



## Who are we?

The Health and Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

## Where and when is the Board meeting?

This next meeting will be held in the Council Chamber of Hove Town Hall on Tuesday July 29<sup>th</sup> 2014, starting at 4pm. It will last about two and a half hours.

**There is public seating and observers can take part in an informal question and answer session with the Board prior to the formal meeting, and they can leave when they wish.**

## What is being discussed?

There are five main items on the agenda

- How we can get the best public participation in the Board's work
- Services for children with autism
- The annual report of the Director of Public Health
- Proposed changes to how we commission children's services
- The strategy for happiness and mental wellbeing in Brighton & Hove

## What decisions are being made?

- The Board will decide how people can ask questions, put deputations and petitions, and engage better in health and wellbeing and the Board
- The Board will make some changes to how services for children are commissioned
- The Board will agree a body of work designed to improve the happiness and mental wellbeing of the people of Brighton & Hove





**Health & Wellbeing Board**  
**29 July 2014**  
**4.00pm**  
**Council Chamber, Hove Town Hall**

Who is attending:

J Kitcat (Chair), K Norman (Opposition Spokesperson),  
Jarrett, Morgan and G Theobald

Dr Xavier Nalletamby (Brighton and Hove Clinical  
Commissioning Group), Geraldine Hoban (Brighton and  
Hove Clinical Commissioning Group), Dr Christa Beesley  
(Brighton and Hove Clinical Commissioning Group), Dr  
Jonny Coxon (Brighton and Hove Clinical Commissioning  
Group) and Dr George Mack (Brighton and Hove Clinical  
Commissioning Group)

Denise D'Souza (Statutory Director of Adult Services), Dr  
Tom Scanlon (Director of Public Health), Pinaki Ghoshal  
(Statutory Director of Children's Services), Frances McCabe  
(Healthwatch), Graham Bartlett (Brighton & Hove Local  
Safeguarding Children's Board), Sarah Creamer (NHS  
England) and Penelope Thompson (Chief Executive, BHCC)

Who is unable to attend:

Contact: **Caroline De Marco**  
Democratic Services Officer  
01273 291063  
[caroline.demarco@brighton-hove.gcsx.gov.uk](mailto:caroline.demarco@brighton-hove.gcsx.gov.uk)

*This Agenda and all accompanying reports are printed on recycled paper*

Date of Publication - Monday, 21 July 2014

# AGENDA

## Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

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### **11 DECLARATIONS OF SUBSTITUTES, INTERESTS AND EXCLUSIONS**

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

### **12 MINUTES**

1 - 12

The Board will review the minutes of the last meeting held on the 10<sup>th</sup> June 2014, decide whether these are accurate and if so agree them.

### **13 CHAIR'S COMMUNICATIONS**

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

### **14 FORMAL PUBLIC INVOLVEMENT**

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Caroline DeMarco on 01273 291063 or send an email to [caroline.demarco@brighton-hove.gcsx.gov.uk](mailto:caroline.demarco@brighton-hove.gcsx.gov.uk)

#### **The main agenda**

### **15 ARRANGEMENTS FOR PUBLIC PARTICIPATION**

13 - 20

Elizabeth Culbert, the Council's Deputy Head of Law will present a proposal on how public participation in health and wellbeing through the Board and a wider Health and Wellbeing Partnership might work (copy of report attached).

Contact:

*Elizabeth Culbert*

*Tel: 01273 -291515*

**16 RESPONSE TO THE SCRUTINY PANEL REPORT: SERVICES FOR CHILDREN WITH AUTISM 21 - 36**

The Board will consider a proposed response from Pinaki Ghoshal, Executive Director for Children's Services to the findings of the Council's Scrutiny Panel on Autism Services for Children in the city (copy of the report attached).

*Contact: Pinaki Ghoshal Tel: 01273 290718*

**17 ANNUAL PUBLIC HEALTH REPORT 37 - 46**

Each year, the city's Director of Public Health has to formally present an independent report on health in Brighton & Hove. Dr Tom Scanlon, will give a short presentation on how health and wellbeing in the city is set to change over the next 10 years (copy of the annual health report attached).

*Contact: Dr Tom Scanlon Tel: 01273 291480*

**18 COMMISSIONING CHILDREN'S SERVICES IN BRIGHTON & HOVE 47 - 56**

The council and clinical commissioning group (CCG), commission many services from various providers for children in Brighton & Hove. The way these are commissioned is changing and the Executive Director for Children's Services and the Chief Operational Officer from the CCG will outline the changes (copy of the report attached).

*Contact: Pinaki Ghoshal, Geraldine Hoban Tel: 01273 290718, Tel: 01273 574863*

**19 HAPPINESS: BRIGHTON & HOVE MENTAL WELLBEING STRATEGY 57 - 78**

One of the current priorities of the Health and Wellbeing Board is mental wellbeing. A strategy group composed of many different people and groups across the city has been working on a proposal. Dr Becky Jarvis, a local GP and the clinical commissioning group's lead doctor for mental health, will present a strategy for improving mental wellbeing in Brighton & Hove for the Board to approve (copy of the report attached).

*Contact: Paula Murray Tel: 01273 292536*

## **Public Involvement**

The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.



The Town Hall has facilities for people with mobility impairments including a lift and wheelchair accessible WCs. However in the event of an emergency use of the lift is restricted for health and safety reasons please refer to the Access Notice in the agenda below.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

## **Fire / Emergency Evacuation Procedure**

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so.

**1. Procedural Business**

**(a) Declaration of Substitutes:** Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

**(b) Declarations of Interest:**

- (a) Disclosable pecuniary interests not registered on the register of interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

**(c) Exclusion of Press and Public:** The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the 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 from the Secretary to the Board.





**BRIGHTON & HOVE CITY COUNCIL****HEALTH & WELLBEING BOARD****4.00pm 10 JUNE 2014****COUNCIL CHAMBER, HOVE TOWN HALL****MINUTES**

**Present:** Councillor J Kitcat (Chair) Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr. Xavier Nalletamby, CCG, Geraldine Hoban, CCG, Dr Christa Beesley, CCG, Dr Jonny Coxon, CCG, Dr George Mack, CCG,

Denise D'Souza, Statutory Director of Adult Social Care, Dr. Tom Scanlon, Director of Public Health, Pinaki Ghoshal, Statutory Director of Children's Service, Frances McCabe, Healthwatch, Graham Bartlett, Brighton and Hove Local Safeguarding Children's Board, and Trudy Mills, NHS England.

**Apologies for absence:** Sarah Creamer, NHS England

**PART ONE****1 PROCEDURAL BUSINESS****1A Introductions and Declarations of Substitute Members**

1.1 The Chair welcomed members to the first meeting of the reconstituted Board. Members were invited to introduce themselves and it was established that Trudy Mills, Public Health Commissioning Manager was attending in place of Sarah Creamer to represent NHS England. There were no councillor substitutes.

**1B Declarations of Interests**

1.2 There were none.

**1C Exclusion of the Press and Public**

1.3 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of

the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

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

## **2 MINUTES**

- 2.1 **RESOLVED** - (1) That the minutes of the Health & Wellbeing Board held on 5 February 2014 be agreed and signed as a correct record.

(2) That the Adult Care & Health Committee held on 17 March 2014 be noted.

## **3 CHAIR'S COMMUNICATIONS**

- 3.1 The Chair informed the Board that he had asked for Item 10 – Providing Homes for People with Learning Disabilities, to be deferred. The Chair reported that he had made recent visits to learning disability services and had listened to feedback. As a result, he considered it was necessary to conduct a review of all services provided to people with learning disabilities, rather than looking at separate aspects of the service. The Chair stated that he would like the review to be led by someone from another local authority and that the emphasis of the review should be from the user perspective.
- 3.2 Councillor Norman stated that he was disappointed that the report had been deferred and was concerned that the delay would create uncertainty in people's minds. He stressed that the process had been developed over a long period and he felt it was time a decision was made. Councillor Norman believed that the service needed to be managed in a different way and there was a need to move forward in the ways set out in the report. The Chair replied that the intention of the open review was to modernise the service for the benefit of service users.
- 3.3 Councillor Morgan considered that it would have been more appropriate to have delayed the proposals before the report had been published. He was concerned at the lack of certainty for staff and service users. The Chair replied that budget papers had been published in December and that proposed changes to the service had been known for some time.
- 3.4 Councillor Theobald asked if the wider review would include all alternatives including outsourcing. The Chair replied that the review would consider the best approach for the service user.

## **4 PUBLIC INVOLVEMENT**

- 4.1 There were no questions, petitions or deputations. The Chair reported that the Board were looking at ways to make public involvement more effective. This would include public involvement at the CCG Board and Health & Wellbeing Partnership. These plans

were not ready at present but a protocol for public involvement would be produced for agreement at a future meeting.

## **5 BRIGHTON & HOVE HEALTH & WELLBEING BOARD (HWB): NEW TERMS OF REFERENCE**

### **Introduction**

- 5.1 The Chief Executive, BHCC presented a report which set out Terms of Reference for the Board which were recently amended at Full Council on 8 May 2014. The report to Council was attached as appendix 1 to the report.
- 5.2 The Chief Executive reported that the council were working very closely with colleagues from the CCG and NHS to develop the Health and Wellbeing Board arrangements. In addition to the Health and Wellbeing Board, there would be a Health & Wellbeing Officer Executive Board chaired by her and the Health and Wellbeing Partnership.
- 5.3 The Chief Executive stated the arrangements would result in the Health & Wellbeing Board providing system leadership to the whole health and social care system in Brighton & Hove. The intention was for the Board to encourage all members to participate and reach a consensus. The detail of the new arrangements was attached as Appendix 2 of the report. The remit of the Board was very wide and covered 'cradle to grave' services. It would not be restricted to medical or social care matters but would include public health, children and young people, housing and other services, in order to provide the best services for the population.

### **Questions and Discussion**

- 5.4 Tom Scanlon remarked that he was pleased to see the new arrangements which would result in operating in a different way. There was an intention to try and raise the profile of the Board across the city.
- 5.5 Councillor Norman stated that he had been involved with the Board from its inception and was pleased to see the new arrangements. Councillor Norman hoped that the Board would continue to look for improved ways of working. For example, he suggested that in future the Board should sit in a circle rather than in Board Room style. The Chair replied that nothing was set in stone and all suggestions for improvement would be considered.
- 5.6 Councillor Jarrett concurred with previous comments. He thanked everyone who had contributed to the Board over the last two years.
- 5.7 Dr Christa Beesley commented that from an NHS point of view she welcomed the revitalisation of the Board and stressed that there was important work to carry out. This work included making improvements to systems as well as healthcare.
- 5.8 Graham Bartlett stated that he was delighted to be involved as a member of the Board. His role would be to ensure that safeguarding children was considered across the city.

5.9 The Chair stated the reconstituted Board was one element of the changes. There were limited numbers on the Board, however the Health & Wellbeing Board Partnership would involve members from the third sector and independent sector and there were a number of forums that would provide an opportunity for participation.

5.10 **RESOLVED** – (1) That the revised Terms of Reference for the Health and Wellbeing Board as attached at Appendix 1 of the report be noted.

## 6 BETTER CARE FUND PLAN UPDATE

### Introduction

6.1 The Board considered a report of the Executive Director, Adult Services and the Chief Operating Officer, CCG which provided an update on progress of the Brighton and Hove Better Care Plan, the two locations for Phase One of the Better Care Plan and the implementation of an integrated model of care for Brighton and Hove's homeless population. The report was presented by Denise D'Souza, Executive Director Adult Services and by Geraldine Hoban, Chief Operating Officer, CCG.

6.2 Denise D'Souza reported that the Better Care Plan was previously approved by the Board on 14 February. The final revised version had been resubmitted to NHS England on 4 April and was now before members. More detail had been provided in the report as set out in paragraph 3.4. Phase 1 of the frailty model of care was set out in paragraph 3.7. Two GP surgeries had been identified to be involved in Phase 1 frailty. Workshops were being set up for all providers working in the areas identified. Further information would be provided to NHS England on the Better Care Plan by July 2014.

6.3 Geraldine Hoban reported that a key aspect of Better Care provision was identifying vulnerable people in the city with the view to providing more co-ordinated, integrated care. The third sector could play a key role in helping vulnerable people in the city. There was much potential for attracting national funding for pilots.

### Questions and Discussion

6.4 Dr Xavier Nalletamby stated that from a GP's perspective he considered the Better Care Fund Plan to be a very important and challenging piece of work. GPs were looking at innovative and creative ways of working with others. For example, GPs were talking with pharmacies to see if they could prescribe for some conditions. There had been many bids for the frailty pilots. There was a feeling that a new way of working was required to help people and that the current ways of working were not sustainable.

6.5 Dr Nalletamby stressed that there was no growth in NHS funding, and no growth was effectively a cut. The workforce had not increased yet costs were higher. The workload for GPs (patient contact) had risen by 25% in five years (5% a year). Expectations had risen and more could be done for people; however, there was not always the capacity to do things in the old ways of working.

6.6 Frances McCabe considered that the Better Care Plan was a really good initiative with service users at the centre of the proposals. Ms McCabe questioned how the frailty

model as set out in paragraph 3.6 would fit in with the proposals. Ms McCabe referred to paragraph 5.3 of the report relating to community engagement & consultation and stated that she hoped Healthwatch could be involved in the process.

- 6.7 Dr Jonny Coxon referred to the Challenge Fund, set up to improve GP access. He stated that the different funds took up much GP time. The Challenge Fund was directed at some of the same patients as the Better Care Fund.
- 6.8 Frances McCabe stressed that it was important for patients and the public that the funding streams were properly co-ordinated or there would be a danger of having aspects of funding that were not accountable.
- 6.9 Tom Scanlon welcomed the report and felt that focusing on vulnerable people was excellent. He asked for more information about homelessness.
- 6.10 Geraldine Hoban explained that the homeless strand commenced with the first pioneer site for homelessness work. The intention was to have joined up integrated care and have a primary care led model. Ms Hoban informed members that there was already a primary care led model of care being developed at Morley Street Surgery, Brighton. The integrated teams would deal with substance misuse, assist discharge from hospital, and have alcohol and drug services. Progress on this work would be reported to the Better Care Board and to the Health and Wellbeing Board.
- 6.11 The Chief Executive referred to pop up hubs which connected members of the street community with workers from mental health services, substance misuse services, housing officers as well as neighbourhood policing teams. She suggested that pop up hubs should become part of the arrangements.
- 6.12 Dr Christa Beesley concurred. She reported that Eastbourne had pop up hub services, and they could be useful in the City. Dr Beesley suggested that the pop up hubs should be combined with street triage services.
- 6.13 The Chair asked if there would be intensity frailty work in the same way that the fire service worked with such vulnerable frail groups. Geraldine Hoban replied that officers were looking at health data relating to intensity frailty. For example, all persons aged 70 plus receive health check ups. An Information Technology Group was looking at sharing records.
- 6.14 Tom Scanlon informed the Board that that Public Health had lists of vulnerable people, as did the fire service.
- 6.15 Dr Christa Beesley remarked that the definition of frailty in Brighton and Hove was social vulnerability. The homeless needed to be included in this group.
- 6.16 **RESOLVED** – (1) That the final Better Care Fund Plan for Brighton and Hove and the amendments made following the original submission be noted.
- (2) That the progress made with Phase One and with the Homeless Programme be noted.

## 7 BRIGHTON AND HOVE CCG 5 YEAR STRATEGIC PLAN 2014-2019 AND 2 YEAR OPERATING PLAN 2014-2016

### Introduction

- 7.1 The Board considered a report of the Chief Operating Officer, CCG which informed members that Clinical Commissioning Groups were required by NHS England to produce a 5 year strategic plan covering the period 2014-2019 and a 2 year operating plan covering 2014-2016. Both plans should be based on the needs of the local population as described in the Joint Strategic Needs Assessment, aligned to the priorities described in the Joint Health and Wellbeing Strategy and must clearly articulate how the system will address health inequalities and improve health outcomes.
- 7.2 Brighton and Hove CCGs 5 year strategic plan set out the vision and objectives of the CCG and demonstrated how the CCG would harness clinical and managerial skills, expertise and context of the financial challenges facing the NHS. The strategic objectives for the five year plan were set out in sections 3.2 to 3.9 of the report. The 2 year Operating Plan described how the CCG intended to deliver the vision outlined in the 5 year strategy. The report was presented by Geraldine Hoban, Chief Operating Officer, CCG.
- 7.3 Ms Hoban highlighted the following areas: - the strengthened collaborative arrangements for cancer treatment – paragraph 3.2.2. Addressing the gap in life expectancy – paragraph 3.2.3. The focus on dementia – paragraph 3.5.3. Meeting the needs of the diverse community – Paragraph 3.2.4. The major programme of work to re-model the front door of A&E – paragraph 3.6.3. The Integration of physical and mental health services to improve outcomes and the health and wellbeing of all the population – paragraph 3.7. The sustainability plan – paragraph 3.8. To exploit opportunities provided by technology – paragraph 3.9.

### Questions and Discussion

- 7.4 Councillor Norman supported the plans and quoted paragraph 3.3 – ‘ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care’ and 3.3.1 ‘We are determined to put patients at the heart of what we do as a CCG....’ Councillor Norman considered these quotes encapsulated the aims of the report.
- 7.5 Councillor Norman asked for clarification that the plans could be continually reviewed. Councillor Norman also asked for confirmation that mindfulness and talking therapies were already being used in the system.
- 7.6 Geraldine Hoban explained that there was a requirement to refresh the five year plan annually. There was also the opportunity to influence the plan throughout the year through the engagement process. With regard to mindfulness, the CCG did provide talking therapies. There was a new service of which mindfulness was a part. In fact the CCG also provided mindfulness for its own staff.
- 7.7 Councillor Morgan thought the report was welcomed the report. He asked for more information on health inequalities.

