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 September 9th 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, starting at 3.30pm and they can leave when they wish.

What is being discussed?

There are five main items on the agenda

- Integrated Community Equipment Service
- Brighton & Sussex University Hospital Trust: 3Ts Full Business Case
- Joint Health & Wellbeing Strategy Update
- Better Care Fund Programme Update
- Healthwatch Annual Report

What decisions are being made?

- The Board will consider the options for the Integrated Community Equipment Service;
- The Board will consider the business case for the 3Ts Development;
- The Board will note progress so far against the action plans for each of the Joint Health & Wellbeing priorities (cancer & access to cancer screening; smoking; healthy weight & good nutrition; dementia; emotional health & wellbeing [including metal health]);

- The Board will consider a recommendation to approve a revised Better Care Fund Bid;
- The Board will note the Healthwatch Annual Report.

Health & Wellbeing Board
9 September 2014
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

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:

No notifications of absence were received prior to the time of printing the agenda papers.

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

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Date of Publication - Monday, 1 September 2014

AGENDA

Formal matters of procedure

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

Page

20 Declarations of substitutes and 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.

21 Minutes 1 - 12

The Board will review the minutes of the last meeting held on the 29 July 2014, decide whether these are accurate and if so agree them (copy attached).

22 Chair's Communications

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

23 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

The main agenda

24 Integrated Community Equipment Service 13 - 22

The Board will consider a joint report of the Executive Director of Adult Services and the Chief Operating Officer of the Brighton & Hove Clinical Commissioning Group (copy attached).

Contact: *Anne Richardson-Locke* *Tel: 01273 290379*
Ward Affected: *All Wards*

25 **Brighton & Sussex University Hospitals Trust: 3T Full Business Case** 23 - 40

The Board will consider a report of the 3Ts Head of Communication and Engagement (copy attached).

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

26 **Joint Health and Wellbeing Strategy update** 41 - 86

The Board will receive a report of the Director of Public Health (copy attached).

Contact: *Peter Wilkinson* *Tel: 01273 296562*
Ward Affected: *All Wards*

27 **Better Care Fund Programme Update**

The Board will consider a report of the Director of Adult Services (copy to be circulated separately).

Contact: *Anne Hagan* *Tel: 01273 296370*
Ward Affected: *All Wards*

28 **Healthwatch: Annual Report**

Verbal presentation from Healthwatch. The Board has received a copy of the annual report with the agenda papers which is also available as an electronic version http://bit.ly/1nWzpNc

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

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.

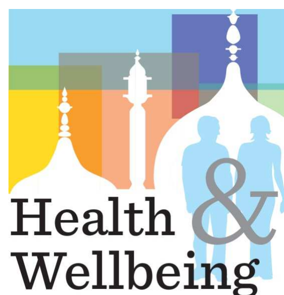
In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

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.



HEALTH & WELLBEING BOARD

4.00pm 29 JULY 2014

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present:

	Graham	Bartlett	Brighton & Hove Local Safeguarding Children's Board
Dr.	Christa	Beesley	CCG
Dr.	Jonny	Coxon	CCG
	Denise	D'Souza	Statutory Director of Adult Social Care – B&HCC
	Pinaki	Ghoshal	Statutory Director of Children's Service – B&HCC
	Fiona	Harris	NHS England
	Geraldine	Hoban	CCG
Councillor	Rob	Jarrett	B&HCC
Councillor	Jason	Kitcat	Chair, B&HCC
Dr.	George	Mack	CCG
	Frances	McCabe	Healthwatch
Councillor	Warren	Morgan	B&HCC
Dr.	Xavier	Nalletamby	CCG
Councillor	Ken	Norman	B&HCC
Dr.	Tom	Scanlon	Director of Public Health – B&HCC
Councillor	Geoffrey	Theobald	B&HCC

Also in attendance:

Councillor	Sue	Shanks	B&HCC
	Penny	Thompson	Chief Executive – B&HCC

Part One

11 Declarations of substitutes, interests and exclusions

11.1 There were no declarations of substitutes or interests in matters appearing on the agenda.

11.2 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.

11.3 **Resolved** - That the press and public be not excluded from the meeting.

12 Minutes

12.1 Graham Bartlett asked for the following amendment. The first line of paragraph 7.10 should read 'Graham Bartlett was surprised to see no mention of children at all in the plan.'

12.2 **Resolved** - That the minutes of the Health & Wellbeing Board held on 10th June 2014 be agreed and signed as a correct record, subject to the inclusion of the amendment in 12.1 above.

13 Chair's Communications

13.1 The Chair gave the following updates.

Better Care Fund

- Revised guidance on elements of the Better Care Fund was released last Friday.
- The most significant change is that the £1 billion 'performance' element of the BCF has been reconfigured so that payments are now wholly dependent on an area's scale of ambition in terms of reducing emergency admissions. It is anticipated that local areas will have to plan for and achieve a minimum of 3.5% reduction in admissions to qualify for a share of a £300 million national pot.
- The remaining £700 million of the BCF performance money will now be directly invested in NHS-commissioned out-of-hospital services – subject to local agreement.

- These changes will require HWBs to revise and re-submit their BCF plans. The submission date is 19 September 2014. A revised local plan will be presented to the HWB for approval at the 09 September committee meeting.

- Staff will be working over the summer to produce a revised plan, with the support of the NHS England Area Team and local government peers. A revised assurance process is also being put in place.

Trans Equalities Scrutiny

13.2 The council's Overview & Scrutiny Committee recently considered a monitoring report on the implementation of the Trans Equalities Scrutiny recommendations. Although implementation was generally progressing really well, there had been a lack of movement in terms of recommendations relating to primary care, and in particular to specialised services commissioned by the NHS England Area Team.

13.3 In response to this the Chair had asked Geraldine Hoban to set up a meeting between the CCG, NHS England and a representative from the scrutiny panel. Geraldine had spoken to the Director responsible for direct commissioning at the Area Team and a meeting had now been arranged.

Brighton & Sussex University Hospitals Trust Bids for ICT Projects

13.4 The Council had only recently been made aware that BSUH was bidding for funding for two ICT projects: the first aimed at developing regional video and audio conferencing infrastructure; the second intended to improve the accuracy of patient data recording.

13.5 BSUH had informed the council that both these bids would need HWB support if they are to progress. The Chair had therefore agreed to accept a late report seeking HWB support for these bids, and it was proposed to take this report as the first substantive item. Iain Kelly, Senior ICT Project Manager at BSUH was in attendance to answer members' questions.

Update on Integrated Community Equipment Service

13.6 The Integrated Community Equipment Service is jointly commissioned by Brighton & Hove City Council and the Clinical Commissioning Group. The service is managed by Sussex Community Trust, and has employees from the Trust & Brighton & Hove City Council.

13.7 In June Sussex Community Trust served notice on their contract to provide the Equipment Service as it does not align with their Clinical Care Strategy. They initially gave notice that they would cease provision in March 2015 but after further discussions have agreed to continue to provide the service until 31st September 2015.

13.8 A new service will therefore need to be procured and a report will be presented to Health & Wellbeing Board in September identifying the options for sourcing an equipment service that meets the future requirements whilst demonstrating value for money.

Update on Day Services Review

13.9 A decision had been taken to undertake an independent review of Learning Disability Services. A briefing had been circulated to members of the Board and the information had been shared with service users and carers.

14 Formal Public Involvement

14.1 Mr John Kapp asked the following question:

Patients' statutory rights

"Please will the HWB confirm that the 30,000 depressed patients in the city have the statutory right under the NHS Constitution to a NICE-recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course if their doctor says it is clinically appropriate?"

14.2 The Chair gave the following response:

"Mindfulness Based Cognitive Therapy is one of a range of evidence based therapies offered by the Brighton and Hove Wellbeing Service for the treatment of depression in people who have experienced depression on 3 or more occasions (in keeping with NICE Guidance). The Wellbeing Service offers 9 week courses of MBCT and there is currently no waiting list for this service."

14.3 Mr Kapp stated that there were only two facilitators for the Brighton and Hove Wellbeing Service. He asked if the answer to his first question regarding eligibility was yes or no.

14.4 The Chair replied that patients did have a statutory right to NICE recommended MBCT courses if this was considered appropriate treatment.

14.5 Tom Scanlon informed Mr Kapp that courses were run three times a year for 12 persons. There was currently no waiting list. Clinicians needed to make a judgment as to whether MBCT was an appropriate option for patients.

14.6 **Resolved** - That the written question be noted.

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14a Brighton & Sussex University Hospital Trust (BSUH) Bid for ICT Projects

Introduction

14a.1 The Board considered a report of the Director of Public Health which explained that Brighton & Sussex University Hospitals Trust (BSUH) was currently submitting two ICT related bids for funding to NHS England. Bid 1, for enhancing video and audio conferencing infrastructure in order to improve collaboration across NHS organisations was a joint bid with East Sussex Hospital Trust and West Sussex Hospital Trust. Bid 2, an initiative to check and where necessary update the records of patients presenting for hospital treatment, was made by BSUH alone. BSUH stated that in order for bids to progress, NHS England would require the trust to demonstrate that it has the support of the relevant Health and Wellbeing Board(s) including the Brighton and Hove HWB. The report was presented by the Health & Wellbeing Board Business Manager.

14a.2 Iain Kelly, Senior IT Training Manager, BSUH attended the meeting to answer questions.

Questions and Discussion

14a.3 George Mack stated that he was encouraged to see the proposals, which aligned to the Board's priorities and objectives.

14a.4 Geraldine Hoban stated that she would support the bid in principle but would need to ensure that the proposals were submitted to partnership groups for discussion. She commented that it was unfortunate that the information had been received at such short notice. Ms Hoban would provide feedback through the CCG and the Health and Wellbeing Business Manager.

14a.5 Iain Kelly explained that there was a tight bid timeframe and it was necessary to have the Board's support. He agreed that the BSUH had failed to spot the necessity of dealing with certain bids in a timely manner.

14a.6 Pinaki Ghoshal referred to the section on the Child Protection Register Benefits. This related to Bid 2 (BSUH Local Bid). Mr Ghoshal stated that he was not aware of a national register. He asked how the implementation of an Electronic Patient Record was linked into internal arrangements for people in Brighton and Hove.

14a.7 Mr Kelly replied that he was not the lead on the second bid but would provide an answer to Mr Ghoshal's question after the meeting.

14a.8 The Chair suggested that it would be helpful if approval of similar bids were delegated to officers after consultation with the Chair of the HWB. He suggested that a report on delegations be submitted to a future meeting.

14a.9 **Resolved** - That the two Brighton & Sussex University Hospital Trust bids for funding be supported in principle.

15 Arrangements for Public Participation

Introduction

15.1 The Deputy Head of Law presented a report which set out proposals to ensure that there is strong and effective public engagement in the work of the new Board. It was stressed that one of the functions of the Health & Wellbeing Board was to involve stakeholders, users and the public in quality of life issues and health and wellbeing choices.

15.2 **Resolved –**

(1) That 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, be agreed.

(2) That it be agreed to trial an informal 'Meet the Board' session in advance of the formal meeting, as set out at paragraph 3.10 of the report;

(3) That it be agreed to keep the arrangements for public participation in the work of the Health and Wellbeing Board under review.

16 Response to the Scrutiny Panel Report: Services for Children with Autism

Introduction

16.1 The Board considered a report of the Executive Director, Children's Services which set out the initial response to the Scrutiny Report into services for children with autism and detailed progress to date.

16.2 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. A response to each of the 20 recommendations in the Scrutiny report was summarised in Appendix 2. The report was presented by the Assistant Director of Children's Services.

16.3 Councillor Jarrett addressed the Board as Chair of the Scrutiny Panel on Services for Children with Autism. He welcomed the fact that some of the proposals had already been implemented. Parents had felt that change was overdue and that there was a need for increased home support. An issue had been raised concerning the monitoring of schools to see if they were taking up training. Councillor Jarrett asked for this issue to be investigated.

Questions and Discussion

16.4 Dr Jonny Coxon raised queries about compulsory training and having a second autism champion (in addition to the Director of Children's Services). The Assistant

Health & Wellbeing

Director of Children's Services replied that the local authority did not have the power to insist on compulsory training for schools. However, school heads had agreed to take up training.

16.5 Pinaki Ghoshal explained that the issue of an autism champion had been fully considered. There was a need to consider exactly what a champion did and what powers a champion would have. Mr Ghoshal considered that it was his statutory duty to be a champion for all children. There was also a need to consider who else might need a champion. There were a range of different groups with different needs. For example, Trans Children and Young Carers. Was the local authority expected to have a champion for each different group of children? Mechanisms were in place to ensure the local authority met the needs of children with autism. Meanwhile, the Disability and Special Educational Needs review would be focusing on all aspects disability and SEN.

16.6 The Chair expressed concern that champions were being increasingly asked for in many areas. There was a need to think about what champions were for and why they were needed.

16.7 Frances McCabe felt that the paper was education oriented rather than health orientated. She considered that there were examples where champions had a specific and successful role.

16.8 **Resolved –**

(1) That the responses to the individual recommendations as set out in Appendix 2 be agreed.

(2) That it is noted 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.

17 Annual Public Health Report

Introduction

17.1 The Board considered a report of the Director of Public Health which informed members that Directors of Public Health were required to deliver an annual independent report on the state of local public health. This year's report looked forward in time to 2024, predicting and imagining what the major health and wellbeing issues for local people will be in 10 years' time.

17.2 Tom Scanlon gave a presentation on the key findings of the report. He stressed that previous Annual Reports had received national recognition and had resulted in change. An Executive Summary was attached to the report. This covered demographic shifts, lifestyles, health and healthcare, mental and emotional wellbeing, schools, the economy, housing, transport, air quality and climate change, and projections and assumptions and the uncertainty therein.

17.3 Among Dr Scanlon's predictions was an increase in the very old, similar rates of dementia, but more older people living with dementia. Older people would be looking after even older people. There would be more irresponsible 50 year olds and a big increase in ethnic diversity among white other groups. There would be fewer teenagers and more families with children would be moving out of the city.

17.4 There would be fewer teenage pregnancies but an increase in abortions for under 18s.

17.5 There would be more bus and bike use. The use of diesel buses would lead to an increase in poor air quality unless buses were converted to electric hybrid vehicles. There would be a fall in opiate use and an increase in legal substances.

