Brighton & Hove City Council

Title:	**Health Overview & Scrutiny Committee**
Date:	**25 May 2016**
Time:	**4.00pm**
Venue	**The Ronuk Hall, Portslade Town Hall**
Members:	**Councillors:** Simson (Chair) Allen Bennett Cattell Deane Knight Marsh Peltzer Dunn O'Quinn Taylor **Co-optees:** Zac Capewell (Youth Council) Fran McCabe (Healthwatch) Colin Vincent (Older People's Council) Caroline Ridley (Community & Voluntary Sector)
Contact:	**Giles Rossington** Senior Scrutiny Officer 01273 29-1038 giles.rossington@brighton-hove.gov.uk

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AGENDA

Part One **Page**

1 Apologies and Declarations of Interest

2 Minutes **1 - 8**

For information the minutes of the last OSC meeting held on the 22.03.16 (copy attached).

3 Chairs Communications

4 Public Involvement

To consider the following matters raised by members of the public:

(a) **Petitions:** to receive any petitions presented by members of the public to the full council or at the meeting itself;
(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the (insert date);
(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the (insert date).

5 Member Involvement

To consider the following matters raised by councillors:

(a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
(b) **Written Questions:** to consider any written questions;
(c) **Letters:** to consider any letters;
(d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

6 HOSC Terms of Reference **9 - 16**

Report of the Head of Law on HOSC Terms of Reference (copy attached)

7 Suicide Prevention **17 - 36**

Report of the Acting Director of Public Health on city partnership planning for suicide prevention (copy attached), including a briefing from Grassroots and a copy of the Suicide Prevention Action Plan.

There will be a joint presentation from the council's Public Health team, Sussex Partnership NHS Foundation Trust and Grassroots, a local community organisation.

8 South East Coast Ambulance Trust Update on Red 3 Triage Scheme **37 - 40**

Report of the Head of Law on the South East Coast Ambulance Trust (SECAMb) 'Red 3' triage scheme (copy attached).

9 Ambulance to Hospital handover update **41 - 52**

Report of the Head of Law, including an update from SECAmb on recent handover performance (copy attached).

10 NHS Patient Transport **53 - 56**

Report of the Head of Law on the launch of the new contract for Sussex NHS patient transport services (copy attached).

11 Setting a HOSC work programme for 2016/17 **57 - 62**

Report of the Head of Law on HOSC annual work planning (copy attached).

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

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

For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514 – email giles.rossington@brighton-hove.gov.uk or email scrutiny@brighton-hove.gov.uk

Date of Publication 17 May 2016

BRIGHTON & HOVE CITY COUNCIL

OVERVIEW & SCRUTINY COMMITTEE

4.00pm 23 MARCH 2016

THE RONUK HALL, PORTSLADE TOWN HALL

MINUTES

Present: Councillors Simson (Chair), Allen, Bennett, Cattell, Deane, Marsh, O'Quinn, Page, Peltzer-Dunn and Wares

PART ONE

54 PROCEDURAL BUSINESS

(a) Declarations of Substitutes

54.1 Councillor Druitt was present as substitute for Councillor Deane.

(b) Declarations of Interest

54.2 There were no declarations of interest.

(c) Exclusion of Press and Public

54.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

54.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.

55 MINUTES

55.1 **RESOLVED –** That the Chair be authorised to sign the minutes of the meeting held on 3 February 2016 as a correct record.

56 CHAIRS COMMUNICATIONS

56.1 The Chair gave the following communications –

"Welcome everyone to the last overview and scrutiny meeting of this year's cycle. We've all learnt a lot about a wide range of issues, health related and otherwise, and I would like to thank you all for your enthusiasm and commitment to scrutiny. There's a lot more for us to cover, both at this meeting and into future years.

One of our main focuses recently has been on GP provision & sustainability, and I was very glad to see so many of you at the GP workshop at the end of last month. You have been sent the summary notes of the workshop. The lead councillors and support officers have been considering the feedback that you gave, and the ways that we could take this forward. We have got an item at the end of this agenda so that we can all discuss it and agree the next stages.

I was also invited to attend the GP commissioning meeting for patients who attend the Practice plc surgeries and I was able to represent the views that we have heard here.

Finally there is a change in scrutiny support staff; Giles will be returning from his secondment to East Sussex next month, but this is Kath's last meeting, and I would like to thank her for all of her support."

57 PUBLIC INVOLVEMENT

57.1 The Chair noted that there were no items for consideration from the public for the current meeting.

58 MEMBER INVOLVEMENT

58.1 The Chair noted that there were no items for consideration from Members for the current meeting.

59 UPDATE FROM CO-OPTEES

59.1 Nicky Cambridge, Healthwatch representative, stated to the Committee that it would be her last Overview & Scrutiny Committee as a co-optee, as she was returning to the Policy team. David Liley would be the replacement co-optee for the Committee.

59.2 Colin Vincent, Older People's Council representative, reported to the Committee that they had been campaigning on issues including: Tower House, public toilets, and changes to the concessionary bus pass.

59.3 Zac Capewell, Youth Council representative, explained to the Committee that the Youth Council was creating a video about life skills to be shown in local schools.

59.4 **RESOLVED** – That the Committee agreed to note the updates.

60 PROMENADE (DETOX BEDS) REPORT

60.1 Michael Mergler, Deputy Managing Director at Sussex Partnership NHS Foundation Trust, and Peter Wilkinson, Consultant in Public Health, Brighton & Hove City Council, introduced the report and stated that Sussex Partnership NHS Foundation Trust would be closing the Promenade Ward at Mill View Hospital on 31 March 2016.

60.2 It was explained to the Committee that the Sussex Partnership NHS Foundation Trust provided the tier four inpatient substance misuse services on Promenade Ward as part of the mental health block contract for Brighton & Hove and East Sussex. The Trust had also been the provider for the populations of four south west London boroughs since January 2011.

60.3 The Deputy Managing Director explained to the Committee that Tier 4 in-patient detox services at Mill View were no longer financially or clinically viable, following the withdrawal of London Boroughs from their contract and the fact that SPFT is no longer involved in local (Tier 3) community substance misuse work.

60.4 The Public Health Consultant told members that alternative provision for Tier 4 detox had been agreed with Cranstoun, the local Tier 3 substance misuse provider. These services are located in London. Although this does present some potential difficulties, these are not insurmountable.

60.5 In response to Councillor Allen, it was explained that ideally there would be a local service available. However, the service in London was easily accessible by train and the patients could be escorted if necessary.

60.6 In response to Councillor Druitt, the Public Health Consultant explained that for patients who cannot be treated in London, alternative options would be found – e.g. through spot-purchase. It was added that relatives often wish to take the patients to the ward and staff within the community service could escort the patients on the transport if needed.

60.7 The Public Health Consultant clarified to Councillor Peltzer-Dunn that there was more support within the Community Substance Misuse Services for patients and there would be a review within a year with a possible budget adjustment.

60.8 In response to the Older People's Council representative, it was agreed that a breakdown of the age groups of patients using the service would be distributed to the Committee.

60.9 The Public Health Consultant explained to the Committee that money had been allocated to fund transport for patients travelling to the London service.

60.10 The Chair proposed to the Committee that a further update should be reported to Overview & Scrutiny Committee after the Health & Wellbeing Board in October 2016.

60.11 **RESOLVED** – The Committee agreed to have a further update in October 2016 and agreed to note the report.

61 BRUNSWICK WARD - ELIMINATING MIXED SEX ACCOMMODATION

61.1 Dr Gurprit Singh Pannu, SPFT Clinical Director Brighton & Hove; the Deputy Managing Director at Sussex Partnership NHS Foundation Trust (SPFT); and the Consultant in Public Health, Brighton & Hove City Council, introduced the report to the Committee. It was explained that the SPFT had ceased to accept female admissions onto the Brunswick Ward, the Brighton & Hove inpatient dementia ward, at the end of February 2016. The decision was taken as part of a trust-wide response to the recent CQC inspection of dementia services and in line with the trust's statutory requirements to eliminate mixed sex accommodation.

62.2 The Clinical Director explained that female patients would be admitted to other services in Horsham and Worthing whilst the work was being completed to develop a safe mixed sex ward. It was hoped that this would be completed by February 2017.

62.3 In response to Councillor Marsh, it was clarified that the ward would have single sex rooms with en suite facilities and specific communal areas and hallways would be mixed sex.

62.4 It was clarified that SPFT is working with the third sector to best support families and carers visiting patients relocated to other services. Temporarily taxis were being provided before finalising a long term solution.

62.5 In response to Councillor Druitt, it was confirmed that there was not anything specifically in the legislation regarding trans patients, although planning was ongoing to ensure that all patient needs are properly addressed. It was added that if a male had a traumatic experience with another male, a risk plan would be made around the individual when admitted to hospital.

62.6 **RESOLVED** – That the Committee agreed to note the report.

62 ADULT SOCIAL CARE PERFORMANCE REPORT

62.1 Denise D'Souza, Executive Director Adult Services, BHCC, and Cat Harwood-Smith, Commissioning & Performance Manager, introduced the report and explained that report was from 2014/15, as later data is not yet available. The purpose of the report was to provide a summary of the adult care performance framework and specific benchmarked information against national performance indicators.

62.2 The Executive Director of Adult Services explained that Adult Care is benchmarked against a number of comparator authorities as well as against our geographical neighbours.

62.3 In response to Councillor Allen, it was clarified that more information would be provided to the Health & Wellbeing Board and Overview & Scrutiny Committee. The Chair clarified to the Committee that recommendations could also be made.

62.4 The Executive Director of Adult Services expressed to the Committee that there were concerns that there were not as many people using direct payments as hoped; however, they had introduced a pre-payment card and this had been successful.

62.5 In response to the Community Works representative, it was explained that the data in the report was from 2014/15 and work had been completed to address the transport issues and the next report should demonstration this.

62.6 The Executive Director of Adult Services explained to the Older People's Council representative that there had been an ongoing problem with provision for older people. However, 38 beds had been secured in Partridge House for Brighton & Hove residents.

62.7 The Executive Director of Adult Services confirmed to the members that she would have a meeting with the officers supporting the Overview & Scrutiny Committee to ensure a full report is provided to a future Committee.

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

63 SOUTH EAST AMBULANCE UPDATE REPORT

63.1 James Pavey, Regional Operations Manager, South East Coast Ambulance Service (SECAmb); Ben Banfield, Account Manager, SECAmb; Tim Fellows, SECAmb; and Simon Maurice, Consultant in Emergency Medicine, Brighton and Sussex University Hospitals Trust (BSUH), introduced the report.

63.2 The Regional Operations Manager explained that the main purpose of the report was to address concerns for the delays in response times and this was reflected in feedback from patients. It was confirmed to the Committee that a longer term plan was being established.

63.3 In response to the Chair, it was clarified that there are problems across the region with delays and some hospitals do have set procedures that work well; however, these are often not consistent. The main contributing problem was the hospital handover delays which were caused by staffing levels and the flow of patients being transferred from the ambulance to the hospital safely.

63.4 Mr Fellows confirmed to Councillor Cattell that the building and traffic works at the hospital had had no effect on the ambulance service.

63.5 The Regional Operations Manager explained to the Committee that the lead up to Christmas was less busy than expected but there had been an increase in activity after Christmas resulting in 15% more activity than planned for. The Account Manager added that the profile of demand had been unusual and they believe that this was due to there not being a significant flu in the build up to Christmas.

63.6 In response to the Chair, it was clarified that new cohort staffing arrangements had been introduced, although staffing pressures elsewhere in the emergency department meant that the cohort nurses could not always be deployed in the cohort area.

63.7 It was explained that a larger capacity or additional minor injury units would be unlikely to solve the current problems because demand tends to increase where emergency healthcare capacity is expanded.

63.8 **RESOLVED** – That the Committee agreed to note the report.