- 7.8 Dr Christa Beesley explained that public health colleagues helped the CCG with this work. Brighton and Hove was a very mixed area and there needed to be more integrated work with the third sector.
- 7.9 Tom Scanlon was pleased to see the issue of health inequalities in the report. There had been an improvement over the last 10 years; some of these improvements had an immediate impact.
- 7.10 Graham Bartlett was surprised to see no mention of children's safeguarding in the report. He asked what the intentions were with regard to safeguarding. Geraldine Hoban explained that there was a section on children in the more detailed plans. There had been a fundamental review of how the children's service was commissioned. A report would be submitted to the next Health and Wellbeing Board on children's services and safeguarding. The report would suggest more joined up working and more clinical leadership.
- 7.11 Pinaki Ghoshal reported that there had been positive discussions and there was a real intention to work more closely with the CCG. However, he was disappointed that the current report made no reference to children and young people. There was a great deal of work to carry out and gaps in outcomes.
- 7.12 Dr Christa Beesley replied that this could be made more obvious in future reports. She was not satisfied with the health outcomes. Ongoing work included a review of CAMHS. There was a rising problem with self harm among young people and the rates of young people going into hospital was increasing. There was a need to make primary care much more accessible.
- 7.13 The Chief Executive emphasised that the CCG plans were covering cradle to grave services. Children's services were implied in the plans. The Chief Executive suggested that if the report was going to be presented at any further meetings there should be more explicit mention of children's services.
- 7.14 Trudy Mills was pleased to see the recommendations and priorities in the report. She agreed with the comments with regard to children's services.
- 7.15 Frances McCabe asked if the mental health needs of older people were being taken into account. She would like to see this recognised. Ms McCabe referred to involvement and participation. She asked if this work could be co-ordinated, including with the Area Team.
- 7.16 Dr Christa Beesley replied that with regard to older people, there was recognition that there were multiple long term conditions and that it was important to treat both mental and physical health problems. Physical check ups would also consider mental health care.
- 7.17 Councillor Theobald stated that he fully supported the emphasis on cancer commissioning & care. With regard to dementia and older people, Councillor Theobald was aware that in some cases physical illness sometimes led to dementia. He expressed concern about the negative effect on the mental health of some older people of moving into residential care. Councillor Theobald agreed that work with children and

young people was very important. He asked if the plans would include work to prevent children smoking.

- 7.18 Dr Beesley explained that early intervention would help keep elderly people supported in their own homes. She agreed that a change in environment could make a condition deteriorate. The CCG did commission a care and support team as part of the work on frailty.
- 7.19 Tom Scanlon reported that the local authority commissioned a smoking cessation service. There was a need to deliver 2000 quitters a year. There was also a bigger focus on preventing people smoking in the first place.
- 7.20 The Chief Executive informed members that she had signed up to the Dementia Friends campaign which was supported by the Alzheimer's Society and Public Health England. She suggested that the Health and Wellbeing Board should sign up to be a Dementia Friend. It was a very simple action that would help to raise awareness. The Board agreed to this suggestion.
- 7.21 **RESOLVED** – (1) That the content of the report be noted.
- (2) That it be agreed that the CCG plans do align with the local needs and priorities identified in the JSNA and JHWS.
- (3) That the Health and Wellbeing Board sign up to become a Dementia Friend.

## **8 UPDATE ON PROGRESS WITH THE INDEPENDENT DRUGS COMMISSION REPORT**

### **Introduction**

- 8.1 The Board considered a report of the Director of Public Health which updated members on the progress made with the Independent Drugs Commission's recommendations from 2013 and on the feedback from the Commission's review in April 2014. The report was presented by the Commissioner, Community Safety.
- 8.2 Members were informed that the Independent Drugs Commission was established in 2012 by the Safe in the City Partnership. Before its establishment numbers of drug related deaths in the city had been high. The Independent Drugs Commission organised its work and recommendations around four key challenges which were set out in Appendix 1 to the report. An action plan summarising local progress made in response to the recommendations was attached as Appendix 2.
- 8.3 Paragraph 3.2 set out areas that the Drugs Commission felt had gone well and areas of continuing concern. Overall the Drugs Commission was complementary about the progress made. Appendix 3 of the report summarised the work of the group considering the feasibility of establishing a Drugs Consumption Room in Brighton and Hove. It was concluded that at the present time the overall need of the local community, not just injecting drug users, was not considered sufficient by local organisations to agree to support establishing a drugs consumption room.



### Questions and Discussion

- 8.4 The Chief Executive informed the Board that she was Chair of the Safe in the City Partnership. She stressed that problems related to drugs and alcohol consumption were key issues for both public health and community safety.
- 8.5 Geraldine Hoban considered the report to be very encouraging. Ms Hoban referred to a key point in Appendix 2 (page 81). It was reported that the Public Health Schools Programme had been launched for students and staff. This was to be extended to work with local colleges once the school programme had been established. Ms Hoban stressed that colleges were even more vulnerable and asked why this work had been left as a second priority. Tom Scanlon explained that the Public Health Schools Programme had commenced this year. The programme involved wide ranging health interventions. The work would be extended to colleges when more data had been received.
- 8.6 Councillor Jarrett thanked everyone involved in the process. Councillor Jarrett remarked that drugs related deaths had decreased for a number of reasons. He asked if numbers were down in the year the work was carried out. The Commissioner, Community Safety reported that the numbers had not yet been confirmed by St Georges Hospital. She was not necessarily expecting to see the level of decrease to be sustained and the figures for 2013 would not be received until 2015. The situation was volatile and numbers of drug related deaths could go up or down. For example, over the Christmas period there were 17 drug related deaths related to the purity of heroin.
- 8.7 Councillor Morgan referred to Appendix 3 of the report which provided an update on the Drugs Consumption Room Feasibility Working Group. Section 3 of the paper quoted Home Office and Police comments which stated that drug consumption rooms were against the law. Councillor Morgan asked for clarification about the legal position.
- 8.8 The Deputy Head of Law explained that drug consumption rooms could be managed in different ways. It was possible to run them in a way which would make them lawful. The statutory comments that drug consumption rooms were unlawful was not helpful. It was possible to have a local accord with Sussex Police to discuss the feasibility of setting up a local drugs consumption room.
- 8.9 Graham Bartlett concurred. A drug consumption room itself was not unlawful. However, Mr Bartlett did share the concerns of the police.
- 8.10 Councillor Norman remarked that he would prefer not to see the establishment of drug consumption rooms.
- 8.11 **RESOLVED** – (1) That the progress made with the recommendations and the response from the Independent Drugs Commission be noted.
- (2) That it is agreed that the Safe in the City Partnership and Substance Misuse Programme Board monitor future progress with the recommendations.

## 9 DISABILITY AND SPECIAL EDUCATIONAL NEEDS REVIEW

### Introduction

- 9.1 The Board considered a report of the Executive Director, Children's Services which set out the terms of a review of Disability and SEN services, including related health services. The report was presented by the Assistant Director of Children's Services.
- 9.2 A diagram in paragraph 3.8 of the report showed the four areas covered by the scope and remit of the review. Children and young people were firmly at the heart of the review. The report had been presented to the Children and Young People Committee.
- 9.3 Members were informed that the Government was implementing wide ranging reforms to the way services for children and young people with SEN and disabilities were delivered through the Children and Families Act from September 2014. SEN, health, care and disability provision would now be provided up to age 25. This change would have big implications for all agencies. The timeline for the review was set out in paragraph 3.7.
- 9.4 Governance of the review would come from specially constituted Governance Board consisting of high level representation from Children's Services, CCG, schools and parents. The Health and Wellbeing Board would be the primary accountable body.
- 9.5 Pinaki Ghoshal stressed that this was a substantial review and it would be a challenge to achieve the timeline set out in paragraph 3.7. However, the result of the review would be better services for children and their families. The work would involve decommissioning some services and commissioning new services.
- 9.6 Councillor Shanks was invited to address the Board as Chair of the Children and Young People Committee. She supported the recommendations and had every confidence the review would lead to an improved service.

### Questions and Discussion

- 9.7 Denise D'Souza referred to the transition arrangements to adulthood mentioned in paragraph 3.3. She stressed the need for this matter to be considered by commissioners. Geraldine Hoban agreed this was the role of the CCG and was confident that the CCG and were involved in the process. Ms Hoban stated that it might be helpful to have a more detailed paper on how the CCG would work more closely with Children's Services. One other duty would be a greater emphasis on integrated budgets. The CCG would work with Children's Services with regard to the personalisation process for children.
- 9.8 Councillor Jarrett stated that on behalf of the Scrutiny Panel on Services for Children with Autism, he welcomed the proposals in the report. The families of children with autism had requested more support.
- 9.9 **RESOLVED** – (1) That the commencement of the review be noted and the scope, vision and aims of the review be approved.

**10 PROVIDING HOMES FOR PEOPLE WITH LEARNING DISABILITIES - DEFERRED TO A FUTURE MEETING**

10.1 This item was deferred (see paragraph 3.1).

The meeting concluded at 5.57pm

Signed

Chair

Dated this

day of



<b>Subject:</b>	<b>Arrangements for Public Participation</b>		
<b>Date of Meeting:</b>	<b>29<sup>th</sup> July 2014</b>		
<b>Report of:</b>	<b>Director of Public Health Monitoring Officer</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Elizabeth Culbert</b>	<b>Tel: 29-1515</b>
	<b>Email:</b>	<b>elizabeth.culbert@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 One of the functions of the Health and Wellbeing Board is to involve stakeholders, users and the public in quality of life issues and health and wellbeing choices. This report sets out proposals to ensure that there is strong and effective public engagement in the work of the new Board.

**2. RECOMMENDATIONS: That the Board agrees:-**

- 2.1 The proposed arrangements for public questions and petitions as outlined at paragraphs 3.3 to 3.9 of the report and set out in full at Appendix 1;
- 2.2 To trial an informal 'Meet the Board' session in advance of the formal meeting, as set out at paragraph 3.10 of the report;
- 2.3 To keep the arrangements for public participation in the work of the Health and Wellbeing Board under review.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 At the first meeting of the newly constituted Health & Wellbeing Board ('the Board') on 10<sup>th</sup> June 2014, it was agreed that a strategy for public participation would be an important element of the new arrangements. It is proposed that arrangements for public participation are agreed which reflect the new focus and approach of the Board.
- 3.2 The Board is formally constituted as a committee, which means that legal requirements for access to meetings, agendas and background papers apply. All decision making meetings of the Board are required to be in public unless the reports under discussion are confidential or exempt business. The Board has flexibility to decide other elements of its ways of working, such as how it communicates with and engages the public.

**Petitions**

- 3.3 Presenting a petition is a mechanism that enables members of the public to make their views known to, and seek action from, decision makers on any issue

relevant to the work of a particular Committee or Board. The nature of a petition means that it has the support of more than one individual and therefore carries the weight of opinion or concern of a group. It is proposed that the Health and Wellbeing Board will accept petitions from members of the public relating to any matter for which the Board has a responsibility.

- 3.4 Petitions can be presented at the beginning of the meeting or taken as part of the debate for a particular item, at the discretion of the Chair.
- 3.5 In order to assist with managing the agenda, it is proposed that members of the public who wish to present a petition to the Board must notify Democratic Services 10 days advance of the relevant meeting. However, the Chair will also have the discretion to take a late petition.
- 3.6 Petitions will be managed in accordance with the Council's scheme for managing petitions - available online and through the Council's Democratic Services Team. This will enable petitioners to the Health and Wellbeing Board to make use of the Council's arrangements for submitting e-petitions.
- 3.7 The Chief Executive may reject a petition, following consultation with the Monitoring Officer, if it is in her opinion:-
  - Not about a matter for which the Health and Wellbeing Board has responsibility;
  - Defamatory, frivolous or vexatious;
  - The same or substantially the same as a petition or question which has previously been put at a meeting of the Health and Wellbeing Board, the Council, a Committee or a sub-committee in the past six months;
  - Requires the disclosure of confidential or exempt information;
  - From a member of council staff or NHS staff on matters affecting their employment; or
  - Otherwise inappropriate.

### **Public Questions**

- 3.8 It is proposed that individual questions may be asked by members of the public at the Health and Wellbeing Board on matters that relate to an item on the agenda. It is proposed that those wishing to present a question to the Board about an item on the agenda must send a copy of the question to the Chief Executive not later than 3 days in advance of the relevant meeting. This will ensure that members of the public will have access to the published agenda before the deadline for submitting a question has passed.
- 3.9 The above proposals draw on best practice from both local government and health governance arrangements. The detailed procedure rules for managing petitions and public questions are set out in Appendix 1.

### **Meeting the Board**

- 3.10 In addition to the arrangements for receiving petitions and written questions, it is proposed that the Health and Wellbeing Board convenes 30 minutes prior to the start of the formal Board meeting to enable public engagement in a more informal

environment. The public and any other interested parties will be invited to attend for informal discussion with the Board outside of the decision-making meeting.

- 3.11 These informal sessions are intended to ensure that the Board is as accessible and transparent as possible. As it is a new approach, and to ensure the arrangements are working well, these sessions will be kept under review.

### **Health and Wellbeing Board Partnership**

- 3.12 Further engagement opportunities are being developed with providers and stakeholders in the form of the Health and Wellbeing Partnership, which will bring together stakeholders at regular intervals to share information, report on progress and develop a shared agenda. The progress and outcomes from the HWB Partnership meetings will be reported to the HWB. Draft Terms of Reference for the Partnership will be brought to the next meeting of the Board for approval.

### **Wider public engagement in Health and Wellbeing issues**

- 3.13 In addition to the specific arrangements described above which relate to the Health and Wellbeing Board, there are a number of other opportunities for public engagement in decisions relating to Health and Wellbeing that will continue. These include the public meetings of the CCG Governing Body, the public Health Overview and Scrutiny Meetings and the meetings of the Council's other Committees such as Policy and Resources and Children's Committees. The arrangements for public participation in these meetings continue unchanged.

## **4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 In the absence of alternative arrangements being agreed, the Council's rules in relation to public engagement apply to the HWB and its meetings. It is considered important to signal the change in the partnership approach of the Board with new a new strategy for public engagement, as set out in this report.

## **5 COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 The HWB Partnership will be developed in the coming months and there will be an opportunity for the Partnership to shape its own agenda.

## **6. CONCLUSION**

- 6.1 The Board is recommended to approve the arrangements for public participation as outlined in the report.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 The additional resources required to support public participation are expected to be minimal and will be funded within the existing budget. Any financial impact will be considered when the arrangements are reviewed.

*Finance Officer Consulted: Anne Silley*

*Date 21/07/14*

Legal Implications:

- 7.2 As set out in paragraph 3.2 of the report, there are mandatory legal requirements for the Board in relation to the publication of agendas and papers and the accessibility of the meeting to the public. These are set out in the Local Government Act 1972, amended by the Health and Social Care Act 2012 and subsequent Regulations. The arrangements for receiving petitions and questions are not prescribed by legislation and can be agreed by the Board.

*Lawyer Consulted: Elizabeth Culbert*

*Date: 18<sup>th</sup> July 2014*

Equalities Implications:

- 7.3 The arrangements for public participation in meetings through petitions and written questions, as well as the ability to engage informally with the Board and through the Partnership, are designed to ensure that the Health and Wellbeing Board is an open and accessible meeting.

Sustainability Implications:

- 7.4 None

Any Other Significant Implications:

None



## Appendix One

### **Annex to Health and Wellbeing Board Terms of Reference**

*Council Procedure Rules in relation to Petitions, Questions and Deputations are replaced by the 'Procedure Rules on Public Engagement at Health and Wellbeing Board' set out below. In the case of conflict, these Rules take precedence over the Council Procedure Rules.*

### **Procedure Rules on Public Engagement at Health and Wellbeing Board**

#### **Petitions**

1. At a meeting of the Board, any elected councillor or member of the public may present a petition which is submitted in accordance with the Council's Petitions Scheme.
2. The presentation of the petition shall be limited to three minutes, subject to the discretion of the Chair to allow a longer time for the presentation.
3. All petitions that members of the public or elected councillors wish to present shall be referred to democratic services 10 days in advance of the relevant meeting. The Chair will have the discretion to take a late petition.
4. The Chief Executive of the Council may reject a petition if, following consultation with the Monitoring Officer, it is in her opinion:
  - Not about a matter for which the Health and Wellbeing Board has responsibility;
  - Defamatory, frivolous or vexatious;
  - The same or substantially the same as a petition or question which has previously been put at a meeting of the Health and Wellbeing Board, the Council, a Committee or sub-committee in the past six months;
  - Requires the disclosure of confidential or exempt information;
  - From a member of council staff or NHS staff on matters affecting their employment; or
  - Otherwise inappropriate.
5. The Health and Wellbeing Board will decide how to respond to the petition and shall decide:-
  - To take the action the petition requests; or
  - Not to take the action the petition requests; or
  - To commission further investigation into the matter prior to consideration at a future meeting.