17.6 The big killers such as cancer and diabetes would increase. There would be an increase in melanomas and Dr Scanlon stressed the need to look at tanning venues. Unhealthy weight would be most serious in 10 years time. Scanlon stressed that more work needed to be carried out with the food and drink retailers, and more engagement with cooks. For example, there was no reason why a takeaway meal could not have less fat and salt.

17.7 The housing shortage would lead to more intergenerational living. Dr Scanlon questioned whether housing was being designed to take this into account. Projects such as the shipping containers might become permanent.

Questions and Discussion

17.8 Councillor Norman thanked Dr Scanlon for his presentation and commended the Annual Report.

17.9 The Chair commented on the challenges presented by the Annual Report. He stressed that the city would be more resilient by working together.

17.10 Graham Bartlett thought it was an excellent concept to look at life in the city 10 years ahead and plan to mitigate issues. He asked if there had been thoughts and findings about the needs of children and how other issues would impact on their safety and needs. Dr Scanlon replied that there had been no specific section on children in the report. However the report had looked at education. He thought that children from poorer backgrounds would perform better in future.

17.11 Denise D'Souza questioned how the city would deal with a 50% increase in the over 90s. This would present a real challenge even though it would involve relatively small numbers. It was important to keep older people independent and there was a need to re-think how to care for the older population.

17.12 Councillor Shanks raised the issue of the student population. She asked if there was a trend for students to study in their own communities rather than moving away from home. Dr Scanlon replied that this had not happened yet. He

mentioned that there was a large number of foreign students in the city. There were particularly large numbers of Chinese students at Sussex University.

17.13 Geraldine Hoban raised the issue of the older population living with multiple conditions. The acute trust solution for a sustainable NHS was acute community bases, more integration with the council, integrated care and self care.

17.14 **Resolved-** That the report be noted.

18 Commissioning Children's Services in Brighton & Hove

Introduction

18.1 The Board considered a report of the Executive Director, Children's Services, BHCC and the Chief Operating Officer, CCG which 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 1st October 2014.

18.2 Geraldine Hoban informed the Board that it was felt that there was a need to strengthen the commissioning arrangements, the performance monitoring mechanism and the safeguarding agenda. The report recommended that rather than have the Section 75 arrangement, there would be strengthened collaborative working.

18.3 Pinaki Ghoshal stressed that Section 75 agreement had been written at a different point of time. He mentioned that the CCG no longer had responsibility for certain services. Services were now commissioned and provided by Public Health, NHS England and Children's Services in addition to the CCG. The provider agreement with the Sussex Community Trust was unaffected by the proposals.

Questions and Discussion

18.4 Councillor Shanks commended the recommendations. She wanted to ensure that all services worked well together.

18.5 Frances McCabe stressed that what was delivered was the most important consideration. It would be commendable if services were delivered in a more integrated way, particularly for people with complex needs.

18.6 Denise D'Souza commented that she considered it an appropriate time to review all the commissioning arrangements in adult services. She would be submitting a report on the subject to the Board in the autumn.

18.7 George Mack commended the proposals and looked forward to a strategic view of what was happening in children's work. Meanwhile, he questioned the wording of recommendation 2.2.

18.8 Pinaki Ghoshal agreed that the wording of recommendation 2.2 needed to be amended to refer to the SEN review.

18.9 **Resolved –**

(1) That it be agreed to endorse the mechanisms for strengthened collaborative commissioning arrangements between the CCG and Council (outlined in Part 3 of the report).

(2) That it be agreed 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 of the Disability & Special Educational Needs Review to be agreed by the Health & Wellbeing Board in early 2015.

19 Happiness: Brighton & Hove Mental Wellbeing Strategy

Introduction

19.1 The Board considered a report of the Assistant Chief Executive which asked the Board to agree the Happiness: Brighton & Hove Mental Health Wellbeing Strategy and to confirm details of monitoring its progress. The report was presented by Dr Becky Jarvis, Clinical Lead for Mental Health at the CCG.

19.2 Dr Jarvis informed the Board that there had previously been three separate strategies relating to children, adults, and mental health promotion. There was now one strategy which officers had tried to make as concise and readable as possible. It was a living document which would be reviewed after the first year against the action plan.

19.3 There would be 12 Happiness Champions to promote wellbeing across the city. The Champions would attend at least two meetings a year.

Questions and Discussion

19.4 Dr Jonny Coxon commended the document. He considered it was well presented and was providing an important message. The Five Ways of wellbeing were a great resource for GPs. Dr Coxon considered this message should be made available to all GPs.

19.5 George Mack also commended the report. He asked if there was a full action plan. Dr Jarvis replied that there would be an action plan which would also link to other strategies. Much of the work already had an action plan.

19.6 Councillor Jarrett stressed the importance of promoting the message that mental health wellbeing was every body's business.

19.7 Councillor Shanks stated that the Youth Council would be interested in having a presentation about the strategy and in having a role as champion. Dr Jarvis replied that there were still six champion roles to fill. Other groups could be invited.

19.8 Penny Thompson considered the strategy to be an excellent piece of work. She suggested that the strategy could be taken to the City Management Board, and possibly the Children in Care meeting. Ms Thompson asked Tom Scanlon if the strategy could be shared with Public Health England and other organisations.

19.9 Dr Scanlon replied that he was happy to share the document with Public Health England. Meanwhile, Sussex Police had nominated a champion, Chief Inspector Dave Padwick. The Chair suggested that the Fire and Rescue Service may also wish to nominate a champion.

19.10 Councillor Norman stated that he liked the report but had issues with some of the text colour. He asked for more detail about the financial implications. Dr Jarvis promised to provide this detail to Councillor Norman.

19.11 Dr Coxon asked if the report would be presented to the local media. He felt it was important that everyone should get to hear about its message. The Chair replied that public health reports usually received good coverage in the media.

19.12 Denise D'Souza mentioned that the Sussex Community Trust did not have representation on the City Management Board. She stressed the need to find a way of discussing the strategy with the Trust.

19.13 **Resolved –**

(1) That the strategy and its broad and integrated approach be agreed and endorsed as set out at Appendix One of the report.

(2) That the change of focus for the Steering Group be changed to monitor progress and delivery, drive the Champions programme and report back on an annual basis.

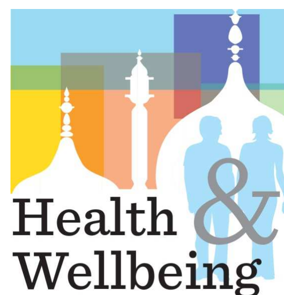
The meeting concluded at 5.42pm

Health & Wellbeing

Signed Chair

Dated this day of 2014

Health & Wellbeing



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

1.1. Integrated Community Equipment Service

1.2 This paper is to be made available to the general public.

1.3 9th September 2014.

1.4 Anne Richardson-Locke,
Commissioning Manager, Learning Disabilities & Equipment.
Tel: 01273 290379
Anne.Richardson-Locke@brighton-hove.gcsx.gov.uk

Lisa Douglas,
Clinical Commissioning Manager, Clinical Commissioning Group
Tel: 01273 574838 Lisa.Douglas@nhs.net

2. Decisions, recommendations and any options

2.1 The report sets out future commissioning options for the Integrated Community Equipment Service (ICES) in Brighton & Hove.

2.2 The Health & Wellbeing Board are asked to recommend to Policy & Resources Committee that the Council and the CCG enter into a contract with the equipment provider selected by West Sussex County Council (WSCC) as set out in Option 1 below in 2.6.

Key findings

2.3 The equipment service is commissioned jointly between Brighton & Hove City Council (B&HCC) and the Clinical Commissioning Group

(CCG). The service has been provided via a Section 75 agreement with Sussex Community Trust (SCT) since 2004.

2.4 SCT have given notice on the contract and will cease to provide the service on 30th September 2015 or an earlier date if agreed by all parties.

2.5 It is essential that the provision of an equipment service continue in the city and that it is provided within the existing budget. The following options have been considered as alternatives to current provision:

Option 1

2.6 Enter into a contract with the successful West Sussex provider

2.6.1 West Sussex have invested considerably to ensure that they procure an efficient, modern equipment service. Their ICES has been contracted to an external contractor since 2005 and this contract expires in March 2015. They have entered into a competitive dialogue process to gain from the expertise of the market and achieve a contract that meets all of their current and future requirements.

2.6.2 As well as saving time and resources by not carrying out a procurement exercise Brighton & Hove would gain from the experience that West Sussex have in procuring a second generation ICES and from the efficiencies to be gained from sharing the procurement and delivery of equipment across geographical areas.

2.6.3 The West Sussex procurement acknowledges that the levels of activity have been increasing and that to generate efficiency savings suppliers must improve recycling, collections, deliveries, introduce new technology and improve access to the service thereby supporting more users without a commensurate increase in resources. The successful provider must provide evidence of how they will do this whilst submitting the most economically advantageous tender that balances technical and quality requirements against commercial elements.

2.6.4 West Sussex have produced a detailed specification that meets the requirements of Brighton and Hove and will supply the quality of management information needed to enable strategic planning. The specification has been informed by customers and West Sussex held events with the general public, service users and

special interest groups to identify exactly what customers want and need. There will need to be some local variation and this can be negotiated with the successful provider.

2.6.5 West Sussex are awarding the contract in October 2014 with a start date of 1st April 2015. If the incumbent provider is not successful the new provider will need to concentrate on transferring the West Sussex service before taking on the Brighton & Hove service but West Sussex have indicated that a start date of 1st October 2015 is achievable.

Option 2

2.7 Use the Eastern Shires Purchasing Organisation to select a provider

2.7.1 The Eastern Shires Purchasing Organisation (ESPO) are a local authority purchasing and supply consortium jointly owned by 7 local authorities. They are currently in the process of developing a range of specifications for community equipment solutions with one of these being a fully managed service. These specifications will be published and procurement frameworks established by the end of 2014

2.7.2 The advantage of this approach to Brighton & Hove is that ESPO will pre-qualify organisations so that time and resources are saved at this stage in the procurement. A mini-competition would then take place between providers on the relevant framework and they would be evaluated against a local specification in regard to quality and price.

2.7.3 It is not known at this stage what the exact specifications will look like but the Council is in dialogue with ESPO regarding these. It is also unclear what organisations will join the framework and it may be that they are not organisations working in bordering authorities so sharing across borders and the efficiencies that this may bring cannot be guaranteed with this option.

2.8 Discussions about whether a local base is required would take place with the successful provider and the base may not necessarily be within the Brighton & Hove border. Satellite facilities would be required locally as well as a facility for customers and prescribers to collect and return equipment.

Alternative options

2.9 There are 2 alternative options but after careful consideration they were excluded for the reasons set out below:

2.9.1 **Tender locally for the service**: This would be costly and time intensive and given that compliant tendering processes have already been undertaken by West Sussex, such a process was considered to be unnecessary.

2.9.2 **The Council provide the service**: This option would need considerable investment to meet the requirements of a modern, efficient service. For the last 3 years Commissioners and SCT have been working closely to develop and modernise the service, and whilst SCT and B&HCC have excellent staff who are very committed to providing a good service, the building and decontamination facilities need the investment mentioned in 3.5.2 as well as the information technology and logistics elements of the service. An IT system that would have the functionality provided by commercial equipment providers and that would meet the demands required would cost approximately £125,000 to set up with annual costs of £87,000. There would be additional costs of approximately £90,000 to implement 7 day working. SCT have decided that this type of service does not fit with their clinical care strategy and equally the delivery of equipment does not fit with the long term strategy of Adult Social Care which is to provide care services to people with the most complex needs.

3. Relevant information

3.1 The Personalisation agenda and the Transforming Community Equipment Services (TCES) programme has put users of services at the centre of decision making and prompted greater scrutiny of access to and provision of equipment. Alongside this, the demographic growth of older people and people with complex health needs and the reducing budgets in social care and increase in demand across health and social care have placed further pressure on equipment services.

3.2 The Care Act places a series of new duties and responsibilities on Local Authorities. There is a duty to work with partners to deliver integrated services and efficient working across health and social care. The numbers of people being eligible for intervention will increase. The equipment service can play a vital role. Timely provision of equipment, telecare and minor adaptations to support

preventive and reablement services is essential in the effective provision of 7 day services and the management of long term care costs. There is also a need to meet the challenge of ensuring continuity of services and equipment provision when patients and users move between services and geographical areas.

3.3 ICES procure, provide, deliver, fit, collect, maintain, clean and recycle equipment for Health and Social Care. The service supplies equipment and fittings to people in their own homes and/or within intermediate settings (such as care homes or nursing homes), supporting timely discharge from hospital and helping people to maintain their independence at home.

3.4 ICES is managed by SCT, with 7 B&HCC staff and 15 SCT staff. Of the total of 22 staff, 13 staff have permanent contracts and 8 short term contracts, with 1 vacancy.

3.5 There have been 2 recent reports to Adult Care & Health Committee regarding ICES in September 2013 and January 2014. The reports highlighted issues around the ICES budget, building and performance and the issues are summarised below:

Budget

3.5.1 The current budget for ICES is £1.452m, of which £805,000 (55%) is from the CCG and £647,000 (45%) from B&HCC. The budget has been overspent for each of the last 3 financial years and is forecasting an overspend of £220,000 (£190,000 for Health and £30,000 for Social Care) for 2014/15. The budget pressures have predominately been against the Health budget and SCT have reported a growth in demand of 13% which mirrors other areas. SCT have, however, not been able to accurately report spend by individual teams or areas so it has not been possible to identify the exact reasons for the spend or to enable strategic planning. There has been little scrutiny of the cost of equipment by Prescribers or ICES. A recent benchmarking exercise with other equipment suppliers has indicated that moving to alternative equipment suppliers could yield savings of up to 30% on new equipment and this is being implemented immediately.

Building

3.5.2 The ICES building in Portslade is in significant need of repair and this is having an impact on the ability of staff to provide and recycle equipment. Concerns have been raised by staff and

health and safety professionals within the Trust and the Council and another recent survey has highlighted concerns about infection control. Currently the store does not meet the SCT minimal specification for inspection and storage. The Council's Estates Team have estimated that a minimum of £193,000 is required to meet the minimum standards necessary for the building alone. This sum would not address the lack of space for equipment, the poor decontamination facilities and the lack of space and facilities for staff. SCT estimated the cost of renting an alternative building as £130,000 to set up and £280,000 ongoing costs. The building is situated within the Shoreham Harbour Development and the site is currently being evaluated to see if there is the potential to build affordable homes there.