64 UPDATE ON SEAFRONT INFRASTRUCTURE SCRUTINY PANEL RECOMMENDATIONS

64.1 Nick Hibberd, Head of City Regeneration, BHCC; and Ian Shurrock, Head of Sport & Leisure, introduced the report and explained that the report was to provide an update on the progress made towards the recommendations that were approved by Policy & Resources Committee on 22 January 2015.

64.2 The Head of City Regeneration stated to the Committee that investment had been made and strategic plans had been discussed at the Greater Brighton Economic Board and the Infrastructure Panel. It was added that there had been progress, including: the majority of the arches had been successfully rebuilt, opened and rented out; the i360 was being completed; Dalton Baiston site proposals and the Brighton Waterfront project was being looked into.

64.3 In response to the Youth Council representative, the Head of City Regeneration explained that the profit made from the i360 would be reinvested into the seafront and would be used to improve the landscaping around the West Pier and i360 location.

64.4 In response to Councillor Wares, the Head of City Regeneration clarified that the Madeira Terraces structure does not produce any profit; however, they are looking for a project that will enable profit.

64.5 The Head of City Regeneration explained that they consult with the traders, have regular meetings and inform them of any changes or developments with the work as soon as possible.

64.6 **RESOLVED** – That the Committee agreed to have an update report in 12 months.

64.7 **RESOLVED** – That the Committee agreed to note the report.

65 UPDATE ON GP SUSTAINABILITY WORKSHOP

65.1 The Chair introduced and explained that the purpose of the report was to enable members to consider the potential actions it wishes to take in relation to the issue of GP sustainability in the city.

65.2 **RESOLVED** – The Committee agreed to have six monthly reviews and a full report in January 2017.

The meeting concluded at 7.05pm

Signed Chair

Dated this day of

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 6 Brighton & Hove City Council

Subject:		**Health Overview & Scrutiny Committee (HOSC) Terms Of Reference**
Date of Meeting:		**25 May 2016**
Report of:		**The Head of Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 At the May 2016 Annual Council meeting, members agreed to amend the council's constitution with regard to Overview & Scrutiny (O&S) functions, creating a new Health Overview & Scrutiny Committee (HOSC).

1.2 This report details these new responsibilities and includes the HOSC terms of reference in **Appendix 1**.

2. RECOMMENDATIONS:

2.1 That the Committee's terms of reference, as set out in **Appendix 1** to this report, be noted; and

2.2 That the establishment of an Urgency Sub-Committee consisting of the Chair of the Committee and two other Members (nominated in accordance with the scheme for the allocation of seats for committees, one from each of the other Groups), to exercise its powers in relation to matters of urgency on which it is necessary to make a decision before the next ordinary meeting of the Committee, be approved.

2.3 That the Committee appoints non-voting co-opted members from the Older People's Council, the Youth Council, Community Works and Healthwatch, as referred to in para. 3 **Appendix 1** (terms of reference).

3. CONTEXT/ BACKGROUND INFORMATION

3.1 Article 6 of the constitution, incorporates a schedule of all the Committees/Sub-Committees established in the new constitution together with a summary of their respective functions.

The Health Overview & Scrutiny Committee (OSC) Terms of Reference

3.2 A copy of the terms of reference for the HOSC is attached in **Appendix 1**. These should be read in the context of the 'Introduction and General Delegations' included in the Scheme of Delegations to Committees and Sub-Committees at part 4 of the constitution.

Functions

3.3 The HOSC will scrutinise the planning, provision and operation of the health service and social care in the authority's area, including both adults and children, as well as those functions exercised by the authority as a health service provider, as set out in the National Health Service Act 2006, as amended, and the Regulations. More details of HOSC functions are included in the committee Terms of Reference (**Appendix 1**).

Membership

3.3 HOSC membership is detailed in para. 2 of the HOSC Terms of Reference (**Appendix 1**).

3.4 The arrangements for substitute Members to attend meetings of Committees/Sub-Committees are as set out in the Council Procedure Rules 18 to 24.

3.5 It is proposed that non-voting co-optees be invited to sit on HOSC to provide external perspective and to reflect the views of their respective bodies, one from each of the following: the Older People's Council, the Youth Council, Community Works and Healthwatch (see para. 3 of the terms of reference). The individuals representing these bodies will be agreed at this meeting under recommendation 2.3 of this report.

Programme of Meetings

3.6 Ordinary meetings of the Health Overview & Scrutiny Committee are scheduled to take place on the following dates during 2016/17:

- Wednesday 25 May 2016
- Wednesday 20 July 2016
- Wednesday 19 October 2016
- Wednesday 07 December 2016
- Wednesday 01 February 2017
- Wednesday 22 March 2017

3.7 From autumn 2016, meetings of the Committee will normally be held at Hove Town Hall and will start at 4.00 p.m. Prior to this, meetings will be held in Portslade Town Hall at 4.00pm due to renovation work at Hove Town Hall.

Urgency Sub-Committee

3.8 The Constitution states that each Committee of the Council except the Audit & Standards Committee may appoint an Urgency Sub-Committee to exercise its powers. The membership of such Urgency Sub-Committee shall consist of the

Chair of the Committee, and two other Members nominated by the Group Leader or Leaders as appropriate to meet the requirements for the allocation of seats between political groups. Under current allocations this would mean an urgency sub-committee will consist of one Member from each of the three political groups on the Council.

3.9 Such Urgency Sub-Committees may exercise their powers in relation to matters of urgency on which it is necessary to make a decision before the next ordinary meeting of the Committee. Every decision of each Urgency Sub-Committee shall be reported for information to the next ordinary meeting of the Committee as appropriate.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The Council's constitution provides for the appointment of the sub-committees and urgency sub-committees. It is for the Committee to determine this action and it could decide not to make such appointments. However, this would be contrary to the wishes of the Council and is not therefore regarded as a viable alternative option.

4.2 The HOSC Terms of Reference are for information rather than decision as they have already been approved by Full Council.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The HOSC Terms of Reference have been agreed by Full Council.

6. CONCLUSION

6.1 The recommendations are being put forward in line with the requirements of the constitution.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 There are none

Legal Implications:

7.2 The terms of reference for the HOSC meet the legal requirements set out iin the National Health Service Act 2006 (as amended).

Lawyer Consulted: Elizabeth Culbert *Date: 030516*

Equalities Implications:

7.3 None directly

Sustainability Implications:

7.4 None directly

Any Other Significant Implications:

7.5 None

SUPPORTING DOCUMENTATION

Appendices:

1. HOSC Terms of Reference

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: TERMS OF REFERENCE

Explanatory note: This Committee has responsibility for delivering the Council's functions in relation to health scrutiny in accordance with powers conferred on the authority by the National Health Service Act 2006 as amended.

1. Delegated functions:
To discharge the functions of the Council relating to the scrutiny of health services by exercising its powers pursuant to the National Health Service Act 2006, as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ('the Regulations').

To scrutinise the planning, provision and operation of the health service **and social care** in the Authority's area, including **both adults and children, as well as** those functions exercised by the authority as a health service provider, as set out in the National Health Service Act 2006, as amended, and the Regulations.

The functions of the Committee include but are not limited to:

- Responding to consultations and making comment on proposals including for a substantial development or variation in the provision of the health service in the Authority's area;

- Making reports and recommendations to the National Health Service and other health service providers, the Council, the committees and subcommittees, and to other relevant bodies and individuals;

- Requesting that healthcare providers attend to answer questions or provide information in accordance with prescribed process

- Reviewing and scrutinising the impact of the Authority's own services and of key partnerships on the health of its population and to contribute to the development of policy and services to improve health and reduce health inequalities;

- Encouraging the Council as a whole to take into account the implications of their policies and activities on health and health inequalities;

- Monitoring and reviewing the outcomes of its recommendations.

- Receiving and responding to referrals from a Local Healthwatch organisation or Local Healthwatch contractor in accordance with the Regulations.

In all of the above, the Council will act having first both invited interested parties to comment and taken into account relevant information, including that provided by stakeholder groups.

2. Membership of the Health Overview and Scrutiny Committee

Membership of the Health Overview and Scrutiny Committee will reflect the political composition of the Council and be subject to section 15 of the Local Government and Housing Act 1989. No member of the Council's Health and Wellbeing Board may be a member of the Health Overview and Scrutiny Committee. No Councillor may be involved in scrutinising a decision in which s/he has been directly involved.

3. Co-optees

The Health Overview and Scrutiny Committee will include non-voting co-opted members from the Older People's Council, the Youth Council, Healthwatch and the Community and Voluntary Sector.

4. Meetings of the Health Overview and Scrutiny Committee

The Health Overview and Scrutiny Committee will meet in accordance with a programme of meetings agreed by the Policy, Resources and Growth Committee. In addition, an extraordinary meeting may be called by the Chair or the Chief Executive at any time if they consider it necessary or desirable.

5. Quorum

The quorum for Health Overview and Scrutiny Committee meetings shall be as set out for committees and sub-committees in the Council Procedure Rules in Part 3 of this Constitution.

6. Chair of Health Overview and Scrutiny Committee

The Council will appoint the Chair of the Health Overview and Scrutiny Committee.

7. Work programme

The Health Overview and Scrutiny Committee will be responsible for setting its own work programme.

8. Agenda items

Agenda items shall be set by the Health Overview and Scrutiny Committee identifying issues which they wish to consider.

Any Member of the Council may notify Democratic Services that s/he wishes an item relevant to the functions of the Health Overview and Scrutiny Committee to be included on the agenda for the next available meeting of the Committee.

9. Submission of reports from Health Overview and Scrutiny Committee

Once it has formed recommendations on any matter, the Health Overview and Scrutiny Committee will prepare a formal report and submit it to the relevant NHS body, Council Committee, the Chief Executive of the Council or relevant organisation for consideration at the relevant decision-making body.

10. Matters excluded from review by the Health Overview and Scrutiny Committee

The health overview and scrutiny process is not appropriate for issues involving individual complaints or cases, or for which a separate process already exists e.g. personnel/disciplinary matters, ethical matters or allegations of fraud.

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 7 Brighton & Hove City Council

Subject:		**Suicide Prevention**
Date of Meeting:		**25 May 2016**
Report of:		**Director of Public Health**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report describes city suicide prevention planning. **Appendix 1** contains the current partnership Suicide Prevention Strategy action plan. **Appendix 2** contains additional information on 'suicide safer cities' provided by Grassroots, a local community organisation which is a key partner in suicide prevention work.

1.2 There will be a joint presentation to the committee from the council's Public Health team, Grassroots, and Sussex Partnership NHS Foundation Trust (SPFT).

2. RECOMMENDATIONS:

2.1 That members consider and comment on the city suicide prevention planning detailed in this report and its appendices.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 At a recent meeting with Sussex Health Scrutiny Chairs, SPFT suggested that HOSCs might find it of value to learn more about the locality-based suicide prevention planning taking place across the county.

3.2 Effective suicide prevention is a partnership activity, bringing together NHS commissioners and providers, local authorities and other statutory agencies, and local community and voluntary sector organisations (a full list of the organisations involved in drafting the Brighton & Hove Suicide Prevention Strategy is included in **Appendix 1** to this report). In Brighton & Hove this work is coordinated by the council's Public Health team.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 None to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None for this report.

6. CONCLUSION

6.1 This report is intended for information.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this report for information.