## Public Questions

1. A public question shall be put at a meeting of the Health and Wellbeing Board provided that:-
  - A copy of the question has been delivered to the office of the Chief Executive of the Council by not later than 12 noon on the third working day prior to the day of the Health and Wellbeing Board meeting at which it is to be asked;
  - The name and address of the questioner is indicated on the question;
  - The questioner is present at the time when the question is put;
  - The questioner is not presenting a petition on the same, or substantially the same, issue at the same meeting.
2. A question shall not exceed 100 words in length. The Chief Executive, after consultation with the questioner, may summarise a question to comply with this requirement.
3. A list of the questions of which notice has been given shall be circulated to members of the Board at or before the meeting at which they are to be asked.
4. The Chief Executive of the Council may reject a question if, following consultation with the Monitoring Officer, in her opinion it:
  - Does not relate to a matter on the agenda of the Health and Wellbeing Board for discussion at that meeting;
  - Is defamatory, frivolous or vexatious;
  - Is the same or substantially the same as a petition or question which has previously been put at a meeting of the Health and Wellbeing Board, the Council, a Committee or sub-committee in the past six months;
  - Requires the disclosure of confidential or exempt information;
  - Is from a member of council staff or NHS staff on matters affecting their employment; or
  - Is otherwise inappropriate
5. If the Chair considers that, by reason of a special circumstance, it is desirable that a question shall be asked at a meeting of the Board although due notice of the question has not been given, the Chair may permit the question to be asked.
6. Questions will be asked in the order notice of them was received, except that the Chair may group similar questions together.
7. The questioner may ask one relevant supplementary question.
8. Questions may be answered by the Chair or Deputy Chair or any member of the Board with their agreement.
9. An answer may take the form of:-
  - An oral answer; or
  - A written answer to the member of the public, circulated to the Board and placed on the Council's website; or

- Where the desired information is contained in a publication, a reference to that publication.
10. No questioner may submit more than one question for answer at the same meeting.



<b>Subject:</b>	<b>Response to the Scrutiny Panel Report: Services for Children with Autism</b>		
<b>Date of Meeting:</b>	<b>29 July 2014</b>		
<b>Report of:</b>	<b>Pinaki Ghoshal, Executive Director Children's Services</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Regan Delf</b>	<b>Tel: 293504</b>
	<b>Email:</b>	<b>Regan.delf@brighton-hove.gcsx.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. SUMMARY AND POLICY CONTEXT**

- 1.1 This report sets out the initial response to the Scrutiny Report into services for children with autism and details progress to date.
- 1.2 A Scrutiny Panel comprising of cross-party City councillors was set up in July 2013. The Scrutiny Panel's report was published in April 2014, setting out 20 recommendations for further development of services for children with autism across health services, the council and schools.
- 1.3 Recommendations range in terms of complexity and scale and some will require further consideration before a plan for implementation can be agreed.
- 1.4 However there has been progress at a strategic level and some actions have been identified for swift implementation. Examples detailed within this report include the extra funding found for support to schools and families with autism and the new extended tiered training offer for schools and parents.
- 1.5 The recommendations from the Scrutiny Report are part of the remit of the current Disability and SEN Review which is due to report by January 2015 so an update on this report will be available at that point.
- 1.6 A table of acronyms is included in Appendix 1.
- 1.7 A response to each of the 20 recommendations in the Scrutiny report is summarised in Appendix 2.

**2. RECOMMENDATIONS**

- 2.1 That the Health and Wellbeing Board:
- 2.2 Agrees the responses to the individual recommendations as set out in Appendix 2
- 2.3 Notes that as the Disability & Special Educational Needs Review will be focused on all aspects of disability & SEN, the report will include further recommendations that respond to the scrutiny panel report

### 3. RELEVANT BACKGROUND INFORMATION

- 3.1 Commissioning arrangements for integrated health, disability and care services for children with special educational needs and disabilities (SEND) are governed in Brighton and Hove currently by a section 75 agreement. This agreement authorises the council to commission on behalf of the Clinical Commissioning Group (CCG) for services for disabled children and those with special needs. These services are provided largely by Sussex Community Trust (SCT) at Seaside View Integrated Child Development and Disability Service and by Sussex Partnership Trust in relation to CAMHS tier 3 mental health services.
- 3.1.1 In addition a separate section 75 provider agreement enables an integrated professional delivery model across Health and Council Services at Seaside View with support services across the city and a jointly funded management post for the service.
- 3.1.2 These integrated commissioning and delivery arrangements require close partnership working. Although the commissioning Section 75 agreement is under review, both the council and the CCG are committed to joint commissioning into the future
- 3.1.3 A paper for the Health and Well-Being Board on the 'Commissioning of Children's Services in Brighton and Hove' jointly written by the Executive Director of Children's Services and the Chief Operating Officer of the Clinical Commissioning Group (CCG) sets out the proposed future direction for joint commissioning arrangements.
- 3.1.4 The new SEND legislation in the Children and Families Act due to be implemented from September puts a statutory requirement in respect of joint commissioning arrangements for services for children eligible for Education, Health and Care Plans (EHCPs).
- 3.1.5 The provision of services for children with autism already has a high profile in the council's **SEN Partnership Strategy 2013 – 2017**. Autism is one of the key areas of focus and there is a specific autism plan sitting below the strategy
- 3.1.6 An **Autistic Spectrum Condition (ASC) working group** was established in the spring 2013, with representation from parents, the voluntary sector and professionals from education, health (including the Child and Adolescent Mental Health Service (CAMHS)) and social work services. This group has been instrumental in taking forward a partnership approach to developing services for ASC.
- 3.1.7 This ASC working group monitors the progress of the Autism Plan and under recent arrangements reports into the newly formed multi-agency Disability and SEN Partnership Board.
- 3.1.8 The ASC plan was produced in liaison with Brighton and Hove Adult Services and links to the national Adult Autism Strategy published by the government in 2010.
- 3.1.9 Both the Autism Plan in Children's Services and recommendations in the Scrutiny Panel report need to be considered within the context of the Disability and SEN Review (DSEN review), currently on-going and set to make initial recommendations by the New Year 2015.
- 3.1.10 Recommendations presented in the ASC Scrutiny Panel report also need to be considered within the context of the Children and Families Bill and consequent sweeping changes to legislation and practice from September 2014.

## 3.2 RESPONSE TO SCRUTINY PANEL RECOMMENDATIONS TO DATE

3.2.1 The 20 recommendations in the report are set out in full in Appendix B.

3.2.2 Recommendations in the report are divided into three sections concerned with:

- **Support and assessment** (recommendations 1-10 - mainly for integrated health and disability services at Seaside View and for the Child and Adolescent Mental Health Service (CAMHS))
- **Education** (recommendations 11-15 - mainly in relation to schools and school governors plus the ASC Support Service)
- **Linking Strategies and 'Other Issues'** (recommendations 16-20 - ensuring various plans, practice and strategies links across Health, Children's and Adult Services and that there are no gaps)

3.2.3 Recommendations are summarised under each of the three areas followed by the response so far.

## 3.3 SUPPORT AND ASSESSMENT

3.3.1 Summary of Scrutiny Report Recommendations 1 to 10:

- Nominated key workers for all children with ASC
- A pathway for children with autism but neither learning difficulties nor mental health issues
- Improved home support for families
- CAMHS and Seaside View services to put parents at the heart of their provision
- CAMHS and Seaside View to have open and accountable monitoring frameworks
- Clearer accountability lines for all tiers of CAMHS
- Improve links between Health Visitors and GPs

### 3.3.2 RESPONSE TO DATE

3.3.3 Recommendations in the area of family support and assessment are currently being considered as part of the review of disability and SEN services and provision across the City. The review will put forward proposals for a way forward by the New Year 2015. One of the key challenges for the Disability and SEN review is to ensure that there is equity in support available to all children and young people with an ASC diagnosis. Currently we know that those children with ASC and more significant learning difficulties have greater access to family support services by virtue of being able to access the social work services with Seaside View.

3.3.4 Within this time frame, any immediate actions that will result in rapid improvement of services to families will be implemented while more complex changes to thresholds, accountability lines and structures will be considered in more depth.

3.3.5 Early identification of 'quick wins' include **extending the keyworker scheme** to more families with children with ASC and **extending the capacity of the ASC Support Service** (ASCSS) to work with families as well as schools.

3.3.6 In terms of extending the keyworker scheme, consideration is being given to whether professionals not only within CAMHS and Seaside View but across other services working with children with ASC may be able to fulfil a key worker role. The intent is to

secure for as many families as possible a key point of contact with a professional who is knowledgeable in terms of systems and sources of support.

3.3.7 All responses above will aim to extend support to high functioning young people with ASC, recognising that they face unique difficulties in managing a mainstream environment where they will inevitably be a small minority in relation to their developmental condition.

3.3.8 In terms of recommendations relating to Seaside View and CAMHS, the review of disability and SEN services is considering the future direction for:

- Joint commissioning between the council and the Clinical Commissioning Group (CCG) for services for disability and SEN and for mental health
- Integrated service delivery of assessment and support services mainly delivered by Sussex Community Trust (SCT) from the Seaside View Integrated Child Development & Disability Service
- Mental health services for children with disabilities and SEN mainly delivered through the Sussex Partnership Trust (tier 3 CAMHS) and the council (tier 2 community CAMHS)
- Community and Voluntary Sector (CVS) services commissioned by the council to provide mental health and disability services
- Further improvement to the alignment and integration of services such that families receive holistic support at each stage of their child's life

3.3.9 The DSEN review will make further recommendations in relation to establishing **clearer lines of accountability** for all services working with children with disabilities and SEN including autism. These recommendations will ensure **open and transparent monitoring systems** are in place and that practice and strategic developments are informed by feedback from parents and young people as well as other service users and schools.

3.3.10 The new legislation regarding SEND requires all LAs to provide a '**Local Offer**' of relevant services and provision across all agencies and the CVS. Brighton and Hove has recently published phase 1 of our 'Local Offer' on the council website. This is quite comprehensive already. Future work will focus on improved accessibility of information as well as extending and updating phase 1. For phase 2, a 'searchability' function will be introduced which will enable families to see all services relating to autism with one search.

## 3.4 EDUCATION

3.4.1 Summary of Scrutiny Report Recommendations 11-15

- All schools take up training to become 'autism aware'
- All Governing Bodies to undergo SEN training and be given copies of Scrutiny Report
- Consideration to be given to increasing funding of ASC support service
- Monitoring of all relevant plans and strategies including those for transition to adulthood



### 3.5 RESPONSE TO DATE

- 3.5.1 Considerable progress has been made on providing an extended and comprehensive **tiered training offer** to schools and families. This offer is detailed on the council website and circulated to schools. Options range from 'autism aware' training at the universal tier 1 to very specialist advice and guidance for young people facing the greatest challenges at tier 3.
- 3.5.2 From the autumn term 2014, all schools and education providers will be encouraged to undertake at least tier 1 training.
- 3.5.3 The training will be delivered by Brighton and Hove professionals specialising in autism. Training from the Autism Education Trust (AET) will also be on offer.
- 3.5.4 Training and support opportunities are being offered to parents as well as schools where appropriate and plans are being discussed for some joint delivery of training between parents and professionals.
- 3.5.5 The '**Autism Aware Award**' accredited by Sussex University is being piloted at Downs View Special School and by the Autistic Spectrum Support Service. This award is undertaken over two terms to demonstrate awareness of autism and how this may impact on the pupils and families in the school
- 3.5.6 Close links have been established with Brighton University. The Local Authority has representation on the University SEND steering group and provides information to inform the delivery of SEN specific training on teacher training courses.
- 3.5.7 Preliminary discussions with the governor support team have taken place with a view to having a focus on ASC as part of the **governor training programme**.
- 3.5.8 A major City-wide **conference on autism** is currently being planned for the Spring 2015. All schools in the city have published their 'Local Offer' that details the training undertaken by staff in SEN, including training in ASC.
- 3.5.9 **Increased funding (£70K)** has been secured from the High Needs Block of the Dedicated Schools Grant to **extend the services provided by the ASCSS** and others from 2014 in response to Scrutiny Report recommendations.
- 3.5.10 This additional funding will support plans to secure a more **holistic integrated network of support** that crosses the boundaries of school, home and care arrangements and caters for all children and young people whether additionally learning disabled or not. The ASCSS has already benefited from a temporary appointment of a **family support and liaison worker** and this appointment will be extended.
- 3.5.11 There is a strong view in this response that advice, training, support and guidance must be offered consistently across families, professionals and providers to maximise the benefits for young people of consistent messages and approaches.
- 3.5.12 Additionally a **specialist Educational Psychologist** has been appointed with immediate effect, initially to the end of March 2015, from within the Educational Psychology Service to focus on ASC. This post will extend and enhance the planned provision of integrated home and school support services. A specialist ASC speech and language therapist has been appointed within the integrated health services at Seaside View and this post will link closely with the diagnostic pathway and the post diagnosis support.

### **3.6 LINKING STRATEGIES**

#### 3.6.1 Summary of key recommendations 15-20

- Appoint an Autism Champion
- ASC working group to oversee Scrutiny Panel recommendations
- Joint Strategic Needs Review (JSNR) to include a section on services available for children with autism
- Creation of a youth club for young people with autism

#### 3.6.2 **RESPONSE TO DATE**

3.6.3 The suggestion from Children's Services with regard to the appointment of an **Autism Champion** is that is already the Executive Director of Children's Services, whose role is to champion all children in the City.

3.6.4 Currently it is the Disability and SEN review that is overseeing Scrutiny Panel recommendations at a strategic level. Operational improvements that can be actioned quickly are being overseen by the ASC working group.

3.6.5 The **JSNR** will signpost services needed for children with autism as recommended.

### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 Care will be taken in responding to recommendations of the Scrutiny Panel to ensure full engagement and consultation with parents and children and young people/

4.2 The ASC working group continues to have parental representation as does the Disability and SEN Partnership Board, which oversees all developments in SEND

4.3 As part of the Disability and SEN review, there is a **young people's engagement strategy** which will encompass children and young people with ASC also.

### **5. FINANCIAL AND OTHER IMPLICATIONS**

5.1 All services supporting families of children with SEND and all provision comes within the scope of the Disability and SEN Review (DSEN review), including services for children with ASC

5.2 The DSEN review is looking at achieving best value in all SEND services and provision while aiming to preserve and improve provision to children and families as far as possible. Further consideration of the financial implications of this review will be required.

5.3 Notwithstanding the on-going review which may change the structure and alignment of all SEND services for the future, an additional £70K has been secured, on a permanent basis, from the High Needs Block of the Dedicated Schools Grant with immediate effect to improve holistic support, advice and guidance to schools and families for children and young people with ASC.

Finance Officer Consulted: Steve Williams 9 July 2014

## **6. LEGAL IMPLICATIONS**

- 6.1 The response to the Scrutiny Report will span the introduction of wide ranging new SEN reforms contained in the Children and Families Act 2014 which are due to come into force on 1 September 2014. Any new initiatives introduced as a result of the Report will therefore need to take into account any new relevant provisions contained in the Act.
- 6.2 Furthermore many of the recommendations contained in the Scrutiny Report are also being considered as part of the ongoing Disability and Special Educational Needs Review which is being carried out under section 315 of the Education Act 1996 (which will be replaced by section 27 Children and Families Act 2014 as from 1 September 2014).
- 6.3 The new Act also places greater emphasis on support that enables those with SEN to succeed in their education and make a successful transition into adulthood. Local authorities have a duty under the Autism Act 2009 to have a strategy and plan for services for adults with ASC. Whilst this does not directly apply to children, Children's Services will be working in close alignment with Adult Services particularly with regard to transition post 19, and so will need to be aware of and take into account the local authorities duties under this legislation.

Lawyer Consulted: Serena Kynaston      Date: 09/07/2014

## **7. EQUALITIES IMPLICATIONS**

- 7.1 An Equalities Impact Assessment (EIA) has been produced for the review of all Disability and SEN services
- 7.2 Children with ASC are included within the DSEN review EIA scope and remit.

## **8. SUSTAINABILITY IMPLICATIONS**

- 8.1 There are no specific sustainability implications

## **9. CRIME & DISORDER IMPLICATIONS**

- 9.1 There are no specific crime and disorder implications

## **10. RISK AND OPPORTUNITY MANAGEMENT IMPLICATIONS**

- 10.1 There are no specific Risk and Opportunity Management implications

## **11. PUBLIC HEALTH IMPLICATIONS**

- 11.1 Public Health are represented on the governance board for the DSEN review and thus in overseeing the response to the Scrutiny Report recommendations as they come within the scope of the review.

## **12. CORPORATE / CITYWIDE IMPLICATIONS**

12.1 The response to the Scrutiny Report aims to further corporate priorities as follows:

12.1.1 Tackling inequality: the gaps in achievement, health, well-being and longer term life chances for children and young people with ASC are too wide still and the response to the Scrutiny Report aims to improve outcomes via improved sustainable and integrated support for ASC

12.1.2 Engaging people who live and work in the city: the response will engage parents/ carers and CYP at its heart

## **13. REASONS FOR REPORT RECOMMENDATIONS**

13.1 The report is outlining an initial response to the recommendations of a Scrutiny Panel into provision for children and young people with ASC.

13.2 A further response will be provided as a specific part of the recommendations of the Disability and SEN Review set to report early in the New Year 2015.

