirements

This process will involve a review of existing third sector services. At the moment there are a small number of specialist agencies who specifically work with people with Autism, plus a much greater range of services that support people with Autism as part of their wider service provision. A commissioning review will consider how best to use available resources to ensure that there is access to specialist support for those that require it, but also that reasonable adjustments are made within mainstream services to ensure good access and outcomes for people with autism.

Throughout the process there will be engagement and partnership working with our partners within the Autism Stakeholder Group and related networks.

**Report Prepared: 12th April 2013**

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# Brighton & Hove Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012-2015

## CONTENTS PAGE

## EXECUTIVE SUMMARY

The Joint Commissioning Strategy for Adults[1] with Autistic Spectrum Conditions (ASC) 2012-2015 (herewith referred to as the Adult Autism Strategy)[2], sets out the longer-term direction and scope of how health and social care services and their partners can achieve better outcomes for adults with autism, their families and carers[3].

National[1] and local[2] level evidence show that adults with autism face significant challenges: lack of awareness and understanding of autism amongst frontline staff and the wider public; a complex care pathway that impacts on diagnosis, assessment and support; the transition from childhood to adulthood and accessing services which can lead to other health problems, increasing the emotional cost to the individual and their carers and the financial cost to health and social services.

Wider issues linked to access to housing, education and employment and safety in the community can also present barriers that impact negatively on adults with autism and prevent them from leading full and rewarding lives and being socially included.

We also need to be aware that barriers can exist through unintentional discrimination because of an individual's personal 'characteristics'[3] such as age, sex, or race. Monitoring systems need to ensure that there is no unintentional bias in the way services are designed, set up and delivered.

Public sector finances are already under severe pressure and will continue to be so during the period of this strategy. However, despite the significant challenges facing all sectors as a result of the economic environment, advantage can be gained and success achieved through building on existing good practice, developing clearer, more integrated care pathways and improving accessibility to mainstream services through reasonable adjustments that also take note of the different needs of each individual.

The strategy provides the opportunity to increase cross-sector collaborative approaches to service planning and delivery, to increase efficiency and effectiveness resulting in improved outcomes not only for adults with autism, their families and carers, but also for services themselves.

The key priorities of the strategy are:

- Increasing awareness and understanding of autism through training of health and social care staff

[1] People aged over 18 years

[2] There are a number of terms that different individuals and groups prefer to use, including autistic spectrum disorder, autistic spectrum condition, autistic spectrum difference and neuro-diversity. This strategy will use the term "autism" for all such conditions, including Asperger Syndrome, in line with good practice.[2]

[3] See Appendix 1

Improving access to diagnosis, assessment and support (including assessment and support for carers), through development of a more simple, joined up care pathway

Improving transition from childhood to adulthood through appropriate sharing of information and increased collaborative working between Children's and Adult services and other key agencies

Strong local leadership to 'champion' and represent the needs of adults with autism at local and regional level

Planning and commissioning that reflects the evidence base and is integrated with other strategic and commissioning plans

Involvement of carers of adults with autism in planning and decision making processes that affect the person they care for (with their consent), and their own needs identified and assessed with signposting to relevant support services

A collaborative approach that values and harnesses the knowledge, skills and views of adults with autism, their families and carers, the Third sector, other professionals and our partner organisations.

## SECTION 1

## VISION

That all adults with autism living in Brighton & Hove are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access appropriate support if needed, can depend on mainstream public services across all functions to treat them fairly, identifying and responding to diverse needs, can contribute to society through wider education and employment opportunities and that individuals, their families and carers and professionals are informed, supported and equipped to enable this to be achieved (adapted from the national autism strategy).[4]

## MISSION

Our mission is to improve health and social outcomes for adults with autism, their families and carers. We will carry this out by increasing awareness and understanding amongst frontline staff, by simplifying the care pathway to improve access to services, by improving transition through better communication, information sharing and joint working, and by strong leadership that takes forward a commissioning approach strengthened by collaborative cross-sector planning and partnerships.

## INTRODUCTION

The Adult Autism Strategy has been developed in response to the Autism Act 2009, the national strategy for adults with autism (2010) and the statutory guidance (2010).

## BACKGROUND

### Challenges and risks

Although many adults with autism do live fulfilling lives and make a successful and positive contribution to society, too many are unemployed, struggle on benefits and rely on the care and support of their families and carers. For those without this support, there are the added risks of severe health and mental health problems, homelessness, addiction and involvement in crime. The costs in emotional terms to adults with autism and their families are overwhelming; the financial costs to public services are huge. Adults with autism can also have other co-occurring conditions such as learning disabilities or mental health problems, adding to the challenges they face in life.

### 'Hidden disability'

Autism is sometimes described as a 'hidden disability', not only because you cannot always see that someone with autism has a disability, but also because adults with autism are some of the most excluded, and least visible, in the UK. As a result, it has taken a long time for society to understand autism and many lives have not been as fulfilled as they might have been as people have fallen between gaps in services.[5]

**Attitudinal impact**
Autism can impact on a person's ability to feel, explain or articulate symptoms which in turn can create issues of attitudinal awareness of behaviours (e.g. eye and body contact or proximity).[6] Health and social care professionals, in particular, need to have awareness and understanding of the signs and behaviours expressed by people with autism so that they can get the treatment, services and support they need.

Although often part of a caring step in their decision making, lack of awareness and understanding and personal assessments made by professionals of a person's capacity to live a fulfilling life, may be very different to that of the individual themselves. This can, for example, result in assumptions made by services about the capacity of people with autism to care for children.

The criteria for living a 'fulfilling life' may also be complicated by a person's autism. For example, for a transsexual, the transition to living in the other gender might be harder for a person with autism, since it might be harder to identify safety issues and 'codes' about what to wear increasing vulnerability to discrimination.[7]

**Recording of autism**
There is no statutory requirement for services to record or code a diagnosis of autism on databases so the number of people recorded as known to services is much lower than the expected prevalence. Many older people will also be undiagnosed as autism only became formally recognised as a range of conditions in the late 60's. There may also have been mis-diagnosis such as schizophrenia or borderline personality disorder. Unless diagnosed in childhood, adults with Asperger Syndrome (AS) and High Functioning Autism (HFA) find it difficult to receive the support they need which is easier to access if they are diagnosed with a co-occurring condition such as a learning disability or mental health problem.[8]

**Government policy**
The Government has recognised these many challenges and has put in place a range of key actions[4] linked to equality that not only raise the profile of autism across society and public services, but also to try and make more rapid progress to improving the lives of people with autism and their families and carers. Key amongst these are:

- *The Autism Act 2009*[9] (Legislation)
- *Fulfilling and rewarding lives: The strategy for adults with autism in England (2010)* (Strategy)
- *Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy*[10] (Implementation)
- *Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England (2010*[11]*)* (Delivery)

[4] See Appendix 2

**National policy framework**
The policy framework aims to address the real needs of adults with autism as well as transforming the way public services are planned, commissioned and delivered. This reflects the current economic climate where all public sector organisations are facing significant budget restrictions and are required to do more with less. It also reflects the Government's policy direction of reducing statutory requirements and placing more responsibility on frontline staff to develop services that meet identified local needs.

**Local policy framework**
The strategy is linked to Brighton & Hove City Council and NHS Brighton and Hove (the Primary Care Trust) priorities.

The proposed Council priorities are:

1. Tackling inequality
2. Creating a more sustainable city
3. Engaging people who live and work in the city
4. Responsible and empowering employer
5. A council the city deserves

The strategy relates to some of the service transformation intentions set out in the *Annual Operating Plan for NHS Brighton and Hove 2011/2012*[12] including:

1. Long Term Conditions and end of life care (*equitable care; personalised care for patients and their carers that meets their needs; structured care most appropriate to need*)
2. Planned Care (*Integrated Care Pathways; service user involvement in decisions relating to their care and commissioning decisions* )
3. Primary Care (*High quality experience for all in GP practices; health improvement; reducing health inequalities*)
4. Mental Health (*Promoting Mental Health and Wellbeing; Developing Care Pathways to treatment services*)
5. Workforce (*Different ways of working; increasing productivity in screening services; increasing flexibility of workforce and roles that work across organisational boundaries*)
6. information Management and Technology (*Good practice and excellence through joint approaches; safe transference of patient information as they progress through the care pathway; work of clinicians is supported and enabled*)

The strategy also reflects key priorities in *Creating the City of Opportunities: A Sustainable Community Strategy for the City of Brighton and Hove:*[13]:

1. Improving health and well-being
2. Improving housing and affordability
3. Promoting enterprise and learning
4. Reducing crime and improving safety
5. Strengthening communities and involving people.