Legal Implications:

7.2 None to this report for information

Equalities Implications:

7.3 None to this report for information.

Sustainability Implications:

7.4 None to this report for information.

Any Other Significant Implications:

7.5 None.

SUPPORTING DOCUMENTATION

Appendices:

1. Brighton & Hove Suicide Prevention Strategy Action Plan
2. Additional information provided by Grassroots

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

Brighton & Hove Suicide Prevention Strategy: Action Plan 1 April 2016 - 31 March 2017

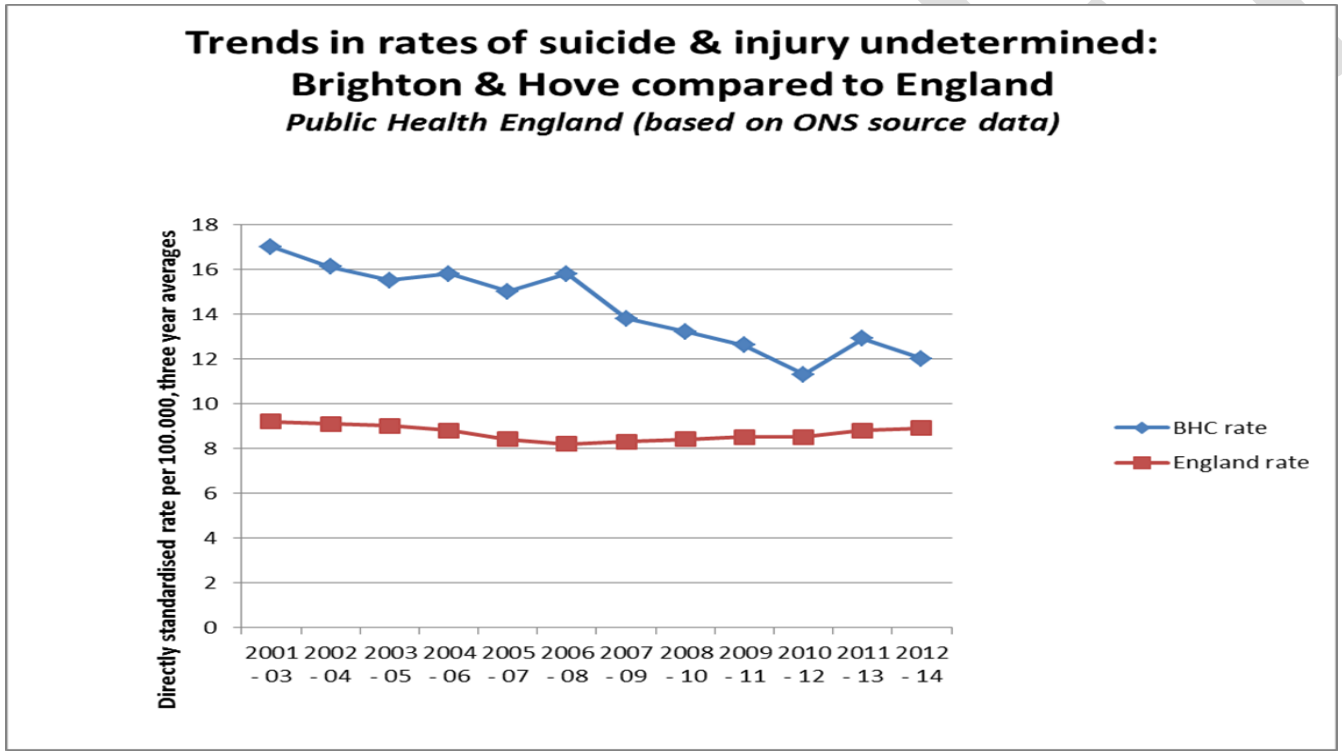
Contents

1. Rates of suicide and self-harm

Brighton & Hove has had a higher rate of deaths by suicide than the national average for over a century. Current rates are the ninth highest among local authority areas in England; Brighton & Hove is ranked 136 of 144 local authorities. Overall, the local rate, age-standardised and based on 3-year averages, is significantly higher than the rate for England.

The graph below left shows the trend in the rate for Brighton & Hove compared to England. Rates for deaths by suicide fell nationally in the first decade of the century, but have risen recently. There is more variation in the local rate as the numbers are smaller, but the pattern is broadly similar.

A new Suicide Prevention Profile has recently been published by Public Health England which gives more details about risk by age and gender.[1] Brighton & Hove has significantly higher rates of suicide among men aged 35 – 64. Detailed analysis of deaths among women is not published as numbers are too small at local level.



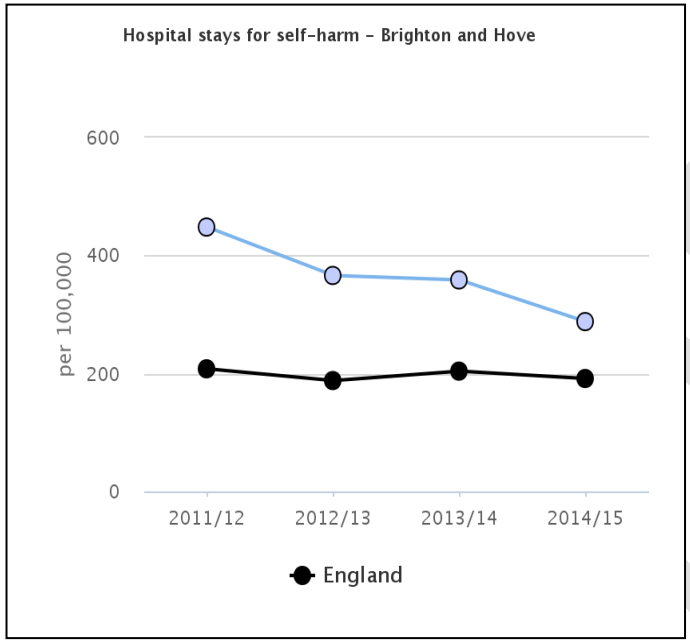
[1] http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data

Source: Public Health England (based on ONS source data)

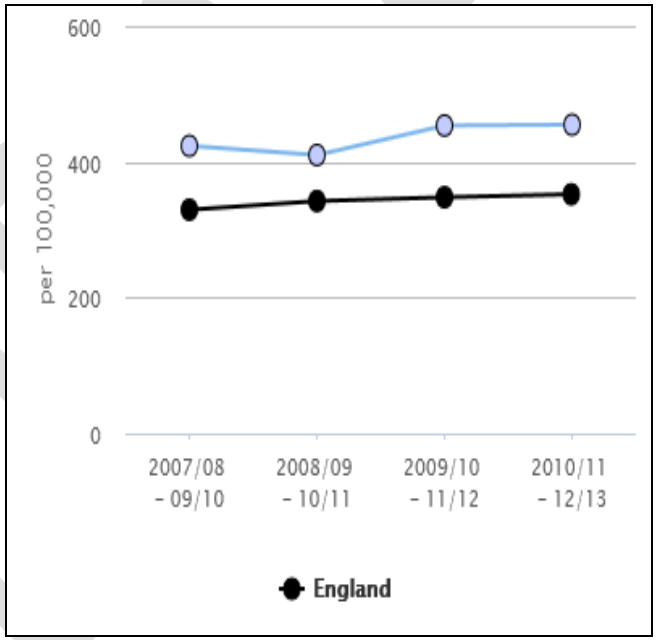
Self-harm

The rate of hospital admissions for self-harm among young people aged 10 – 24 years has been rising in Brighton & Hove, as it has across England.[2] In contrast, rates for hospital stays for self-harm among people of all ages have been falling locally. [3] In a local survey in 2012, one in ten adults said that they had deliberately self-harmed – this was highest in those aged 18-24 (19%). This rate is closer to the national average.[4]

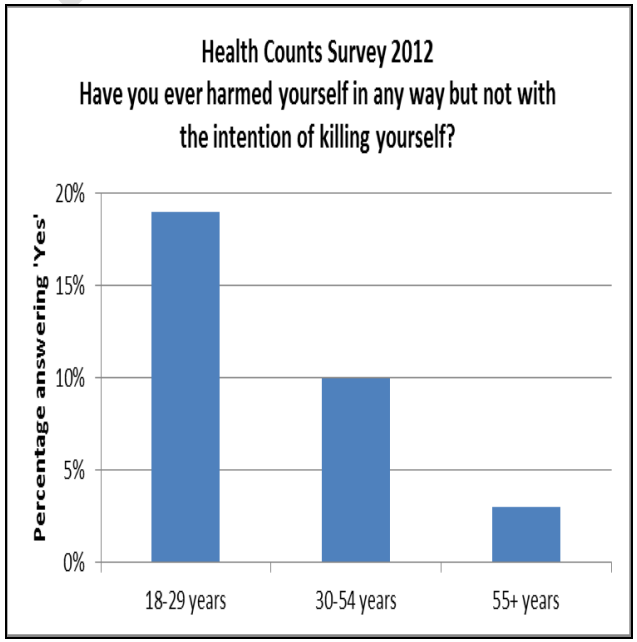
Hospital stays for self-harm, all ages
Brighton & Hove rate in blue, England in black



Hospital admissions for self-harm, 10 – 24 yrs



People reporting self-harming (ever)
Health Counts Survey of Brighton & Hove residents



[2] http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/
[3] http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/
[4] http://www.bhconnected.org.uk/content/local-intelligence

2. Key sources of guidance and information

The 2012 cross-government strategy *Preventing Suicide in England*[5] identifies priorities for action under six headings:
1: Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Two follow-up annual reports have been published since, updating information about rates of suicide and risk groups, and making recommendations for local action.[6,7]

The National Institute for Health and Care Excellence (NICE) has published guidance on the short and longer term clinical management of self-harm, and the national strategy for suicide prevention includes self-harm in its remit.

Local information

We have also based on priorities for action on local information including:

- Audit of HM Coroner's records, to which she has kindly allowed access, to identify common circumstances, with the aim of focussing our efforts on those people or places or means that present particularly high risks.
- Information from emergency services about the location of incidents related to suicide.
- Information from significant incident reports and other learning following a death.
- Information from Public Health England on our local prevalence of mental wellbeing, ill-health and self-harm, as well as suicide rates.

[5] https://www.gov.uk/government/publications/suicide-prevention-strategy-launched
[6] https://www.gov.uk/government/news/progress-on-suicide-prevention (One Year On)
[7] https://www.gov.uk/government/publications/suicide-prevention-second-annual-report (Two Years On)

3. Risk groups

Groups at higher risk of suicide identified in national guidance:

- Young and middle aged men
- People in the care of mental health services, including inpatients
- People with a history of self-harm
- People in contact the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers, famers and agricultural workers

Groups identified in national guidance as needing a tailored approach to improve mental health:

- Care leavers or those who were looked after children
- Military veterans
- Lesbian, Gay, Bisexual and Trans people
- Black and Minority Ethnic groups and asylum seekers

The PHE site lists risk factors for suicide by area. Risk factors for which Brighton & Hove has higher rates:

- Looked after children & young people leaving care aged under 18
- Statutory homelessness
- People living alone – households occupied by a single person
- Older people living alone – households occupied by a single person aged 65 or more

Additional groups identified as at higher risk locally through the audit of Brighton & Hove HM Coroner's records:

- People with a mental health diagnosis, especially depression – including those not in current treatment by mental health services
- People living in deprived areas or who are unemployed long term
- People living alone
- People who have suffered significant bereavement, recent relationship difficulties or separation
- People experiencing or perpetrating violence or abuse
- People abusing alcohol or drugs
- People experiencing chronic pain

Patient risk factors in general practice identified through the Clinicians' meetings following a death:
newly registered patients, cultural groups with particular stigmas around self-harm (eg Chinese), patients for whom English is a barrier to communication, self-diagnosis with insomnia, previous impulsive behaviour, significant and painful anniversaries, socially isolated men, dual diagnosis, housebound people, patients on high risk medication for physical illnesses (eg insulin) who are also at high risk of mental ill-health, chronic pain and medically unexplained symptoms, physical presentations of symptoms associated with depression (eg weight loss), poor communication between GPs and care coordinators for mental health services.

Significant event analysis by Sussex Partnership has identified older people with a new diagnosis of dementia and their carers as a potential risk.