## **SUPPORTING DOCUMENTATION**

### **Appendices**

1. Table of Acronyms
2. Detailed responses to scrutiny panel recommendations

### **Documents in Members' Rooms**

None

### **Background Documents**

Report of the Scrutiny Panel on Services for Children with Autism <http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board>

## **APPENDIX 1**

### Key to acronyms

SEND	special educational needs and disabilities
ASC	autistic spectrum condition
CCG	Clinical Commissioning Group
SCT	Sussex Community Trust
EHCP	Education, Health and Care Plan
DSEN review	Disability and special educational needs review
CAMHS	Community Adolescent Mental Health Service
EIA	Equalities Impact Assessment
AET	Autism Education Trust

## Appendix 2 – Full list of recommendations from the Scrutiny Panel Report: Services for Children with Autism – April 2014

No	Recommendation	Response
	<b>Support and assessment</b>	
1	The Panel recommends that both Seaside View and CAMHS should have a nominated Keyworker specifically to help parents and carers of children and young people with autism. This named person would be the first – and final – point of contact for people using the services of either Seaside View or CAMHS. (p16)	<p><b>Recommendation:</b> The principle of extended key working for families of children with autism is accepted subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.</p> <p>There are capacity issues for professionals particularly at Seaside View and CAMHS but it is noted that this role could be shared amongst a number of related services allied to key working in the new SEN reforms linked to Education, Health and Care plans.</p>
2	A clear pathway needs to be created for children and young people who have autism but neither learning disabilities nor mental health issues. If there is no clear support in place, children and young people run the risk of returning to CAHMS and other services in crisis. (p17)	<p><b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.</p> <p>There is a consensus that young people with autism of mainstream ability can face particular challenges in terms of social integration in particular and that that there needs to be an effective offer of support in order to overcome these.</p>
3	The Panel recognises that a key gap in services provided is in the area of home support. The Panel strongly recommends that funding is reconfigured to include home support packages. Parents should be consulted over what they feel would be most beneficial and initiatives put in place to help parents access support at home. (p21)	<p><b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015</p> <p>Early gains in this area include the recruitment of a parent liaison worker to the Autistic Spectrum Disorder Support Service (ASCSS) and the identification of further funding for this and related home support services.</p>

		The views of parents and young people are central to the work of the Disability and SEN (DSEN) review.
4	Current service providers such as Seaside View and CAHMS need to examine the strategies they have in place to ensure parents are at the centre of their services. This should include looking at new ways of getting feedback from service users – particularly parents of children with autism – and reflecting this in their services. This feedback should be open and transparent and externally monitored. (p22)	<p><b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.</p> <p>The DSEN review is currently seeking feedback from all service users and will specifically take feedback from parents and children in relation to autism. Systems will be devised to ensure all commissioned services receive regular and transparent feedback.</p>
5	Monitoring is crucial. CAMHS and Seaside View must have robust and publicly available monitoring procedures. Working with parents and children, CAMHS and Seaside View need to review their monitoring procedures and put in place a transparent, comprehensive feedback system for parents of children with autism. (p24)	<p><b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.</p> <p>New joint commissioning arrangements being considered as part of the DSEN review will ensure all services and provision commissioned and delivered for children with mental health, health and care needs associated with autism are subject to effective monitoring and evaluation systems informed by feedback from all stakeholders.</p>
6	The Panel recommends that there is a clear and unambiguous statement of where the responsibility lies for the performance of all tiers of CAMHS and the systems in place for addressing any problem areas. In addition, the Director of Children’s Services, after consultation with the CCG who are ultimately accountable for Tier 3 CAMHS, must work to ensure that an Annual Report is produced detailing performance against a clear and relevant set of indicators. Parents and young people should be actively involved in determining key	<p><b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.</p> <p>There is internal clarity about the responsibility for the tiers of CAMHS but this should be more clearly articulated and disseminated to all stakeholders as part of a wider and more cohesive ‘Local Offer’ in relation to mental health services.</p> <p>Current commissioning arrangements</p>

	performance indicators and contributing to the assessment and monitoring against them. (p24)	<p>require regular reporting from CAMHS and improvements to reporting requirements are under discussion.</p> <p>A widely representative CAMHS Partnership Board is now meeting to consider all aspects of mental health provision and progress in relation to young people with autism will be a standing item on the Board's agenda until the recommendations from the Scrutiny report are embedded.</p> <p>The principle of close involvement of parents and young people in the monitoring and evaluation of all services is accepted.</p>
7	The Panel recommends that any assessment of a child's needs must not be purely clinic-based but also include assessments in the home and social environments. (p25)	<b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.
8	The Panel believe that, where appropriate, private Educational Psychologists reports should be accepted by CAMHS as a valuable source of information, particularly if services are stretched. (p25)	<b>Recommendation:</b> A response to this recommendation is subject to further consideration by and recommendations from the Disability and SEN Review reporting by January 2015.
9	The Panel recommends that consideration is given to allow for the council's Standards and Complaints team to act as a mediator between service providers such as Seaside View and CAMHS and complainants if appropriate, or refer complainants on to Brighton & Hove Healthwatch who have a statutory role as advocates for those going through the health system. (p26)	<b>Recommendation:</b> A response to this recommendation is subject to further consideration by and recommendations from the Disability and SEN Review reporting by January 2015.
10	The Panel recommends that the CCG, Public Health and Children's Services work together to put a strategy in place to ensure there are strong and coherent links between Health Visitors and GPs across the city. (p27)	<b>Recommendation:</b> Accepted in principle subject to further consideration and recommendations from the Disability and SEN Review reporting by January 2015.



	<b>Education</b>	
11	<p>It is imperative that all schools in the city are fully signed up to being 'autism-aware'. The Panel recommends that steps are taken to ensure that schools are encouraged to take up training, and to make publicly available a list of what training has been undertaken, by whom and how often it is refreshed. This will also aid parents in choosing schools for their children. (p35)</p>	<p><b>Recommendation:</b> Accepted</p> <p>An extended 'tiered training offer' has been produced for schools and for parents. This has been published on the council website as part of our 'Local Offer' and will be available from September 2014. All schools will be encouraged to undertake 'autism-aware' training.</p> <p>This is the first time that parents have had a tiered training offer in parallel to that offered to schools. There are also in-built opportunities for joint school staff and parent/ carer training and also for parents and professionals to co-train where appropriate in the future.</p>
12	<p>All Governing Bodies of Schools must undergo SEN training - which should include autism awareness training - to ensure they are able to fulfil their role in providing effective challenge to the Headteacher and the Senior Leadership Team and be confident that provision is available for all children, including those with SEN, to learn successfully. In addition, the local authority should use its role in approving local authority governors to monitor what training these governors have undertaken. (p38)</p>	<p><b>Recommendation:</b> Accepted</p> <p>The ASC training offer will be extended to governors from September 2014 and there will be encouragement as part of the council's autism plan for all governors to attend.</p>
13	<p>The Panel recommends that the Director of Children's Services ensures that this report is drawn to the attention of all Governing Bodies of schools in the city. (p38)</p>	<p><b>Recommendation:</b> Accepted.</p> <p>This work is in progress currently. All governing bodies should be aware of the recommendations by September 2014.</p>
14	<p>The Panel recommends that the Director of Children's Services considers increasing the funding of the ASC Support Service. (p40)</p>	<p><b>Recommendation:</b> Accepted</p> <p>This has been actioned and a further £70K put towards extending the offer from the ASCSS working with home support services.</p>

15	<p>The Panel recommends regular monitoring reports are produced detailing progress on the Transitions Strategy, the Adult ASC Strategy, the Children with Autism Plan, and the work on the Education, Care and Health Plans to ensure there is no duplication or gaps. The committee with responsibility for children's care and health in the city should take an active role in reviewing these reports. (p44)</p>	<p><b>Recommendation:</b> Accepted</p> <p>All the areas above with the exception of the Adult ASC Strategy sit within the council's SEND Partnership Strategy 2013-17 and are subject to six monthly reporting which will be published and disseminated on the council's website.</p> <p>Children's and Adult Services are working closely together in relation to strategies for young people particularly around transitions post 16.</p>
<b>Linking strategies</b>		
16	<p>The Panel recommends an Autism Champion is appointed for the city. This named individual will be tasked with monitoring the agreed recommendations and actions from the Panel's report and the action plan resulting from the draft Children with Autism Strategy.</p> <p>In addition, as there are a number of relevant strategies and documents already in place, (e.g. draft Children with Autism Plan, Adults with Autism Strategy, Early Start, B&amp;H SEN Partnership Strategy) it is imperative that there are clear links between them. The 'Autism Champion' can ensure a coherent approach is taken with strategies dovetailing and not duplicating. (p47)</p>	<p><b>Recommendation:</b> This recommendation is under consideration. It is felt that the Executive Director of Children's Services is the 'champion' in effect for all vulnerable children within the City and therefore the champion for children with autism.</p>
17	<p>The Panel recommends that the ASC Working Group takes a proactive role in monitoring the implementation of the recommendations in this report. This would feed into the standard monitoring report to the Overview and Scrutiny Committee (OSC) in 12 months time. (p47)</p>	<p><b>Recommendation:</b> Accepted</p> <p>The Scrutiny recommendations are being discussed and implementation planned within the DSEN review which also encompasses and reviews the work of the ASC working group.</p>
18	<p>In order to fully reflect the needs of children with autism in the city, the Panel recommends that the Joint Strategic Needs Assessment (JSNA) is updated to include a section on what services are currently available for</p>	<p><b>Recommendation:</b> Accepted in principle</p>

	children with autism, where the gaps are, and how they can be filled. (p48)	
	<b>Other issues</b>	
19	The Panel recommends that the Director of Children's Services draws this report to the attention of the head of the Family Law Courts in the city. (p49)	<b>Recommendation:</b> Accepted  This will be actioned by September 2014.
20	The Panel recommends that the Youth Service and/or Youth Collective considers whether there is enough demand to merit the creation of a youth club aimed at young people with autism, and if so, which organisation may provide this. (p50)	<b>Recommendation:</b> A response to this recommendation is subject to further consideration by and recommendations from the Disability and SEN Review reporting by January 2015.  As part of the DSEN review, the demand for such a provision will be considered and whether this is the best way forward.



<b>Subject:</b>	<b>Annual Public Health Report</b>		
<b>Date of Meeting:</b>	<b>29 July 2014</b>		
<b>Report of:</b>	<b>Director of Public Health</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-1038</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 Directors of Public Health are required to deliver an annual independent report on the state of local public health. There are no requirements as to the exact content of the report. The joint strategic needs assessment (JSNA) now provides a comprehensive overview of the health needs of the local population. The focus of the independent report of the Director of Public Health has consequently shifted in recent years to provide a more in depth view of a particular aspect of health and wellbeing.
- 1.2 This year's report takes us forward in time to 2024, predicting and imagining what the major health and wellbeing issues for local people will be in 10 years' time. **Appendix 1** to this report contains an Executive Summary of the full DPH report.
- 1.3 The Director of Public Health will make a short presentation on the key findings of the report.

**2. RECOMMENDATIONS:**

- 2.1 That the report is noted.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 See **Appendix 1** for more information on the health and wellbeing of Brighton & Hove in 2024.

**4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 The recommendation is to note – no alternative recommendations were considered.

## **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 The report reflects contributions from the Clinical Commissioning Group, City council staff as well as colleagues in the universities and in the third sector. The report's content will be discussed at local health strategic partnerships.

## **6. CONCLUSION**

- 6.1 The recommendation is to note.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 7.1 The resource and other costs of writing the report are covered from the city council's ring fenced public health grant. The print and production costs of the report are expected to be achieved within the budget of £10,000.

*Finance Officer Consulted: Anne Silley Date: 08/07/14*

### Legal Implications:

- 7.2 The National Health Service Act 2006 (as amended) requires the Director of Public Health for a local authority to prepare an independent annual report on the health of the people in the area of the local authority. Under the same legislation, the local authority is required to publish the report..

*Lawyer Consulted: Elizabeth Culbert Date: 08/07/14*

### Equalities Implications:

- 7.3 The report draws attention to the considerable inequalities that exist within Brighton & Hove. These are addressed in the main body of the report.

### Sustainability Implications:

- 7.1 None identified

### Any Other Significant Implications:

- 7.2 None identified

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Executive Summary of the full Director of Public Health report

### **Documents in Members' Rooms**

None

### **Background Documents**

1. 2014 Director of Public Health report





# Appendix 1

## Executive Summary

It is 2024; we are almost a quarter of the way through the 21st century and Brighton & Hove is changing, and in some surprising ways.

## Demographic shifts

Students continue to influence the city profile, particularly housing patterns and the night-time economy, and they now form 54% of the 20-24 year old age group. However, there has also been a large increase in the number of residents in their 50s. The behaviour of this pre-retirement group, while not manifest in any social disruption, is quite different to their parents and their alcohol use is placing some additional pressures on health services.

While the total number of over 75s has fallen over the last 20 years, the number of over 90s has increased by 48% just over the last 10 years. It is true that more older people are ever more healthy in Brighton & Hove, and this is manifest through their contribution to city life, including a lively arts and culture programme. However, many of the very elderly rely on their children - who themselves are past retirement - for care at home. Total dementia rates have not increased over the last 20 years in Brighton & Hove - due largely to demographics but also in part to improvements in early treatment. However, the changing age profile means that many people living with dementia are now very elderly and so present with very complex care requirements. The recently retired group is therefore finding life just as full as ever as residents in their 60s divide caring responsibilities between grandchildren and their own elderly parents.

The ethnic mix of the city is changing too with the biggest increase due to migration from across the European Union - 1 in 5 of all births in the city comes from this group.

## Lifestyles

The growth in a diverse range of tobacco and nicotine products such as hookahs, snus, kreteks, shisha-pens and the ever popular e-cigarettes has required a revision of the traditional approach that was so successful in tackling cigarette smoking in the late 20th and early 21st centuries. While e-cigarettes might help some adults to quit cigarettes, in young people they represent a conduit towards as opposed to away from tobacco use. The ambience of tobacco and nicotine consumption - with these activities closely tied to leisure and social connectivity - presents a challenge to national policy and local practice. The continued fall in cigarette use is however, one of the great public health successes of recent times. Even so, the effects of previous smoking are still evident in the spectrum of hospital admissions and will be for some time, and if anything, inequalities in tobacco use are wider than they ever were.

Obesity is the biggest public health challenge that we face. In Brighton & Hove, the signs are mixed. There has been year on year improvements in healthy weight figures for children and young people

and policies on school meals, vending machine access and education around food and cooking which have been particularly strong in the city over the last 20 years, are bearing (healthy) fruit. In adults, the picture is somewhat different and rates are still increasing although the rate of increase is slowing. National legislation on menu descriptions and food labelling is likely to have an effect over the coming years although some of the food industry is ever more canny in its use of technology and social media to get its (less healthy) message across.

Alcohol remains our most popular drug of choice although consumption - including harmful consumption - among young people and adults, has been falling for almost 20 years. Alcohol-related hospital admissions, which first started to fall around 12 years ago, continue on a downward trajectory. The national adoption of a minimum alcohol unit price has been a key factor in reducing harmful drinking. Consumption is increasingly moving into the home and several bars and venues are experimenting with novel offers to entice a dwindling customer base.

The last 15 years has seen a fall in opiate and crack cocaine use - although this is still the main reason for inpatient and residential treatment - as well as an increase in the use of novel psychoactive substances (NPS), many of which are purchased legally, usually on-line. Estimating the extent of NPS use is difficult as many users do not seek treatment, nor do they find themselves resorting to crimes of addiction, although the content of many NPS is by no means certain and some users have been unwittingly criminalised for purchasing and distributing illegal substances. Treatment services are adapting to this profile of drug use however, the full extent of NPS use still remains hidden.

Sexual lifestyles are changing and to some extent, women are becoming more like men in their behaviour although overall - in a digital world - sexual intercourse is falling in popularity. Teenage pregnancy rates are also falling but abortion rates, particularly in young women, remain high. The picture with regard to sexually transmitted infections is decidedly mixed. Increases in chlamydia and gonorrhoea screening are having a positive effect, and the benefits of the national human papilloma virus (HPV) vaccination programme - which in Brighton & Hove has been extended to high-risk men - are beginning to be seen. New drug treatments, self-diagnostic kits and the pre-exposure prophylaxis with anti-retroviral programme (PrEP) are making some inroads into HIV incidence. However, there remains a small sub-group of men who have sex with men (MSM), that continue to engage in very high-risk sexual activity, tied to recreational drug use. This has very serious consequences for them and their partners. Behaviour change in this group remains a challenge.

## **Health and healthcare**

The configuration of local services into Care and Health Teams (CHETs), each tied to a group of GP practices and with several Single Point of Care Coordinators (SPOCCs) has seen the coordination of care in Brighton & Hove improve dramatically in recent years. The role of the Third Sector and of volunteers has also been crucial in creating much more fluent pathways of care.

Coronary heart disease mortality rates continue to improve and are better than national equivalents. Cancer mortality rates however, continue to lag behind national rates although there has been some approximation over the last five years. Large increases in melanoma and oral cancer rates are

grabbing national and local headlines. Diabetes too is not a good news story for the city with increasing rates, and represents the natural progression for many people of our biggest public health challenge - obesity.

### **Mental and emotional wellbeing**

The last decade has been a decade of mental wellbeing improvement in Brighton & Hove. Suicide rates have continued to fall, and the last few years, linked to a programme of better staff training, self-harm rates have at last gone down. The work of the Happiness Strategy Group has seen some targeted improvement in wellbeing, such as in local Muslim groups. Other initiatives, like The Shed for older men and the Crisis Support Centre in West Street have been very successful, and are no doubt behind some of this improving picture of mental health and wellbeing.

### **Schools**

School performance, and in particular, the gap between pupils from more and less affluent backgrounds have much improved over the last 10 years. National policy, with a landscape of Academies and Free Schools, and a raised compulsory age of school leaving has seen a transformation of how schools operate, with much stronger ties to business, to apprenticeships and other employment opportunities. These changes, coupled with ever more mobile technology improvements mean that the school and extra-curricular lives of children today are a long way from their parents' experience, and the leadership role of the local authority is very different to even just 10 years ago.

### **The economy**

The view from the top of the i360 is pretty good, with improvements to Valley Gardens, to Circus Street and to the Sea (now Water) Front and even out to the English Channel with the Rampion Wind Farm. The last 20 years have seen two decades of economic success, despite the recession in the early years of the 21st century. The city's two universities, and a growing creative digital and information technology ('Superfused') sector has helped provide strong growth, in the face of a downsizing public sector. Regional status as Greater Brighton has seen visitor numbers to the region, and in particular to the city grow year on year. The one blot on the landscape is the absence of affordable housing for many of the people who work in the city.

### **Housing**

Providing affordable homes for the people who want to live and work in Brighton & Hove remains as big a challenge as it did 20 years ago. The cost of buying a home puts it out of the reach of most residents and private rents have been high for decades. Recent developments such as the ones in Preston Barracks and Toads Hole, innovations like the Shipping Container Homes, and higher density

property developments in the city centre and even east Brighton have failed to meet the demand for homes or bridge the affordability gap. The pressure from increasing student numbers is a key factor in the ever-expanding landscape of houses of multiple occupation (HMOs).