Performance

3.5.3 Commissioners from B&HCC and the CCG have been working closely with SCT to monitor performance against the current specification and to identify how the service can meet the growing demand for equipment whilst providing an innovative, flexible, efficient model that can track and trace equipment, be provided 7 days a week and offer a framework for self-assessment and self-purchase.

SCT Clinical Care Strategy

3.5.4 SCT have made the decision that the future requirements for the service would require significant investment and transformation and that the provision of an equipment supply and distribution services does not align with their Clinical Care Strategy. They have therefore given notice on the contract but are committed to working closely with the Council to ensure that staff are supported through the change and have been co-operative in giving more than the required notice period to ensure there is time to arrange for an alternative provider.

3.6 In December 2013 West Sussex County Council received Cabinet approval to commence a competitive procurement process for an ICES. As there was some uncertainty about the performance, financial management and the future of the ICES building, Brighton & Hove's Adult Care & Health Committee agreed that Brighton & Hove could be named in the OJEU contract notice published by WSCC as an authority that could utilise the contractual arrangements that WSCC put in place. Increasingly authorities are sharing procurement processes due to the benefits to

the authorities and providers who often work across geographical boundaries.

Implications for staff

3.7 Commissioning the service with a new provider will result in a TUPE event (Transfer of Undertakings Protection of Employment Regulations). A TUPE event occurs where an undertaking is transferred and there is an economic entity which retains its identity. TUPE will see relevant Brighton & Hove Council and SCT staff, jobs and employment transfer to the new provider on the same terms and conditions as their current employment.

3.8 A well-developed market and network of providers exists for the type of service the Council seeks to provide. In addition these providers specialise in the day to day service of equipment provision and as a consequence have an extensive competitive advantage in doing so. It is considered most advantageous for Council to benefit from their specialist knowledge and expertise via contracting these services via the West Sussex Framework.

Other authorities

3.9 Most of the authorities in the region have contracts with the 3 main providers: Nottingham Rehab Supplies (NRS), Medequip and Millbrook Healthcare with the exception of Kent, Croydon, Merton & Sutton.

Authority	**Equipment provider**
West Sussex	NRS
East Sussex	Millbrook Healthcare
Surrey	Millbrook Healthcare
Portsmouth & Southampton	Millbrook Healthcare
Croydon, Merton & Sutton	Croydon Care Solutions
London boroughs	London Consortium - Medequip
Kent	Integrated LA and Health service

3.10 East Sussex have managed within their ICES budget and have made efficiencies through their contract. Increased demand within 2012/13 was met within the existing financial resource and customers and prescribers have reported very high levels of satisfaction with the service.

3.11 West Sussex also report extremely high levels of customer and prescriber satisfaction with their service. The service supports 3 times as many prescribers and customers than before and meets all of its delivery targets.

Community engagement

3.12 No community engagement or consultation has been carried out other than the regular service user satisfaction surveys and prescriber surveys collected by ICES.

3.13 Consultation will be carried out with current and potential customers to inform the specification.

Conclusions

3.14 As SCT have given notice on their contract to provide equipment it is vital that a new service is commissioned before the end of September 2015. Commissioners from the CCG and B&HCC have been working closely with SCT for the last 3 years to ensure that the equipment service is able to provide an efficient service within budget. Both SCT and B&HCC have identified that significant investment would be needed for either organisation to be able to provide a modern, efficient 7 day service.

3.15 Therefore the recommendation is that a service is commissioned externally and that B&HCC and CCG enter into a contract with the equipment provider selected by West Sussex County Council once the WSCC contract has been awarded.

4. Important considerations and implications

Legal

4.1 The service is commissioned in order to comply with the council's statutory obligations and as the current service provider has given notice, it is necessary for the council to enter into a new arrangement in order to ensure the continuity of the service.

4.2 Service is a Part B service for the purposes of the EU Procurement Rules. Given the value of the contract and the nature of the service it is considered necessary to follow a compliant route within the rules in order to let a new contract.

4.3 Both the WSCC and ESPO frameworks have been or are being procured in compliance with the rules, and an award of contract pursuant to either of these would be lawful.

4.4 Legal obligations under TUPE will need to be complied with during the course of preparing for the transfer to a new service provider.

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Finance

4.5 ICES is managed under Section 75 arrangements and has a total budget of £1,452,000 for 2014/15 of which the CCG contributes £805,000 and B&HCC £647,000.

4.6 Entering into a contract with the successful West Sussex provider is considered to be the most cost effective option and the economies of scale are likely to deliver savings to social care and health in the procurement of equipment and should not require capital investment.

4.7 Interim arrangements will need to be set up to ensure that the service is delivered to agreed standards and budget whilst the procurement processes are underway. The current budgetary challenges are set out in paragraph 3.5.1.

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Equalities

4.8 An initial Equalities Impact Assessment has been carried out to inform this report. The impact of the recommended option on users of the service and staff was considered.

4.9 Users of the service: The proposal will not have a negative impact on the equality strands and seeks to improve outcomes for local people by improving deliveries, collections and access to the service.

4.10 Staff in the service: The proposal may have an impact on staff if they are expected to work in a different location. This could have potential negative impacts for older and disabled staff if they have to travel further. It may however have a positive impact if staff have to travel less or if the environment that staff work in improves.

4.11 Formal staff consultation would commence once a decisions have been made about the future of the service.

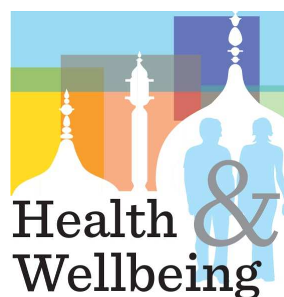
Sustainability

4.12 The commissioned service will place particular emphasis on the recycling of equipment, the move to a more standardised product range to mitigate the cost of purchasing new standard and special equipment and the presence of a local access point for equipment to reduce the reliance on car travel.

4.13 The development of an efficient equipment service will help to ensure that people remain as independent as possible and in control of their lives, both of which are important elements of the Council's responsibility to promote public health.

5 Supporting documents and information

5.1 There are no supporting papers attributed to this report for the Board to consider.



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

1.1. Brighton & Sussex University Hospitals Trust: 3T Full Business Case

1.2 This paper is to be made available to the general public

1.3 9th September 2014

1.4

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2. Decisions, recommendations and any options

2.1 That HWB members support the Full Business Case for the 3T initiative, as detailed in Appendix 1 to this report;

2.2 That HWB members agree that the HWB Chair should write a letter in support of the 3Ts programme.

3. Relevant information

3.1 On the 1st May this year Brighton & Sussex University Hospitals Trust (BSUH) received approval of the Outline Business Case for the '3Ts' Redevelopment of the Royal Sussex County Hospital. As the final step in the approval process the Trust is now required to

submit a Full Business Case to the Trust Development Authority (TDA) and the Treasury by the end of September 2014.

3.2 As part of the approval process for the Full Business Case the TDA will want assurances that key partners and stakeholders continue to support the 3Ts Redevelopment. BSUH is consequently seeking letters of support from key partners, including the Brighton & Hove HWB.

3.3 '3Ts' is a major redevelopment of the Royal Sussex County Hospital intended to significantly improve both the district general hospital services offered to patients from across Brighton and Hove and Mid-Sussex and the specialist tertiary services for patients from across Sussex and beyond.. This will include improving facilities for the hospital's Major Trauma Centre and enhancing RSCH's teaching and research facilities. A full list of services benefitting from the redevelopment is included in the appended document.

3.4 3Ts involves a major re-building programme on the front half of the RSCH site, with much of the hospital's pre-Victorian and Victorian infrastructure being replaced by modern, fit for purpose, buildings. This will include replacing the second oldest inpatient wards in the NHS with new facilities that will have five times as much space per bed and 65% of beds in single en-suite rooms. The redevelopment will transfer the regional centre for Neurosciences down from Hurstwood Park (Princess Royal Hospital, Haywards Heath), significantly increase its capacity and co-locate it with the Major Trauma Centre

3.5 Staff from BSUH have been working on the planning and business case approval of the scheme for six years. TDA and Treasury sign-off of the Full Business Case is the final hurdle before the first tranche of funding is released and work on the main scheme can begin. Funding for the interim decant works to clear space and thereby enable construction has, in the main, been secured.

3.6 The NHS England and the TDA require that any major reconfiguration of NHS provider services will be undertaken with the support of key local partners, particularly Clinical Commissioning Groups and local authorities (which come together as Health & Wellbeing Boards to jointly make decisions about local health and care issues). It is therefore important for BSUH that they receive the support of local HWBs for the 3Ts project. Although the Brighton & Hove HWB has already expressed its support for 3Ts (at the 12 June 2013 Board meeting), the TDA is asking BSUH

to provide a reiteration of this support to accompany the Full Business Case.

3.7 HWB members could decline to support the 3Ts project. However, 3Ts is supported by Full Council and by the CCG and has previously been endorsed by the HWB itself; the 3Ts plans have not substantially changed since this support was granted.

3.8 There has been no consultation or community engagement in terms of preparing this report. BSUH has undertaken a wide ranging engagement programme with local communities around its plans for the redevelopment.

4. Important considerations and implications

4.1 There are no legal implications for the HWB in relation to this report.

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4.2 Finance - The 3Ts redevelopment of the Royal Sussex County Hospital is a c£420 million programme to replace all the buildings on the front of the existing main hospital site.

The programme's Outline Business Case and funding thereof received approval from the Treasury on 1 May 2014. This is an agreement in principle for the programme and is the major approval required for the redevelopment to move ahead subject to the timing of various stages of Department of Health, Trust Development Authority and HM Treasury approvals.

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4.3 There are no equalities implications for the HWB in relation to this report. Equalities implications have been considered as part of 3Ts business planning process. Equality impact assessments have been undertaken as a key part of the redevelopment and representatives from across a broad range of patient and public demographics have been involved with the programme. In addition, the redevelopment

will ensure that local residents continue to have ready access to high quality DGH services in years to come.

4.4 There are no sustainability implications for the HWB in relation to this report. 3T planning has included a focus on sustainability. The reconfiguration of the RSCH site includes improved carbon efficiency and energy generation; the provision of green spaces planted with native flora, the use of photovoltaic cells and improved facilities for the use of more sustainable modes of travel including cycling and public transport.

4.5 3Ts is a very important project which will see the long-term future of the RSCH, both as a tertiary care centre and as a DGH, assured. This will provide a significant boost to both the city economy and to the health and wellbeing of local people.

5 Supporting documents and information

5.1 The 3Ts Programme Overview Document is attached.

3Ts Redevelopment

Teaching, Trauma and Tertiary Care

Introduction

The 3Ts Redevelopment of the Royal Sussex County Hospital is a £420 million programme to replace all the buildings on the front of the existing main hospital site. Some of these are amongst the oldest in the NHS still providing inpatient beds and first came into use 20 years before Florence Nightingale became a nurse.

The programme is in the decant stage, which will make space for the first of the two new hospital buildings in the redevelopment. All clinical services will continue to run throughout both the decant and the main construction phases of the project.

The programme's Outline Business Case received approval from the Treasury on 1 May 2014. This is an agreement in principle for the programme and is the major approval required for the redevelopment to go ahead.

This document contains information and key messages about the 3Ts Redevelopment. It is reasonable to expect, with the positive outcome for the Outline Business Case, that there will be considerable interest amongst the public, NHS staff and the media. This document

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is written to help answer queries about the project and to enable informed discussion about the nature, intent and extent of the redevelopment.

Decant

Maintaining Care – Making Space

St Mary's Hall Administration and Management Centre

Decant

The decant programme will free up just over 20% of the main site, the space needed to build Stage 1 of the redevelopment, whilst maintaining or improving the hospital's clinical services. Six locations are being used for the decant, five of them on the existing site and one, St Mary's Hall on Eastern Road, which becomes a permanent part of the hospital's campus. The decant plan has been informed by the need to keep clinical services accessible to patients and to maintain adjacencies between key clinical services.

As part of decant Nuclear Medicine will move into a purpose built modular unit which meets all its requirements, unlike its current 'temporary accommodation' which it has occupied for 40 years. This building will be located in front of the east wing of the existing Barry Building. Work on it will start in August 2014.

The wards from the Jubilee Building will move into a temporary ward building that will give them more space, storage and individual rooms for the majority of patients. They currently occupy cramped, converted 'nightingale style' wards. All other clinical and support services are moving into accommodation that is at least as good as their current location.

Decant - Key Facts

- There will be no reduction in services to patients.
- Decant will free up just over 20% of the main site for redevelopment by providing just under 9000m^2 of accommodation – equivalent to 8 floors of the Thomas Kemp Tower.
- The programme has been designed to prioritise patient access, the patient environment and clinical adjacencies.
- There are 6 locations being used for decant, 5 on-site and 1 extending the hospital campus.
- Decanted services will move into new modular or refurbished existing buildings.

Decant - Locations and Services

Decant Building	Functions/Departments	Projected Completion Date
St. Mary's Hall (Refurbishment)	Administrative and management offices; Trust HQ; Cardiac Gym; Physiotherapy Inpatient Support; Rheumatology Offices.	Complete 2013 /14
Front Car Park (Temporary Modular Build)	Nuclear Medicine - Clinical; Radiopharmacy; Speech & Language Therapy. Rheumatology OPD; Physiotherapy OPD.	Late Summer 2015
Royal Alexandra Children's Hospital (Refurbishment)	Paediatric Audiology	Summer 2014
Thomas Kemp Tower Courtyard (Temporary Modular Build)	Oncology and Clinical Infection Service Inpatient Beds.	Spring 2015
Building 545 (Refurbishment)	ENT OPD; Audiology; Junior Doctors' Mess	Winter 2014/15
North Service Road Building (New build)	Site Management Offices; EBME Department; MIE Store; Post Room Nuclear Medicine Offices Medical Physics Offices;	Late Summer 2015

Main Development

Improving Care - New Environments

Main Development

The main development will take place in 3 stages. This will ensure the hospital site and all clinical services can continue to run throughout the nine years of construction. On completion the redevelopment will occupy 45% of the main hospital site. The programme has been planned so that each new building will accommodate the services from the next construction site. This ensures that the majority of clinical services only have to move once, into new, permanent and significantly improved accommodation.