The national strategy report: *Preventing Suicide in England: Two Years On* identifies the following new specific risk groups:

- Men in prison who self-harm
- Men aged 35-44 years experiencing the impact of economic recession
- Older people who present at A&E following self-harm
- People who have been discharged from mental hospital within the past 3 months, especially in the first 2 weeks
- People who are in the care of crisis resolution home care teams

Public Health England identifies these risk groups for self-harm:

- Women - rates are two to three times higher in women than men
- Young people - 10-13% of 15-16-year-olds have self-harmed in their lifetime
- People who have or are recovering from drug and alcohol problems
- People who are lesbian, gay, bisexual or gender reassigned
- Socially deprived people living in urban areas
- Women of South Asian ethnicity
- Individual elements including personality traits, family experiences, life events, exposure to trauma, cultural beliefs, social isolation and income

4. **Hotspots**

Most deaths in Brighton & Hove are by hanging at home but of those that take place in public spaces, many are near to the coast or city centre – see Appendix 1. The seafront and the railway have both been identified as local hotspots or high risk areas.

Nationally, there is evidence that physical barriers are effective.[8] Signage is also likely to be effective.[9] Increasing the likelihood of intervention by a third party (through surveillance and staff training) and encouraging responsible media reporting of suicide (through guidelines for media professionals) are also 'promising' approaches.[10]

[8] Martin Knapp et al. Mental health promotion and mental illness prevention: the economic case. London School of Economics, 2011.
[9] National Institute for Mental Health in England (NIMHE). Guidance on action to be taken at suicide hotspots. Department of Health, 2006.
[3] Cox GR et al. Interventions to reduce suicides at suicide hotspots: a systematic review. BMC Public Health: *13:214,* 9 March 2013. *http://www.biomedcentral.com/1471-2458/13/214*

5. Gap analysis against national strategy: Preventing Suicide in England (2012)

	National strategy:areas for action	*Vulnerable groups*	*Local action*
1	Reduce the risk of suicide in key high-risk groups	Young and middle-aged men	A men's outreach campaign is in development by Grassroots Suicide Prevention and Samaritans. A Men's Shed is being set up in Kemp Town.
		People in the care of mental health services, including inpatients	Sussex Partnership Suicide Prevention action plans to be developed for each service area, including Brighton & Hove.
		People with a history of self-harm	Workstream 3 programme, see below.
		People in contact with the criminal justice system	Rethink's Mendos group supports people leaving prison. The Samaritans provide a listening service in HM Prison Lewes and Brighton Bail Hostel.
		Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers	Grassroots Suicide Prevention has provided support for specific occupational groups. The NHS Practitioner Health Programme (PHP) scheme supports doctors with mental health or substance misuse problems. The audit of Coroner's records has highlighted education and health workers as a high risk locally; few agricultural workers.
2	Tailor approaches to improve mental health in specific groups	Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system	Support for children and young people is commissioned by both the Public Health Schools Programme and wider commissioning of services by both the Clinical Commissioning Group and Council.
		Survivors of abuse or violence, including sexual abuse	The CCG has commissioned a new service to support for victims of trauma.
		Veterans	Provision through Sussex Armed Forces Network.
		People living with long-term physical health conditions	Progress on lifestyle advice and health promotion for people with long term mental health conditions; some pathways eg MSK include mental health screening and referral.
		People with untreated depression	The Mental Health Locally Commissioned Service supports improved care at GP practices. NHS checks in deprived areas include screening for depression.
		People who are especially vulnerable due to social and economic circumstances	Public health commissions a programme of mental health promotion activities in deprived areas from Mind. Financial inclusion work at the Council also supports those at risk.
		People who misuse drugs or alcohol	Programmes of work for Substance misuse and Alcohol misuse are led by the public health specialist team at the Council.
		Lesbian, gay, bisexual and transgender people	MindOut, Allsorts Youth, Switchboard, Clare Project & other organisations provide support.
		Black, Asian and minority ethnic groups and asylum seekers	The Council's Community Safety Team works closely with statutory and voluntary sector partners to ensure that the city's services are responding to changes in patterns of immigration to the city, in

			particular the arrival and needs of very vulnerable migrants whose experiences of trauma and migration may lead them to have a higher suicide risk. The Trust for Developing Communities and a variety of voluntary organisations such as BMEYPP, BMECP provide support to some sectors of our Black and Minority Ethnic Communities.
3	Reduce access to the means of suicide	Local 'hotspot' along the seafront	Signage along seafront with Samaritans Freephone number. Training for seafront staff, RNLI and coastguards.
		Some railway and woodland deaths also	Work between Network Rail and national Samaritans. Training for city parks staff.
4	Provide better information and support to those bereaved or affected by suicide		Survivors of Bereavement by Suicide (SOBS) group. Survivors of Suicide (SOS) group. Cruse Bereavement support. Local information: Council webpage; leaflet to be developed. National information: Help is at hand, Support after Suicide website.
5	Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Grassroots Suicide Prevention has provided training for the Argus staff, and has provided the Samaritans guidelines.
6	Support research, data collection and monitoring	Data sources include: • Office for National Statistics (ONS): deaths by suicide & injury undetermined, Brighton & Hove residents. • Coroner's records for suicide, open, narrative verdicts, deaths in Brighton & Hove. • Sussex Police incidents attended. • East Sussex Fire & Rescue incidents attended.	ONS and Police data have been recently updated. Coroner's audit: 2013 is incomplete. Restarting in 2014 or 2015. National guidance and research is also important.

6. Action planning for suicide prevention in Brighton & Hove

A multi-agency group has been meeting in the city since the 1990s to agree strategy and actions to reduce the rate of suicide. This group is currently chaired by a Consultant in Public Health and includes representatives from local voluntary, statutory and emergency services (see Appendix 2 for details).

To identify priorities for 2016-17, a planning meeting was held on 8 March 2016. A mid-year review will be held in October 2016, and an end of year and planning workshop in February or March 2017.

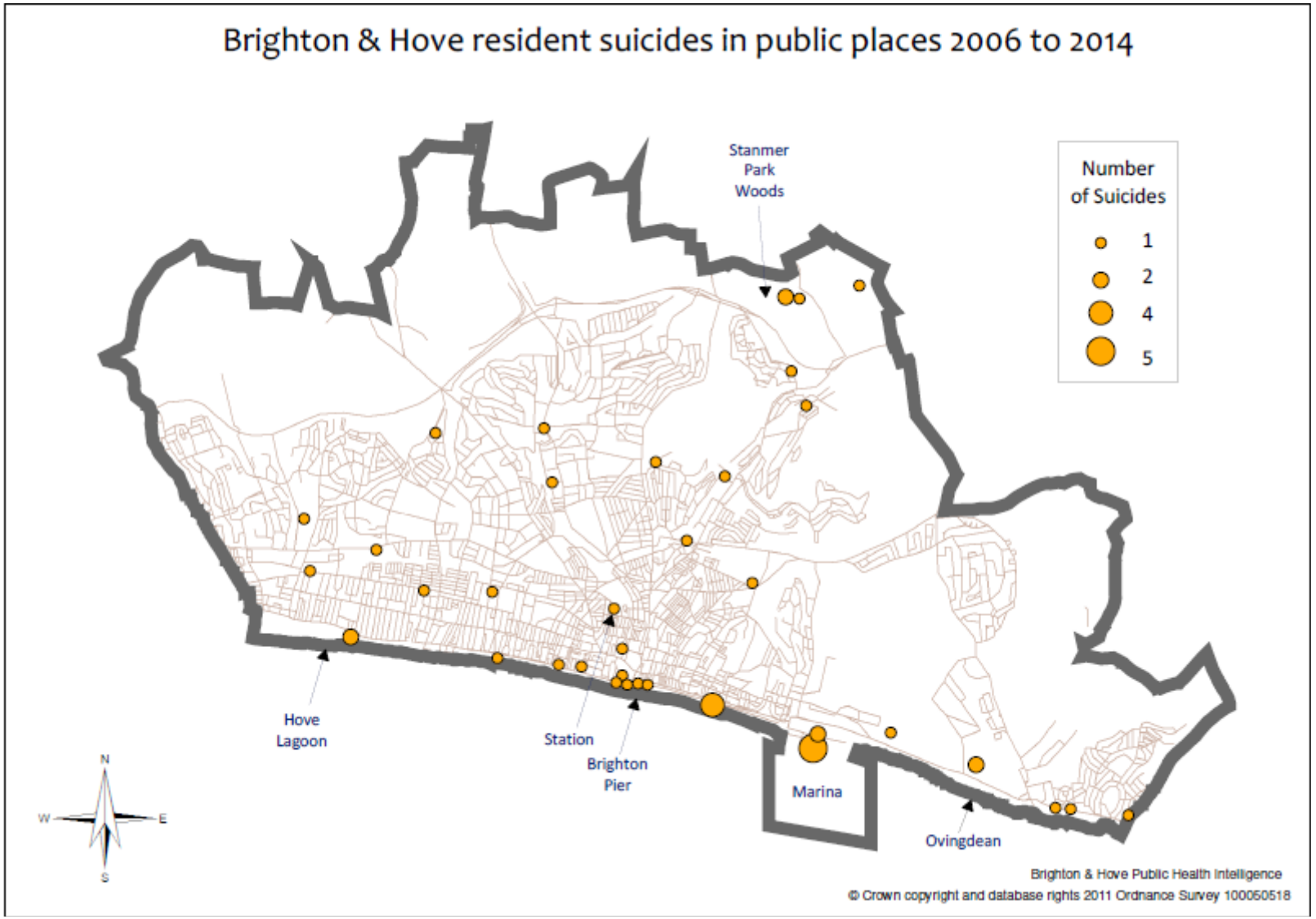
7. Action plan for 2016-17

	Workstream		Action in 2016-17
1	Research, audit and local data	1.1	Continue to update all relevant local data, for review at the annual planning meeting in March 2017, and mid-year if relevant new data becomes available: • Office for National Statistics • Coroner's records • Sussex Police • East Sussex Fire & Rescue
		1.2	New national guidance and key research articles to be circulated to the wider Suicide Strategy Prevention Group.
2	Clinicians: pathways and learning	2.1	Continue clinicians' meetings between GPs and Sussex Partnership clinical staff. Annual summary report to be shared and actions taken as needed. Review communication between primary and secondary care, including risk assessment and escalation protocols. Ensure adequate arrangements are in place for follow up after discharge from secondary care.
		2.2	Consider any clinical recommendations from the Sussex Partnership Clinical Advisory Groups relevant to suicide or self-harm.
		2.3	Training for nurses in preventing suicide in LBG and trans young people.
3	Self-harm	3.1	Evaluate the pilot scheme for brief interventions by the Mental Health Liaison Team at the Royal Sussex County Hospital emergency department, and extend the scheme if appropriate.
		3.2	Review data about current levels of population need and service provision, including Public Health England data, serious case reviews, Wellbeing Service & CAMHS data from T2 and T3, Safe & Well at School Survey, organisations trained in Understanding Self-Injury by Grassroots SP, primary care knowledge about self-harm, public health schools programme, information from hostels, YMCA, social care, school counsellors, Right Here, etc.
		3.3	Social media: quality assurance for *A Safer City*, ensure that consistent messages and information are provided. Consider review of social media options for adults who self-harm.

	Workstream		Action in 2016-17
		3.4	Safety plans: share models currently in use to identify any benefits in sharing or coordinating templates.
		3.5	Other options: • Recording of history of self-harm in adult clinical notes. • Addressing family interventions. • Connecting training across the system. • Voice of young people. • Out of hours/ crisis information. • University student needs. • Support for children and young people affected by or bereaved by suicide.
4	High risk groups and locations	4.1	Hotspots: Continue to map areas of high risk through information on locations of deaths and attempts. Take action to reduce risk (eg install signage, barriers) and in line with evidence base. Provide training where this may support staff working at higher risk areas.
		4.2	Training: Map coverage of sectors/organisations by self-harm and suicide prevention training programme for frontline staff. Provide tailored training for frontline staff in occupational groups where required.
		4.3	Challenge to stigma: Suicide Safer City programme to be further developed, including suicide safer organisations. World Suicide Prevention Day 2016 to be supported. Update the Council webpages to ensure signposting is effective.
		4.4	Continue gap analysis of psychosocial support for vulnerable groups, working towards provision of new services where gaps are identified. Consider how best to reach people who may be at higher risk including men, people who don't engage with services or are isolated, people with a new diagnosis of dementia, older people with multiple medications and long-term conditions, people with untreated depression, those in touch with criminal justice system.