There has been some success in tackling the numbers of homeless people in the city, as well as some innovative work to reduce excess winter deaths from cold and fuel poverty. However, home ownership remains ever more exclusive, and large numbers of people who work in Brighton & Hove have decided to live outside the city, in the Greater Brighton Region, placing additional pressures on transport. A long-term solution to the city's housing problem remains a long way away.

### **Transport, air quality and climate change**

Over the last 20 years, in Brighton & Hove bus journeys have more than doubled from 23 million per annum to 53 million, while cycle trips have more than quadrupled with people cycling to work rising from 3,000 in 1993, to 6,600 in 2011, to 13,000 in 2023. However, heavy diesel traffic (bus and taxi) in confined spaces - such as North Street - saw pollution from Nitrogen Dioxide rise in the first part of the 2010s. The adoption of a Low Emission Zone, and more importantly the subsequent and continuing conversion of diesel buses to electric hybrid buses have seen the picture improve in recent years.

Transport, pollution and several associated 'Big Solution' ideas remain very much on the local political agenda. The same can be said of climate change, and the city has seen several manifestations of this over the 21st century with coastal erosion, and several severe summer and winter weather events including floods. The Health Protection Subgroup has been instrumental in coordinating a citywide response to these events over the last 10 years. Projected temperature increases appear to be materialising but there remain a number of possible future scenarios and the city, like the rest of the globe, faces a long-term challenge.

### **Projections and assumptions and the uncertainty therein**

This report is written as if we were living in 2024. The reason for taking this approach is not simply to print a hostage to fortune, but to engage stakeholders and policy makers in an active debate about where the city is heading, and what we can collectively do to improve the potential outcomes for residents, employees and visitors alike.

In order to make the predictions in this report we have made the maximum use of Office of National Statistics population estimates, published research-based projections of lifestyle behaviours and disease rates, and national and local intelligence on policy developments in health, education, planning, housing, transport and associated air quality. We have tried to connect this intelligence together to paint a picture of life in Brighton & Hove in 10 years time. Of course it is possible (indeed virtually certain) that some of these assumptions will prove to be incorrect and that the picture that develops in some respects will be different to the one painted here. That should not forestall any debate, for in compiling this report it is abundantly clear that we need not just sit and

watch events unfold, but that we can do much to influence our collective future for the better. If it realises its goal, then this report will prompt us to do just that.

Dr Tom Scanlon  
Director of Public Health  
NHS Brighton & Hove City Council



<b>Subject:</b>	<b>Commissioning Children's Services in Brighton &amp; Hove</b>
<b>Date of Meeting:</b>	<b>29 July 2014</b>
<b>Report of:</b>	<b>Executive Director of Children's Services, BHCC/ Chief Operating Officer, CCG</b>
<b>Contact Officers:</b>	<b>Pinaki Ghoshal Geraldine Hoban</b>
<b>Email:</b>	<a href="mailto:Pinaki.ghoshal@brighton-hove.gcsx.gov.uk">Pinaki.ghoshal@brighton-hove.gcsx.gov.uk</a> <a href="mailto:Geraldine.hoban@nhs.net">Geraldine.hoban@nhs.net</a>
<b>Ward(s) affected:</b>	<b>All</b>

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to set out the mechanisms for strengthening joint commissioning arrangements between the Council and CCG following dissolution of the Section 75 Children's Commissioning Agreement on 1<sup>st</sup> October 2014.

**2. RECOMMENDATIONS:**

That the Health and Wellbeing Board:

- 2.1 Endorses the mechanisms for strengthened collaborative commissioning arrangements between the CCG and Council (outlined in Part 3 of this report);
- 2.2 Agrees that the LA and the CCG develop a joint strategy for children's health and wellbeing services which will be brought back to the Health & Wellbeing Board in 2015. This will be informed by the recommendations agreed by the Health & Wellbeing Board in early 2015.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 The Children's Act 2004 placed a statutory duty on Local Authorities to produce single strategic plans for children and young people. Whilst this statutory duty was withdrawn in 2010, the wider duty for both health and local authorities to co-operate with partner agencies to improve health and wellbeing of young people in the City is still very much in force.

- 3.2 In addition, the Children and Families Act, due to be implemented from September 2014, places a statutory requirement on the Council and health services to operate joint commissioning arrangement for services provided to children with special educational needs and disabilities.
- 3.2 Since 2007, the City Council and the PCT have maintained their commitment to joining up the strategic planning and commissioning of children's services via a Section 75 Commissioning Agreement. As part of this agreement, the PCT transferred a sum annually to the Council and delegated the commissioning function for children's services such as community disability; special education needs; CAMHS; school nursing; health visiting, and support services provided by the Third Sector. Through this agreement the council commissioned NHS health providers to deliver a range of health services. Many of these services are delivered by NHS staff working in an integrated way with council staff through a Section 75 Provider Agreement with Sussex Community Trust. At the time that these agreements were put in place the council was unable to employ NHS staff directly.
- 3.3 Following significant changes to the NHS as a result of Health and Social Care Act which came into effect on 1<sup>st</sup> April 2013, CCGs were established and the responsibility for commissioning a range of children's health services transferred to NHS England (health visiting, screening programmes and specialist acute care) and Public Health, situated with Local Authorities (school nursing, sexual health, teenage pregnancies, substance misuse, alcohol and health promotion programmes). During authorisation, the CCG agreed to maintain its commitment to the Children's Section 75 commissioning arrangement but to review this agreement during its first year of operation.
- 3.4 Following due consideration, the CCG concluded:
- Mechanisms for jointly setting the strategic direction for children's health and well-being services needed to be strengthened. Whilst the CCG, until recently, has been represented on the Children's Committee, its remit increasingly focused on issues relating to education and there was the need for a renewed emphasis on our aspirations for children's health and wellbeing;
  - More robust mechanisms for contract monitoring and the performance management of providers needed to be established;
  - Our respective roles and responsibilities around safeguarding and quality assurance need to be clarified;
  - Governance and accountability to the CCG Governing Body around statutory duties needed to be strengthened;
  - Clinical leadership and management resource within the CCG for children needs to be increased.
- 3.5 Consequently on 1<sup>st</sup> April 2014 the CCG signalled its intention to withdraw from the Section 75 Arrangement for Children and gave 6 months' notice under the terms of the Section 75 Agreement. By doing so it is the CCG's intention to fully



engage with and strengthen collaborative commissioning arrangements rather than continue to devolve that responsibility to a joint commissioning team based at the Council.

- 3.6 In parallel with the developing thinking taking place within the CCG the Council has also been considering its role in relation to the Section 75 commissioning role. Key events and developments that have informed this thinking have included the following:
- The sweeping SEND reforms within the Children and Families Act require an enhanced level of joint commissioning and joint delivery of services between all agencies contributing to Education, Health and Care Plans for children and young people aged 0-25 years;
  - With the recent refreshing of the terms of reference for the Health & Wellbeing Board there has been an opportunity to consider new and more robust governance arrangements regarding children's health and wellbeing;
  - The Council has instituted a thorough review of disability and special educational needs, as discussed in more detail at the previous meeting of the Health & Wellbeing Board, including a consideration of the health provision within the Integrated Disability Service;
  - Discussions with the Public Health Team regarding their future commissioning intentions have started, and this will be discussed at the Health & Wellbeing Board in the Autumn;
  - The need for the Council to have a clear and senior lead officer for health and wellbeing who will liaise closely with the CCG, Public Health and NHS England. At present this role has been undertaken by the Acting Assistant Director of Children's Services, Regan Delf;
  - The opportunities provided by the recent changes in the NHS for the Council to improve the level of integration between NHS and Council staff.

### **3.7 Proposal.**

Additional resource has been identified within the CCG to take a more proactive lead on children's services, and following the appointment of Regan Delf to her current Acting role the Council now has a senior point of contact with regards to the delivery of health services for children and young people. With these developments, meetings have taken place between the respective commissioning teams within the CCG and Council. It is proposed that building on the extended remit of the newly constituted Health and Wellbeing Board, more robust collaborative commissioning arrangements are established as follows:

- a) Strategic Oversight and Direction for Children's Health & Wellbeing Services  
The newly constituted Health and Wellbeing Board will set the aspirations for children's health and wellbeing in the City, sign off commissioning plans and hold commissioners and partners to account for delivering on agreed outcomes. Given current specific areas of concern in the City around children's health and

wellbeing outcomes, the Board may want to consider whether a refresh of our joint strategic plans for children in the City is required.

b) Senior Management Leadership for Children's Commissioning

A senior Officers Group will translate the aspirations of the H&WB into annual commissioning plans and oversee delivery through strengthened systems for joint contract/performance management and quality assurance/safeguarding.

c) Operational Management of Delivery

Regular contract, performance and quality meetings will be put in place to ensure providers are being held to account for delivery and key issues are being identified early and escalated/resolved when necessary. Joint panels for setting and reviewing individual packages of care will be established.

In addition, specific reviews or service redesign groups will be established under the auspices of the Officers Group in order to address specific issues.

d) Mechanisms for Quality Assurance/Safeguarding

It is proposed that there will be further strengthening of the existing process already in place to monitor quality and safeguarding of providers to include children's service delivery. In most areas this will take place within the already established structures for monitoring quality performance and safeguarding. Additional structures are being developed for areas where gaps have been identified.

In addition within the CCG and Council there are a series of internal working arrangements that will ensure that each agency maintains oversight of the quality of provision. Overall oversight of safeguarding arrangements will be maintained by the Local Safeguarding Children's Board

e) Formalising the Joint Approach

It is proposed that a clear annual memorandum of understanding be drawn up which outlines how the CCG and Council will work together collaboratively on the joint commissioning of children's services.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 The CCG considered the option of staying within the current Section 75 Commissioning arrangement and continuing to discharge its commissioning of children's community health and CAMHS services via the Council. On balance for the reasons stated above it was felt that a joint approach rather than a delegated function would be more effective.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 This was considered not applicable as it relates to the commissioning function only and no changes to the delivery of children's services are being proposed.

## 6. CONCLUSION

- 6.1 The CCG and Council are committed to comprehensive and robust mechanisms for jointly commissioning children's services.
- 6.2 The need for effective mechanisms for collaboration, particularly in relation to packages of care for children with special educational needs and physical disability is about to be strengthened through the implementation of the Children and Families Act in September.
- 6.3 Following a review, the CCG felt the Section 75 Commissioning Arrangement for Children was not delivering the right level of joint ownership for children's services and signalled its intention to withdraw from the arrangement from 1<sup>st</sup> October 2014.
- 6.4 Enhanced capacity within the Council and CCG around the Children's commissioning agenda has enabled more regular discussions to take place and a mechanism for strengthening the governance and accountability around children's services is proposed.
- 6.5 This new way of working will be underpinned by a memorandum of understanding which the CCG and Council will refresh and sign annually.
- 6.6 It is also felt that the time is right for a refresh of our joint aspirations for children in the City in order to inform longer term commissioning strategy and ultimately improve outcomes.

## 7. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 7.1 Last year the commissioning arrangements for children's health funding changed with the CCG, via Brighton & Hove Council as lead commissioner, no longer having responsibility for certain services. Public Health took over responsibility for School Nursing and NHS England became responsible for Health visitors, immunisations and the child health information system. Services not commissioned by the CCG are not covered by the section 75 agreement. The indicative budgets for 2014/15, including those services commissioned and provided through Children's Services, are:

Brighton & Hove CCG	£ 4.376m
Public Health (BHCC)	£ 1.090m
NHS England	£ 4.028m
Children's Services (BHCC)	£55.283m

Changes to the health commissioning arrangements this year will not impact on the amount of money available to children services, the only difference being that funding previously directed via Brighton & Hove City Council will instead be held directly by the CCG working alongside the council as co-commissioners.

The funding for council provided children's services of £55.283m is not directly affected by any of the changes to the NHS commissioning arrangements.

*Finance Officer Consulted: David Ellis*

*Date: 11/07/14*

Legal Implications:

- 7.2 The body of the report sets out the legal framework in which the CCG and City Council are operating.
- 7.3 Part 3 of the Children and Families Act 2014, which comes into force on 1 September 2014, introduces a new, single, system from birth to 25 for all children and young people with SEN and their families. Section 26 of the Act requires local authorities and local CCG's to work in partnership and make arrangements for commissioning special educational provision, healthcare provision and social care provision for children and young people with SEN for whom the Authority is responsible. It does not specify the form which the arrangements should take as this should be agreed locally.
- 7.4 The LSCB's main function is to agree how the relevant organisations in each local area co-operate to safeguard and promote the welfare of children in that locality, and to ensure the effectiveness of what they do. The LSCB is not accountable for their operational work. In law each LSCB partner retains their own existing lines of accountability for safeguarding and promoting the welfare of children by their services. Thus each agency is ultimately responsible in law for ensuring that the services provided meet their own statutory and regulatory duties to children, including safeguarding duties, and monitoring arrangements need to reflect this. In the case of the City Council this will be with reference to the statutory guidance, 'The Roles and Responsibilities of the Lead Member for Children's Services and the Director of Children's Services' (2013)

*Lawyer Consulted: Natasha Watson*

*Date: 18.07.14*

Equalities Implications:

- 7.5 None identified at this point. Appropriate assessments of the potential impact of changes upon protected groups will be undertaken.

Sustainability Implications:

- 7.6 None identified in this report

Any Other Significant Implications:

- 7.7 None identified at this point.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Flow chart showing proposed new governance structures

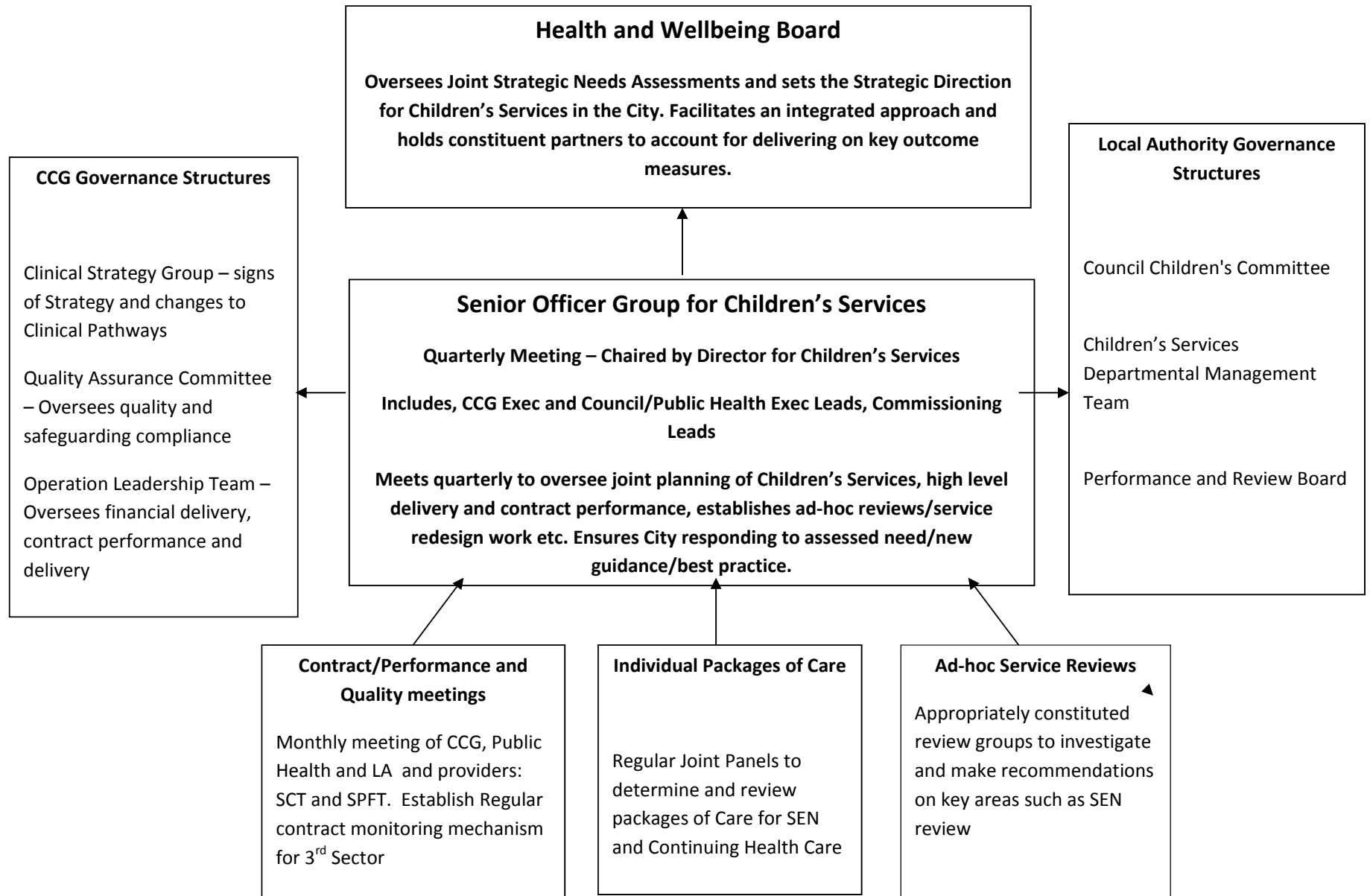
### **Documents in Members' Rooms**

None

### **Background Documents**

None









<b>Subject:</b>	<b>Happiness: Brighton &amp; Hove Mental Health Wellbeing Strategy</b>		
<b>Date of Meeting:</b>	<b>29<sup>th</sup> July 2014</b>		
<b>Report of:</b>	<b>Assistant Chief Executive</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Paula Murray</b>	<b>Tel: 29-2534</b>
	<b>Email:</b>	<b>paula.murray@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to ask the Board to agree Happiness: Brighton & Hove Mental Health and Wellbeing Strategy and to confirm details of monitoring its progress.