Across the new buildings 65% of beds will be in single, en-suite rooms. The rest will be in single gender, four bedded bays, also with en-suite facilities. This and the other new clinical facilities will bring about a marked improvement in privacy and dignity for patients. All the clinical areas within the new buildings, from general floor layout to fixtures and fittings, have been designed with clinical input and leadership. The space and facilities available to patients and staff will be of the highest standard drawn from examples of best practice across the UK and beyond.

There will be improved clinical facilities for all services within the redevelopment and an associated improvement in the experience for all patients seen by these services. We have

already started asking our patients about their experience in the old buildings being replaced by the redevelopment; this will allows a clear comparison of patients' experiences before and after the redevelopment.

In particular the redevelopment will:

- establish an emergency 'hot' floor across level 5 between the new buildings and the existing Emergency Department, freeing up much-needed space in that area;

- bring the HIV and Infectious Diseases services together and provide negative pressure treatment facilities for patients requiring them;

- deliver a joint Acquired Brain Injury and Stroke service in Stage 1 which will bring together the expertise of four key services into one location to optimise the treatment of these patients;

- The redevelopment will create an integrated Imaging, Neuroimaging, Nuclear Medicine and Interventional Radiology service.

At the same time as the first new building is being constructed, a helipad will be built on the Thomas Kemp Tower to allow seriously ill and injured patients to be brought directly to site by air ambulance.

A new combined heat and power plant will be installed during the Stage 1 build. This will improve the energy use profile for much of the hospital.

The redevelopment will provide 312 additional underground parking spaces dedicated for patient and visitor use only. The reception areas of Stages 1 and 2 will be directly accessible by lift from the new car park and disabled parking will be located nearest to these lift cores. This will mean that we will have 820 car parking spaces on the site, 49% of which will be dedicated for patients and visitors, 46% for staff and 5% for disabled badge holders. We will also have 102 additional cycle spaces and 27 additional spaces for motor cycles.

The redevelopment will significantly improve the accessibility of the site. It will be possible to reach all the clinical areas of the hospital without having to go outside or negotiate stairs or slopes. Locating clinical and support areas will be far easier with a consistent system of signs used throughout the new and existing buildings. There will be 8 new passenger lifts, 6 dedicated bed lifts and 4 goods lifts. Facilities management services such as laundry and ward catering will use corridors and lifts separated from the main public areas and thoroughfares.

The improvements in space, service, layout and design will make it hard for many patients to believe they are in the same hospital that they knew, and tolerated, before.

Main Development – Key Facts

- The programme is separated into three construction stages spread over nine years.
- The redevelopment will cover 45% of the main hospital site.
- Clinicians have been involved in all aspects of the clinical design.
- Most clinical services will be moving directly into new accommodation.
- 65% of bed will be in single en-suite rooms.
- There will be a marked improvement in privacy and dignity for patients.
- There will be an improvement in clinical facilities and therefore patient experience in all services within the redevelopment.
- A landing pad for the air ambulance will be built on top of the Thomas Kemp Tower
- A new combined heat and power plant will be installed.
- An underground car park will supply 312 extra spaces for patient and visitors only.
- All clinical areas of the site will be easily accessible from the new main entrance.
- A new hospital wide system of signs will be instigated to aid way-finding.
- Corridors and lifts for facilities management functions will be separate from public thoroughfares and lifts.

Stage 1

Local Care - Regional Services

Stage 1 Information

Stage 1 will replace the wards and departments in the Barry Building, which took its first patients twenty years before Florence Nightingale began nursing. It will allow the full transfer of the Regional Neurosciences Centre from Haywards Heath and provide the full range of facilities to support the Major Trauma Centre in fit for purpose accommodation. The Stage 1 building will provide accommodation for all the decanted clinical services, with the exception of the Outpatient Physiotherapy service.

The lower floors will be focused on non-emergency, outpatient and support services. The outpatient services for those most likely to have mobility problems, for example Rheumatology and the Fracture Clinic will be as near to the reception area as possible. Level 5 of Stage 1 will connect directly with the Emergency Department. Together with level 5 of the Thomas Kemp Tower they will operate as a single, emergency focused floor. This will allow easy horizontal transfer between key emergency services. The floors around level 5 will accommodate services linked clinically with the work of the Emergency Department. The upper floors will house wards and rehabilitation services, including the joint Stroke and Acquired Brain Injury service. The topmost floor is set aside for teaching and meeting facilities.

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Stage 1 will house the new main entrance for the hospital which will offer a spacious reception area and retail outlets. Level 6 of the building will also offer a dedicated public space including: a café, The Sanctuary multi faith space, the Patient Advice and Liaison Service and a link to the accessible roof gardens atop the Stage 2 building.

The main focuses of Stage 1 are District General Hospital services including Elderly Care and General Medicine wards, emergency care including Trauma, and Neurosciences.

Stage 1 - Key Facts

- Replace the outdated wards from the Barry Building.
- Accommodate the transfer and expansion of the Regional Neurosciences Centre.
- Provide support services for the Major Trauma Centre
- Accommodate all previously decanted clinical services, except Physiotherapy Outpatients.
- Establish a 'hot' emergency floor on Level 5 across the Stage 1 Building, Thomas Kemp Tower and the existing emergency Department.
- Give ease of access to outpatient services by placing them on the lower floors.
- Provide gold standard ward accommodation on the upper floors of the building.
- House the new main entrance, spacious reception area and retail outlets for patients, visitors and staff.

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Stage 2

Cancer Care - Innovative Research

Stage 2 Information

Stage 2 will house the new and expanded Sussex Cancer Centre. This will include more specialist inpatient beds, more spaces for chemotherapy and more linear accelerators for radiotherapy. The co-location will significantly improve patient experience by removing the need to undertake lengthy outdoor transfers between inpatient areas and treatment facilities. The expansion will significantly increase the number of patients who can be treated and accommodated in the Cancer Centre.

The Stage 2 building will offer additional facilities for research and training including the Trust's Clinical Investigation and Research Unit and onsite offices for Brighton and Sussex Medical School. This will further enhance the Trust's reputation for high quality research and teaching, and build on its popularity as a place to train for medical and nursing students.

The building will have its own entrance on Eastern Road, a dedicated drop off and collection point at the rear and direct access to the underground car park.

The roof will be an accessible garden with a section screened off for therapy and rehabilitation; the rest will be available for use by patients, visitors and staff.

Stage 2 – Key Facts

- The majority of the building will house the Sussex Cancer Centre.
- Inpatient, Radiotherapy and Chemotherapy services will all be expanded.
- The co-location, redesign and expansion of services will significantly improve patient experience.
- There will be new research and training facilities
- The building will be accessible at front and rear and from the underground car park.
- There will be an accessible garden covering the entirety of the building's roof.

Stage 3

Combined Logistics - Efficient Site

Stage 3 - Narrative

Stage 3 will establish a facilities management and logistics centre on the site of the existing Cancer Centre. It will bring together a range of support services, such as the receipt and distribution of supplies and waste management. These are currently managed in a string of small, unconnected compounds. This final stage of the redevelopment will bring about site wide benefits.

Stage 3 - Key Facts

- Bring together and rationalise facilities and logistics management functions.
- Improved services will benefit the entire hospital site.

Project Timeline

Decant Programme Begins	Winter 2012
Services and staff affected by the construction of Stage 1 begin moves to alternative locations	Autumn 2013
Construction of Stage 1 begins	Autumn 2015
Stage 1 complete, construction of Stage 2 begins	Summer 2019
Stage 2 complete, construction of Stage 3 begins	Autumn 2022
Stage 3 and entire redevelopment complete	Winter 2023

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Services Moving Into 3Ts

Stage 1
Ear , Nose and Throat Outpatients
Audiology Outpatients
Maxillo-Facial Outpatients
Rheumatology Outpatients
Discharge Lounge
Nuclear Medicine
Speech and Language Therapy
Physiotherapy
Occupational Therapy
Non-Invasive Cardiology
Neuroscience Centre
• Neurology Ward
• Neurosurgery Ward
• Neuroscience Outpatients
• Neurophysiology
• Neuro Therapies
Nurse Bank Office
Fracture Clinic
Planned (Cold) Imaging
AMU and Ambulatory Care
Neuroscience and Polytrauma Theatres and Recovery
Interventional Radiology
Acute (Hot) Imaging
Infectious Diseases Service (Outpatients and Ward)
Critical Care
General Medicine Wards
Elderly Care Wards
Respiratory Medicine Wards
Stroke Unit including Therapies

Health & Wellbeing

Stage 2
Cancer Centre
• Cancer Wards
• Aseptic Suite
• Cancer Day Care
• Cancer Outpatients
• Cancer Support / Palliative Care
• Radiotherapy
• Chemotherapy
EBME
Medical Physics
Clinical Investigation and Research Unit
Brighton and Sussex Medical School (Onsite Offices)

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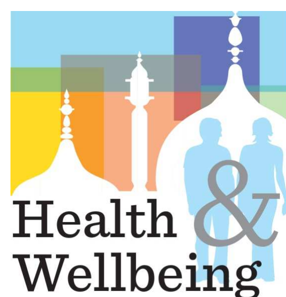
www.bsuh.nhs.uk/3ts

01273 523375



Although a formal committee of the city council, the Health and Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers may then come from a variety of sources. The format for Health and Wellbeing Board papers outlined here is consequently a bit different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

1.1. Joint Health & Wellbeing Strategy Update

1.2 This paper is to be made available to the general public.

1.3 9th September 2014

1.4 Dr Peter Wilkinson,
Consultant in Public Health.
Tel: 01273 296555
peter.wilkinson@brighton-hove.gov.uk

2. Decisions, recommendations and any options

2.1 The HWB is asked to: approve the progress made in the five priority areas of the Joint Health and Wellbeing Strategy and consider how these can inform the future choice of strategic priorities.

3. Relevant information

3.1 In May 2012, the shadow Health and Wellbeing Board agreed the priority areas for the Joint Health and Wellbeing Strategy based on the high impact areas identified from the Joint Strategic Needs Assessment. The five priority areas selected were cancer and access to cancer screening, dementia, emotional health and wellbeing, healthy weight and good nutrition and smoking.

3.2 The draft Joint Health and Wellbeing Strategy was agreed by the shadow Board in September 2012 and formally adopted by the Health and Wellbeing Board in September 2013

3.3 Appendices one to five provide updates on progress for each priority area. The individual updates provide a brief overview of the need for each area, outline new and ongoing activities and future proposals.

3.4 Appendix 1. Cancer and access to cancer screening services
Appendix 2. Dementia
Appendix 3. Emotional Health and wellbeing
Appendix 4. Healthy weight and good nutrition
Appendix 5. Smoking

3.5 In March 2013 the Community & Voluntary Sector Forum (CVSF) and Brighton and Hove Food Partnership provided a joint response to the draft Joint Health and Well-Being Strategy. The response included identifying gaps in service provision for the three priority areas of Healthy weight and good nutrition, Emotional health and wellbeing and Dementia. The updates provide information about how the CVSF's and Food Partnership's responses have been taken into account in the ongoing work.

3.6 The information provided here is intended to show members where we are in terms of achieving the goals set out in the current city Joint Health & Wellbeing Strategy (JHWS). We will discuss ideas for a new JHWS at the first Health & Wellbeing Partnership meeting in November 2014. A draft of the new JHWS will be presented for endorsement by the Health and Wellbeing Board at a committee meeting in early 2015.

4. Important considerations and implications

4.1 Section 196 of the Health and Social Care Act 2012 (the Act) makes it a duty of the Health & Wellbeing Board to prepare and publish a Joint Health and Wellbeing Strategy. The Board is also required to take into account the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published in March 2013.

4.2 In order to ensure that the Board is achieving the outcomes it has set, it is important to review the progress of the strategy, as set out in this report.

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4.3 The priorities within the Joint Health and Wellbeing Strategy inform budget development, the allocation of funding and the Medium Term Financial Strategy for the Council, the CCG, Health and other partners.

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4.4 There are no equalities implications for the HWB to this report which is for information. These will continue to be considered by the relevant partnership.

4.5 There are no sustainability implications for the HWB to this report which is for information. These will continue to be considered by the relevant partnership.

4.6 The various health, social care, children's services and public health issues are addressed in each of the JHWS action plans (see appendices).

5. Supporting documents and information

5.1 The following appendices are attached to the report:

1. Cancer and access to cancer screening programmes
2. Dementia
3. Emotional wellbeing
4. Healthy weight and good nutrition
5. Smoking

Appendix 1. Update on cancer for the Health and Wellbeing Board

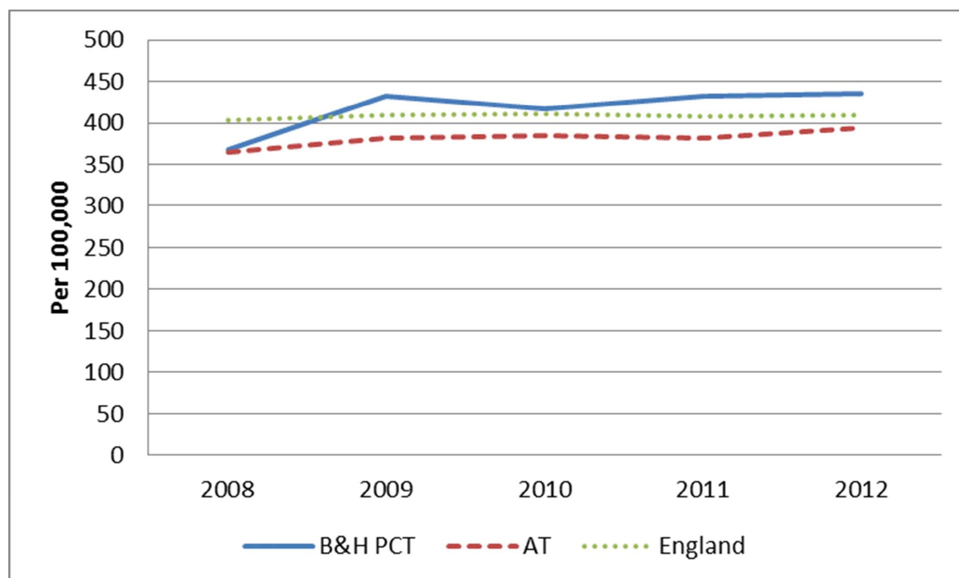
Martina Pickin, Public Health Principal, Brighton and Hove City Council, 6th August 2014

1. Cancer

1.1 Need

Around 1,100 people in the city are diagnosed with cancer each year. The age standardised incidence rate for all cancers in Brighton and Hove is higher than the national average and whilst the national rate has remained fairly static since 2009, Brighton and Hove has seen an increase (Figure 1).