## SECTION 2

### Autism in Brighton and Hove

Nationally it is estimated 433,000 adults in the UK have autism. Within Brighton and Hove approximately 1,763 adults aged 18-64 years have diagnosed autism. It is estimated that this number will rise to 1,854 by 2020. Autism is far more common among men than women with an estimated 1, 589 men and 174 women in Brighton and Hove having this condition (although under-recording of females with ASC can happen due to assumptions made about female behavioural characteristics)[14]. A large proportion of these adults will also have a learning disability.[15]

### Finding out more about what is happening locally

To find out more about the challenges and services for adults with autism in Brighton & Hove and in order to inform and shape future services and support, three key consultative actions were put in place:

1. ***Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions***

   The Panel was set up in 2010 by the Adult Social Care & Housing Overview & Scrutiny Committee[16] (ASCHOC), to examine local services for adults with autism against the national guidelines and policy. The Panel looked at a number of services, within and outside Brighton & Hove City Council, what is currently in place and what might be offered. The Panel acknowledged the impact of the current economic constraints and that long-term changes take time, but it also recommended that local implementation of the national strategy should begin as soon as possible. Meetings were attended by people representing a wide range of sectors, including service users, carers, professionals and members of the public. Information was generously shared and a report with recommendations has been produced.[17]

   *Report findings*

   The report finds that adults with autism, their families and carers face many difficulties in their daily lives. Barriers to accessing services, public lack of awareness and understanding about autism, difficulties in gaining long-term and meaningful employment, all impact on quality of life. The report findings and recommendations[5] reflect the four key areas for action highlighted in the statutory guidance intended to support implementation of the autism strategy. These findings have fed into the development of the strategy.

2. ***Adults with autistic spectrum conditions needs assessment***

   The Joint Strategic Needs Assessment (JSNA) was commissioned by NHS Brighton and Hove and Brighton & Hove City Council in response to the requirement in *Fulfilling and rewarding lives: The strategy for adults with autism in England (2010),* that every adult autism strategy should be based on a local JSNA. The JSNA was also informed by the Scrutiny Panel report and recommendations.

[5] See Appendix 3

*JSNA findings*

The JSNA identified several key issues that impact on the numbers of people with autism known to our services and on access to appropriate services and support, made worse by:

- **No statutory requirement** for services to record or code a diagnosis of autism on their databases means that numbers known to our services is much lower than the expected prevalence[6]
- **Autism masked** by other co-occurring conditions such as a learning disability, mental health problem or attention deficit hyperactivity disorder
- **Risk** of falling into the gap between services for people with learning disability or mental health conditions, especially if they have not been diagnosed in childhood
- **Adults with Asperger Syndrome (AS) or High Functioning Autism (HFA)** in particular struggle to receive the support they need to lead fulfilling and rewarding lives and this, in itself, can lead to development of mental health problems
- **Gaps in provision** identified at all stages of the care pathway are linked to:

    - a complex care pathway and long waiting times for diagnosis
    - support for adults with AS or HFA after diagnosis
    - no specialist support to coordinate care between agencies (voluntary sector support for people with AS receives no statutory funding)
    - transition from childhood to adulthood with changes in what and how services are delivered, with parents believing that health services are less than previously received from paediatric services
    - higher eligibility criteria thresholds make it harder to access support from Adult Social Care

These challenges are also compounded by lack of awareness and understanding of autism amongst the public and frontline staff and the adjustments that need to be made to the workplace, living environment, educational and leisure settings to support people with autism to lead more integrated and fulfilling lives in the community. The JSNA recommendations[7] highlight the need for improvements.

### *3. Adult Autism Strategy Stakeholder Group*

Membership of the group includes people with autism, carers, representative groups and health and social care professionals[8]. It has been set up to be an active partner in the development of the Brighton & Hove strategy, to share and disseminate information and expertise, to build links across organisations to help future service development and quality improvement and to develop a work plan that supports the four key areas of action identified in the national autism strategy and guidance.

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[6] The Brighton & Hove Adult Social Care CareFirst database has now begun separate coding of adults with autism and autism with co-occurring conditions

[7] See Appendix 4

[8] See Appendix 5

**Service gaps and implications for commissioning**
The Scrutiny Panel Report and Recommendations and the JSNA both highlight service gaps that also have implications for the development or commissioning of services:

- Autism awareness **training** especially for frontline staff including GPs
- A simpler diagnostic, assessment and support **pathway**
- Post-diagnosis **information** and **support**
- Coordinated sharing of information between **databases**
- **Reasonable adjustments** in services that reflect a greater understanding of the different needs of each individual and that prevent the need for increased support later on
- Integrated working between Children's and Adult services, particularly linked to the **transition** from childhood to adulthood
- Harnessing **Third sector** knowledge and expertise in planning and support as well as clarifying availability and expectation of provision
- **Education** and life long learning opportunities in caring, supportive environments
- Employer awareness of autism and **supported work** opportunities
- **Housing** provision taking account of individual and longer-term needs
- Assessment of the needs of **carers** and their involvement in longer-term planning
- **Information and signposting** regarding relevant support to help with effective management of personalised services

## SECTION 3

### Delivering the Brighton & Hove strategy

The statutory guidance identifies four key areas for action with a focus on *outcomes.* Together with the evidence base provided by our local level reports and recommendations it has informed what actions need to be carried out and how we might commission, develop and deliver services in the future.

This strategy aims to support adults with autism to live more fulfilling and rewarding lives through the development and implementation of a range of operational actions and initiatives that will:

- Increase awareness and understanding of autism through training of frontline staff and reasonable adjustments
- Develop a more joined up care pathway (diagnosis, assessment and support)
- Improve the transition process from childhood to adulthood
- Ensure that local planning and leadership underpins and enables the development and commissioning of quality services and support.

**A. Training of staff who provide services to adults with autism**

All staff need better training about autism, to raise awareness and to ensure that reasonable adjustments are made to mainstream services to meet the diverse needs of people with autism. This training would form part of essential equality and diversity training with particular priority for staff working in housing, health and social care and reception staff.

Staff should be trained well enough to do their jobs and there should be more training for staff in key roles that need to know more about autism. It is not always possible to know that someone has autism so staff need to know more about the condition so that they can help people properly. Training will help staff to tell when someone has autism and to communicate and behave appropriately. More specialist training is needed for frontline health and social care staff who provide support to people with autism in their everyday work.

**B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services**

The national strategy says that every local area should have a service that can diagnose if someone has autism by 2013 with a professional in charge to make that happen. The National Institute for Health and Clinical Excellence (NICE) is also developing a new guide (due to be published in July 2012), that local health services should consult to see how they can make existing services better and to develop a more clear and effective care pathway from referral and diagnosis through to assessment of needs.

When someone is diagnosed with autism they should get good information about what having autism means and the support they might get. Staff should also be sensitive to the fact that perhaps due to cultural

values, not everyone may be able or willing to consider or question information given at the time. Monitoring and review of referral routes can show if they are accessible and used by different groups.

Health services should tell social services quickly (with the permission of the person diagnosed), so that they can have a social care assessment to see if they need any support and, if necessary, help should be provided for the person to say what support they need. Social services should also tell carers that they have a right to a carer's assessment which should also take into account the diverse needs of the individual.

All assessments should be done in a person-centred way by staff who have had good training, information should be shared appropriately between agencies and people told quickly about how their support needs can be met.