**2. RECOMMENDATIONS**

- 2.1 That the Health and Wellbeing Board agree and endorse the strategy and its broad and integrated approach as set out at Appendix One.
- 2.2 That the Health and Wellbeing Board agrees the change of focus for the Steering Group to monitor progress and delivery, drive the Champions programme and report back on an annual basis.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Overseen by the Steering Group established for this purpose, the Happiness Strategy has been arrived at through a detailed and broad process of consultation and engagement. These are outlined in detail in the body of the strategy document accompanying this report.
- 3.2 As highlighted in the previous cover report to this Board, there is an amount of activity, projects and programmes, already started or enhanced by this piece of work. Partnerships and relationships have been formed and the profile of a range of initiatives highlighted across the city, in addition to the raising of the profile of the needs and issues of this central agenda. The Action Plan included in the Strategy covers this in more detail.
- 3.3 There were a number of aims in the development of this Strategy:
- to produce a single integrated strategy that encompasses mental health and wellbeing for people of all ages (previously there have been separate

strategies for mental health, health promotion and children's mental health) to produce a clear and accessible document to give a clear narrative on the importance of happiness, of mental wellbeing in the city

- to create some clear goals towards improving mental health and wellbeing of the city's residents
- to raise the profile and highlight the importance and effectiveness of preventative action and create some simple guides to enable people to help themselves
- to engender a more holistic approach to looking after the mental health and wellbeing for the people in Brighton & Hove to enlist the support of a wider range of partners, organisations, individuals and city stakeholders in promoting the agenda of happiness and good mental wellbeing than have been actively involved in this agenda previously, bringing additional resources, ideas, energy and support to the delivery of the strategy.

3.4 The action plan outlines the headline activity in the delivery of the strategy. Two key elements of this that are significantly different in terms of the focus on prevention and the integration agenda and worth bringing to the attention of the Board are the recruitment of a number of Happiness Champions and the establishment of an Innovation Fund:

3.4.1 The formation of the small network of city champions, led by Tom Scanlon, is key to the wider dissemination and promotion of this agenda through a range of sectors in the city. The aim of the Steering group is to have a network of 12 Champions and currently there are 6 signed up, we are halfway there:

- Vic Borril, Chief Executive of the Brighton & Hove Food Partnership
- Andrew Comben, Chief Executive of Brighton Dome & Festival and Chair of the Brighton & Hove Arts and Creative Industries Commission
- Tony Mernagh, Chair of Brighton & Hove Connected and Director of the Brighton Business Partnership
- Chief Inspector Dave Padwick, Sussex Police
- Darren Emilianos GP from Woodingdean Medical Centre and
- Becky Jarvis GP, the clinical lead for mental health at the Clinical Commissioning Group.

These champions are already contributing to the improvement of happiness and mental wellbeing in the city in their separate fields. We will be adding to this list and bringing them together to revisit, to celebrate and to recognise their ongoing achievement and influence. The role of the Champions is to take this agenda back to their own sectors to the areas where they can make things happen and make a difference.

- 3.4.2 The Innovation Fund will be launched later this year and jointly commissioned by the CCG and the City Council. The aim of the fund will be to promote work that supports the aims of the strategy; that furthers the prevention agenda as well as some more targeted support in new ways. The aim of the fund is also to bring in new partners and resources to deliver on the aims of the strategy; looking in all directions for great examples of what works well for people.
- 3.5 With a strategy such as this, that involves a number of partners and organisations coming together to work in an integrated way, the driving forward of delivery and the monitoring of progress becomes even more key. The proposal is for the existing Steering Group to maintain its membership but change its focus to looking at delivery and charting progress. It will continue to develop relationships with potential partners, but will also take an overview of the implementation of the Action Plan in a specific way. It will also lead a communications and engagement programme that incorporates the work of the Champions and an increasing calendar of events and milestones, some of which are local and some national.

It will change its name to a programme board and continue to meet bi-monthly, reporting annually to the Health and Wellbeing Board.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 As outlined in the cover report which came to this Board in relation to the draft strategy, the alternative option in this case would have been to have several different and separate strategies developed around this agenda.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 The full range of consultation and engagement in the production of this strategy is outlined in detail in the document itself.

#### **6. CONCLUSION**

- 6.1 The Strategy presented for endorsement and approval has the full support of all partners and represents a forward looking and integrated approach to what is a very complex agenda for Brighton & Hove. Resources are in place, there are plans around driving delivery and monitoring performance and there are already signs of success from the approach.

#### **7. FINANCIAL & OTHER IMPLICATIONS**

- 7.1 Financial Implications  
The strategy development will be funded with the agreed Council and CCG budgets and supported by partner organisations.

*Finance Officer Consulted: Anne Silley*

*Date: 17/07/14*

## 7.2 Legal Implications

There are no legal implications arising from this report.

*Lawyer Consulted: Elizabeth Culbert*

*Date: 17/07/14*

## 7.3 Equalities Implications

Much of the work promoted and developed by the work on the strategy will be targeted towards vulnerable groups at risk of poor mental health. These are outlined in more detail in the attached documentation.

## 7.4 Sustainability Implications

One of the main aims of the strategy is to embed good practices in terms of preventative and early intervention work to support the promotion of happiness and good mental health, in as many organisations and with as many partners as possible. This should have the impact in the longer term of reducing the demand on acute service provision and making better use of resources, in addition to being better for individuals. The emphasis on the 5 Ways as a means of improving happiness and good mental wellbeing, has a resonance and alignment with the principles in the One Planet Living framework and the Biosphere action plan.

## 7.5 Any Other Significant Implications

No significant other implications

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Draft strategy document

### **Documents in Members' Rooms**

None

### **Background Documents**

None

# Happiness: Brighton & Hove Mental Health and Wellbeing Strategy



**NHS**  
Brighton and Hove  
Clinical Commissioning Group

  
Brighton & Hove  
City Council

# Foreword

We are delighted to present Happiness: Brighton & Hove's Mental Health and Wellbeing Strategy. Mental health is something that touches the lives of everyone and the good news is that there is much that everyone can do to improve happiness for themselves and others.

We know from our survey that many people are already very aware of increasing and maintaining their own good mental health and have a clear understanding of what works for them. However, there is more to be done for some groups and individuals in offering and signposting opportunities to take part in activities or events, or to make lifestyle changes, that will help them improve both health and happiness.

One of the most important things about this strategy is that it takes an all-round approach to looking at this essential area of our lives. It covers what people can do to prevent ill health, to promote happiness and wellbeing as well as medical services that are specifically shaped and commissioned for mental health. We have tried to look in the widest way possible

to bring together resources and ideas and support for improving the happiness of our residents. We have looked to arts and culture, to gardening, to cooking and eating, to sports and walking and everything in between.

We are in a city that can support this approach in many ways; we are fortunate to have landscapes on our doorstep such as the sea and the South Downs that promote feelings of wellbeing just to look at them. We have wonderful architecture and parks and gardens across the city and we know the positive effect that has on us. We are a busy city with many opportunities for volunteering, for taking part in activities, for joining groups and being with others and we want to make the most of all of this.

The strategy will enlist the help of a city-wide network of 12 champions from a range of sectors to raise the profile of the importance to us all of good mental health and to create ripples of activity in their own areas.

The cumulative benefit of the happiness of individuals helps us and our city to thrive.



**Paula Murray, Assistant Chief Executive**  
Brighton & Hove City Council

*Paula Murray*



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

*Christa Beesley*

# Introduction

**Our mental health and wellbeing are central to our overall quality of life and general health.**

This strategy has been developed by the council and Clinical Commissioning Group (CCG) to improve mental health and wellbeing in Brighton & Hove. It has been developed in line with the 'No Health without Mental Health' national strategy, and aims to take a preventative approach by addressing the wider factors that influence mental wellbeing (such as green spaces and employment) as well as ensuring that we have responsive high quality services and support available. It covers all ages from birth to death.

This builds on the Director of Public Health's Annual Report for 2012, The Pursuit of Happiness. This report brings together a range of perspectives, including the results of a local survey, Health Counts. It reinforces the links between people's mental health and wellbeing and their physical health, as well as the interrelationship with deprivation, and it summarises information about the differences in wellbeing amongst various population groups within the city.

## Timescale for the strategy

The strategy will cover three years from 2014 – 2017. It will continue to develop and be monitored during that period. The action plan for Year One (July 2014 to July 2015) will be assessed for completion and impact in the summer of 2015.

The equalities impact assessment that accompanies the strategy will also be re-assessed in the summer of 2015.

## Mental health problems are widespread and common



Every year 1 in 4 adults experience at least one mental disorder



**A walk or outing in Stanmer Park is a great way to lift your mood**

# What do we mean by mental health and wellbeing?

The terms we use in this strategy include:

## Mental wellbeing and mental health

Mental wellbeing includes both our feelings, such as contentment and enjoyment, and our ability to function well in our lives and to engage with the world. It could be summarised as living in a way that is good for ourselves and for others.

No Health Without Mental Health defines mental wellbeing as “a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.” Positive mental health is more than the absence of mental illness.

‘Mental wellbeing’ and ‘mental health’ are often used interchangeably, though mental health is more often used in a context where mental illness is being discussed, for example, to describe treatment services.

## Happiness

Feelings of joy and pleasure – feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Meaning and a sense of purposeful engagement are also significant components of happiness.

## Emotional resilience

Emotional resilience is the ability to cope with upsetting or difficult life events, to learn from mistakes and bad experiences and then be able to leave them behind. Another description of resilience is ‘doing better than expected in the face of adversity’. Strong emotional resilience doesn’t preclude feeling sad or upset but it does enable us to cope better with the challenges we face. Feeling connected and able to contribute to our community is an important aspect of this.

## Mental illness or ill health

Mental illnesses include common conditions such as depression and anxiety as well as schizophrenia and bipolar disorder (which may also sometimes be referred to as severe mental illness).

Weekly allotment sessions organised by the Carers Centre for Brighton & Hove

Life Skills sessions run by local charity Assert give adults with learning disabilities the opportunity to enjoy practising everyday tasks



Being out in the natural world, growing food or flowers and cooking are all good ways to build mental wellbeing. There are many opportunities to join projects or just enjoy the sea, parks and South Downs.



## Food Partnership

Although essential to our lives, food is about so much more than fuel. The Food Partnership welcomes this mental health and wellbeing strategy that recognises that good nutrition is vital for both physical and mental health. This strategy highlights what the Food Partnership sees every day in our work - that food is also a means to achieving wellbeing, for example in the companionship found on a community allotment, at the shared meal for a cultural celebration and in the pride when someone learns to cook for the first time. We have agreed to be a champion for this strategy and look forward to working with partners on delivery.

**Vic Borrill, Director, Brighton & Hove Food Partnership & Happiness Champion, [www.bhfood.org.uk](http://www.bhfood.org.uk)**



# What we want to do

Improving mental health and wellbeing has been identified as a key priority for the city by Brighton & Hove Health and Wellbeing Board, in its strategy for the council and NHS.

Brighton & Hove has previously had separate local strategies or plans for commissioning adult mental health services, children & young people's mental health services and for mental health promotion; all of these came to an end in 2013/14. The Brighton & Hove Health & Wellbeing Board agreed that a single revised local strategy should be developed that encompasses mental health services but shifts focus to address the wider determinants of mental wellbeing and positive mental health.

Our ambition is to ensure that mental health and wellbeing is integral to everything we do in the city. The overall approach we will take is preventative (to avoid people getting ill in the first place) but we recognise that we also need high quality responsive services to support people when they are unwell.

- We want to move from an illness and treatment model to a holistic approach of promoting wellbeing and resilience.

- We want to make mental health and wellbeing part of everyone's business and tackle stigma about mental ill health.
- We want to engage with the whole person and respond to what people say they need and want.
- We want to improve mental wellbeing and emotional resilience in the city for all residents, but especially those with vulnerability to mental health problems.
- We want local leaders and providers of services to champion mental health and wellbeing.
- We want Brighton & Hove people to see mental health and wellbeing as a two-way street – happier people are healthier people who are able to contribute more to making the city a great place to be.

**Recovery Colleges provide a range of educational courses and resources for people with lived experience of mental health problems. This enables them to become experts in their own self care and to build a new sense of purpose in life.**



## BRING THE HAPPY

Invisible Flock mapped people's happy memories of places in Brighton & Hove at the Onca Gallery, as part of the Brighton Festival in May 2014. They then told the story of the memories, some sad, some happy, as a celebration event – Bring the Happy – with support from the band Hope & Social. The seaside, student parties, babies born at the hospital and family and neighbours were all strong themes. All of the memories collected in Brighton & Hove can be browsed at [www.bringthehappy.co.uk](http://www.bringthehappy.co.uk)



"Art is a way for all of us to explore feelings and emotions. It opens up in our lives the space for reflection and creates an opportunity for conversation about some of our deepest and most fulfilling experiences."

I believe that art and culture has a vital role to play in our individual and collective wellbeing. In art and culture we find explanations for who we are, why we feel the way we do and we are allowed to dream, imagine and work through alternative futures and possibilities. Add to all this the positive benefits of participating – making and doing art, music, dance, theatre – and we have a remarkable way to improve wellbeing, prevent poor mental health and promote engagement, social cohesion and personal fulfilment.

As Chief Executive of Brighton Dome & Brighton Festival and Chair of Brighton & Hove Arts & Creative Industries Commission, I am committed to fostering the connections between health and wellbeing, art and culture, to making sure that our work is aligned to the needs of our city and encouraging as many of our residents as possible to participate in and engage with the work we do.

**Andrew Comben**, Chief Executive, Brighton Dome & Brighton Festival and Happiness Champion



# What we already know

## We know that we can improve mental health and wellbeing

At a personal level, the national strategy recommends the 'Five Ways to Wellbeing'. These are ways that we can all develop our emotional resilience in day-to-day life, in ways that suit our individual circumstances. These strategies can be built into community initiatives and broader health promoting

programmes, as well as into support and treatment services. We know that local residents with low self-reported wellbeing scores or high risk of depression scores are at higher risk of poor mental health.



**Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.**



**Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.**



**With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.**



**Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.**

*"I am a school governor – the sense of achievement and pride I get from this is wonderful, and I'd thoroughly recommend it."*

*"I enjoy parks and nature, and when depressed did find that helped, plus relaxation."*

*"I live on my own and experience loneliness. I really like the Brighton Festival and Brighton Pride because these events bring people together."*

*"Keep making the city a nice place to cycle in. Keep improving and expanding public leisure facilities – things like free tennis courts and table tennis tables are a real help. We need really flexible opportunities to do things in passing."*



**Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.**

**We have significantly high levels of mental ill health as well as low levels of mental wellbeing in Brighton & Hove**

Brighton & Hove residents have higher levels of mental ill health than the average for England, across a range of indicators. A third more people have a diagnosis of severe mental illness and nearly 10% more (aged 18 and over) have a diagnosis of depression recorded by their GP. Twice as many people are admitted to hospital following self-harm and approximately a third more die by suicide. Increasing numbers of children and young people are being referred to Child and Adolescent Mental Health Services and presenting with self-harm at A&E, where rates have doubled over the past few years.

City residents also report lower self-reported wellbeing in the Office for National Statistics annual survey.

- The proportion of people reporting high levels of anxiety the previous day is significantly greater than the national average for 2012/3.
- Slightly higher proportions of people also report a low score for the things they do being worthwhile and how happy they were yesterday, but this difference is not statistically significant.

A wide range of information is available on the risk of poor mental health associated with demographic variables, geographic wards and life circumstances. The national strategy for mental health No Health Without Mental Health lists high risk groups. In addition, the local Health Counts survey gives us rich detail on mental health, physical health and a range of lifestyle factors in Brighton & Hove.

**We have different levels of mental health and wellbeing across groups**

Brighton & Hove has disproportionate number of people in groups nationally identified as having a higher risk of mental ill health, including:

- Homeless & insecurely housed
- Rough sleepers

- Lesbian, Gay & Bisexual (LGB) people
- Transgender (trans) people
- Vulnerable or looked after children and young people
- Victims of violence including sexual violence
- Older people living alone and socially isolated

Other groups identified nationally as at higher risk include offenders, some Black and Minority Ethnic (BME) groups, military veterans, gypsies & travellers, vulnerable migrants, people approaching the end of life, bereaved people and people with learning disabilities. These groups may also find it harder to access services.

We know from the 2012 Health Counts survey that the following groups have significantly worse self-reported mental wellbeing:

- People with limiting long-term illness or disability
- Single, separated or divorced people
- People who are unemployed and looking for work or unable to work due to caring for home and family
- People who rent from a housing association or local authority

We know from our Safe and Well in secondary schools survey that some groups are more likely to be vulnerable to a range of health risks and issues. Those that self-report poor mental wellbeing are more likely to:

- Be older (in years 9, 10 and 11 at secondary school)
- Be receiving extra help in school
- Identify as LGB or unsure
- Have truanted
- Been bullied
- Have tried alcohol or drugs
- Be current smokers
- Be sexually active
- Be from some specific BME groups

Regular participation in sport and physical activity is a great way to improve mental health and well being. You can take part with friends, enjoy the outdoors, get a sense of achievement from a new skill and get involved with a club – all at the same time as getting physically fit as well!



More people, more active, more often. TAKEPART, the two week Brighton & Hove Sport and Physical Activity Festival is one of the largest celebrations of community sport and physical activity in the country.

- 14 community events providing opportunities to participate
- 150 sport and physical activity club taster sessions

There are hundreds of free opportunities for people of all ages and abilities to participate and get active at community events, taster sessions and school competitions. [www.brighton-hove.gov.uk/takepart](http://www.brighton-hove.gov.uk/takepart)



# The scope of the strategy

This strategy focuses on improving resilience and mental wellbeing and preventing mental ill health as well as ensuring that we have responsive high quality services and support available.