Figure 1: Incidence rate in Brighton and Hove PCT, NHS Surrey and Sussex Area Team and England



Source: Cancer Commissioning Toolkit https://www.cancertoolkit.co.uk/

The most common cancer in females is breast cancer and in males prostate cancer[1]; the second and third most common cancers in both females and males are lung and colorectal cancer.[2]

Cancer is the main cause of death within the city both for all age mortality and under 75 years (premature) mortality. In 2012 it was responsible for 31% (666) of all deaths and 41% (288) of all premature deaths. Lung cancer is responsible for the highest percentage of deaths (22% for all ages and 28% for under 75s), followed by colorectal cancer (13% for all ages and 10% for under 75s) and breast cancer (7% for all ages and 6% for under 75s). Whilst prostate cancer has the fourth highest percentage of cancer deaths in all ages, few of these are premature deaths. Oesophageal and pancreatic cancers are also responsible for a

[1] However the incidence of prostate cancer is linked to identification via Prostate Specific Antigen (PSA) testing.
[2] ONS Cancer Registration Statistics, England, 2011. 26 June 2013. [Accessed 16.8.13] Available from http://www.ons.gov.uk/ons/dcp171778_315795.pdf

relatively high percentage of deaths both for all ages (5% for each) and under 75s (6% for oesophageal and 5% for pancreatic cancer).

Lung cancer is the eighth biggest contributor to the life expectancy gap between the most deprived and least deprived quintiles in Brighton and Hove for men, and the third biggest contributor for women (out of 15 broad causes of death). Whilst there are some factors that contribute to cancer risk that cannot be controlled, experts estimate that more than four in 10 cancer cases could be prevented by lifestyle changes. The main preventable lifestyle factor is tobacco; other key lifestyle factors are obesity, diet (particularly low fruit and vegetable intake), alcohol intake, sunlight and sunbeds.[3]

1.2 Key outcomes

The Key outcomes for cancer in the Public Health Outcomes Framework are as follows:

- Age-standardised mortality rate from all cancers for persons aged under 75 per 100,000 population
- Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years of age per 100,000 population
- Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed

In addition the NHS Outcomes Framework (NHSOF)[4] introduced new indicators for cancer survival in February 2014:

- One-year survival from all cancers
- Five-year survival from all cancers
- One-year survival from breast, lung and bowel cancer combined
- Five-year survival from breast, lung and bowel cancer combined[5]

A further new indicator for cancer in children was introduced into the NHSOF in March 2014:

- Five-year survival from all cancers in children

1.3 Current performance

Evidence shows that when cancer is diagnosed at an early stage, the treatment options and chances of a full recovery are greater. Raising awareness of cancer symptoms is therefore a key aim of the government's strategy for cancer and a key intervention for reducing the life expectancy gap between the most and least disadvantaged areas.[6] The Cancer Awareness and Early Diagnosis dashboard provides an overall picture of performance against a number of indicators for Brighton and Hove CCG.[7] The performance measures described here relate to 2012/13, the most recent available, unless otherwise stated.

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[3] Cancer Research UK. Can cancer be prevented?http://www.cancerresearchuk.org/cancer-info/healthyliving/introducingcancerprevention/can-cancer-be-prevented

[4] Department of Health, The NHS Outcomes Framework, 2014/15, November 2013.

[5] According to the NHS Outcomes Framework, the Department of Health will still be able to monitor survival for breast, lung and bowel cancers individually as these will continue to be reported by the ONS.

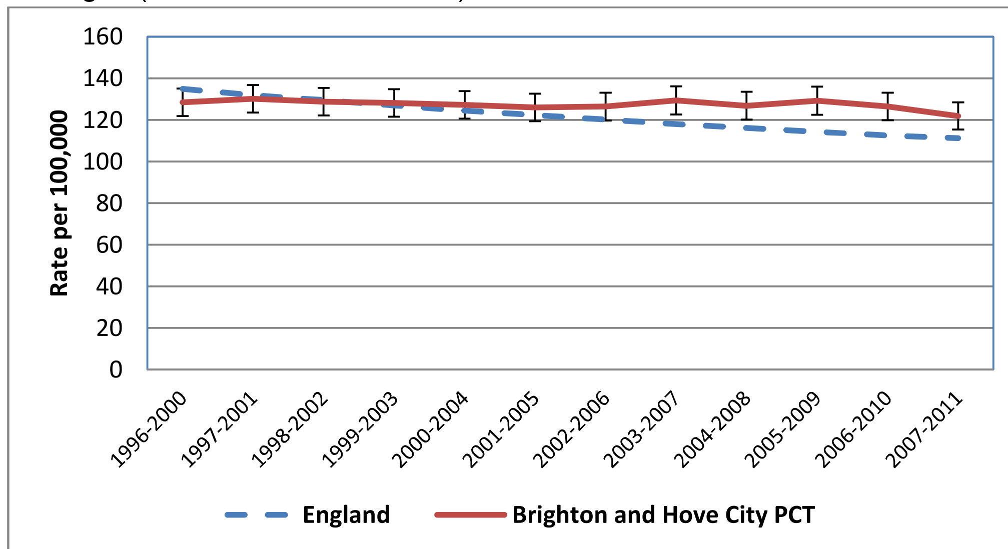
[6] Department of Health, Improving outcomes: a strategy for cancer, 2011.

[7] The dashboard is produced by Quality Observatory and South East Coast Cancer Strategic Clinical Network

- **Two week wait referrals** – When a GP suspects that someone may have cancer they should refer them on an urgent two week wait cancer pathway so that they can be seen by a specialist within two weeks. Brighton and Hove CCG has a higher rate of two week wait referrals (TWWs) than the national figure and is in the top 25% of CCGs in the Kent, Surrey and Sussex region (Regional ranking 4/20).
- **Two week wait conversion rate** - The conversion rate is the number of GP Two Week Wait referrals that are subsequently diagnosed with cancer. The conversion rate in Brighton and Hove CCG is only 6%, the lowest in the Kent, Surrey and Sussex region (Ranking 20/20) and lower than the national average.
- **GP direct access to diagnostics** – When GPs can order some diagnostic tests directly it can assist in diagnosing cancer early. It is recommended that GPs have direct access to chest x-rays, brain MRIs and abdomen-pelvic ultrasounds. Brighton and Hove CCG is slightly above the national average for chest x-rays (Regional ranking 14/20), although below average for brain MRIs (Regional ranking 19/20) and abdomen-pelvic ultrasounds (Regional ranking 17/20).
- **Number of times patient saw GP before referral to hospital** – 77% of Brighton and Sussex University Hospitals Trust patients with a cancer diagnosis saw their GP only once or twice before referral, indicating relatively high levels of early diagnosis.
- **One year survival for breast, lower GI and lung cancers** – Data for this indicator is currently only available at PCT level as the latest published data is for 2006-10. Brighton and Hove City PCT had lower 1 year survival rates than the national average for all three cancers and some of the lowest survival rates in the South East Coast region (Regional rankings Breast 18/20; Lung 19/20; Bowel 17/20).
- **Routes to diagnosis** – Patients presenting via emergency routes[8] have substantially lower one-year relative survival. Brighton and Hove CCG has a lower percentage of invasive cases of cancers first presenting via an emergency route than the national average for lung cancers (Regional rank 6/20), but a higher percentage for breast (Regional ranking 1/20) and colorectal cancers (Regional ranking 2/20).
- **Early detection** – This indicator looks at the percentage of cancers diagnosed at stages 1 or 2, the earlier stages of cancer. The percentage diagnosed early in Brighton and Hove CCG (37.9%) is lower than the England average (42.1%) although it is not clear if this difference is significant (Regional ranking 9/20).
- **Under 75s cancer mortality rate** – The age standardised under 75 mortality rate from cancer is an indicator of premature mortality. Brighton and Hove CCG is slightly above the national average and in has one of the highest mortality rates in the region in 2012, the most recent data available. (Regional ranking 3/20) Trend data suggests that premature mortality in Brighton and Hove has been significantly worse than the national rate since 2003/07 (Figure 2).

[8] Emergency routes via A&E, emergency GP referral, emergency transfer, emergency consultant outpatient referral, emergency admission or attendance

Figure 2: Mortality rate per 100,000 in Brighton and Hove and England, 5 year rolling averages (1996/2000 – 2007/2011)



Source: Cancer Commissioning Toolkit https://www.cancertoolkit.co.uk/

- **Breast cancer mortality rate -** Data for this indicator is also only available at PCT level as the latest published data is for 2009-11. Brighton and Hove City PCT has a higher age standardised mortality rate for breast cancer than the national average (Regional ranking 1/20).
- **Preventable mortality from cancer -** The under 75 mortality rate from cancer considered preventable is significantly worse in Brighton and Hove than England (see Figure 3).

Figure 3: Preventable mortality from cancer in 2010-12 (most recent available)

Healthcare and premature mortality		Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
4.05i	Under 75 mortality rate from cancer	2010 - 12	154.8	146.5	207.3		113.5
4.05i	Under 75 mortality rate from cancer - Male	2010 - 12	168.2	163.6	238.9		122.8
4.05i	Under 75 mortality rate from cancer - Female	2010 - 12	141.9	130.8	181.3		105.3
4.05ii	Under 75 mortality rate from cancer considered preventable	2010 - 12	94.3	84.9	134.9		53.8
4.05ii	Under 75 mortality rate from cancer considered preventable - Male	2010 - 12	104.0	92.7	154.4		53.1
4.05ii	Under 75 mortality rate from cancer considered preventable - Female	2010 - 12	85.2	77.9	121.4		54.6

Source: Public Health Outcomes Framework. Red (darkest) = significantly worse; Yellow = not significant

1.4 Spend in relation to performance

The most recent data available (2011/12) shows that compared to other PCTs nationally, Brighton and Hove has higher spend but worse outcomes. Previously (2009/10) the PCT had lower spend and worse outcomes; it is hoped that the increased spend will lead to better outcomes in the future.

2. Access to cancer screening

2.1 Key outcomes

- The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period (PHOF)
- The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period (PHOF)
- There is no PHOF indicator as yet for bowel screening

2.2 Current performance

At 31st March 2013, screening coverage for breast and cervical cancer in Brighton and Hove CCG is significantly worse than for England. There is no Public Health Outcomes Framework indicator for bowel cancer as yet, but data from the Cancer Commissioning Toolkit would suggest that up-take in Brighton and Hove is also worse than the national average. CCG comparisons across the Kent, Surrey and Sussex region shows that Brighton and Hove CCG ranks 18/20 for breast screening uptake; 20/20 for cervical screening coverage; 17/20 for bowel screening uptake

2.3 Breast screening

At 31st March 2013, the percentage of eligible women aged 53-70 years who were screened in the previous 3 years was 72.7% in Brighton and Hove, compared to 76.6% for the South East Coast and 76.2% for England against a national standard of 80%.[9]

2.4 Cervical screening

At 31st March 2013, the percentage of eligible women (aged 25 to 64) who were recorded as screened adequately at least once in the previous five years (coverage) was 76.5% in Brighton and Hove, compared to 80% in the South East Coast and 78.3% for England. Coverage rates for both younger women (aged 25-49 years), who are screened every 3 years, and older women (aged 50-64 years), who are screened every 5 years, are both below the SE Coast and England averages.[10] Cervical screening is conducted in GP practices, mostly by Practice Nurses; at 31st March 2014 uptake by practice ranges from 29% to 86% (target 80%).

England has seen a gradual fall in coverage over the last 10 years. Whilst Brighton and Hove mirrored this fall between 2005/06 to 2007/08, coverage rates have increased since this time up until 2010/11, and the gap between coverage in Brighton & Hove and England decreased from 3% in 2005/06 to 1.7% in 2012/13.

2.5 Bowel screening

Up-take for Brighton and Hove PCT at year end 2012/13 was 55.57%, which is lower than uptake for the Sussex Screening Centre (59.81%), the old South East Coast Strategic

[9] Breast Screening Programme, England – 2012-13. Publication date: February 27, 2014. Health and Social Care Information Centre http://www.hscic.gov.uk/catalogue/PUB13567/bres-scre-prog-eng-2012-13-rep.pdf

[10] Cervical Screening Programme, England - 2012-2013 [NS]. Publication date: October 24, 2013. Health and Social Care Information Centre. http://www.hscic.gov.uk/searchcatalogue?productid=12601&q=title%3a+cervical+screening+programme&sort=Relevance&size=10&page=1#top

Health Authority (SEC SHA) (60%) and the Southern Screening Hub (61.24%)[11]. Recent local data[12] shows that uptake in Brighton and Hove CCG area fell to 51.51% in 2013/14 (national target of 60%) with uptake by GP practice ranging from 9% to 66%. Between 2008/09 and 2013/14 uptake in Brighton and Hove followed a similar pattern to the SEC SHA and Southern Hub, with a general upward trend, but at a lower level.[13]

3. Work to reduce cancer incidence and mortality

The HWB strategy identifies three areas of focus for reducing the incidence and mortality from cancer. In addition it focuses on how screening uptake rates might be improved. Current work will be reviewed under each of these headings.

3.1 Continue to invest in reducing the avoidable causes of cancer and support cancer survivors to lead a healthy lifestyle.

The City Council's Public Health Directorate continues to commission a range of services that address the key cancer risk factors: smoking cessation services; physical activity, dietary advice and weight management; alcohol awareness and reduction; sexual health; sun safety awareness; Health trainers and NHS Health Checks.[14] In addition they are responsible for inspection of sunbed providers.