	Workstream		Action in 2016-17
		4.5	Crisis: Develop an email list for blue light services to communicate any changes in key information about crisis contact details. Consider developing a card or phone link. Continue work on diverting people with mental health needs from arrest, sectioning in police cells and imprisonment. Consider issues arising from work on the Crisis Care Concordat, including the 'Prevention Concordat'. Consider the need for further provision of crisis support, such as a safe/calm space, including the needs of people with Personality Disorder.
		4.6	Clusters: Consider how we can better identify and respond to clusters or contagion of suicides or attempts.
5	Steering group	5.1	Suicide Safer City application: review action plan for additional gaps and consider how to shape the city suicide prevention action plan for 2017-18.
		5.2	Sussex Partnership Suicide Prevention Action Plans for each service: review for opportunities for joint working.
		5.3	Review other gaps arising in-year.
		5.4	Monitor media coverage.
		5.5	Seek views of those with lived experience on draft action plan.

Appendix 1: map of deaths by suicide in public places



Appendix 2: membership of the Brighton & Hove City Suicide Prevention Strategy Planning group 2016-17

1. Attendance at the annual planning meeting, 8 March 2016

Jacky Austen	Manager, Community Services in Brighton & Hove	Sussex Partnership NHS Foundation Trust
Gillian Bendelow	Professor in Sociology of Health and Medicine, School of Applied Social Science	University of Brighton
Rachel Brett	Director of Communities	Downslink YMCA
Gill Brooks	Commissioner, Children and Young People's mental health	Clinical Commissioning Group
Jo Bullen	Team leader, paediatric liaison mental health team, Royal Alexandra Children's Hospital	Sussex Partnership NHS Foundation Trust
Daniel Cheesman	Director	Samaritans in Brighton & Hove
Kerry Clarke	Commissioner for children and young people	Public health, Brighton & Hove City Council
Greg Condry	Outreach team	Samaritans in Brighton & Hove
Debi Fillery	Nurse consultant for safeguarding, Supervisor of midwives, RACH	Brighton & Sussex University Hospitals
Ruth Finlay	Project manager, Suicide prevention	Public health, East Sussex County Council
Sarah Gates	Mental Health Liaison Officer	Sussex Police
Alex Harvey	Office manager	Grassroots Suicide Prevention
Jane Hoyle	RSCH Mental Health Liaison Team	Sussex Partnership NHS Foundation Trust
Peter Huntbach	Older People's Housing Manager	Brighton & Hove City Council
Becky Jarvis	GP, Clinical Lead for Mental Health	Clinical Commissioning Group
Helen Jones	Director	MindOut
Peter Joyce	CAMHS General Manager	Sussex Partnership NHS Foundation Trust
Melinda King	Inclusion and Partnership Co-ordinator	East Sussex Fire & Rescue Service
Navpreet Mangat	Intern	Grassroots Suicide Prevention
Stuart Marks	Manager	Brighton & Hove Cruse Bereavement Care
Clare Mitchison	Public health specialist	Public health, Brighton & Hove City Council
Mike Newman	Clinical services manager	Pavilions
Gurprit Pannu	Clinical Director, Brighton & Hove Adult Treatment Services	Sussex Partnership NHS FoundationTrust
Eileen Remedios	Costal Safety Officer	Royal National Lifeboat Institution
Wendy Robinson	Service Manager SOS & MENDOS Services	Rethink
Launa Rolf	Clinical Quality and Patient Safety Manager	Clinical Commissioning Group
Anna Roscher	Youth Volunteer Coordinator	Allsorts Youth
Liz Tucker	Research officer, DAAT	Public health, Brighton & Hove City Council
Emma Wadey	Director of Nursing Standards & Safety	Sussex Partnership Foundation Trust
Becky Woodiwiss	Public health specialist	Public health, Brighton & Hove City Council

2. Workstreams and strategy steering group

	Membership: organisation (lead/chair in bold)	*Membership: individuals (lead in bold)*
Steering group	**Brighton & Hove City Council, public health** Clinical Commissioning Group (CCG) Grassroots Suicide Prevention	**Katie Cuming, Consultant in Public Health** Clare Mitchison, lead for Workstream 1 Gill, Brooks, lead for Working group 3 Miranda Frost, lead for Working group 4
Workstream 1 (no formal meetings)	**Brighton & Hove City Council, public health** Coroner's Office East Sussex Fire & Rescue service Sussex Police	**Clare Mitchison, Public Health Specialist** • Liz Tucker, Public Health • Public health analysts • HM Coroner and Linda Porter, administrator • Melinda King, ESFRS • Emma Gee, Sussex Police
Workstream 2 Clinicians' meetings	**Brighton & Hove City Council, public health** NHS Brighton & Hove, Clinical Commissioning Group (CCG)	**Katie Cuming, Consultant in public health** • Becky Jarvis, clinical lead for mental health, CCG • Launa Rolf, Quality lead for mental health, CCG
Working group 3 Quarterly meetings	**CCG** Brighton & Hove City Council, public health Grassroots Suicide Prevention Sussex Partnership NHS Foundation Trust Wellbeing Service YMCA Downslink Group	**Chair: Gill Brooks, Commissioner for CYP mental health** • Clare Mitchison, public health specialist • Kerry Clarke, Public health schools programme • Miranda Frost, Grassroots Suicide Prevention • Peter Joyce, CAMHS • Lisa Page/ Elena Riseborough, MHLT • Jacky Austen, Sussex Partnership • Mary Verrall, Wellbeing Service • Rachel Brett/Mark Cull/ /Anita Barnard, Downslink YMCA
Working group 4 Quarterly meetings	Grassroots Suicide Prevention Allsorts Youth Project Brighton & Hove City Council, public health Cruse bereavement support Mind in Brighton & Hove MindOut Rethink, Survivors of Suicide Samaritans of Brighton & Hove Survivors of Bereavement by Suicide (SOBS) Sussex Partnership NHS Foundation Trust Wellbeing Service	**Chair: Miranda Frost, Grassroots Suicide Prevention** • Anna Roscher, Allsorts Youth • Clare Mitchison, public health specialist • Stuart Marks, Cruse • Shirley Gray, Mind • Helen Jones, MindOut • Wendy Robinson, SOS • Anne Bellis, Greg Condry, Samaritans • Paula Seabourne, SOBS • Emma Wadey, Sussex Partnership • Peter Ley, Wellbeing Service

Appendix 2

Suicide Safer Communities: Brighton & Hove

The 'Suicide Safer Communities' designation has been developed by *LivingWorks Education*; the international social enterprise who developed the ASIST and SafeTALK suicide intervention training packages. The designation honours communities who have implemented concerted, strategic approaches to suicide prevention. The nine pillars in this designation reflect the core elements of suicide prevention strategies around the world. The designation celebrates and acknowledges those communities who have made significant progress in reaching their suicide-safer goals, and helps others understand what strategic steps they can take to prevent suicide on a community level.

LivingWorks says: *"Suicide-Safer Communities are passionate in their belief that suicide is preventable and that suicide prevention is a shared responsibility where every person from policy makers to individual community members has the potential to make a difference and save a life. In acquiring an official "Suicide-Safer Community" designation, communities will be recognised for their efforts as leaders in formulating and implementing suicide prevention initiatives on a sustainable and ongoing basis over time."*

Brighton & Hove has a higher than average suicide rate and has done for many years. In response to this issue *Grassroots* has been working with the *Brighton & Hove Suicide Prevention Strategy Group*'s partners across the city for several years to prevent suicide, and we are hopeful that the city will be recognised for its efforts next year by being awarded the Suicide Safer Community designation.

Grassroots Suicide Prevention formally declared our intention to work towards this designation on World Suicide Prevention Day 2012, with the support of the *Brighton & Hove Suicide Prevention Strategy Group*. We are currently collating contributions to the city's application from partners across the city including Public Health, Sussex Partnership NHS Foundation Trust and the third sector. We will submit the application Spring 2016. Brighton & Hove's application for designation will be assessed by a review committee of national and international experts, including *LivingWorks Education*.

Pillars for Building a Suicide-Safer Community

The nine (9) pillars provide a structure for reviewing actions and accomplishments in achieving a suicide-safer community designation:

1. Leadership/Steering Committee
2. Background Summary
3. Suicide Prevention Awareness
4. Mental Health and Wellness Promotion
5. Training
6. Suicide Intervention & Ongoing Clinical/Support Services
7. Suicide Bereavement
8. Evaluation Measures
9. Capacity Building/Sustainability

Further Information:

www.prevent-suicide.org.uk

www.livingworks.net

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 8 Brighton & Hove City Council

Subject:		**South East Coast Ambulance NHS Foundation Trust update on Red 3 Triage Scheme**		
Date of Meeting:		**25 May 2016**		
Report of:		**The Head of Law**		
Contact Officer:	**Name:**	**Karen Amsden**	**Tel:**	**29-1068**
	Email:	**Karen.amsden@brighton-hove.gov.uk**		
Ward(s) affected:		**All**		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The report is intended to update committee members on events surrounding the Red 3 Triage Scheme adopted by South East Coast Ambulance Trust (SECAmb); the background to this scheme; the key findings of the Deloitte review of the 'Red 3 Green 5' pilot[1] scheme; and what changes are being put into place to address the issues raised by Deloitte.

1.2 There will be a presentation from SECAmb at the committee meeting.

2. RECOMMENDATIONS:

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

3. CONTEXT/ BACKGROUND INFORMATION

3.1 SECAmb provides 999 and NHS 111 services to the population of Kent, Sussex and Surrey. In December 2014 the Trust implemented a pilot scheme where they changed their handling of certain 111 calls which were being transferred to the 999 service because 111 operators had assessed them as requiring an urgent response. This introduced a second triage stage (and an additional 10 minute wait time) for certain 111- 999 transfers to determine whether an ambulance was in fact urgently required.

3.2 These changes were not in line with NHS England Commissioning standards for 111. Following the suspension of the pilot in February 2015, the scheme was investigated by NHS England and subsequently by Monitor, the NHS regulator of Foundation Trusts. Monitor commissioned Deloitte to undertake a forensic review of the scheme.

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1 http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwj12drAkKrMAhVCVD4KHb1cBG4QFggcMAA&url=http%3A%2F%2Fwww.secamb.nhs.uk%2Fidoc.ashx%3Fdocid%3Dcc56a1d4-f22a-4cfc-8b0e-b20aef44ad22%26version%3D-1&usg=AFQjCNF-NGxypv3I42z9G583l7XFyCECyA

3.3 Deloitte concluded that while the project *"…appeared to be well intentioned"* there were *"…a number of fundamental failings in governance at the Trust which resulted in the implementation of a high risk and sensitive project without adequate clinical assessment or appraisal.*"

3.4 The Deloitte report was also highly critical of the actions of senior leaders at SECAmb, and of the Trust's failure to keep commissioners fully informed of all aspects of the scheme. Following the publication of the report, the SECAmb Chair resigned and a new interim Chair was appointed by Monitor. The SECAmb Chief Executive has also taken extended leave of absence and an acting Chief Executive has been appointed.

3.5 The Deloitte report does not seek to assess the impact of the Red 3 triage scheme on service-users. A separate review on the impact of the scheme on patients is currently being undertaken by Monitor, and is expected to be published in June 2016. This will be reported to a subsequent HOSC meeting.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 This report is for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None for this report.