**C. Planning in relation to the provision of services to people with autism as they move from being children to adults**

Transition planning needs to get better for people with autism as they leave school so they get the support they need as they become adults. If there is a statement of autism then planning for the future should begin early in year 9 (age 13-14 years). Services should build on the information already collected by the Youth Employability Service (formerly Connexions), during the Transition Review[9] to further clarify support needs and who will provide this. If there is no statement social services should still carry out an assessment to see what support is needed. Robust plans need to be in place with heads of assessment ensuring that they are followed and that services are good enough.

**D. Local planning and leadership in relation to the provision of services for adults with autism**

Having good local leadership is crucial to making sure that adults with autism get the help they need. This means ensuring there is a lead commissioner[10] who will set out how services are commissioned (bought), who will work closely with other local groups and organisations, who will be involved in other planning in the area including the Partnership Board[18] and Valuing People regional work.

Commissioning plans for services for adults with autism should reflect the findings of the JSNA. Consideration should also be given to the needs of carers, to the role of the 'Big Society'[11] in delivering support services, to the benefits of personalised services and to ensuring that the views of adults with autism, their families and carers are taken into account when developing and commissioning services with consideration given to the different degree of capacity and resilience amongst different carers.

[9] Under section 139A-C Assessments
[10] Lead Commissioner for Learning Disabilities appointed
[11] Local level problems identified and solved by local level people in a way they have chosen

**Planning of other services for adults with autism**

We have listened to what people with autism and their carers have said and our local plans are based on what local people have told us they need and on other important evidence. The health and social services we commission should reflect this as should those other services, such as housing, education, employment and social and leisure that can have a significant impact on people's health and wellbeing and on their active participation in the community.

The Equality Act 2010[19] aims to protect disabled people and prevent disability discrimination and this includes people with autism. Commissioning activity should be based on a 'tiered approach' that meets a range of needs. Reasonable adjustments will enable improved access to universal, prevention and early intervention services with specialist commissioning meeting the needs of the most complex and severe cases.

We also have a legal duty to people with disabilities, including people with autism. The General Duties in the Equality Act 2010 states that public bodies must have due regard to the need to meet three aims:

- **To eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act

- **To advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and

- **To foster good relations** between people who share a protected characteristic and people who do not share it.

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people differently to non-disabled people in order to meet their needs.

Services have to make changes that recognise diversity of need, ensure accessibility and enable people with autism to receive the same and best treatment as anyone else giving them more choice and control over their lives with additional support if needed. For example, consideration being given to cultural needs[20] and providing the right information at the right time about available services and support can help people with autism and their carers make informed choices that are right for them.

## SECTION 4

### Strategic objectives, actions and outcomes

This strategy works within a social model of disability which says that disability is created by barriers in society[21]. Changes needed are a long-term goal with the strategy focussing on the local actions for the next 3 years.

The strategic objectives[12] provide guidance on how organisations and services can move towards the 'high goals' of our vision and mission. They clarify what needs to be achieved whilst still being consistent with the plans and priorities of the organisations involved. The more specific strategic actions provide the means for achieving the changes and benefits resulting in the more positive outcomes that we are seeking to achieve for adults with autism, their families and carers in the City of Brighton & Hove.

The strategy promotes changes or modifications that may prove a challenge. However, by making the most of the opportunities presented by current changes in the health and social care sectors, including working collectively towards common goals and using the full spectrum of resources in a more efficient and effective way, they are achievable.

### Approach

To achieve the vision for adults with autism set out in the national strategy and to successfully deliver the strategy at local level will need a bottom up approach from health and social care services, ownership and decision making by key stakeholders including professionals, service users, carers and service providers, and a focus on outcomes not process targets.

### Structure

The Brighton & Hove strategy is informed and shaped by the national findings and guidance and, more specifically, by the local level findings and recommendations of the Overview & Scrutiny Panel Report, the JSNA and the contribution and feedback from the cross-sector Stakeholder Group. It covers the four Core Areas of Activity (goals) outlined previously, with a focus on outcomes.

### Planning and Commissioning

Health and social care services can improve the way they identify the needs of adults with autism and can incorporate those needs more effectively into local service planning and commissioning. It is important to reflect local needs and context and build on existing strengths in service provision. We have to fulfil our statutory responsibilities and also recognise that any changes or modifications that need to be made to improve services and support for adults with autism will need to be considered against significant resource challenges.

[12] See Appendix 1

**Change**
The strategy provides an opportunity to support effective change at local level: better coordination and integrated working; joint planning and commissioning of services; more involvement in decision making for service users and carers and using the knowledge and expertise of the Third sector to help shape and deliver services.

**Scope**
The main focus of the strategy is on health and social care but also includes other key areas which, by improving the way they deliver their services, can have a positive impact on the lives and all-round wellbeing of adults with autism. For example:

- *Further and Higher Education* and other learning opportunities
- *Employment* (paid or unpaid) contributing to the development of self-confidence, personal growth and contribution to the community
- *Housing* that takes account of individual needs and longer-term requirements
- *Planning around carers* that involves them and supports their needs
- Accessing a wider range of *leisure and social activities* increasing social inclusion
- The *Criminal Justice System* and safety in the community.

**Evaluating progress**
A long-term, cultural change is needed to deliver the vision and strategy and this can only be achieved by putting ownership and responsibility into the hands of professionals on the front line. A greater understanding of autism is needed in our services and wider community, services need to be tailored to meet the real needs of adults with autism and genuine partnership working is required to create the right quality frameworks and outcome indicators.

*'Fulfilling and rewarding lives: Evaluating Progress'* identifies seven quality outcomes that can be used to show progress in service development and performance:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system
6. Adults with autism, their families and carers are satisfied with local services
7. Adults with autism are involved in service planning

Although these are long-term outcomes they will still have a positive impact on adults with autism, their families and carers. The changes or modifications and ways of working required to achieve them can, in themselves, create service improvements and lead to other opportunities.

## APPENDIX 1

| A. Training of staff who provide services to adults with autism | | |
|---|---|---|
| **Strategic objective:** | **Strategic action:** | **Desired outcome:** |
| **1. Increased awareness & understanding of autism amongst health & social care staff** | Include autism awareness in general equality & diversity training | • Training available to everyone working in housing, health, social care and reception staff<br>• Use of e-learning to increase access and flexibility |
| | Provide basic autism awareness training for frontline staff | • Training prioritised for staff in key roles who need to know more about autism<br>• Increase in reasonable adjustments in communication, behaviour & services |
| | Include autism awareness in other training programmes & evaluate its impact | • Content of management & other development programmes reviewed<br>• Autism or potential signs of autism recognised & appropriate support given to staff<br>• Staff with autism supported to access opportunities for personal & professional development |
| | Support World Autism Awareness Day (WAAD) to raise awareness at organisational & wider level | • WAAD (April 2) highlighted & actively promoted via corporate communication mechanisms<br>• Increased knowledge & promotion of a balanced view of autism & associated issues through effective communication channels<br>• Community cohesion supported by fostering improved relations between different groups |
| | Identify local experts to help deliver training | • Initial scoping indentifies level of interest, concerns & possible changes in commissioning & delivery<br>• Adults with autism, their carers & representative groups involved in training delivery & assessment of current programmes |
| | Explore the benefits of combined training programmes | • Cross-sector collaboration & joint working approach; shared knowledge & expertise<br>• Financial benefit & value-for-money through co-commissioning & shared resources<br>• Comparison of training effectiveness within & across organisations |
| | | |
| **2. Provision of specialist training for those in key roles** | Develop or provide specialist training for those in key roles that have a direct impact on access to services for adults with autism | • Training prioritised for staff groups most likely to have contact with adults with autism<br>• Identified, clear expertise in the local area that colleagues can consult<br>• Increased sector capacity to work with adults with autism through specialist knowledge & skills<br>• Improved staff retention & career development through workforce development |
| | Work with key partners to improve quality of autism training in their curricula | • Review of training curricula supports development of specialist training in health & social care<br>• Staff able to develop further knowledge or specialise in autism |
| | | |
| **3. Autism awareness included in Primary Care workforce development** | Include training in Continuing Professional Development (CPD) & evaluate its impact | • Primary Care health professionals (including GPs & independent contractor partners), able to recognise & refer earlier & appropriately<br>• Evaluation & impact analysis measure improvements in awareness, understanding & referral |
| | Explore opportunities to deliver training in Primary Care settings following a needs assessment | • Identification of local requirement; barriers; resource needs; potential service improvements<br>• Easier, flexible access to learning as part of the Protected Learning Scheme (PLS)<br>• Increased opportunities for raising awareness & understanding of autism, shared learning & best practice, multidisciplinary partnership working approach, increased value-for-money |
| | Review what is needed in GP practices to enhance services to people with autism | • Better information on health needs to prevent increased needs in the future<br>• Better standards in the care & support to adults with autism |
| | | |
| **4. Improved services to better meet diverse needs** | Needs of people with autism included in Equality Impact Assessment (EIA) | • EIA undertaken on developing policies, procedures & practices to assess whether they have a positive or negative impact on people with autism and their carers including the diverse needs of people from different groups in the community<br>• Existing policies, procedures & practices reviewed to address any adverse impact |