In 2012/13 successful bids were submitted to Macmillan for part-time (one day a week) GP and specialist nurse roles, both of whom are hosted by Brighton and hove CCG.
The role of the primary care nurse specialist is:

- To develop a consistent framework to help practices assess and meet the needs of people living with cancer
- To facilitate the education of primary health care teams to share good practice
- To support pathway and service redesign initiatives as appropriate

3.2 Continue to invest in raising awareness of cancer signs and symptoms and providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived areas of the city.

3.2.1 The contract with Albion in the Community (Brighton and Hove Albion's charitable arm) expired in June 2013. The contract was funded through successful National Awareness and Early Diagnosis bids but this funding stream is no longer available.

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[11] Bowel Cancer Screening Southern Programme Hub Annual Report. Financial year 2012/2013. March 2014 (revised version)
http://www.royalsurrey.nhs.uk/adx/aspx/adxGetMedia.aspx?DocID=3387,676,6,1,Documents&MediaID=60d53537-6035-43c1-ab85-a9caa80125fc&Filename=BCSP+Southern+Hub+Annual+Report+2012-2013.pdf
[12] Supplied by Sussex Screening Centre, Brighton and Sussex University Hospitals Trust.
[13] Bowel Cancer Screening Southern Programme Hub Annual Report. Financial year 2012/2013. March 2014 (revised version)
http://www.royalsurrey.nhs.uk/adx/aspx/adxGetMedia.aspx?DocID=3387,676,6,1,Documents&MediaID=60d53537-6035-43c1-ab85-a9caa80125fc&Filename=BCSP+Southern+Hub+Annual+Report+2012-2013.pdf
[14] Directory of Health and Wellbeing Services Commissioned by Brighton & Hove City Council Public Health Department 2014. http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/8553%20Healthy%20Living%20Directory%20June%202014_0.pdf

3.2.2 Brighton and Hove public health continue to commission Sussex Community Trust Cancer Health Promotion Team to promote awareness of early signs and symptoms of cancer (as well as focusing on screening uptake – see 3.4). Public Health England (PHE) now lead on the national Be Clear on Cancer campaigns; the messages they use and the materials they produce are utilised locally.
http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16309

The SCT team conducted a sun safety awareness campaign in 2013/14, which targeted children, parents and carers through schools and community events. They also developed sun safety guidance for school PSHE leads, working with the council's 'Healthy Schools' team. The contract with SCT expires in March 2015, and this service will be re-tendered.

3.2.3 Public Health has recently conducted a review of malignant melanoma skin cancer which will be used to inform further work on skin cancer prevention.

3.2.4 The Macmillan GP is responsible for providing support to primary care to encourage earlier presentation and referral, particularly in the more deprived areas of the city. Since she commenced in post a year ago she has:

- Repeated the audit of cancer diagnosis in primary care (previously conducted in 2010/11) achieving greater participation in the East of the city which was under-represented previously
- Conducted practice visits to discuss GP cancer profiles and the various indicators related to early diagnosis (eg Two week waits and conversion rates) and encouraged GPs to conduct a retrospective audit of their TWWs
- Organised a GP cancer up-date event for GPs and provided feedback on the findings of the cancer diagnosis audit

3.3 Maintain implementation of former Sussex Cancer Network's delivery plans.

Cancer is a priority in Brighton and Hove CCG's 2 year Operating Plan. The CCG has established a Cancer Action Group and are in the process of developing a detailed work plan. The CCG priorities are aligned to the Cancer Strategic Clinical Network's (SCN) strategy for improving cancer detection and care. The CCG are also working with the SCN to reconnect the cancer commissioning pathway which has become fragmented since the NHS reorganisation of 2013 when Sussex Cancer Network ceased to operate.

The programme of work and investment will be structured around the following key themes:

- Promoting the uptake of cancer screening programmes
- Early diagnosis in primary care including 2WW referrals and conversion rates and improved access to diagnostics
- Reducing diagnosis in A&E and other emergency settings
- Pathway redesign work with secondary care (particularly for colorectal and lung cancers) to reduce the possibility of avoidable delays in care and treatment
- Education of GPs, health professionals, patients and carers about cancer risks, early diagnosis and survivorship

3.4 Work with NHS England to increase uptake of cancer screening programmes

In line with national guidance, testing for Human Papilloma Virus (HPV) has been introduced into the cervical screening programme; the monitoring of those with a family history of breast cancer has been integrated into the breast cancer screening programme; and local colonoscopy waiting times met the requirements for age extension of bowel cancer screening to age 75 years.

Whilst commissioning of NHS cancer screening programmes is the responsibility of NHS England, Brighton and Hove public health have continued to commission Sussex Community Trust Cancer Health Promotion Team to increase the up-take of the three NHS cancer screening programmes. This provision will be retendered in 2014/15 and decisions about roles and responsibilities for promoting cancer screening will need to be reviewed.

4. Proposals going forward

- Work to reconnect commissioning responsibilities and clinical governance issues across the whole cancer pathway as a priority
- Continue to focus on avoidable risks - such as tobacco control and smoking cessation; alcohol harm reduction, diet - ensuring cancer is a consideration in the contracts of all public health commissioned lifestyle services
- Promote early diagnosis
    - Raise public awareness of screening programmes and early symptoms of cancer, with a particular focus on more deprived populations and groups. This could be done through specific campaigns but also by utilising opportunities provided by the NHS Health Checks programme, Health Trainers, GP receptionists and other key groups
    - Continue to work with individual GP practices to review practice level indicators and work to improve practice in those performing less well
    - Improve GP direct access to diagnostics and ensure primary and secondary care work together to improve referral/care pathways particularly for lung cancer and colorectal cancer
- Improve treatment and care
    - Ensure plans to increase access to radiotherapy (currently the responsibility of specialised commissioning in NHS England) are implemented as a priority
    - Use intelligence such as national audit data to identify areas for improvement
- Improve cancer survivorship
    - Increase the focus on cancer as a long-term condition
    - Improve awareness of, and access to, lifestyle services for those living with/surviving cancer

The CCG are to receive additional funding through the Quality Premium, a proportion of which will be utilised to reduce inequalities and improve health outcomes related to cancer.[15]

[15] The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

Appendix 2. Health Well Being Board Update – Dementia

31st July 2014

Simone Lane, Commissioning Manager Brighton and Hove CCG and Annie Alexander, Public Health Programme Manager, Brighton and Hove City Council.

1. Overview:

The purpose of the report is to provide the Health and Wellbeing Board with an update on developments in dementia services in Brighton & Hove since the last report provided to the HWBB in March 2013 highlighting progress against the outcomes in the joint Health and Wellbeing Strategy.

1.1 National Context

Dementia is a syndrome that can be caused by a number of progressive disorders. It affects memory, thinking, behaviour and the ability to perform everyday tasks. Alzheimer's disease is the most common type of dementia. It mainly affects older people. One in 14 people over 65 years and one in six over 80 years in the UK have a form of dementia. It is estimated people live on average 7-12 years after diagnosis.

Dementia is an important issue because it affects a large proportion of people and the numbers are increasing as the population is ageing. It places pressure on all aspects of the health and social care system: An estimated 25% of hospital beds are occupied by people with dementia, who have longer lengths of stay, and more readmissions. Approximately two-thirds of care home residents are estimated to have dementia and one in three people will care for someone with dementia in their lifetime.[1]

Nationally, there is increasing focus on dementia as an issue, including prevention, treatment, and demand for services and creating dementia friendly communities. The National Dementia Strategy was published in 2009 and the Prime Minister launched his Dementia Challenge in 2012.

1.2 Local Context

Dementia disproportionately affects people aged 65 and over and risk continues to increase as people get older. Brighton & Hove has a lower proportion of people aged 65 years and over (13%) compared to 17% in the South East and 16% in England, so dementia needs are not on the same level as other parts of the country. However, the number of over 65s is estimated to rise by around 12%, to about 40,000 people by 2021.[1] The biggest increases are expected to be in the 70-

[1] Department of Health. Dementia. A state of the nation report on dementia care and support in England. November 2013

Health & Wellbeing

74 age group with an increase of 1,900 people (24% increase) and in the 90+ age group with an increase of 1,100 people (48% increase).[2] This will be particularly felt in the parts of the city where the older population is concentrated i.e. Rottingdean Coastal, Woodingdean, Hangleton & Knoll, Hove Park and Patcham wards. These increases highlight the future challenge of providing adequate dementia care in Brighton & Hove.

A key issue in Brighton & Hove has been the under diagnosis of dementia. In 2012/3, there were only 1,310 people on the GP dementia registers, compared to an estimated prevalence of 3,046. There is also a lack of accurate reporting of the number of people diagnosed with dementia living in care homes, receiving home care or self funding their dementia care.

1.3 Key outcomes

1.3.1 PHOF / NHSOF / ASCOF

- Estimated diagnosis rate for people with dementia (Public Health and NHS Outcomes Framework)
- Dementia –a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (Adult Social Care Outcomes Framework, Placeholder (not yet available) and NHS Outcomes Framework)

1.3.2 Brighton & Hove Health and Wellbeing Strategy 2012 - outcomes for successful implementation of the Dementia Action Plan 2012/3

1. Levels of diagnosis to reach 70% of expected levels by 2016
2. Improved access to information, support and advice at point to diagnosis
3. Reduced prescribing of antipsychotics for people with dementia
4. Accreditation as a Dementia Friendly Community
5. Increased numbers of Carers Assessments completed at an early stage
6. A Dementia Board to take forward developments

2. Developments over the last year and improvements in outcomes

Brighton & Hove developed a Joint Dementia Action Plan in 2012 that sets out the strategic vision for improving care and support to people with dementia and their carers. The central aim of the plan is to increase awareness of the condition, ensuring early diagnosis and intervention as well as improving the

[2] http://www.poppi.org.uk/index.php?pageNo=314&areaID=8330&loc=8330

quality of care for people with dementia and their carers. Key updates since the last report follows.

In the last year, as a result of the initiatives outlined below, **there have been significant improvements in awareness of dementia, early diagnosis and intervention as well as improvements in the quality of care for people with dementia and their carers**.

Numbering of this section corresponds to 1.3.2 above - Brighton & Hove Health and Wellbeing Strategy – Dementia. Sections in bold relate to the PHOF outcomes.

2.1 Levels of Diagnosis

Good quality early diagnosis is vital for all, without a diagnosis many people may not be able to access the right care and support, so increasing the rate of diagnosis is a priority. A new Memory Assessment Service was started in 2013, to increase the number of people in the city diagnosed with dementia and provide improved support to people with dementia, as well as their carers.

The service started in June 2013 and is now fully operational. This service is delivered from three local GP surgeries in Portslade, Patcham and Saltdean as well as in patients' homes. Patients can be referred to this service by their GP and the service does accept self-referrals.

In 12/13 Brighton & Hove's dementia diagnosis rate was 44.4%, up from 38.9% the previous year. While this is some way off from 70% of expected levels by 2016, it is moving in the right direction. (Data on the diagnosis rate for 13/14 should be available in October 14).

Issues raised by the CVS Forum are addressed in the Action Plan.

CVS Forum: Dementia Gaps	**Increased diagnosis rates** CVSF members felt that currently, there is a lack of publicity about the memory service, although we are aware of plans for the new development worker.
Update	The Memory Assessment Service (MAS) ran an advertising campaign to coincide with dementia week in May 2014 to advertise the services further.
Future Actions from JSNA for strategic	Develop a single dementia information point to signpost the public, professionals and care home/home

plan (*)	care workers to, for information on: referral and diagnostic pathways, services available, community support, out of hours crisis support, and information for self-funders on how to choose a care home. This is something that the Alzheimer's Society currently does, but with limited capacity

2.2 Improved access to information and support

CVS Forum: Dementia Gaps	Improved access to information, support and advice at point of diagnosis
Update	The MAS service does offer support from Dementia Advisers at point of diagnosis for up to 1 year. As Part of End Of Life work the "This is me bag" was produced and widely distributed across the city
Future Actions from JSNA for strategic plan	2.5 Scope the potential for developing post diagnostic interventions to educate the recently diagnosed and their families/carers, about dementia and the steps they can take to self-manage the condition to delay progression. Interventions may include: Cognitive Stimulation, Memory Management, Reminiscence, Music and wellbeing, dance and movement and art-based activities – similar to the East Sussex model or a Recovery College (therapy and education jointly led by professionals and peer educators). 2.6. Support all people recently diagnosed with Mild Cognitive Impairment and Dementia to access evidence based activities available at the different stages of disease progression e.g. Active for Life, Health Walks, Healthy Eating, Singing For The Brain, Dancing, Dementia Cafes.

2.2.1 Improved support via the MAS

In addition to increasing levels of diagnosis, the MAS also offers advice and support to patients and their carers for up to a year after diagnosis via Dementia Advisers.

The new action plan arising from the JSNA will take on board the need for a single dementia information point as outlined below (*) to ensure improved access to information, support and advice more broadly for the city.

2.2.2 Improved support to people with dementia admitted to general hospitals

- A Dementia Champion post is based at the Royal Sussex County Hospital and is driving forward improved services for people with dementia across the hospital. In addition this year, a specialist Dementia Nurse role to support the Champion has been funded.

- **90% of people who are over the age of 75, and are in hospital for 72 hours or more have received a memory screen, to identify if they have symptoms of memory loss and refer on to the Memory Assessment Service**

- The hospital has adopted the Butterfly scheme and this was launched in June on the Sussex County and Princess Royal sites. The Butterfly scheme provides a framework for rolling out education and an approach to caring for patients with dementia across the whole Trust. It allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

- The Emerald Unit on the Royal Sussex County site opened in May 2014, with the aim of providing specialised nursing, therapies and mental health care for people with a dementia. The Dementia Champion and nurse specialist are based within this unit. It is envisaged that through the Emerald Unit, BSUH will establish a 'hub' for dementia care, to ensure that patients and staff can access appropriate advice, care and expertise. The development of the ward was supported by the Trust securing capital funding from the Department of Health, as part of the Dementia Friendly environments partnership bid.

- BSUHT has recently produced a 2 year clinical strategy for dementia.

2.2.3 Crisis Support Dementia Crisis & Short Term Support

Additional resource has continued to be put into the Community Rapid Response Service (CRRS), to enable more people with dementia to be supported at home and avoid unnecessary admissions to hospital. This service has also employed a mental health liaison nurse.