6. CONCLUSION

6.1 It is recommended that members note the lessons learnt from the Deloitte review of the pilot and monitor the progress of SECAmb in carrying out the next steps suggested by the review.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None from this report for information

Legal Implications:

7.2 None from this report for information

Equalities Implications:

7.3 There are no equalities implications arising directly from this report.

Sustainability Implications:

7.4 There are no sustainability implications arising directly from this report

Any Other Significant Implications:

7.5 There are none.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

1. Deloitte Report for SECAmb and Monitor on the Red 3/Green 5 pilot review

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 9 Brighton & Hove City Council

Subject:		**Ambulance to Hospital Handover: Update**
Date of Meeting:		**25 May 2016**
Report of:		**Head of Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The item provides committee members with an update on the current situation regarding the handover of patients from ambulances to staff at the Royal Sussex County Hospital (RSCH).

2. RECOMMENDATIONS:

2.1 That the committee considers and comments on the information provided by South East Coast Ambulance Trust: SECAmb (**Appendix 1**);

and,

2.2 that the committee considers whether (as suggested by SECAmb) it wishes to schedule regular progress updates on system-wide work to improve handover performance that is being co-ordinated by the Sussex System Resilience Group.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 In recent years there have been significant increases both in the numbers of people attending hospital for emergency care, and in 999 and 111 emergency ambulance calls. This has been the case both nationally and locally.

3.2 This increase in activity puts pressure on the entire urgent care system, but of particular concern is ‘handover’: the point where ambulance staff transfer patients to the care of hospital staff. When things are very busy, this process of transfer may not function effectively, meaning that ambulance operatives have to stay with their patients rather than getting back on the road. It also means that patients may have to wait in sub-optimal conditions for assessment and treatment. There tend to be particular difficulties at hospitals where there is little or no opportunity to flex the physical capacity of A&E units, although handover problems also relate to staffing levels in emergency departments.

3.3 Although there are handover problems across the region, they have been particularly acute at the Royal Sussex County Hospital (RSCH). The HOSC has examined this issue previously, most recently at its March 2016 meeting. At this meeting, representatives of South East Coast Ambulance Trust (SECAmb) and of Brighton & Sussex University Hospitals Trust (BSUH) told members that the RSCH was experiencing severe problems with handover.

3.4 Representatives of both SECAmb and BSUH have been asked to provide a verbal update on this situation to members at the May 2016 HOSC meeting. A written update from SECAmb is also included as **Appendix 1**. In this update SECAmb requests that HOSC members consider whether to receive regular progress updates on the system-wide work that is underway to improve handover performance. This work is being co-ordinated by the Sussex System Resilience Group.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 None to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None to this report for information.

6. CONCLUSION

6.1 Members are asked to consider and comment on the update on handover provided by SECAmb and by BSUH and to determine how to further scrutinise this issue. SECAmb has suggested that the HOSC regularly receives updates on the system-wide improvement work being co-ordinated by the Sussex System Resilience Group.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this report for information.

Legal Implications:

7.2 None to this report for information.

Equalities Implications:

7.3 None to this report for information.

Sustainability Implications:

7.4 None to this report for information.

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1 Information provided by South East Coast Ambulance Trust (SECAmb)

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

Sussex Hospital Handover & Turnaround Delays
Scrutiny Committee Update from South East Coast Ambulance Service
May 2016

Purpose

This document is intended to update committee members with regard to progress in managing the level and impact of ambulance handover and turnaround delays. It is intended as an update to previous reports shared in February and March 2016.

Background

Between April 2015 and March 2016, almost 18,000 hours have been lost to ambulance handover and turnaround delays at Sussex acute hospitals. Across Sussex the number of hours lost to delays was 46% higher than the equivalent period in 2013/14.

Locally, there have been increases in hours lost of 35% and 91% at the Royal Sussex County and Princess Royal hospital sites respectively. The number of patients conveyed to each site has risen by 7% between 2013/14 and 2015/16.

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

At the Sussex Urgent and Emergency Care Network, a new Sussex standard on hospital handover performance was agreed. This stated that:

- Hospitals would ensure at least 75% of patient handovers can be delivered within the national standard of 15 minutes; and that 90% of handovers would be completed within 30 minutes;
- No patient would wait more than 45 minutes before handover; and
- 90% compliance with the 'double button press' aspect of the patient handover recording process would be achieved by both hospital and SECAmb staff working together (this will ensure accurate measurement and reporting of progress)

It was agreed that each Systems Resilience Group would agree a target date by which the standards would be consistently delivered, with an action plan and improvement trajectory to deliver the necessary performance improvement.

Progress As At May 2016

To date, none of the Systems Resilience Groups in Sussex have agreed a date by which the standard will be achieved, or signed up to a whole system action plan to ensure delivery.

There have been productive meetings held with each hospital trust in Sussex to explore process improvements to reduce delays, and whilst these have enabled a range of local improvements to quality and efficiency of process date there remains a general trend of increasing delays.

It should be noted that throughout February and March 2016 (and for much of April) there were significant increases in activity, with volumes of calls and emergency responses required regularly 15% or more above forecasts, which placed great pressure on ambulance response times, and slowed patient flow through the healthcare system.

During March 2016, SECAmb lost the highest ever recorded number of hours to hospital delays (over 6000, with 2250 hours lost in Sussex). Despite some easing of the system in recent weeks, ambulance handover and turnaround delays remain a very significant challenge.

Across Sussex, there is not a single factor or cause for the delays but a range of contributory factors including:

- Periodic surges in demand above forecast level (easing since mid-April)
- Staff capacity and sub-optimal match of Emergency Department staffing to demand profiles, and in particular inconsistent provision of dedicated ‘handover nurses’
- Slow escalation and response to demand pressures when congestion occurs in A&E
- Lack of direct access to surgical or medical assessment units for patients conveyed at the request of GPs for hospital admission, adding to the numbers of patients being handed over in A&E.
- Lack of direct access to hand over in separate urgent care or ‘minors’ area, avoiding A&E

Conclusions

The graphs and data in Appendix One show that the performance in terms of handover and turnaround delays continues to deteriorate, and that the expected improvements have not yet been delivered. Whilst improvements to quality and process efficiency have been agreed at each major hospital site, on their own they are not sufficient to drive down the level of patient handover delays.

The progress during November and December 2015 at the Royal Sussex County site, and more recently the good performance delivered across Sussex during the period of Junior Doctor industrial action, demonstrate that improvement can be delivered swiftly through a combination of effective planning and sufficient resource escalation. The challenge is to ensure this improvement is delivered consistently during ‘business as usual’.

If this can be achieved, there will be significant benefits for patient experience, and reduced clinical risk through faster access to acute hospital care, and additional capacity being available to respond to new 999 emergencies as they arise.

Recommendations

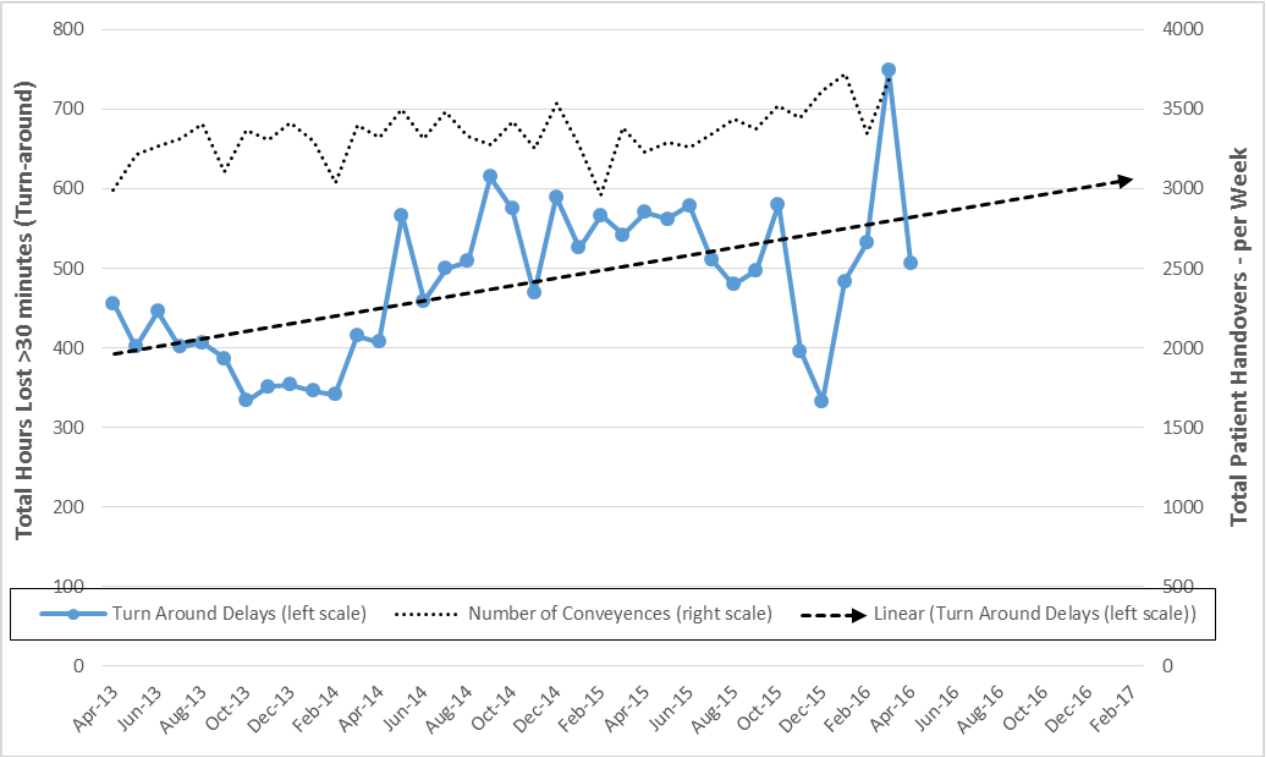
The committee is asked to:

1) Note the content of this report in terms of the trend for increasing hospital delays across Sussex and the risk they pose to local patients

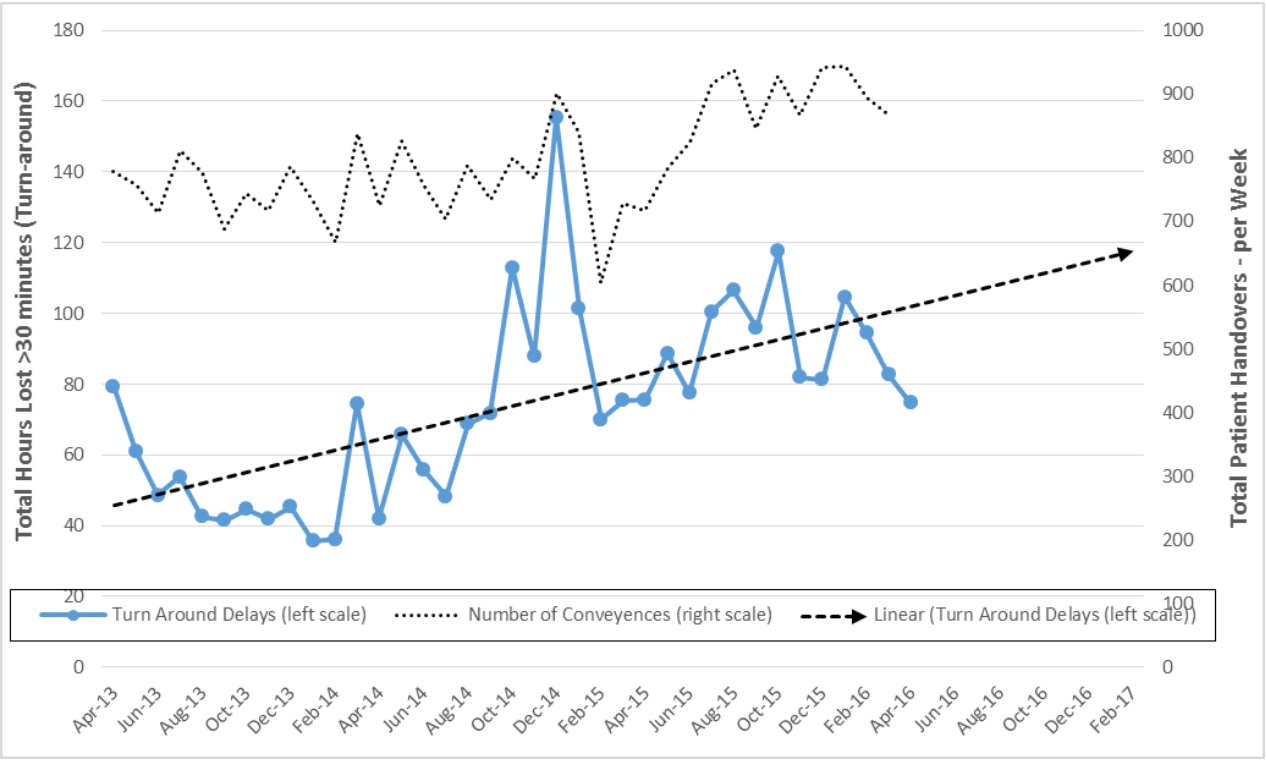
2) Invite the Systems Resilience Group to share their agreed improvement trajectory and timescale for delivering the Sussex handover standards, and request regular progress updates to the committee.