| B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services | | |
|---|---|---|
| **Strategic objective:** | **Strategic action:** | **Desired outcome:** |

| B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services | | |
|---|---|---|
| **Strategic objective:** | **Strategic action:** | **Desired outcome:** |
| **1. Availability of a clear & trusted diagnostic pathway locally leading to a person-centred assessment of need** | Develop the Map of Medicine to include autism | • NHS practitioners can identify potential signs of autism & refer for clinical diagnosis if necessary<br>• NHS practitioners able to adapt their behaviour & communication when a patient has been diagnosed with autism or displays these signs<br>• Evidence-based clinical knowledge with customised pathways to reflect local care provision & clinical practice<br>• Knowledge sharing across care settings with easier access to local & national best practice |
| | Develop a clear pathway to diagnosis & assessment of need | • Existing best practice reviewed *now* to establish how it might be adopted against the NICE clinical guideline on Autistic Spectrum Disorders in Adults<br>• Local commissioners & providers use the NICE model care pathway to form the foundation of local referral & care pathways (due July 2012)<br>• Increased access to diagnostic services, more consistent diagnosis, better integration into needs assessment, increased confidence from all stakeholders in the diagnostic process<br>• Improved signposting to services for adults *without* a learning disability or mental health diagnosis<br>• Protocol in place for determining the assessment/funding pathway when people with autism (but with no obvious learning disability or mental health need), require social care support |
| | Assessment offered to adults diagnosed with autism who may have an eligible social care need | • Following diagnosis (with consent of the individual), health services promptly inform social services of the need to carry out a community care assessment within a reasonable time period<br>• Independence of monitoring, evaluation & review ensured through stakeholder involvement<br>• Potential whole system efficiencies identified as a result of service redesign |
| | Identify specific individuals in frontline clinical teams to represent interests of adults with autism | • Identified 'autism champion' & inclusion of autism in the Link Nurse within mental health team<br>• Raised awareness within professional teams enable operational services to respond appropriately<br>• Capacity of the clinical diagnostic team expanded through development of expertise |
| | Establish arrangements to coordinate health & social care input | • Coordinated, less resource-intensive referral pathway with facilitated liaison between mainstream services<br>• Reduced unnecessary functional overlap with sharing of knowledge & best practice<br>• Reduced risk & negative impact through earlier intervention or signposting to universal services |
| | | |
| **2. Adults with autism achieve better health & social outcomes** | Ensure adults with autism are better able to access health care at an early stage | • Increased accessibility through better service design, management & monitoring systems<br>• Reduced need for intensive, expensive interventions at crisis point; retaining independence through a more preventative approach<br>• Person-centred assessments by staff who have had good training including autism awareness |
| | Ensure appropriate support is offered following screening or diagnosis, including the needs of carers | • Diagnosis linked to rigorous assessment of individual, personalised need & provision of good information about autism & the support available to enable fully informed decision making<br>• Health Action Plan following a learning disability diagnosis; Care Plan following a mental health diagnosis<br>• Appropriate signposting by health & social services where the individual does not fulfil the criteria for access to adult learning disabilities or mental health teams<br>• Diagnosis linked to assessment of needs an important cultural change reducing emphasis on diagnosis itself |
| | Ensure adults with autism are benefitting from the personalisation agenda in health & social care, & can access personal budgets | • Personalisation offered to adults with autism increasing choice & control over services<br>• Reasonable adjustments to the personalisation process by health & social care enables people with autism to understand & exercise choice<br>• Number receiving personal budgets/number receiving a personal budget **and** relevant support for their decision making known year-on-year<br>• Availability of relevant services directly linked to take up of personalisation by adults with autism |
| | Develop a locally coordinated & comprehensive data system to inform planning | • Requirement for data collected to be monitored & evaluated<br>• Range of evidence gathered to include: numbers diagnosed; numbers in receipt of Adult Social Care services; numbers living in accommodation provided via Housing services; numbers of carers of adults with autism |
| | | |
| **3. Coordinated liaison across agencies** | Identified key worker/case manager assigned to adult with autism & their carers | • Where need is identified, provision of a coordinated approach & liaison across key agencies including GP practices, learning disabilities, mental health, social care & health, for adult with autism, their families/carers |

| C. Planning in relation to the provision of services to people with autism as they move from being children to adults |
|---|

| Strategic objective: | Strategic action: | Desired outcome: |
|---|---|---|
| **1. Local Authority & NHS compliance with existing legal obligations under the statutory guidance around transition planning** | Review transitions planning process to ensure compliant with best practice | • Director Adult Social Services responsibility for ensuring local area follows its statutory duties & meets at least the minimum standards in transition planning<br>• Special Educational Needs team undertake transition planning from age 14 (statutory requirement) [13]<br>• Transition plans tailored to the needs & wishes of the individual & reviewed & updated annually<br>• Delivery of the transition plan overseen by an identified service with transition planning embedded into all key processes across the sector |
| | | |
| **2. Parents & young person informed of their right to a Social Care Assessment & Carers Assessment** | Ensure that young person & their carers are informed of their right to assessment as transition approaches | • Professionals, including CAMHS[14], SENCO's[15] & Social Workers, ensure that the young person & carers are fully informed of their right to assessment & are involved in transition planning<br>• Social Services formally notified of possible need for assessment by professionals working with the young person approaching transition<br>• Services build on information collected by the Youth Employability Service (formerly Connexions), during the Transition Review[16] to clarify support needs & providers |
| | | |
| **3. Robust systems & protocols in place to ensure a smooth transition into adulthood** | Ensure joint working, planning & robust communication between key services & agencies | • Information shared appropriately between Children's & Adult Service at transition highlights the needs & numbers of children with autism in the local area & improves longer-term planning<br>• Local protocols established for transition of clinical mental health care for children with autism in receipt of CAMHS |
| **4. Involvement of people with Autism and their families in transition planning & support** | Ensure full & appropriate involvement of young person with autism & families in the transition process | • People with autism, their family/carers fully aware of the range of support services available to people with autism to enable them to live more fulfilling & independent lives |
| **Education:** | | |
| **1. School leaving age determined by individual learning needs** | Explore opportunities for changes or modifications to the current criteria based on age limits rather than learning needs | • Person-centred transition plan identifies young person's aspirations with support provided to help them achieve their goals<br>• Good, accessible information on available options helps increase choice & control over their future |
| **2. Adults with autism actively supported to complete their course of study in Further Education (FE)** | Review current support arrangements in FE for students with autism | • Reasonable adjustments & support mechanisms help individuals complete their course of study |
| **Employment:** | | |
| **1. Adults with autism are included & economically active** | Increase awareness & understanding of autism within the employment framework | • Good, accessible information on autism, including within the context of the Council's current review of information & advice services across the City<br>• Reduced barriers to finding work & increased access to work experience, paid or unpaid work |
| | Reasonable adjustments in recruitment of staff within the local authority & health providers as responsible & empowering employers | • Increased capacity to employ & retain disabled employees, do business with disabled customers & become disability confident<br>• Adults with autism included in the CESP[17] focus on inclusion of vulnerable people in local economic development & growth<br>• Legal obligation turned into policy development & culture change through promotion of good practice, addressing disability, engaging colleagues & ensuring barrier-free processes & procedures |
| | Increase engagement with employers through Supported Employment Team | • Employment focus included in the transition from Children's to Adult services<br>• Support systems including person-centred plan; selected area of work they want to do on leaving school; job description for a specific job; range of support available to help people into work<br>• Indication of whether they have recruited adults with autism & have made reasonable adjustments in the workplace |
| **Housing:** | | |
| **1. Adults with autism are living in accommodation that meets** | Review local housing policy & strategy to ensure consideration of needs of people with | • More adults with autism live in accommodation that meets their assessed needs<br>• Local Authority equality duty fulfilled by taking account of peoples' needs (not just physical), in housing allocation |