## At a personal level

The Five Ways to Wellbeing give us a different way to think about building personal resilience. We want to adopt and embed this approach both strategically and operationally across the city so that it becomes part of everyone's business and everyone's daily life.

We plan to develop creative approaches through partnerships with sectors which have a major impact on happiness and mental wellbeing but where this may not be seen as core business. This includes:

- Local employers, since work can provide opportunities for purposeful engagement with the world.
- Arts & culture providers, who can prompt us to think differently about ourselves and others, as well as providing enjoyable experiences and a sense of community.
- Green and growing projects which can encourage us to feel part of the natural world, and food and cooking projects which can weave together the everyday pleasure of eating, the positive experience of nourishing ourselves and others, the expression of cultural heritage and the pleasure of eating with others into a powerful tool for happiness.

We plan to widen these partnerships as the work of the strategy evolves, and to improve signposting so that everybody is able to identify a range of activities that could help maintain their mental health and wellbeing.

The Five Ways message helps us all to take action to maintain positive mental wellbeing in the same way that we use eating well and being active, for example, to maintain positive physical health. We will use these inclusive approaches to reduce stigma and increase the city's awareness of mental health and wellbeing issues.



**Brighton & Hove charity Assert's monthly walking group is proving a popular diary date with adults with Asperger syndrome and autism.**

**The success and hard work of every student who takes part in Assert's Life Skills Course is celebrated with a confidence-boosting certificate that gives them something to feel very proud of.**



## Woodingdean GP surgery and library

Darren Emilianos, GP and Happiness Champion at Woodingdean Medical Centre said: "I'm very happy to be selected as a Happiness Champion and happy to see that Brighton & Hove promotes mental health as essential to overall health. We need to promote wellbeing while also providing services and support for the serious illnesses that affect people. I hope to learn things that will help when working with our patients, the community of Woodingdean and the whole of Brighton & Hove. I will be looking at ways to include the five ways to wellbeing (Connect, Be active, Take notice, Learn and Give) with our patient participation group and within our co-located Medical Centre and Library.

We are perfectly placed here with our co-location to really put a more preventative and holistic agenda into action - working with the library next door to merge our efforts for the local community. I am also really keen to make sure that the environment of our practice contributes to patient health and wellbeing - thinking about things like the seating arrangements, the use of colour and materials and with the plans we have for using and rotating specially chosen artworks on our walls."

"Every day in my GP consulting room I see the impact that mental wellbeing has on the health outcomes of my patients, and so I am thrilled to have been selected as a Happiness Champion. I am really looking forward to working with the champions network to develop innovative ways to promote positive mental health across our city."

**Becky Jarvis, GP & Clinical Lead for Mental Health at the CCG, and Happiness Champion**



## Workplace and employers

The workplace environment has a significant impact on individual's health and wellbeing. One in four people experience problems with mental health during the course of their lives, making mental health and well-being an important issue for the workplace. Stress, depression and anxiety are reported as the most common reasons for absence. Looking after staff health and wellbeing doesn't mean large investments – there are free resources, information, training and advice available locally. Good health is good sense for businesses.

"Increasingly employers are realising that the way to keep their customers happy is to ensure their staff are happy. Good employers also accept that their duty of care for their staff extends to their mental health as well as health & safety in the workplace. I think in Brighton & Hove many businesses extend this even further using the pursuit of economic growth to deliver happiness rather than just profit for the sake of profit."

**Tony Mernagh**, Executive Director of the Brighton & Hove Economic Partnership and Happiness Champion



Workplace sports and physical activity help build mental as well as physical health.

"As the mental health lead for Brighton & Hove police, improving our response to mental health issues in the city is key priority for me and my team. Our research shows that 23% of our work in the city involves mental health. Nearly one third of young people between 13 & 18 who offend have a mental health need and almost half of adult prisoners suffer from anxiety and/or depression compared to 15% of the general population. Sussex Police are working closely with the city council, charities and the NHS to ensure we are doing all we can to help. Brighton & Hove is piloting a liaison and diversion scheme, which aims to identify, assess and refer people with mental health, learning disability, substance misuse and social vulnerabilities into treatment or support services when they first come into contact with the police or the criminal justice system."



**Dave Padwick**, Chief Inspector, Brighton & Hove, Sussex Police and Happiness Champion

### As a community: the two-way street

Equally important for wellbeing is our functioning in the communities where we live. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing. Good quality housing, education, employment, transport and a strong sense of belonging to a place all lay the foundations for mental wellbeing.

Conversely, people whose mental health is good are able to learn better, to contribute more at work and in their leisure time, to make healthier choices about how they live and to help create a vibrant city.

There is a growing body of evidence, reflected in No Health Without Mental Health, that there are strong links between people's physical health and their mental wellbeing. National policy calls for 'parity of esteem' between mental and physical health.

The demographic groups at higher risk are often the subject of discrimination and an insecure sense of belonging to the wider community. Exclusion by virtue of health, education, identity or upbringing needs to be countered to promote positive mental health and wellbeing. Many of these factors are influenced by the NHS and council, and

mental wellbeing should be an integral part of all services provided or commissioned.

Inequalities within the city, including social and economic exclusion, have a major impact on wellbeing – empowerment and support for vulnerable communities is an important building block in improving mental wellbeing for all. The CCG and council already commission psychosocial support for groups that may be at higher risk of mental ill health and will continue to do so. In addition to providing peer support, these services can help people to articulate their problems and provide advice on how to make the best use of services.

### Through a broad range of services across health, social care and the community and voluntary services

We want to develop accessible services to promote mental health and wellbeing that are available in a variety of locations and formats. We have started to extend the range of locations in which such support is available to include accessible venues such as GP surgeries, community & voluntary sector organisations including schools. Online services may be particularly helpful for some people.

We want people to be able to get timely support from the most appropriate organisation. We want to help mental health hospitals and treatment services, the voluntary sector and primary care to work together to provide a model of care shaped around the individual needs of a person so that they get the help that they need at the right time and in the best place for them. Training for staff should be provided where needed, to raise confidence in identifying and signposting appropriate options and services.

High quality responsive services are needed to work with individuals with mental ill health, both in hospital and in the community. This includes supporting recovery and developing resilience by working with individuals or groups at risk of developing problems or relapsing into mental ill health. We will continue to provide appropriate accommodation with wrap-around support for people with existing mental health problems.

We want to have holistic services that provide support for an individual's mental and physical health needs together where appropriate, identify and treat physical health problems in people with serious mental illness, and integrate mental health support for people with chronic diseases and complex needs. This should improve health outcomes and quality of life for people with both physical and mental health conditions.

Within services that support people with mental health problems, as with the wider population, our aim is to ensure that there is support available to promote positive mental health and wellbeing and to prevent mental health problems developing in the first place. We also want to work in partnership with patients, service users and carers on how care and support should be delivered and how it can best empower individuals and communities on their journey to recovery. We want those who use services to have an equal voice in decision making about the development of services.

We will promote mental health and wellbeing throughout people's lives. We will ensure that our children's services workforce feels

confident and equipped to support children's wellbeing for example in our schools and youth services. We will promote parenting programmes that enable parents to support their child to develop positive wellbeing and work with early years providers including health visitors at this crucial stage in a child's development. We will work closely with children, young people and families to continue to ensure that all provision is children and young people friendly. Where children and young people need to access mental health services we will continue to work with our providers to ensure timely and appropriate responses and services that children and young people tell us help them.

Similarly, we will work with older people, including the very elderly and those who are housebound, to ensure that services are accessible and age-friendly. Our Better Care plans will aim to design services centred around the individual. Prevention, for those at risk but still well, is essential to keep older people engaged and independent as long as possible.

A comprehensive mental health service is available to the people of Brighton & Hove.

**This includes:**

- 24/7 crisis support
- Short term support for people experiencing common mental health conditions such as anxiety and depression
- Specialist services including an eating disorder service and perinatal mental health service
- Longer term support for people with more serious mental health conditions.

This is complemented by a wide range of support services provided in the voluntary sector.



## SICK! Festival

The SICK! Festival is now in its second year and is a pioneering programme of events, exhibitions, panels and debates that bring together the worlds of medicine, of arts, of academia and research, and patients in a powerful blend. It is a really good example of work that aims to challenge stigma by exploring issues in a very public and crafted way. Audience reactions have been tremendous and the Festival is clearly making an impact, raising the profile of issues around mental health, amongst other things, creating conversations and debate and bringing organisations and individuals together to share and explore challenges and solutions. It is supported by the Arts Council England, The Wellcome Trust, public health and the city council.

"The past two SICK! Festivals have demonstrated how effective the arts can be in addressing issues around mental health. People have been incredibly enthusiastic and engaged with the festival. Many of these are people who have experienced mental illness first hand, either on a personal level or professionally. SICK! Festival provides an opportunity for people to explore different perspectives, share discussion and reflect on their own experiences."

**Helen Medland, Artistic Director, The Basement**



## Links to other current strategies

The action plan in this strategy reflects the views we heard as part of the consultation to develop this strategy and describes how we intended to respond to the recommendations that were made. We recognise that there are a wide range of existing NHS and council strategies that are also addressing issues around mental health and wellbeing (for example, the Primary Care Strategy, the Brighton & Hove Dementia Plan, Dual Diagnosis Plan, the Brighton & Hove Better Care Plan, the Suicide Prevention Strategy and the Response to the Winterbourne Review). Other relevant programmes of work include the Age Friendly City Programme, the Alcohol Action Plan, the Drugs Action Plan and the Public Health Schools Programme. Where relevant we have highlighted initiatives being picked up under other strategies in the action plan.

National strategies and initiatives also need to be considered, including voluntary sector projects such as the Mental Health Challenge for local authorities. We will monitor local progress with the national Implementation Framework for No Health Without Mental Health. From September 2014, the Children and Families Act extends the age range of young people eligible for the new statutory Education, Health and Care Plans (EHCPs) from 0-25 years. Eligible young people include those with serious social, emotional and mental health difficulties as set out in the new Code of Practice.

In this changing landscape, the action plan needs to be dynamic and flexible. We will update it regularly and there will be opportunities in the lifetime of the strategy to reflect changes in policy and practice.

The challenge for the CCG and the council is to continue to ensure that mental health and wellbeing issues are embedded in the development of new strategies and that thinking about mental health and wellbeing becomes a core strand of all aspects of business.

**The newly redesigned Level: the creation of well-planned public spaces that give us places that people want to use; where they will mix, feel safe and want to be is a really important element of contributing to happiness, mental health and wellbeing.**



**Healthwalks are a great way to get fitter, meet people and enjoy being out of doors in the natural world. Find out more at: [www.brighton-hove.gov.uk/healthwalks](http://www.brighton-hove.gov.uk/healthwalks)**

# What we have been told

We asked local people for their views on how to improve mental wellbeing in the city. Two neighbourhood meetings (Portslade and Woodingdean), one public meeting in partnership with Healthwatch, two meetings for service providers and 21 focus groups were held between February and April 2014.

## The focus or consultation groups were:

1. Bereaved recently, via Impetus, Age UK, Martletts Hospice & other organisations
2. Black and minority ethnic people, BMECP
3. BME women's group, Hangleton & Knoll
4. Black and minority ethnic young people, BMECYP
5. Brighton Housing Trust drop-in clients
6. Carers, The Carers Centre
7. Children & young people, YMCA Downs Link Group
8. General practice – local member group
9. Gypsies & travellers, Friends, Families & Travellers
10. Lesbian, gay, bisexual and trans people, LGBT HIP
11. New mothers, Mothers Uncovered
12. Older people, Age UK
13. Parents of children with disabilities or special needs, Amaze

14. People with disabilities, The Fed
15. Deaf & hard of hearing people, Our Space and The Fed
16. People with learning disabilities, Speak Out
17. People with lived experience of mental health problems, Mind
18. University of Brighton students, Student Services
19. Voluntary organisations via Community Works health & wellbeing network
20. Women at risk of domestic violence, Rise
21. Young people, Right Here Brighton & Hove (a YMCA Downs Link Group project)

An online survey was completed by 835 people.

The action plan that follows is based on a summary of these recommendations. The summary was compiled by Community Works and the Trust for Developing Communities, who also facilitated half of the focus groups.

The action plan does not aim to respond to the needs of each of the vulnerable groups separately; these needs will be addressed within wider plans such as the innovation fund and the review of gaps in services.

## Mental health problems develop at a young age

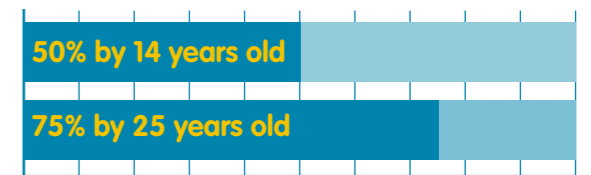


One in five children have mental health problems in any given year

## First experience of mental health problems in those suffering lifetime mental health problems

50% by 14 years old

75% by 25 years old



# What we are going to do: Action Plan

<p><b>You told us</b></p> <p>The Five Ways work well and are effective for you.</p> <p>Positive relationships and social interactions with family &amp; friends are the most important for you.</p> <p>Physical activity in all its forms is the next most important in supporting personal mental wellbeing. Group, social and learning activities, as well as volunteering, are also important to you.</p> <p>For young people, being active is the most important way of feeling better; connecting with others and learning are also important.</p>	<p><b>You asked us to</b></p> <p>Provide more information about opportunities for practising the Five Ways. In particular, you want more information about opportunities to enjoy parks, gardens or the natural world; opportunities to learn new skills or about local courses; mindfulness or relaxation techniques; and cultural events and local attractions.</p>	<p><b>We will</b></p> <p>Continue to provide information online and in other formats.</p> <p>Help people to identify newer resources such as apps that may be helpful, via our information &amp; advice services.</p>	<p><b>In the first year, we will</b></p> <p>Design, launch and promote a mental wellbeing web section, including Five Ways pages to signpost local opportunities and activities and links to local services and information.</p>
<p><b>You want opportunities to build your own mental wellbeing. You feel that sometimes it is easier to access services that are targeted at people like you.</b></p>	<p>Continue to fund and support voluntary organisations to run services that promote mental health and wellbeing.</p> <p>Provide low cost taster sessions for a range of activities to enable people to try them.</p>	<p>Fund innovative schemes to promote mental health and wellbeing in the city, including access to green, growing &amp; cooking projects; workplace schemes; and physical activity and cultural opportunities. These schemes should include low cost taster opportunities. Matched funding could build on investment in these approaches for the city.</p>	<p>Set up an innovation fund for small scale initiatives, invite applications, award grants and ensure evaluations will assess impact.</p>
<p><b>You told us</b></p> <p>You want to keep mental health and wellbeing high on everyone's agenda.</p>	<p><b>You asked us to</b></p> <p>Promote city-wide awareness and action to support positive mental health and wellbeing.</p>	<p><b>We will</b></p> <p>Set up a network of local champions from a range of sectors including health, arts, leisure and local employers.</p> <p>Work with networks of local health promoters and community groups to extend positive mental wellbeing messages.</p>	<p><b>In the first year, we will</b></p> <p>Set up the Champions' Network and hold at least two meetings. The network will support innovative outreach with local partners in arts and leisure, with employers and other key sectors. Individual champions will keep mental wellbeing on the radar of colleagues in their sector and will play a significant role in keeping the conversation going.</p> <p>Provide training to reinforce the expertise of health trainers in mental health promotion.</p>
<p><b>That it is really important for employers to take the mental health and wellbeing of their staff seriously.</b></p>	<p>Raise awareness of mental health and wellbeing with employers.</p> <p>Support school staff's mental health and wellbeing.</p>	<p>Lead by example as employers.</p> <p>Implement the Public Health Schools Programme which includes a focus on improving school staff's emotional health and wellbeing, in partnership with community CAMHS, the Educational Psychology team, Right Here, the Standards &amp; Achievement team and the school nursing team.</p>	<p>Lead by example as employers.</p> <p>Implement the Public Health Schools Programme which includes a focus on improving school staff's emotional health and wellbeing, in partnership with community CAMHS, the Educational Psychology team, Right Here, the Standards &amp; Achievement team and the school nursing team.</p>

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You told us	You asked us to	We will	In the first year, we will
<p>You feel there is still stigma attached to mental health issues.</p>	<p>Run a city-wide public education and awareness campaign.</p>	<p>Support national and international calendar events, in ways that include us all in looking after our mental health.</p> <p>Promote the Five Ways message that we can all look after our mental wellbeing.</p>	<p>Develop a communications strategy that will include a programme of positive communications about mental health and wellbeing.</p> <p>Support celebration of World Mental Health Day 2014 and other national calendar events.</p>
<p>You want help in finding the right opportunities and support for your particular circumstances, especially if you have translation needs, if you don't have easy online access or if you feel isolated particularly as a result of older age.</p>	<p>Ensure information is accessible.</p>	<p>Review the existing advice and information arrangements to ensure they are fully accessible.</p> <p>Expand the translation and interpreter service for the NHS so that it is able to offer telephone support.</p> <p>Develop as an Age Friendly City, ensuring that activities are accessible and appropriate for older people.</p> <p>Work with libraries, pharmacies and other community organisations to promote information about mental wellbeing.</p>	<p>Run a communications campaign to highlight services available, and raise awareness of alternative opportunities for support.</p> <p>Involve older people in discussions about service provision, for example transport and housing.</p> <p>Explore provision of opportunities accessible to older people through 'activity hubs'.</p>