Appendix One – Hospital Handover and Turnaround Performance

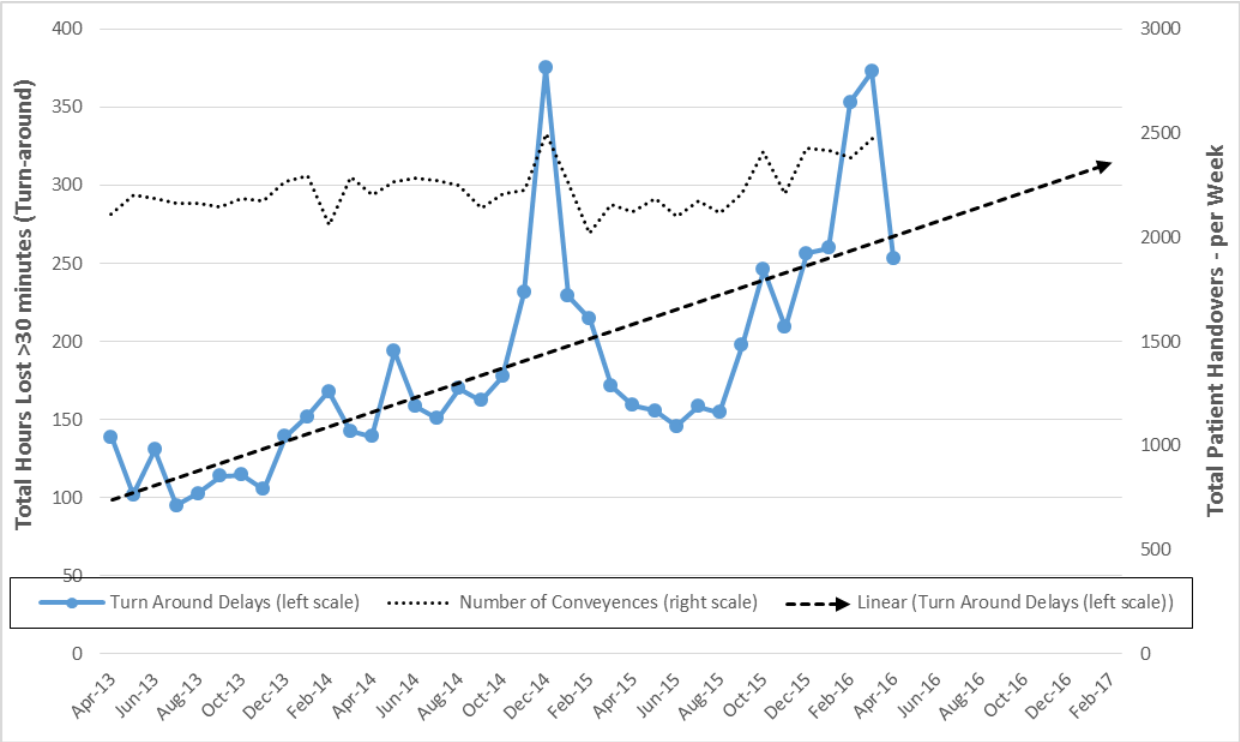
The graphs and table below show the trends in hours lost to delays at key hospital sites across Sussex, from April 2013 to April 2016:



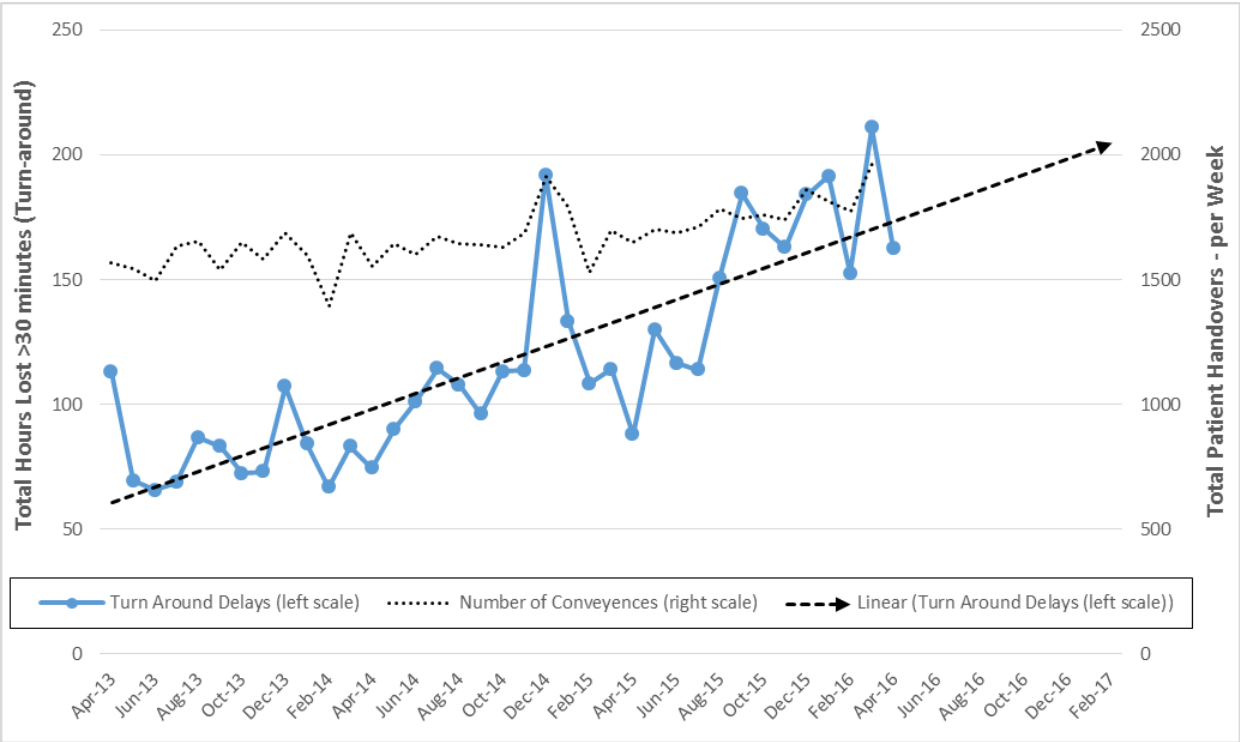
Royal Sussex County Hospital – hours lost to delays by month



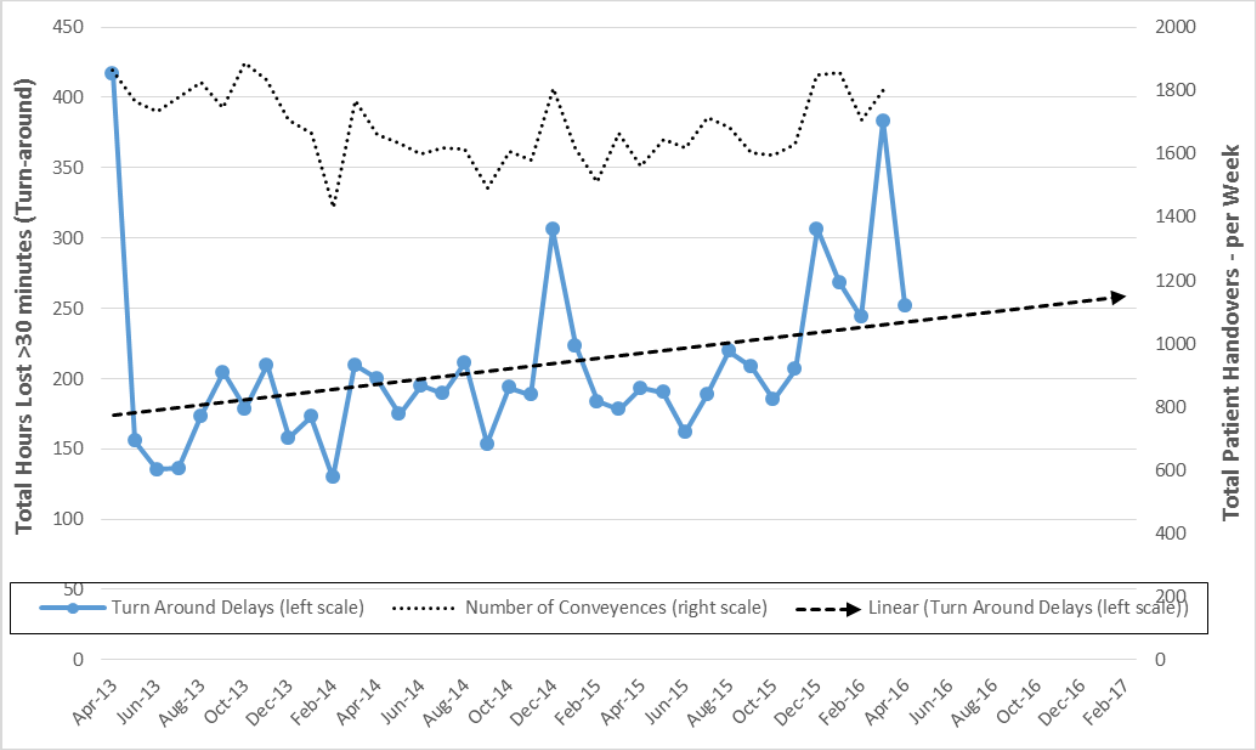
Princess Royal Hospital – hours lost to delays by month



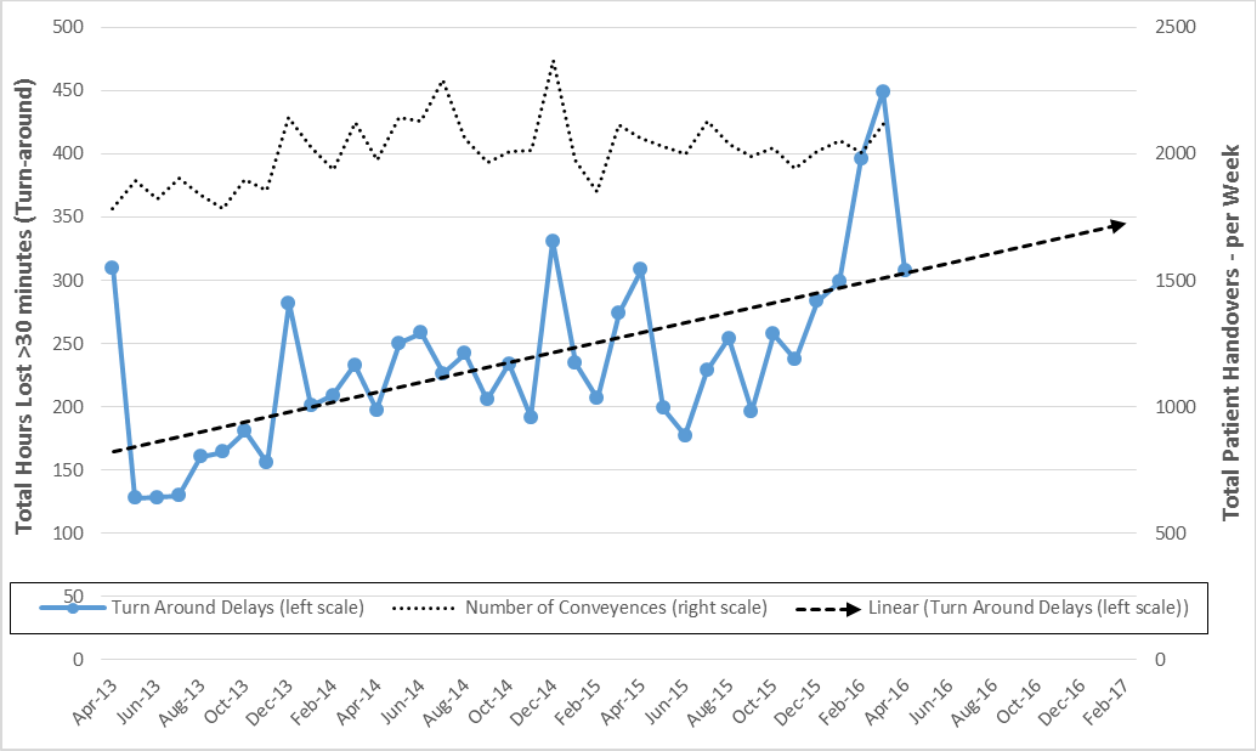
Worthing hospital - hours lost to delays by month