[13] Special Educational Needs Code of Practice (reference DfES 51/2001)
[14] Child & Adolescent Mental Health Services
[15] Special Educational Needs Co-ordinators
[16] S139 Assessments will continue to be led by the Youth Employability Service (formerly Connexions)
[17] City Employment & Skills Plan

| C. Planning in relation to the provision of services to people with autism as they move from being children to adults | | |
|---|---|---|
| **Strategic objective:** | **Strategic action:** | **Desired outcome:** |
| **their needs** | autism | • Policy review includes provision of aids & adaptations (including soundproofing)<br>• Availability of appropriate local housing reduces out-of -area placements for those with complex needs<br>• Commissioning includes Third sector involvement in delivering support services linked to accommodation |
| **2. Home Move eligibility criteria reviewed** | Carry out a review of Home Move eligibility criteria | • Eligibility criteria reflects the needs of adults with autism<br>• Timely transition planning addresses future accommodation needs of individuals currently living at home & reduces crisis intervention for those who can no longer be cared for at home |
| **3. Supporting People Integrated Support Pathway reviewed** | Review the Integrated Support Pathway to ensure the needs of people with autism are reflected | • Focus includes the needs of people with autism & provides a gateway into housing-related support according to need<br>• Co-ordinated, structured services promoting independent living for adults with autism & reducing risk & vulnerability<br>• Opportunity to explore other support solutions (e.g. East Sussex County Council Homeshare scheme) |
| **4. Recording of residents with autism on the City Council Housing database** | Begin coding of residents using or applying for housing services on the OHMS database | • Adults with autism formerly recorded on the Housing database<br>• Housing provision reflects internal/external environmental needs, due to sensory & related issues<br>• Future planning, strategy & policy development informed by the evidence base |
| **Carers:** | | |
| **1. All carers to receive a Carer's Assessment which is reviewed annually** | Carer's Assessment automatically triggered by diagnosis of autism | • Carer's needs & support requirements identified (including any disability issues)<br>• Progress or changes to requirements identified through yearly assessment (more often if needed)<br>• Following diagnosis, relevant information & signposting to appropriate support & training helps carers to manage the challenges of caring |
| **2. Parents & carers included in discussions & decision-making** | Ensure parents & carers are included in post-diagnosis discussions (with permission of the individual with autism) | • Active participation & informed decision-making in the planning process as part of an inclusive care pathway approach<br>• Rights of people with autism respected in decision-making & planning about their care & support |
| **Community safety:** | | |
| **1. Adults with autism no longer managed inappropriately in the criminal justice system** | Explore provision of enhanced autism awareness training for key people in the police & Criminal Justice System(CJS) | • Improved communication & behaviours of frontline staff (e.g. custody officers, magistrates, probation officers, lay visitors)<br>• Reduction in numbers of adults with autism in the criminal justice system & reduced workloads for CJS professionals through inappropriate referrals<br>• Adults with autism & their carers involved in training delivery for police & criminal justice staff |
| **2. Minimising conflict in difficult situations** | Explore introduction of personal Autism Alert cards to raise awareness of autism amongst Criminal Justice staff | • Person with autism helped to communicate in difficult situations, lowering confusion & stress (e.g. with police officers; probation officers)<br>• Raised awareness minimises risk of misunderstanding, inappropriate communication & responses |
| **Social and leisure:** | | |
| **1. Removing barriers to meet diverse needs** | Social & leisure services review potential barriers to access for adults with autism | • Individuals leading more active & fulfilling lives supported by healthier living & good mental health<br>• Reasonable adjustments made by services to increase access to a wider range of pursuits |

| D. Local planning and leadership in relation to the provision of services for adults with autism | | |
|---|---|---|
| **Strategic objectives:** | **Strategic actions:** | **Desired outcome:** |
| **1. Allocated responsibility for leading the commissioning of community care services for adults with autism at local level** | Lead Commissioner for autism identified | • Needs of adults with autism 'championed', addressed at local level, represented at regional level<br>• Named local contact for the public, service providers, others working in health & social care as commissioning in health care becomes more distributed<br>• Locally level commissioning of community care services for adults with autism<br>• Close working & participation in relevant local & regional strategic planning groups & partnership boards (e.g. Valuing People regional delivery boards; proposed Health and Wellbeing Boards) |
| | | |
| **2. Implementation of a local commissioning plan for services for adults with autism** | Develop an integrated commissioning plan around services for adults with autism | • Output of JSNA & other relevant data around prevalence[18] reflected in planning, monitoring & review of core services<br>• Autism included in key procedures, structures & strategies to ensure needs of adults with autism & their carers are considered<br>• A plan or specific structures introduced for involving adults with autism, their carers & representative groups in service design & planning on an on-going basis<br>• Commissioning plans subject to same review requirements & processes as other plans<br>• Support for the voluntary & community sector & social enterprises (*i.e. the Big Society*), explored when planning & commissioning local services<br>• Adults with autism can depend on mainstream public services to treat them fairly as individuals, develop a more preventative approach & enable them to make choices about the services & support they receive, with additional support provided where necessary |
| | Review contract specifications to ensure inclusion of autism in equality requirements | • Equality requirements aligned to the Equality Act 2010 & identified best practice<br>• Service providers (including health service providers), aware of & able to satisfy corporate equality & diversity requirements in their service provision<br>• Detailed guidance & service specification provides clear understanding of equality requirements for service providers. |



[18] Refer Brighton & Hove JSNA and BHCC Overview & Scrutiny Panel Report & Recommendations

## Appendix 2

| Key national documents | |
|---|---|
| **Disability Discrimination Act (2005)** | Promotes civil rights for disabled people and protects disabled people from discrimination |
| **Valuing People Now: a new three-year strategy for people with learning disabilities** | Government strategy for people with learning disabilities. Highlights that adults with autism are some of the most excluded and least heard in society |
| **Better Services for People with Autistic Spectrum Disorder (2006)** | Examines how existing government policy relates to people with an ASC. Identifies that people with ASC can fall between the gap between Mental Health and Learning Disability services |
| **Putting People First (2007)** | Sets out a vision for transforming social care to give people more independence, choice and control through high-quality, personalised services |
| **Independent Living Strategy (2008)** | Commitment to a shared understanding of the principles and practice of independent living giving greater choice and control over how support is provided and greater access to a range of services |
| **The Autism Act 2009** | First ever piece of legislation designed to address the needs of one specific impairment group demonstrating a new commitment across government to transform the way public services support adults with autism |
| **Supporting People with Autism through Adulthood (National Audit Office 2009)** | Looked at how the needs of people with an ASC are currently being met. Found that the effectiveness of existing services can be improved by better planning and strategy based on good information, raising awareness of autism and the needs of people with autism |
| **Fulfilling and rewarding lives: The strategy for adults with autism in England (2010)** | A national strategy that sets the direction for long-term change and meeting the needs of adults in England with autism by improving the provision of relevant services by local authorities, NHS bodies and NHS foundation trusts. It also identifies specific areas for action over the next three years. The strategy draws on the findings of the National Audit Office (NAO) report *Supporting People with Autism throughout Adulthood* |
| **Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy** | Aims to empower local areas to develop services and support that reflect the assessed needs and priorities of the community and encourage innovation in the way services are delivered |
| **Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England (2010)** | Aims to show how the strategy would be taken forward over the next 12 months; priorities for action in the first 12 months; timelines and milestones associated with these priorities |
| **Fulfilling and Rewarding Lives: Evaluating Progress (2011)** | Identifies seven tangible quality outcomes – visible and measurable indications of whether the vision of improving the lives of adults with autism is being realised |
| **Key local documents** | |
| **A Business Case For the Development of Autistic Spectrum Disorder Services for Adults across Sussex (R Hacket, SPFT 2007)** | Business case for the development of a Sussex-wide ASC service for adults. Highlighted the unmet needs of adults with HFA and AS. Recommended the development of an ASC coordination service in each mental health locality to assess and coordinate care for young adults with HFA or AS accessing expertise from a virtual, cross-sector team. Business case not implemented |
| **Aspergers Briefing (N Cox, BHCC Integrated Learning Disability Service 2009)** | Outlines the development and work of the Asperger Stakeholder Group in Brighton & Hove. Supports the development of a pan-Sussex specialist ASC Service for adults as described in the SPFT Business Case 2007. Recommends the development of a local autism plan involving statutory and non-statutory agencies and including users and carers. |