2.2.4 Living Well with Dementia Team

The services that Sussex Partnership NHS Foundation Trust provided for dementia were reviewed in 12/13 and the Living Well with Dementia Service was put in place in summer 2013. This is a multi-disciplinary team consisting of psychiatry, neuropsychology, occupational therapy, nursing, social work, dietician, physiotherapy and Speech and Language Therapy. The service is provided 7 days a week for 365 days a year from 9am to 7pm. Most patients have complex dementia, challenging behaviour and treatment and care co-ordination issues. The target client group include:

- On-going and active involvement with those individuals who are known (or will be taken on) by the team, but who are currently receiving acute in-patient care.
- People who have complex diagnostic needs referred on from the MAS
- Individuals assessed by the MAS whose conditions have deteriorated and/or need a more comprehensive intervention and treatment portfolio as agreed by service specification requirements
- Existing clients with complex dementia-related needs and other concurrent mental health problems

The team is integrated with Adult Social Care so that seamless packages of care can be provided.

2.2.5 Care Homes

- The Care home in-reach service provides support to care homes to improve their ability to care for and support their residents who have dementia. This service was reviewed in 2013; the service is now permanently funded with a change in staff mix to provide additional occupational therapy.

- Two new large care homes have recently opened in the city, Maycroft Manor and Dean Wood and a third is currently being developed. These care homes all have capacity to admit patients with memory loss and dementia. However, because of the comparatively high level of fees at these new providers, generally places in these new care homes are available to people who are able to fund their own care

2.2.6 Younger Onset Dementia

- Day services for people with young onset dementia have been supported to move to new premises at Buckingham Road.

Simone Lane and Annie Alexander

- The Alzheimer's society also received funding in 2012/13 to "Provide Singing for the Brain" sessions and "Dementia Cafes". They have received further funding for 13/14 and are now looking at the providing target sessions for patients with younger onset dementia.

2.2.7 End of Life

In 2013 the regionally funded Sussex End of Life (EoL) dementia project was used to develop a care pathway for people with dementia at the end of life. Specialist resources for EoL including the "This is me bags" were developed and a range of training for professionals was delivered.

2.3. Reduced prescribing of antipsychotics for people with dementia

Since 2012/3 there have been 2 main initiatives to address this:

- A Care Home In-Reach team supports person-centred approaches to dementia, in particular identifying alternatives to antipsychotic medication.

- In April 2012 a resource pack for GPs to assist them in reducing the use of antipsychotics in people living with dementia was produced, and this has been improved and updated in the last 18 months. It has a variety of resources with the latest version including information for carers on how to help avoid challenging behaviour.

2.4 Dementia Friendly Community

- Dementia Friendly Environment Capital Bid
  A £1 million capital funding application to support improving the environment of care for people with dementia was awarded in June 2013. This was a partnership bid which aimed to adapt the environment in a number of settings accessed by people with dementia. This work included improvements to BSUH to create a dedicated space in Accident and Emergency, and 2 inpatient wards; funding to improve 6 GP surgeries in the city; dementia friendly improvements to Brunswick Specialist Dementia ward in the Neville Hospital and residential short term services units and Ireland Lodge and Wayland Avenue day care centres. Funding grants were also given to 38 mainstream residential care homes.

- Dementia Challenge Fund
  Brighton and Hove received a small funding grant for 1 year from the National Dementia Challenge Fund and this was used to fund the Trust for

Developing Communities to work on supporting the voluntary and community sector. In partnership they have developed a toolkit to support voluntary and community groups in making the city more dementia friendly, which will be launched in September 2014.

- Dementia Friendly City
  The new action plan arising from the JSNA will take on board how to make the city an accredited Dementia Friendly Community. One option could be to align this approach with the Age Friendly City programme.

- Dementia Friendly Toolkit
  Trust for Developing Communities (TDC) has been developing a toolkit for voluntary sector organisations to help them become more dementia friendly. The toolkit is in the process of being finalised and will then be rolled out across the voluntary sector in the city, using a range of communication/marketing strategies. There is the potential to adapt this toolkit for organisations in other sectors.

CVS Forum: Dementia Gaps	**Accreditation as a dementia friendly community - housing** It was felt that large housing providers could improve their knowledge of and willingness to work in partnership with other organisations in the community and voluntary sector, especially regarding new service developments. A more collaborative culture should be fostered. To achieve the accreditation, better information around dementia would be needed with raised awareness about the availability (or lack thereof) of dementia housing.
Update	Work has started to develop dementia friendly communities; however this has not been targeted at housing providers specifically.
Future Actions from Needs Assessment for strategic plan	3.5 Extra Care Housing and Sheltered housing schemes should become more of a focus for systematic preventative work with residents. Scheme managers should be trained in the early signs and symptoms of dementia and arrange for health promotion interventions for residents, which could also be opened up to the local community 3.6. Optimise the use of Extra Care Housing so that they are able to support people with higher level needs for

	longer thus easing the pressure on specialist dementia beds.

2.5 Carers Assessments

There is a team of Carer Support Workers in Adult Social Care who offer information, advice, support and carers assessments to all carers of adults in Brighton & Hove. Over the last year, they have been working closely with the Integrated Primary Care Teams (IPCTs) and the Living Well with Dementia service to raise awareness of the needs of carers and the support available. The Carers Centre also has a carers needs assessment worker as part of the Memory Assessment Service, so that carers are offered an assessment of their needs at the point of diagnosis.

Telecare and Carers Services information sessions have been run at Ireland Lodge and Wayfield Avenue for carers of people attending the day centre, and 2 information workshops were held with Sussex Partnership Trust to help raise awareness of the support available for carers of people with dementia.

The Carers Register was launched in June 2014 and is being promoted across the city and in partnership with voluntary sector colleagues, to improve access to the appropriate level of assessment and support.

As a result of all this activity, the number of carers of people with dementia accessing carers assessments has been increasing year on year.

2.6 Dementia Board

The Dementia Partnership Board has been meeting regularly since May 2013 to both take forward the Dementia Action Plan and to steer the Dementia Needs Assessment. Key aims are:

- To provide a cross organisational steering group to take forward improvements in care for people with Dementia. Partners include the Local Authority (Adult Social Care and Public Health), CCG community and acute and mental health settings and third sector.
- To ensure there is a forum for relevant professionals to come together to support and steer services for people with dementia in terms of future developments.

Members include a cross section of representatives from health and social care and the voluntary sector, chaired by Simone Lane, Joint Commissioner for Dementia. Terms of Reference and membership will be updated in line with the delivery of the revised Action Plan.

Simone Lane and Annie Alexander

3. Improvements in outcomes

In the last year, as a result of the initiatives outlined above, there have been significant improvements in awareness of dementia, early diagnosis and intervention as well as improvements in the quality of care for people with dementia and their carers.

In terms of the specific PHOF outcome relating to diagnosis (estimated diagnosis rate for people with dementia (Public Health and NHS Outcomes Framework):

- In 12/13 Brighton & Hove's dementia diagnosis rate was 44.4%, up from 38.9% the previous year. Data on the diagnosis rate for 13/14 should be available in October 14.
- 90% of people who are over the age of 75, and are in hospital for 72 hours or more have received a memory screen, to identify if they have symptoms of memory loss and refer on to the Memory Assessment Service

4. Outline proposals going forward.

In May 2014, a Dementia Needs Assessment was undertaken[3] which looked at current and future unmet needs, assets and gaps in relation to dementia care. It included a wide range of recommendations. In response to these, a Joint Strategic Delivery Plan is being drafted and consulted upon. Key to the plan is an aim to treat dementia as a 'long-term condition' and align dementia services with physical health services, so a holistic approach is taken to the care of people with dementia.

The draft plan will be discussed at the Health and Well Being Board on 14th October 2014.

A recent workshop with a wide range of commissioners and providers from across health and social care, including private and voluntary sectors looked at all the recommendations in the draft Joint Strategic Delivery Plan and prioritised the following actions going forward:

- Develop a single dementia information point to signpost the public, professionals and care home / home care workers to information on referral and diagnostic pathways, services available, community support, out of hours crisis support and information for self-funders on how to choose a care home.
- Support all people recently diagnosed with mild cognitive impairment and dementia to access activities at the different stages of disease progression –

[3] http://www.bhconnected.org.uk/content/needs-assessments

eg Active for Life, Health Walks, Healthy Eating, Singing for the Brain, Dementia Cafes.

- Scope the potential for developing post diagnostic interventions to educate the recently diagnosed and their families / carers about dementia and the steps they can take to self manage the condition to delay progression
- Develop the role of the voluntary sector to provide buddies / befrienders who can outreach to support people with memory loss and take isolated people, including those in sheltered / extra care housing to engage in community activities
- Increase the capacity of home care to support the number of people with dementia and develop joint working with health to reduce social isolation and decrease delayed discharges of care
- Ensure that all care homes have named senior member of staff leading on improving dementia care
- Encourage care homes to use memory tools like memory boxes and reminiscence rooms

It was also recognised that there is a need to strengthen the voice of people with dementia going forward to ensure that their views are integral to the commissioning and service delivery and improvement.

Appendix 3. Update on Emotional Wellbeing (including mental health) for the Health and Wellbeing Board.

Clare Mitchison, Public Health Specialist, Brighton and Hove City Council September 2014

1. Why was emotional wellbeing identified as a priority for Brighton & Hove?

1.1 Mental ill-health is very common: one in four people experiences a mental health problem at some point in their lives.

1.2 For many years, Brighton & Hove has had higher rates of mental illness than the national average. At the start of the strategy:

- The city had a higher prevalence of people (1.1%) on a GP register for severe mental illness than the average for England (0.8%). In 2011-12, 3,335 people (all ages) were included on these registers. Severe mental illness includes schizophrenia and other psychoses, and bipolar disorder.
- In 2011-12, 12.69% of people aged 18 years and older (31,044 adults) were included on a GP register for depression; the figure for England was 11.68%.[1]
- Rates of hospital admission following self-harm were around double the national rate, and rising for young people.
- Suicide rates have also been higher than average for many years. In the three years from 2009-2011, the standardised rate for deaths from suicide and injury undetermined for Brighton & Hove residents was 11.1 per 100,000. This is 41% higher than the rate for England of 7.9 per 100,000.

1.3 Emotional wellbeing was measured nationally for the first time by the government in 2012, giving us robust comparative data. Brighton & Hove residents reported slightly higher than average levels of emotional wellbeing in the first survey published in July 2012.

1.4 The government's national strategy for mental health *No Health without Mental Health* gave a strong message about the importance of mental health, including 'parity of esteem' between the importance of physical and mental health.

2. New activity since the start of the Health & Wellbeing Strategy

Our key actions for emotional wellbeing and mental health in September 2013 were:

1. Map current activity in Brighton & Hove against the recommended actions in the Implementation Framework for No Health Without Mental Health;
2. Develop an all-ages mental health and wellbeing commissioning strategy;
3. Engage local people about happiness and wellbeing, focussing on the Five Ways (Connect, Be active, Take notice, Keep learning, Give).

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[1] Health and Social Care Information Centre. Indicator Portal: Compendium of Population Health Indicators [online]. Available at: https://indicators.ic.nhs.uk/webview/ [Accessed 2013 May]

Health & Wellbeing

The strategy

Over the last year, the council and CCG have worked together on the development of *Happiness: Brighton & Hove Mental Health and Wellbeing Strategy*. This document was presented to the July 29 meeting of the Health & Wellbeing Board. The strategy takes an all-round approach covering prevention of mental ill health, and promotion of happiness and wellbeing, as well as the development of services that are specifically shaped and commissioned for mental health. It includes all ages. The strategy has looked to innovative ways of bringing together resources, ideas and support for improving the happiness of our residents, including arts and culture, gardening, cooking and eating, sports and walking and workplace health. A network of Happiness Champions and an innovation fund will help to support this work.

Mapping progress

Progress against the Implementation Framework for No Health without Mental Health was mapped as part of the development of the strategy. Equally important was a wide consultation with groups identified as vulnerable in No Health without Mental Health and with the wider public, which sought to identify gaps in services and recommendations for improvement.

Happiness & the Five Ways

Happiness Champions have been recruited as part of the strategy development, and their engagement has already led to:

- A debate at the Brighton & Hove Economic Partnership on happiness in the workplace;
- A 'happiness map' developed as part of the Brighton Festival in 2014;
- A network meeting for Green and Growing providers, leading to ongoing work on evaluating the impact of green projects on mental wellbeing, facilitated by Brighton University.

The Five Ways approach has received considerable publicity over the past year:

- Through the consultation on the strategy – each of the 26 consultation meeting included gathering views (and therefore informing participants) on the Five Ways;
- The public survey as part of the consultation was focussed on people's views about the Five Ways – we had 835 responses;
- The strategy includes a commitment to promoting the Five Ways, including development of a web section to provide more information about opportunities to practice them.

In addition, the Five Ways were the focus of an arts programme commissioned from The Basement in support of World Mental Health Day in October 2013.

2. Detailed proposals and CVS forum recommendations to fill gaps

2.1 'What we can do to make a difference'

Our proposals in this section of the strategy included:

- Shift the balance of spend towards prevention and early intervention;

- Take a city wide approach to promotion of mental wellbeing;
- Develop better services for people with dual diagnosis, for the transition between children's and adult services and for families where a parent has a mental health condition;
- More priority for mental health and integration into other services including physical healthcare.

2.2 CVS forum - gaps identified

The CVS forum identified the following gaps, many overlapping with those we had identified:

- A need for resilience services and community based services;
- A joined-up, integrated approach to commissioning, especially for those with more complex problems such as dual diagnosis;
- Further integration of physical and mental health services;
- Better physical care for those with serious mental illnesses;
- Improvement of transition between child and adult services;
- Gaps in services for some high risk groups including people with learning disabilities, prisoners' families, people isolated in their own homes, people with HIV, young men.

The strategy addresses many of these issues. It includes commitments to:

- Develop a city wide network of champions to promote mental wellbeing in the arts, workplaces and a range of other services.
- Fund a variety of innovative approaches to prevention and promotion of wellbeing.
- Promote joined up services and improve access to information for service users and professionals.
- Identify gaps in provision for high risk groups and work towards filling these.

Transition from children's to adult services

The strategy includes a commitment to develop a care pathway to ensure more effective transition. It also includes a commitment to improve young people's experience of CAMHS.[2]

The CCG has developed a perinatal mental health pathway that combines maternity, obstetric and mental health resources through the antenatal and postnatal period. More effective links between adult and children's commissioning and services will enable the impact of mental ill-health in parents on children's development to be minimised.