St Richards Hospital – hours lost to delays by month



Eastbourne District General Hospital – hours lost to delays by month



Conquest Hospital – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECAmb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	**29251**	**41134**	**47720**	**16%**	**63%**
Kent Area	**9247**	**12132**	**14337**	**18%**	**55%**
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
Surrey Area	**7731.61**	**12751.98**	**15447.41**	**21%**	**100%**
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
Sussex Area	**12272.42**	**16249.45**	**17935.58**	**10%**	**46%**
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 10 Brighton & Hove City Council

Subject:		**NHS Patient Transport**	
Date of Meeting:		**25 May 2016**	
Report of:		**The Head of Law**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report provides an update on the Sussex Patient Transport service following the recent implementation of a new contract.

1.2 High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) will present an overview of the background and current position regarding the patient transport service (PTS) at the meeting. Representatives of Coperforma, the current Patient Transport provider, will also be present to answer questions.

2. RECOMMENDATIONS:

2.1 That members consider and comment on the information provided within this report; and

2.2 Determine whether additional scrutiny of this issue is needed.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The NHS provides a non–emergency patient transport service (PTS) for eligible patients who meet the clinical criteria for PTS and are unable to arrange their own travel to and from hospital services. Patients are transported via pre-booked journeys for arrival at their destination from 7.00am Monday to Friday and from 8.00am on Saturdays and Sundays and Bank Holidays.

3.2 The PTS is distinct from the emergency ambulance service which is commissioned separately. High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG) coordinates the PTS service on a Sussex-wide basis on behalf of all Sussex CCGs. Individual CCGs nonetheless remain accountable for patient transport provision within their locality.

3.3 The booking element of the service was previously provided by the Patient Transport Bureau and hosted by HWLH CCG, and the transport function was delivered by South East Coast Ambulance Foundation Trust (SECAmb), private and voluntary providers.

3.4 SECAmb informed the CCG in 2014 that it did not want to extend the patient transport service contract under the current terms beyond the scheduled end date of 31st March 2015. They agreed to a one year contract extension until 31st March 2016, to give commissioners time to procure the new service.

3.5 HWLH CCG established a project team comprising representatives from each of the 7 CCGs, and experts from procurement and finance to develop and consult on the new service specification. Following a competitive tendering process Coperforma, a large independent sector organisation specialising in patient transport, were awarded the contract in November 2016 and commenced delivery of the PTS on 1st April 2016.

3.6 Unfortunately, since 1st April 2016 when Coperforma assumed responsibility for the patient transport service there have been unacceptable levels of performance, with many patients experiencing severe delays or not receiving services at all. More details on the up to date performance of the patient transport service will be presented to HOSC members at the meeting.

3.7 High Weald Lewes Havens Clinical Commissioning Group has commissioned an independent enquiry into the Patient Transport Service in Sussex. It has engaged TIAA, an independent company and one of the leading providers of assurance services to the public sector, to carry out the enquiry and has asked for a draft final report to be available for review by mid-June. The investigation will examine the transition and mobilisation of the PTS contract from SECAmb to Coperforma, and is supported by all three organisations (CCGs, Coperforma and SECAmb).

3.8 As this investigation is ongoing, and because some aspects of contracting arrangements may be subject to commercial confidentiality, it may be that representatives of the CCGs, Coperforma and other organisations involved are unable to publicly discuss certain details of the service handover and launch at the current time.

3.9 In determining what, if any, further scrutiny of this issue is required, members may wish to bear in mind the level of disruption caused to patients in this instance, and also the potential for Sussex CCGs to use learning from these events to improve subsequent contracting.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

None to this report for information.

5 COMMUNITY ENGAGEMENT & CONSULTATION

None to this report for information. A draft version of this report was shared with CCG colleagues.

6. CONCLUSION

6.1 Members are asked to consider what, if any, further scrutiny action is required with regard to this issue.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this report for information.

Legal Implications:

7.2 None to this report for information.

Equalities Implications:

7.3 None to this report for information.

Sustainability Implications:

7.4 None to this report for information.

Any Other Significant Implications:

7.5 None

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 11 Brighton & Hove City Council

Subject:		**Setting a HOSC Work Programme for 2016/17**
Date of Meeting:		**25 May 2016**
Report of:		**Head of Law**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-5514**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The report sets out proposals to run a workshop for HOSC members and key partners in order to agree a committee work programme for 2016/17.

1.2 Members are also asked to agree the agenda for the next (July 20) committee meeting.

2. RECOMMENDATIONS:

2.1 That the committee agrees to hold a workshop with partners to set a work programme for 2016/17; and

2.2 That the committee agrees items for the July 20 HOSC meeting (listed at 3.9)

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The HOSC Terms of Reference (point 7) state that the committee will determine its own work programme.

3.2 It is proposed that members should agree the HOSC work programme for 2016/17 following a work planning workshop with expert input from NHS, council and community & voluntary sector partners.

3.3 The suggested invitees are as follows (members are free to agree to invite additional or alternative representatives):

- HOSC members (Councillors)
- HOSC Co-optees (Healthwatch, Older People's Council, Youth Council, Community Works)
- Brighton & Hove Clinical Commissioning Group (CCG)
- Brighton & Sussex University Hospitals Trust (BSUH)

- Sussex Partnership NHS Foundation Trust (SPFT)
- Sussex Community NHS Trust (SCT)
- South East Coast Ambulance Trust (SECAmb)
- Brighton & Hove City Council Public Health
- Brighton & Hove City Council Adult Social Care
- Brighton & Hove City Council Children's Services

3.4 All invitees will be asked if they would like to propose work programme items for the coming year.

3.5 NHS-funded bodies planning to make 'substantial variations' to services are required to offer to consult with local HOSCs on their plans. The NHS-funded bodies listed above will therefore be asked to put forward details of any plans for 2016/17 which they feel may constitute a substantial variation in addition to any other issues they may wish to bring to the HOSC's attention.

3.6 Following discussion of possible work programme items with partners, HOSC members will meet separately to agree the annual work programme. HOSC co-optees will be invited to play a full part in this discussion and work programme items will be agreed by consensus. It may not be possible to include every proposal in the 2016/17 work programme, and members will therefore need to prioritise the most important issues and/or those where there is the greatest opportunity for the HOSC to add value. In setting a work programme members may also wish to consider other relevant work plans for the coming year (in particular those of Healthwatch and the city Health & Wellbeing Board) in order to ensure that work streams complement one another.

3.7 Whilst it is hoped that the bulk of an annual work plan can be agreed in advance, there will inevitably be in-year additions to the work programme to enable the HOSC to consider urgent or unanticipated matters, to respond to referrals from other committees, to member requests for discussion of specific issues, or to public questions, petitions etc.

3.8 The HOSC is essentially free to choose which issues it wishes to examine. However, there are some instances where the predecessor Overview & Scrutiny Committee (OSC) had committed to undertaking a programme of work (e.g. in relation to GP sustainability/quality or to the regional stroke services reconfiguration). There are also some issues which a HOSC would reasonably be expected to engage with, even if there is no specific obligation to do so (e.g. CQC inspection reports for local NHS trusts or CCG annual operating plans). Officers have included these major issues and legacy commitments in a draft work plan which is included for information as **Appendix 1**. These items will be discussed at the workshop alongside any other suggestions.

3.9 It is proposed that a work planning workshop be held on the morning of the 10th June 2016. Since this will leave relatively little time before the next HOSC meeting (20 July) to prepare reports, it is suggested that the bulk of the July meeting agenda should consist of legacy/major issues highlighted in 3.8 above. This will enable officers to prepare reports in time for the meeting. The suggested items for the July 20 meeting are:

- GP sustainability/quality: update from the OSC workshop (NHSE/CCG/CQC/Healthwatch)
- 3Ts: update on the redevelopment of the Royal Sussex County Hospital (BSUH)
- Monitor report on SECAmb Red 3 Triage: patient impact (SECAmb)
- NHS Sustainability & Transformation Plans: update on the local STP submissions (CCG/BHCC)

Members are asked to agree these work programme items for the July 20 meeting.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The committee is free to choose another means of agreeing a work programme, or to amend the proposals detailed in 3.1 to 3.9 above.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 It is proposed that community & voluntary sector representatives (i.e. Healthwatch and Community Works) be invited to the work planning workshop. Members may choose to invite additional organisations to contribute.

6. CONCLUSION

6.1 The proposals for a work planning workshop are intended to maximise member, partner and stakeholder involvement in setting the annual HOSC work programme.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this internal planning report

Legal Implications:

7.2 None to this internal planning report

Equalities Implications:

7.3 In developing an annual work programme, HOSC members should bear in mind equalities issues. It is proposed that representatives of some protected groups are invited to take part in work planning (young people/older people); and members may want to consider inviting representatives of other groups, although with finite committee time and resources there is inevitably a balance to be struck between scrutinising those issues that impact particular vulnerable groups and those that have the greatest impact across the whole local population.

Sustainability Implications:

7.4 None directly, although work programme proposals may include issues with sustainability implications (e.g. whether to site specific services in the community or at a hospital).

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft 2016/17 HOSC work programme in tabular form (populated with suggested legacy/major issues)

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

Draft HOSC 2016/17 Work Programme

25th May 2016

Issue	To invite
HOSC TOR	
HOSC Work programme 16-17	
South East Coast Ambulance (SECAmb) Red 3 Triage	SECAmb
Ambulance to hospital handover	SECAmb, BSUH
Suicide prevention	Public Health, SPFT, Grassroots
NHS patient transport	HWLH CCG, Coperforma

20th July 2016

Issue	To invite
Joint report on planning for GP Sustainability	CCG, CQC, NHSE, Healthwatch
SECAmb: publication of Monitor report on patient impact of Red 3 Triage scheme	SECAmb
3Ts development of Royal Sussex County Hospital	BSUH
NHS Sustainability and Transformation Plans	Barbara Deacon

19 October 2016

Issue	To invite
CQC Inspection Report: Brighton & Sussex University Hospitals Trust	BSUH
CQC Inspection Report South East Coast Ambulance Trust	SECAmb
Tier 4 In-patient Detox: report back (requested March 16 OSC)	Public Health

7th December 2016

Issue	To invite
Stroke: Regional Review of Stroke services – update on regional review	Sussex Collaborative
6 month update on planning for GP sustainability	
Healthwatch Annual Report 2015/16	Healthwatch

1st February 2017

Issue	To invite
Update on dementia services	ASC, CCG, SPFT

22nd March 2017

Issue	To invite
CCG Annual Operating Plan	CCG