## APPENDIX 3

| Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions (March 2011) | |
|---|---|
| **Core Area of Activity** | **Summary of Report Recommendations** |
| **A. Training of staff who provide services to adults with autism** | • Improve awareness and understanding of autism for frontline staff including GPs<br>• Provide specialist training for those in key roles to improve access to services<br>• Involve people with autism in delivery of training programmes |
| **B. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services** | • Improve earlier identification of people with autism<br>• Develop a triage service model to reduce diagnosis waiting times<br>• Improve care pathway links between diagnostic, assessment and support services<br>• Provide earlier, appropriate services or support interventions<br>• Provide appropriate services and support for adults with autism who *do not* have a learning disability or mental health problem |
| **C. Planning in relation to the provision of services to people with autism as they move from being children to adults** | • Develop an integrated, joint working approach between Children and Adult services to improve the transition process<br>• Provide sufficient good information to enable the individual, their family/carers to be fully involved in planning and decision making<br>• Review funding to ensure continued involvement of Voluntary sector expertise in planning and decision making<br>• Provide more opportunities for adult continuing education and development<br>• Provide better information on autism for employers to help increase paid or unpaid work opportunities |
| **D. Local planning and leadership in relation to the provision of services for adults with autism** | • Develop an inclusive, integrated approach to improve service efficiency and effectiveness<br>• Develop a virtual, multi-disciplinary team to improve access to appropriate information, services and support<br>• Develop a joined up (inter-operable) database so that agencies can share current, accurate information to support effective planning and decision making |

## Appendix 4

| Joint Strategic Needs Assessment for Adults with Autistic Spectrum Conditions (May 2011) | |
|---|---|
| **Areas** | **Recommendations** |
| **Health** | • Simplified, joined up diagnostic, assessment and care pathway<br>• Easily accessible information and support for people with autism, their family/carers via a 'virtual' cross-sector, multi-disciplinary team (post-diagnosis)<br>• Autism included on the Map of Medicine to assist GPs in identifying potential signs of autism with direct referral to the diagnostic clinic to speed up the process, reduce waiting times and minimise risk of people falling into gaps between services<br>• Information on adults diagnosed with autism shared and coordinated across agency databases including data on carers of adults with autism<br>• Increased autism awareness training for frontline staff |
| **Transition** | • Integrated, joint working approach between Children and Adult services<br>• Identified contact to coordinate and support a more effective transition process<br>• Easily accessible information on a range of services and support to inform planning and decision making<br>• Third sector expertise commissioned to support effective transition planning |
| **Education** | • Access to further education taking account of individual needs within appropriate, supported settings<br>• Opportunities for life long learning enhanced through strengthened employer links and increased work opportunities |
| **Employment** | • Better employer awareness of autism to help increase employment opportunities and understanding of the special skills of people with autism<br>• Improved access to Job Centres through reasonable adjustments for people with autism |
| **Housing** | • Local housing provision planned to minimise out of area placements<br>• Long term transition planning to reduce crisis situations when living at home is no longer possible<br>• Housing provision and environmental issues to reflect individual need<br>• Improved access to mainstream housing options and support for people with AS |
| **Carers** | • Carer's assessment carried out with on-going review if necessary (post-diagnosis)<br>• Receive or signposted to information and support, including information on managing challenging behaviour, and help for carers themselves<br>• Actively involved in planning and decision making<br>• Stress minimised through adequate forward planning especially when linked to transition from childhood to adulthood |
| **Social and leisure** | • Increased access to a range of social and leisure pursuits to support living a more fulfilled life |
| **Workforce** | • Increased autism awareness training for frontline staff and involving service users and carers in programme delivery<br>• Autism awareness specifically included in equality and diversity programmes |
| **Community safety** | • Enhanced autism awareness training for frontline police officers and criminal justice staff and involving service users and carers in programme delivery<br>• Use of Autism Alert card considered to reduce communication difficulties between adults with autism and criminal justice staff in stressful situations |
| **Personalised budgets** | • Highlight agencies that can provide support with the different stages of budget management and other official processes |

## APPENDIX 5

| Adult Autism Strategy Stakeholder Group - Membership | |
|---|---|
| | **ORGANISATION:** |
| | AMAZE |
| | Aspire |
| | ASSERT |
| | Autism Sussex |
| | BHCC (Commissioning and Partnerships) |
| | BHCC (Housing Adaptations OT Team) |
| | BHCC (Housing Options Team) |
| | BHCC (Housing, Policy & Performance) |
| | BHCC (Integrated Learning Disability Services) |
| | BHCC (Integrated Services Social/Disability Services) |
| | BHCC (Learning Disabilities) |
| | BHCC (Learning Support) |
| | BHCC (Supported Employment) |
| | BHCC (Supporting People) |
| | BHCC Post-16 Education |
| | Brighton Sussex Medical School |
| | National Autistic Society, SE Region |
| | NHS Brighton and Hove (Commissioning) |
| | NHS Brighton and Hove (Public Health) |
| | Southdown Housing Association |
| | St. Peter's Medical Centre, Brighton; PCT Clinical Lead |
| | Surrey Sussex Probation Service |
| | Sussex Partnership NHS Foundation Trust |
| | The Carers Centre Brighton |

**References**

[1] Department of Health (2010), Fulfilling and rewarding lives: The strategy for adults with autism in England (2010). HM Government

[2] Scrutiny Panel on Services for Adults with Autistic Spectrum Conditions Report and Recommendations (March 2011); Adults with autistic spectrum conditions needs assessment (May 2011)

[3] The nine 'protected characteristics' as defined by the Equality Act 2010 are age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. These attributes are currently protected under existing legislation:

[4] Department of Health (2010), Fulfilling and rewarding lives: the national strategy for adults with autism. HM Government

[5] Department of Health (2010), Fulfilling and rewarding lives: the national strategy for adults with autism. HM Government

[6] Mencap (2007), Death by indifference. Accessed via http://www.nmc-uk.org/Documents/Safeguarding/England/Death%20by%20Indifference.pdf

[7] Division of Diversity and Community Engagement. The University of Texas at Austin. Accessed via http://www.utexas.edu/diversity/ddce/gsc/faqtransgender.php

[8] NHS Brighton and Hove and Brighton & Hove City Council (2011), Adults with autistic spectrum conditions needs assessment (August 2011) http://www.bhlis.org/resource/view?resourceId=1076

[9] The Autism Act 2009, http://www.legislation.gov.uk/ukpga/2009/15/pdfs/ukpga_20090015_en.pdf HM Government

[10] Department of Health (2010), Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy. HM Government

[11] Department of Health (2010), Towards Fulfilling and rewarding lives: The first year delivery plan for adults with autism in England (2010). HM Government

[12] Annual Operating Plan for NHS Brighton and Hove 2011/2012

[13] Creating the City of Opportunities: A Sustainable Community Strategy for the City of Brighton and Hove (updated). Brighton & Hove Local Strategic Partnership. Accessed via http://www.bandshop.co.uk/