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You told us	You asked us to	We will	In the first year, we will
<p>You see the link between financial stability and mental wellbeing and feel it is important that more people can access financial and benefits advice.</p>	<p>Ensure that benefits advice is available at a range of accessible venues across the city.</p>	<p>Improve signposting to benefits or financial advice.</p>	<p>Provide information, for example to GP surgeries, about financial support services and how to advise individuals.</p> <p>Launch the new Brighton &amp; Hove MoneyWorks service in September 2014 providing money advice and education.</p>
<p>You feel that GPs are essential to care being provided in the community, but you understand that it is not possible for them to know about all the different support options that could be available to help you.</p> <p>You want GPs to be able to offer non-medical treatment options.</p>	<p>Provide more information to GPs and for patients visiting practices about the range of support options for mental health and wellbeing.</p>	<p>Build on existing available websites to ensure information relevant to mental health and wellbeing is included, and that GPs are able to identify a wide range of support options.</p> <p>Improve the information available to GPs about alternatives to medical options and make this available to other health professionals as well.</p>	<p>Test out and evaluate social prescribing in general practice, working jointly with Better Care and with the Extended Primary Integrated Care project.</p> <p>Review existing web based information tools (for example It's Local, Actually and the MIND website) and work with practices to agree how best to support them to promote alternatives to medical treatment options.</p> <p>Explore options for extending NHS checks to include mental health and wellbeing.</p>

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<b>You told us</b>	<b>You asked us to</b>	<b>We will</b>	<b>In the first year, we will</b>
<p>You access services from the voluntary sector as well as the NHS: sometimes it feels like these services do not talk to each other and lack awareness about each other.</p>	<p>You want a more joined-up approach between health, social care and voluntary services.</p>	<p>Work towards developing more integrated services using the Better Care Fund to pilot the delivery of more integrated services. There are two elements to this: an integrated homeless service and an integrated service for frail people in the city. The service for frail people (Phase One) will be implemented in the second part of 2014/15 in two areas of the city.</p> <p>At the heart of the model is the multi-disciplinary team working together, learning about each other's roles and services and finding ways of sharing information safely that reduces users having to repeat things as well as important information being lost. The voluntary sector will be a key member of the integrated team, will bring new and additional resources to reduce the risk of deterioration, and will work on prevention proactively as well as supporting people in crisis.</p> <p>Other examples of collaboration between the voluntary sector and NHS include Recovery colleges and pathways such as those for Eating Disorders and Personality Disorder. We will continue to ensure psychological support becomes an integral part of care.</p> <p>We will work with providers to improve signposting across organisations and use innovative approaches such as social media and digital technology to improve information sharing.</p>	<p>Test our integrated model, including voluntary sector support, evaluate it and plan for full city roll-out in 2015/16. Put in place new contracts for dermatology and musculoskeletal services that incorporate the provision of psychological support as part of the care package available. Work with community nursing and therapy teams (integrated primary care teams) to explore ways in which they could be better equipped to identify and treat mental health problems at the earliest stage possible.</p> <p>Deliver integrated care for those with a dual diagnosis of mental illness and drug or alcohol problems.</p> <p>Re-assess progress on the implementation framework for No Health Without mental health.</p>

<b>You told us</b>	<b>You asked us to</b>	<b>We will</b>	<b>In the first year, we will</b>
<p>You value services which support you as a whole person, responding to your specific needs.</p>	<p>Commission services that support mental wellbeing for specific groups and needs.</p>	<p>Identify gaps in services for specific groups or particular life stresses.</p> <p>Continue to commission services to support groups who may experience complex stigma relating to mental ill health as well as other aspects of personal identity.</p> <p>Offer targeted work to young people with particular needs, including those who are not attending school, are young carers or are bereaved.</p> <p>Ensure that universal services are accessible and appropriate for all.</p>	<p>Identify gaps in support for vulnerable groups and invest in further services if needed.</p>

<p>You would like us to ensure there is training available for frontline staff across health, social care and the community and voluntary sector.</p> <p>This training should raise awareness of mental health issues and enable professionals to treat you with more dignity and respect.</p>	<p>Develop training appropriate to all sectors.</p>	<p>Commission training on mental health and wellbeing awareness for frontline staff, including primary care.</p> <p>Offer training on emotional health and wellbeing to the children and young people's workforce.</p> <p>Continue to support dignity champions in social care services.</p>	<p>Provide training within the current Brighton &amp; Hove council contract with Grassroots Training.</p> <p>Assess the impact of training on self-harm for nurses and junior doctors working in A&amp;E.</p>
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You told us	You asked us to	We will	In the first year, we will
<p>Schools and colleges have expressed concern about the mental wellbeing of children and young people.</p> <p>They have said they are finding it difficult to access services for the increasing numbers of young people needing support – the threshold for services means the needs of their young people have to escalate to get a service.</p> <p>There has been a reduction in support directly available on school sites for young people.</p> <p>There are young people presenting with anxiety problems, sleeplessness, exam stress, anger management, self-harm, behavioural problems and peer bullying.</p> <p>There are also young people who are living with low level mental health issues within the family that impact on parenting but do not meet the thresholds for adult services.</p>	<p>Schools and colleges asked for help to feel more confident in supporting young people with mental wellbeing issues and greater clarity about how to access advice to do so.</p> <p>Schools and colleges have asked for direct support on site from practitioners able to provide 'change support within a solution-focussed approach'.</p> <p>You asked us to provide health promotion to parents, which in turn will contribute to children and young people's emotional health and wellbeing.</p>	<p>Use the public health schools programme to support schools to embed mindfulness, mentoring and support in their culture.</p> <p>Support schools to ensure emotional health is a key part of the PHSE curriculum.</p> <p>Develop toolkits with schools and colleges to help them promote wellbeing and to feel confident in supporting young people who express themselves through self-harm and/or have mental health issues. As part of the Public Health Schools Programme provide initiatives to promote the health and wellbeing of school staff and health promotion events for parents.</p> <p>Work in partnership with schools to increase the availability of on-site Tier 2 support directly to young people, through jointly commissioning services.</p>	<p>Use the public health schools programme to:</p> <ul style="list-style-type: none"> <li>Develop and deliver training to school pastoral staff to raise awareness of pupils' health and wellbeing issues, including the Five Ways.</li> <li>Provide advice to schools in the development of interventions to promote physical and emotional wellbeing, including exploring the use of the arts and music to promote wellbeing. Work with school nurses to promote pupils' emotional wellbeing.</li> <li>Work with Child and Adolescent Mental Health Services (CAMHS) and other partners in the development of a package of evidence based tools and resources.</li> <li>Develop a programme of workplace health for schools and health promotion events for parents at school fetes/ fairs and parents' evenings.</li> <li>Develop a joint 'offer for secondary schools' to:             <ul style="list-style-type: none"> <li>• Provide on-site access to mental health and wellbeing interventions</li> <li>• Increase the skills of the school workforce</li> </ul> </li> </ul>

12

You told us	You asked us to	We will	In the first year, we will
<p>You would like increased access to counselling, talking therapies and mindfulness.</p>	<p>Provide more mindfulness and reduce waiting times for talking therapies.</p>		<ul style="list-style-type: none"> <li>• Increase supervision related to trauma for frontline staff</li> <li>• Increase access to online counselling for students</li> </ul> <p>This will be achieved through joint commissioning and will be piloted initially.</p>

12

<p>You would like increased access to counselling, talking therapies and mindfulness.</p>	<p>Provide more mindfulness and reduce waiting times for talking therapies.</p>	<p>Continue to promote the services that are already commissioned by the CCG, including the services provided by the voluntary sector.</p>	<p>Reduce waiting times for talking therapies; Further promote the support options available within the Wellbeing service, including mindfulness based CBT; Make it easier to self-refer; Ensure the service increases accessibility, for example through provision in venues and at times of day that are more convenient for patients.</p> <p>The innovation fund will include criteria about the provision of stress management and relaxation techniques.</p>
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<p>You want to be able to choose treatment and support that complements traditional health services.</p>	<p>Promote personal budgets, information and advice, and other services that enable choice.</p>	<p>Implement personal health budgets and support people to make informed choices.</p> <p>Ensure that good quality information and advice is available to patients and to healthcare professionals.</p>	<p>Ensure that all patients meeting NHS Continuing Healthcare eligibility criteria have the opportunity to be offered and/or receive a personal health budget. We will explore opportunities for extending the criteria from 2015 to include other people who would benefit from a personal healthcare budget.</p>
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<p><b>You told us</b></p> <p>That sometimes health professionals are better equipped to manage your physical health than your mental health. And conversely sometimes when you are in receipt of mental health services, you feel your physical health is neglected.</p>	<p><b>You asked us to</b></p> <p>You want your mental health and physical health to be treated with the same degree of importance. If you have both physical and mental health needs you want your care to be more joined up.</p>	<p><b>We will</b></p> <p>We will address this by embedding the management for physical health in mental health services.</p> <p>We will use the Better Care Fund to pilot the delivery of more integrated services, addressing both physical and mental health needs holistically. (See action point 9 above)</p>	<p><b>In the first year, we will</b></p> <p>Continue to work with Sussex Partnership NHS Foundation Trust (SPFT) to embed their physical health strategy across the Trust – this includes increasing the amount of health screening and lifestyle advice provided within SPFT services.</p>
<p>You prefer to be treated in the community rather than in hospital and you want alternatives to A&amp;E to be available when you experience a crisis in your mental health.</p>	<p>You want more community based treatment options to be available and for crisis services to be more accessible.</p>	<p>We will invest additional resources in community based services and make the urgent care pathway easier to access.</p>	<p>Set up a programme of work to identify gaps in community based recovery and treatment services and invest in additional capacity and make changes to services where appropriate.</p>
<p>That leaving hospital after a mental ill health episode is sometimes daunting and frightening and you don't always feel properly supported when you return home.</p>	<p>You want better planning for your return home following a spell in hospital.</p>	<p>Work with providers to improve the discharge process.</p> <p>Support people with mental ill health in maintaining their tenancy agreements and with floating mental health support to prevent relapse and readmission to hospital.</p>	<p>Review the discharge planning pathways from acute mental health services.</p>

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<p><b>You told us</b></p> <p>Young people need help as soon as a problem is identified and need support within their families.</p>	<p><b>You asked us to</b></p> <p>Streamline processes so you know where to go for what services and so that information does not have to be given repeatedly.</p>	<p><b>We will</b></p> <p>Facilitate early access to help using innovative approaches such as online counselling.</p> <p>Include emotional health in the offer from the Early Help Hub, the single access point to early help service across the city.</p> <p>Support the development of a family focussed assessment and response so that the needs of a child are understood in the context of their family.</p> <p>Offer parenting programmes (triple P) to support children's emotional wellbeing.</p> <p>Ensure support for parent carers and families living with mental ill health.</p>	<p><b>In the first year, we will</b></p> <p>Develop an early help pathway and single access point from the Early Help Hub.</p> <p>Include services for children with mental health issues in the City Council Carers Strategy group.</p>
<p>Young people have told us they are worried about the increase in self-harm in the city.</p>	<p>To provide support directly to schools.</p> <p>To provide support for families to manage self-harm effectively.</p> <p>To ensure that young people are aware of the support services available.</p>	<p>Work with youth providers to ensure that a range of accessible and low cost activities are offered to promote mental wellbeing eg mood and food, anger management, walk and talk.</p> <p>Our specialist mental health practitioners will be available for advice and consultation to children's services, parent carers and children and young people themselves.</p>	<p>To work with schools and youth settings to:</p> <ul style="list-style-type: none"> <li>• Develop a city-wide schools response protocol and increase consistency in self-harm policies.</li> <li>• Design and implement a training package with specific approaches for professionals and parents.</li> <li>• Increase the distribution of the self-harm leaflet.</li> <li>• Ensure peer-led self-harm workshops are available as part of the Chances of Change funding.</li> </ul>

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You told us	You asked us to	We will	In the first year, we will
<p>Young people who had accessed CAMHS services said that they would have valued more sessions and that there was the need for greater information about services but also some changes needed within services eg with professional attitudes to young people at times felt to be patronising.</p>		<p>Work closely with children and young people and their families to ensure that all service provision is children and young people friendly, and that all services are accessible and appropriate.</p>	<p>Carry out a service review and develop a plan to improve services, exploring a local approach to commissioning person-centred models for young people.</p>

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<p>That the transition from being supported by CAMHS to being supported by services for adults can be difficult to navigate and more support is needed to help young people whilst they make this transition.</p>	<p>Review provision for young people aged 14 – 25 whose needs may not be met by either children's or adult services; this is a peak age for emerging mental ill health and support at this time is important for improving longer term outcomes</p>	<p>Look at commissioning person-centred models for young people aged 14-25, based on national best practice, including enhancing peer support, and removing any 'cliff edge' experiences at age 18.</p> <p>Work with GPs to enhance their knowledge, understanding and skills in engaging with young people making best use of locally developed resources.</p> <p>Develop specialist pathways for young people who have need of them (eg those who have experienced child sexual abuse, may have an autistic spectrum condition or eating disorder, are Looked After). We will ensure that these pathways match national guidance and are well understood.</p>	<p>Review existing provision for young people and develop proposals for models of care across the transition point to improve accessibility and help improve the outcomes of care.</p>
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## Contact details for local resources and services

There are lots of local resources that can support you if you need help with your mental health and wellbeing.

To find out more about local services that provide support, go to [www.mindcharity.co.uk/advice-information/](http://www.mindcharity.co.uk/advice-information/)

For information about local activities and services that can help you look after your wellbeing, go to [www.thefedonline.org.uk/services/out-and-about/its-local-actually](http://www.thefedonline.org.uk/services/out-and-about/its-local-actually)

If you or someone you care for is experiencing a mental health crisis, you can call:

- Brighton Urgent Response Service on **01273 242220**, open 24 hours a day, seven days a week
- NHS on **111**
- The Samaritans on **01273 772277** or their national helpline on **08457 909090**
- The Sussex Mental Health Line on **0300 5000 101**

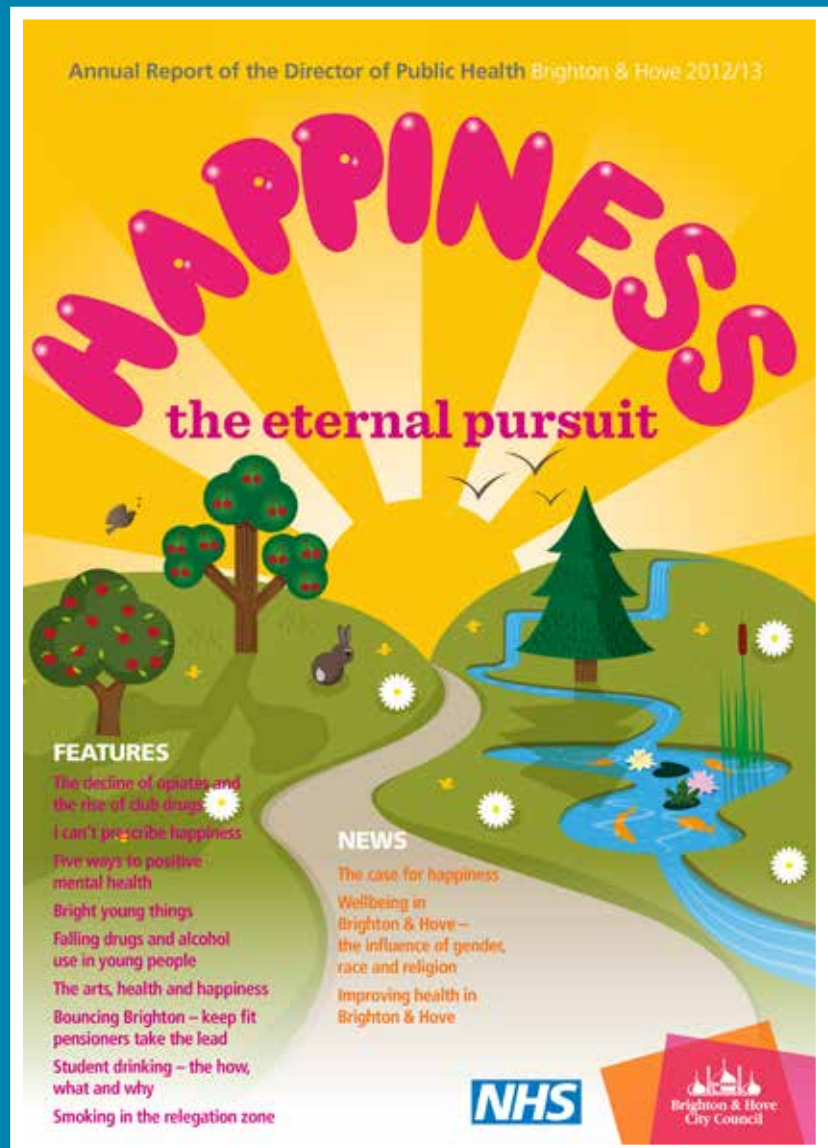
## Happiness

“A considerable body of evidence, collated by no less than the Harvard School of Public Health, has detailed how the biological ‘wear and tear’ of negative emotions harms the body, causing higher rates of stroke, heart disease, diabetes, mental illness and premature mortality. By contrast, optimism, a positive mood and higher rates of community trust are all associated with lower rates of stroke, heart disease, diabetes and mental illness and better lifestyle choices, which in turn foster a virtuous circle. We can all help create these conditions of optimism, positive mood and community trust.

This Mental Health and Wellbeing Strategy sets out – for the first time – our plans to promote emotional and social wellbeing. It is a great step forward. I am looking forward to the day when improving mental health and wellbeing is an explicit part of all our work on housing, educational, transport, urban planning and green spaces and the Arts and Culture. This Strategy is a definite step in the right direction.”



**Dr Tom Scanlon**  
Director of Public Health and Happiness Champion



[www.brighton-hove.gov.uk/mental-wellbeing](http://www.brighton-hove.gov.uk/mental-wellbeing)

August 2014