[14] The Adult Autism Strategy Consultation Summary Report (January 2010) carried out on behalf of the Department of Health highlights that women with ASC are often overlooked due to sometimes incorrect assumptions about female behavioural characteristics such as 'shyness' http://www.swdc.org.uk/silo/files/adult-autism-strategy-consultaiton--a-summary-of-the-submissions-received.pdf

[15]) NHS Brighton and Hove and Brighton & Hove City Council (2011), Adults with autistic spectrum conditions needs assessment (May 2011)

[16] Brighton & Hove City Council Adult Social Care & Housing Overview & Scrutiny Committee

[18] The Learning Disability Partnership Board at www.brightpart.org

[19] The Equality Act 2010 accessed at http://www.legislation.gov.uk/ukpga/2010/15/contents

[20] Pestana, C (2011). A qualitative exploration of the life experiences of adults diagnosed with mild learning disabilities from minority ethnic communities, in Tizard Learning Disability Review, Volume 16, Number 5, pp. 6-13. Accessed via http://www.metapress.com/content/h1057k556798731q/?p=14fe7e230a79482887989dd5322c0815&pi=1

[21] Office for Disability Issues. Accessed at http://odi.dwp.gov.uk/about-the-odi/the-social-model.php HM Government

| # HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE | **Agenda Item 68**<br><br>Brighton & Hove City Council |
|---|---|

| | | | | |
|---|---|---|---|---|
| **Subject:** | | **Update on HWOSC Scrutiny Panels – Youth Justice Plan** | | |
| **Date of Meeting:** | | **23 April 2013** | | |
| **Report of:** | | **Head of law (Monitoring Officer)** | | |
| **Contact Officer:** | **Name:** | **Kath Vlcek** | **Tel:** | **29-0450** |
| | **Email:** | **Kath.vlcek@brighton-hove.gov.uk** | | |
| **Ward(s) affected:** | | **All** | | |

**FOR GENERAL RELEASE/ EXEMPTIONS**

## 1. SUMMARY AND POLICY CONTEXT:

1.1 Last year, the Health and Wellbeing Overview and Scrutiny Committee agreed to set up a review panel into the Youth Offending Service and the Youth Justice Plan to consider potential problems that the team had been facing and how to address them.

1.2 The panel has now met; the draft minutes of their meeting are attached at **Appendix 1**.

## 2. RECOMMENDATIONS:

2.1 To note the outcome of the panel meeting.

2.2 That an updated report on the Youth Offending Team come to HWOSC in December 2013.

## 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 There have been two external reviews of the Youth Offending Team by HMI Probation. The first of these, in 2011, assessed Brighton and Hove as in the bottom 25 services nationwide; the second, in late 2012, noticed an improvement in the service but still had concerns about some areas of work.

3.2 Following the 2011 inspection, Councillor Gill Mitchell asked that a scrutiny review be conducted into the suggested restructure of the Youth Offending Service. This was supported by HWOSC.

3.3.1 Councillors Wealls, Pissaridou and Wakefield sat on the Panel, along with Dr Mark Price from the School of Education, Brighton University. The Panel determined that they would best be able to consider the restructure proposals through a private workshop, being assisted by the Service Manager for the Youth Offending Team, Anna Gianfrancesco. Draft minutes from the meeting are attached at **Appendix 1**.

3.4 At the end of the workshop, Panel members concluded that they had confidence that the restructure proposals would address the problems identified in the inspection reports, notwithstanding the need for a settling-in period. Panel members decided that they would like to review the situation once the new structure had been put into place, and that a full report should come back to HWOSC in December 2013.

## 4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None undertaken for the scrutiny workshop process.

## 5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 No financial implications for the scrutiny workshop. Financial implications of the Youth Offending Service restructure have been considered separately.

Legal Implications:

5.2 No legal implications for the scrutiny workshop. Legal implications of the Youth Offending Service restructure have been considered separately.

Equalities Implications:

5.3 No equalities implications for the scrutiny workshop. Equality l implications of the Youth Offending Service restructure have been considered separately.

Sustainability Implications:

5.4 No sustainability implications for the scrutiny workshop.

Crime & Disorder Implications:

5.5 The scrutiny panel was convened following concerns about the city's Youth Offending Service, which is part of the city's response to its crime and disorder duties.

Risk and Opportunity Management Implications:

5.6 None to this cover report.

Public Health Implications:

5.7 There are no direct public health implications for the scrutiny workshop.

Corporate / Citywide Implications:

5.8 One of the council's corporate priorities is to reduce inequalities by reducing crime and improving safety. It is hoped that the restructure proposed to the Youth Offending Service will help towards this.

## SUPPORTING DOCUMENTATION

**Appendices:**

1. Draft minutes from the Youth Justice Plan Scrutiny Workshop, 6 December 2012.

**Youth Justice Plan Scrutiny Workshop - 6 December 2012**

## Panel Members

Cllr Andrew Wealls, Chair (AW)
Cllr Anne Pissaridou (AP)
Cllr Liz Wakefield (LW)
Mark Price, University of Brighton (MP)

## Officers

Anna Gianfrancesco, Service Manager, YOT (AG)
Kath Vlcek/ Tom Hook, Scrutiny Team

## Introduction

1.1 AW chaired the meeting. This was a chance for scrutiny members to consider the update of the new Youth Offending Team plan, to discuss the outcome of the recent service inspection and for AG to highlight challenges in the team over the next few months. It was noted that success wasn't just dependent on the YOT, it also relies on the work of external teams

1.2 AG – it was a useful time to meet, as the YOT plans were still in the formal consultation phase, so any scrutiny comments could be fed back into the service.

## November 2012 Inspection Results

2.1 AG - To begin by going through the November 2012 inspection, there were no real surprises, if anything it was slightly more positive than anticipated. Overall, the managing risk element is still not performing as well as it should be but it has improved from a score of 66% to 75% so there are elements of improvement, even through the restructure.

2.2 It's a new inspection framework, BHCC was the first team to be inspected this way. The inspectors picked 20 out of 80 open case files and then inspect those 20 in detail. Some case files were chosen specifically as BME or female service users, some were chosen because they had custodial sentences whilst others were more random.

The inspectors didn't look at specific interventions but look at how the plans have been constructed, up to and including the date of the inspection. The inspection was less about the

effectiveness of the intervention rather than the presence of intervention, multi agency working and thinking about risk.

There was a paper audit on each case, after which the inspectors spoke to the case worker, talking and unpicking the individual case and the work carried out. It resulted in a percentage outcome score. They didn't speak to any managers.

2.3 The inspection did highlight things that could be easily remedied- for example on p4, it says there needed to be improvement in 'management oversight'. In fact, the YOT has various casework meetings with management, with notes saved on the shared drive but not electronically attached to the offender database. Staff will now print out the minutes and keep them on file as evidence that the oversight has taken place.

2.4 Q –on p3, under 'operational management', it highlights different levels of understanding. What are the issues?

2.5 AG – thinks it due to a lack of understanding of a new shared approach. Previous approaches have put the young person (YP) at the centre, with services focussed around them, now its moved to have the victim at the centre but not everyone has moved their thinking accordingly. It's much easier to change tangible things but softer, less measurable things can take longer to adapt. Its about seeing the YOT as part of the criminal justice system, and sharing a common understanding of what that means.

2.6 Reflective supervision is being introduced in the YOT, with a more analytical approach, so officers can unpick issues and consider the outcomes for the YP.

MP- this approach does help to develop a practitioner's ongoing skills development. It's vital to ensure that the restructure of the YOT supports this new approach.

**Numeracy/ Literacy Needs and Other Support**

3.1 Q - Are YP helped with numeracy/ literacy issues where needed?

3.2 AG – When YP are in the prison system, they do get help with numeracy/ literacy but they are often not in for long enough to receive enough help. When they leave prison, some have an order saying that they must have help with literacy/ numeracy, but the YOT doesn't have a remit for all YP leaving prison.

There will be an Education worker in the restructure with an overview of educational needs, they will work with colleagues to check needs for YP who haven't gone to prison, including educational psychology needs. Hoping to get money for Speech and language therapy (SLT) resource in the team, it's a key need for some YP as they cant articulate or communicate properly, and struggle to express themselves. SLT can help address a lot of the Educational psychology needs but at a lesser cost (so more support can be provided with resources). The problem is that there are limited SLT resources in Brighton and Hove.

3.3 MP – Yes, having SLT on offer will help the YP make connections between thoughts and feelings, helping to re-programme brain pathways.

3.4 RECOMMENDATION –can we write a letter as a Scrutiny Panel, recommending that we embed SLT provision in the YOT, engaging with teenagers with a range of communication issues? Agreed.

3.5 AG - The YOT is also looking at how to provide some support after the statutory intervention has ended, making more positive plan for the YP's journey afterwards. They are also looking to join up services , eg housing, education etc, to look at all of the areas of a YP's life that needs to be improved/ supported to reduce risk of re-offending

**Early Intervention/ Low Risk Offenders**

4.1 Q- it seems that more effort currently is put into supporting those young people who are going to be seen by an external agency, eg those who are going to court. Is this the correct approach?

4.2 AG – yes it has been the case that low risk offenders get less attention than high risk repeat offenders. The high risk offenders have pre-sentence reports and a high level of resources given to them, whilst low risk offenders have less information gathered and decisions are made on limited information.

Currently officers deal with a mix of low and high risk offenders, which means they give more priority to the high risk group. In the YOT restructure, this will be addressed with a group of case workers specifically for the medium to low risk offenders, and senior officers working with the high risk group. A number of local authorities work on a similar split. Its really important to change the approach to early intervention and its hoped that this will help.

4.3 Q – We must look at the 13/14 year old low-risk offenders before they become more prolific and enter the criminal justice system. Will some more senior officers work with this group too to help direct them away?

4.4 AG – This has been recognised in the change of emphasis given to 13/14 year olds, more resources now for this group. They are working with police and other colleagues to identify those 13/14 yr olds who are potential prolific offenders to work with them early on

4.5 Q- how do schools become involved?

4.6 AG – they refer in to the YOT. There is an Education Worker in the restructure, who may be shared with Alternative centre for Education (ACE) as there is a significant overlap of service users.

A YOT worker is going to be seconded in to the Stronger Families, Stronger Communities (SFSC) team, to work with YP with low school attendance (under 85%) and/or offending behaviour. The SFSC team has the remit to work with families with two or more of the following: 15% school absence/ youth offending/ persistent ASB/ more than six months of worklessness.

4.7 Comment – this is welcomed, school attendance really affects life chances. A lot of young offenders have 10/20% attendance; setting an 85% threshold will help capture and support them much sooner

**Restorative Justice**

5.1 AG – There is a new post for a Restorative Justice (RJ) coordinator, including community resolution, victim input, meetings with victims, practical work etc. The focus is on building resilience in YP, with a city wide approach to restorative justice. A referral order will say how many hours of RJ should be carried out, its key to find things to fill the RJ hours up.

5.2 MP – other teams in the city incl the Drug and Alcohol team are considering trialling a restorative community panel approach, where community members decide the RJ. However there are concerns about this moving into a judgmental/ vigilante approach so it needs to be considered carefully. Many schools have anti-bullying policies with an RJ 'collective problem' approach.

**Other Financial Changes**

6.1 AG –new legislation that says any YP remanded to custody becomes a Looked After Child, with the local authority covering costs (which are upwards of £700 pw). One YP has been remanded into custody this week, with 2 others expected soon.

The intention is for authorities to work to reduce numbers of YP being remanded into custody. Its also aiming to stop YP being remanded for breaking their bail conditions – most YP in remand don't have a custodial sentence. A lot of problems occur around curfews – the YP consistently won't keep to the curfew and eventually magistrate remands them

6.2 East Sussex CC has a remand and intensive lodging scheme, where young offenders are moved into supported accom rather than foster placements. There is a supportive contained environment for the YP. BHCC is looking into joining up with ESCC to share the scheme

**Restructure proposals**

7.1 Q– Could AG outline the restructure plans and explain what is being changed to address the identified needs?

7.2 AG – On p8-9 of the consultation papers, it lays out the current and the proposed system. In the current system there are anomalies between different pay scales for jobs, and whether some jobs require a professional qualification or not. This has been addressed in the new proposals; affected staff will be on protected pay for 3 years.

In the new proposals, there will be two senior youth justice workers and a senior social worker (who will be seconded into the team). They will deal with YP with a high risk of re-offending/ high vulnerability and those in custody. The teams below will have missed caseloads and shared understanding of work. There will be lower level of support for YP at the prevention level, in order to reduce offending. 3 temp posts have been deleted.

7.3 AG firmly believes that the new system will work; the key is managing the change for staff to make the process work. The team will take on another manager for a year to develop the team's capacity and quality assurance systems. When the quality assurance works, then YOT management will feel reassured enough to reduce inspections.

There has been thought put into how managers and staff can handle the cultural change, managers have had coaching and staff have had some training on cultural change, with more planned. Its anticipated that it might take a while to bed in the new system and for staff to feel comfortable with new roles, so it might take a while for changes to be seen in the inspection results but it is hoped that by December 2013, there will be some positive changes.

7.4 The current system is too expensive and isn't working. The new proposals will start in April 2013, and then managers will have to tightly manage costs etc. AG is aware that they will need to talk to the new Police and Crime Commissioner regarding funding.

**Next Steps**

8.1 The scrutiny panel members have taken confidence that things are moving in the right direction with regard to the restructure and addressing the problems that have been identified in the current system. There has been a lot of extremely good work and the panel has confidence in Anna's leadership.

8.2 It would be useful to have another meeting in May at YOT to see how the restructure went, for an update, and after that, a report to whole HWOSC in a year to see how it has settled in and the results. All agreed.

# Mental Health Acute Beds

## HWOSC Update - April 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 February 2013.

**3. Update on Investment in Community Services**

3.1 **Crisis Resolution Home Treatment Team**. The new posts have now all been recruited to, and by the end of April the team will be fully established and operational.

3.2 **Investment in Additional Care Co-ordinators.** Five out of the seven additional posts have been recruited to, and these staff should be in post before the end of April. The two posts that are still vacant will be re-advertised in the near future.

**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 can be provided in a future 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%. In recent weeks there has been an increased demand on Acute Mental Health beds nationally, and this has lead to some patients being placed outside Sussex for short periods of time. Beds have always been sourced when needed, and local NHS and Private hospital options have been explored before considering out of area placements. Data for January to March 2013 quarter will be available for the next HWOSC meeting.

**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 was 94% over the most recent quarter. 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 Clinical Review Group will closely monitor the impact of the new investment on the agreed metrics, and will also review qualitative feedback from clinicians and patients. We anticipate being able to bring a full report recommending whether the system is safe for the beds to be closed on a permanent basis to a HWOSC meeting in summer 2013.

# Agenda Item 70

HWOSC – Future Work Planning (for April 2013 HWOSC)

**23 April 2013**

**Issue: Autism – services for Adults (c)**

**Issue: '3T' Development of Royal Sussex County Hospital (i)**

**Issue: Update on completed scrutiny panels**

**Issue: Local Safeguarding Children's Board Update**

**Issue: MH Beds update (short)**

**June 2013**

**Issue: Update on Talk Health report recommendations**

***Issue: Prospectus Report (Anne Foster)***

**Issue: Update on dementia strategy**

***Issue: Hospital Mortality (x)***

**Issue: MH Beds (fuller paper)**

**Issue: Integrated Families - update**

**July 2013**

**Issue: Integrated Primary Care Teams (t)**

**Issue: Short Term Services (v)**

**Issue: Dual Diagnosis (wv)**

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

**Issue: B&H Wellbeing Service (wii)**

**September 2013**

**Issue: Healthwatch introduction and update**

***Issue: - to be rescheduled- preventative health to include Immunisations/ Vaccination uptake – may be a panel or report.***

**December HWOSC-**

**Update on YOT restructure and outcomes (request from YJP panel)**

**HWOSC Panels 2012-13/ 2013-14**

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

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

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

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

**Other items:**

**Cancer screening, letter to be sent from Sven Rufus to Rob Jarrett asking for assurances that HWB will be monitoring areas of concern so no report needed at HWOSC**