Dual diagnosis

An action plan for improving services for people with both substance misuse and mental health problems has been developed and significant progress has been made. For example, a universal screening tool has been piloted and is now being rolled out; shared

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[2] See action plan numbers 20, 21

care planning is being piloted; and the recommissioning of substance misuse services will provide a more integrated service. The strategy refers to this work.[3]

Physical health for people with severe mental illness

The Rethink report, *Lethal Discrimination,* on poor health outcomes for people with severe mental illness emphasised the need for action. The strategy's action plan summarises our plans to address this.[4] Better physical healthcare and screening by GPs is incentivised by the local SMILES scheme, which has been running for several years.

3. Update on outcomes

Brighton & Hove continues to have higher than average rates of mental illness and around or below average rates for self-reported wellbeing.[5]

In 2012-13, one year on from the data quoted in the initial strategy:

- Brighton & Hove prevalence of people on a GP register for severe mental illness has remained the same, at 1.1%. This is higher than the average for England (0.8%).
- There has been a national fall in prevalence of depression recorded on GP registers, but the rate for Brighton & Hove is still significantly higher, at 7.3% of the population aged over 18, compared to 5.8% in England.
- Similarly, the proportion of local residents reporting anxiety or depression in a GP survey is 15.2% in Brighton & Hove, compared to 12% across England; 7.1% of local residents report a long term mental health problem in the same survey, compared to 4.5% nationally.
- Rates of hospital admission following self-harm are still more than double the national rate.
- Suicide rates remain higher than average, but the gap between the national and local rate is closing. For the three years from 2010-2012, the standardised rate for deaths from suicide and injury undetermined for Brighton & Hove residents was 11.3 per 100,000, compared to 8.5 per 100,000 for England.

The outcomes listed below were those cited in the strategy, where updated information is available.

Measure	Local rate
Improved ONS subjective wellbeing scores	No significant difference for • Happiness yesterday • Life satisfaction • Worthwhileness of things done

[3] See action plan number 9
[4] See action plan number 15
[5] http://fingertips.phe.org.uk/profile-group/mental-health

	Significantly higher rate for • Anxiety yesterday
Better emotional wellbeing of looked after children	Local 'difficulties score' is slightly above average at 15.2 compared to 14.
Reduced hospital admissions for self harm	The rate per 100,000 of emergency admissions following self-harm is almost double the national average.
Increased employment for people with mental illness	35% are in employment, close to the national average.
Increased settled independent accommodation for people with mental illness	58% are in 'stable and appropriate accommodation'. This is near to the national average.
Improved outcomes for psychological therapies	The proportion of patients moving towards recovery having completed IAPT treatment is a little lower than average at 42% compared to 46%.
Reduction in premature death for people with serious mental illness	The standardised mortality ratio for people under 75 years with a severe mental illness is not significantly different to the national average.
Reduction in suicide rate	The local rate is significantly higher than for England, but falling relative to the average.

4. Proposals for the future

The action plan for the strategy sets out our plans for the first year, from August 2014 to July 2015. The strategy has a life of three years, and the action plan will evolve with time. An annual review of progress will be brought to the Health & Wellbeing Board.

Appendix 4. Joint Health and Wellbeing Strategy: Healthy Weight and Good Nutrition. Update 31st July 2014

Lydie Lawrence, Public Health Programme Manager, Brighton and Hove City Council

Brief overview of needs:

This paper outlines the key activities implemented in Brighton and Hove since the development of the Joint Health and Wellbeing Strategy priority to promote healthy weight and good nutrition in the city. Healthy weigh and good nutrition was identified as a high impact issue in the JSNA.

Overweight and obesity is a significant public health issue. Excess weight is a major risk factor for diseases such as type 2 diabetes, cancer and heart disease. The economic burden of ill health due to poor diet, obesity and physical inactivity is substantial. The Government's call to action on obesity published in October 2011 identifies Health and Wellbeing Boards as key to bringing together a range of partners to tackle obesity.

In recent years we have seen a positive change in Brighton and Hove with more children recorded as having a healthy weight. The National Child Measurement data showed a significant rise in the proportion of Brighton & Hove Year 6 children who are a healthy weight, from 67.5% in 2007/08 to 72.4% in 2012/2013. Figures for Reception children are steady at 78% of children being recorded as healthy weight. However there are still areas for concern across the city and a significant proportion of children are overweight and obese. Although the overall number of children referred to healthy weight services has increased (92 children referred in 2013/2014 compared to 70 in 2012/2013), this number does not reflect the level of needs. More work is required to increase referrals, particularly from primary care professionals.

Lydie Lawrence, Public Health Programme Manager, 31st July 2014.

For adults, the most recent data from 2012 show that the prevalence of overweight and obesity in Brighton and Hove (49%) is lower than in the South East region (65% in East Sussex, 64% in West Sussex and 66% in Medway). In 2013/14 a total of 806 adults were referred to the Healthy Weight Referral Service, an increase of 44 adults compared to the previous year.

The positive trend in healthy weight in Brighton and Hove must be seen in the context of the UK having one of the highest levels of obesity in Europe. Even in areas with the lowest prevalence of people who are overweight and obese, levels are still worryingly high. Therefore it is important that we continue our work to promote healthy weight, good nutrition and support those with overweight or obesity.

Public health Outcomes Framework and Brighton and Hove City Council KPIs:
We are achieving our Public Health Outcomes Framework indicators to reduce the prevalence of excess weight in children and adults. In 2012 Brighton and Hove had a significantly higher proportion of adults achieving the recommended 150 mins of moderate activity per week than both the South-East and England average (Brighton and Hove 63.4%; South East 59.7%; England 56%). There is no national measure of physical activity levels for children and young people; however, we are able to measure rates locally through the annual Safe & Well at School Survey (SAWSS). In 2013 29% of primary school pupils took part in three or more hours of physical activity in school and 20% took part in more than five hours out of school. 32% of pupils aged 11-14 years took part in three or more hours of physical activity per week in school (38% of boys and 25% of girls). Boys, both in and out of school, are more likely to be physically active. There is little difference in participation by ethnic group for low physical activity participation within school.

New activities:

Lydie Lawrence, Public Health Programme Manager, 31st July 2014.

The Healthy Weight Programme Board was established in September 2012 with the key objective of strengthening local action to promote healthy weight and prevent overweight and obesity through a life course approach. The Board ensures the delivery of the Healthy Weight Action Plan and brings together a range of partners from the voluntary, private and public sectors who work together on specific actions under the domain groups of:

- **Healthy eating** led by the Food Partnership: key actions include promoting healthy eating and good nutrition in early years and implementing the national school food plan. This supports the Community and Voluntary Sector Forum/Food Partnership (CVSF/FP) recommendation for continued work on early years so that the promotion of good nutrition at an early stage becomes embedded in working practice.
- **Physical activity** led by Public Health: key actions include supporting primary schools in selection of how the premium (about (9K) is spent for sports and physical activity and increasing access to opportunities for physical activity e.g. community allotments, park exercise trails, improved play areas, improved pedestrian and cycle facilities. The work under this domain group helps address the gaps identified by the CVSF/FP in increasing physical activity in children and young people.
- **Management and treatment of obesity** led by Public Health: key actions include the annual implementation of NCMP and pro-active follow up of parents of overweight children for support and advice.

New community weight management services: The recent procurement and award of the contract for community weight management services to a partnership between the Food Partnership and Albion in the Community has resulted in a wider range of services for children, young people and adults. This addresses the gap identified by the CVSF/FP in terms of having more age appropriate services for children and for young people who can be difficult to engage. The work led by the Youth Advice Centre (YAC) and Portslade Health Centre with young people to better understand the types of services young people

are more likely to engage with is contributing to inform the development of healthy weight services for young people, for example the Teen Shape Up programme.

The Shape Up Group programme includes tailored group options for women post pregnancy and the Shape Up with the Albion is designed especially for men. Further support is offered for up to one year after completing the weight management programmes to help continue achieving weight loss, maintaining a healthy weight and achieve healthy lifestyle goals.

The community weight management programmes follow NICE guidance and best practice standards and are multi-component combining nutrition, physical activity and behaviour change. NICE guidance recommends that weight management programmes should use a variety of behaviour-change methods. These should include problem solving; goal setting; how to carry out a particular task or activity; planning to provide social support or make changes to the social environment; self-monitoring of weight and behaviours that can affect weight; and feedback on performance. For individuals with more complex needs (including emotional needs) and eating disorders referrals will be to more specialist services for example the dietetics service at BSUH or referral to SPFT.

Access to the weight management service is targeted in line with local Joint Strategic Needs Assessments and there is a target of 50% of individuals achieving outcomes coming from wards in the city with significantly higher rates of obesity, for example in East Brighton (Whitehawk, and Moulsecoomb).

Services can be tailored for adults who find accessing services difficult or who need extra support (e.g. people with learning disabilities). For example Albion in the Community offer an individual service with their weight management coaches and Shape Up One-to-One offers tailored clinic appointments including

longer sessions for people attending with their support workers. The Eat Well workshops delivered in community groups provide advice about healthy eating on a budget and eating well throughout the life course including as we age. These actions will help address the concerns from the CVSF/FP around reductions in benefits that may lead to an increase in food poverty, the lack of support offered to people around emotional eating and people with learning disabilities having less access to information, support and advice around healthy eating and nutrition.

The responsibility for commissioning specialist services (Tier 3 Services are provided by a multi-disciplinary team) lies with the Clinical Commissioning Group (CCG). Public Health will be working with the CCG to explore the feasibility of expanding the current dietetics provision at BSUH to a more multi-disciplinary team approach for severe and complex obesity.

Healthy Weight Champions: Dr Abi Fry, GP at Mile Oak Medical Practice is the GP Healthy Weight Champion. Abi sits on the Healthy Weight Programme Board and is also a member of the domain group on management and treatment of overweight and obesity. This role assists the domain group's work to provide support to GPs in addressing the sensitive issues of weight with children and their families. This begins to address the CVSF/FP's suggestion of developing a programme of nutrition champions in GP practices. Experience of working with GP practices in the city on a local enhanced service for overweight and obesity as well as for other public health priorities indicate that it would be very challenging and resource intensive to get practices to sign up to having a nutrition champion in each practice. There would also be financial implications. The Healthy Weight Board members are doing more work to identify a champion for good nutrition in care homes and hospitals which was another recommendation from the CVSF/FP. The Food Partnership already works with care homes to promote good nutrition through the Healthy Choice Award scheme.

Lydie Lawrence, Public Health Programme Manager, 31st July 2014.

Other new work: through the new Public Health Schools Programme, a number of primary and secondary schools are working on healthy eating and physical activity interventions and guidance. For example Albion in the Community is delivering the Zip Zap clubs for children aged 5-7 years in schools outside of school hours. Children learn the value of healthy eating, alongside games that encourage activity and movements. Once a term parents and carers are invited to join in and learn new skills together. The programme started in 3 schools in areas on inequalities and is being rolled out to 10 schools across the city. In addition health promotion and healthy lifestyles events are being held in several schools during school fairs and parents' evenings to ensure greater engagement of parents and carers. A health promotion event has taken place at the schools' connected hub for young people who are not successfully engaging in mainstream education (at risk of exclusion) and their parents/carers. Albion in the Community and Active for Life are promoting activities to increase the participation of girls in physical activity. These actions address the priorities identified by the CVSF/FP in terms of increasing participation of children, parents and schools in physical activity and for more health promotion for children and young people.

Partnership working with local providers of sports and leisure activities is helping increase access to sports and physical activity. For example Freedom Leisure operates a scheme on behalf of Brighton and Hove City council with a leisure card available to residents in receipt of certain state benefits that gives a discount of approximately 40% on selected activities at six leisure centers across the city. CVSF/FP suggested that the costs involved in leisure activities are a barrier for people, especially those on low incomes.

There has been a renewed promotional push to increase the number of children taking up the free swimming offer in all swimming pools in Brighton and Hove for children and young People 16 and under, with targeted promotion being done in schools and community settings to increase the number of children from areas

of inequalities. This has resulted in a 35% increase in the number of children and young people registering for free swimming in the period April – June 2014, compared to the same period last year. There is no funding to extend the free swimming offer to adults as suggested by CVSF/FP.

There has been more work to promote health in the workplace as part of the Workplace Health programme and several businesses have adopted the Workplace charter. Through the Public Health Schools Programme, a school workplace health programme is being offered to everyone who works at the schools with the opportunity for individual health assessments and support from Health Trainers.

Community education initiatives to promote healthy, sustainable food choices and the skills to cook, including for those in care support roles is being delivered by Brighton and Hove Food Partnership. For example the Eat Well Workshops for community groups; helping people start new community gardens ; healthy eating advice and workshops and advice on food poverty and support for food banks. Some of the cookery workshops are part of the new contract for community weight management services.

Outline proposals going forward.

The activities described above are relatively new and require sufficient time to be established in communities and to produce health outcomes. The contract for the new weight management services is for three years. It is not therefore anticipated that new management services will be developed within that time apart from those already included in the contract.

Further work needs to be done with local retailers to promote healthy weight and good nutrition. The work will build on existing initiatives for example the Food Hygiene Status Check and the Healthy Choice Award in order to reduce salt

Lydie Lawrence, Public Health Programme Manager, 31st July 2014.

consumption including implementation of 5-hole salt shaker post (versus the usual 17 holes); menus illustrated with calorie calculations; portion control; reduced sugar (removal of full sugar soda drinks) and reduced trans fats.

Lydie Lawrence, Public Health Programme Manager, 31st July 2014.

Appendix 5. Update on Smoking & Tobacco Control for the Health and Wellbeing Board

Susan Venables, Health Development Specialist (Tobacco control) & Peter Wilkinson, Public Health, Brighton and Hove City Council. 7th August 2014.

Overview of need

Smoking is the main cause of premature death and health inequalities. The outcomes within the Joint Health and Wellbeing Strategy for smoking include reducing the prevalence of smoking amongst adults, young people and pregnant women as well as increasing the number of smokers from different ethnic groups being seen by stop smoking services.

Smoking rates are falling both nationally and locally. In Brighton and Hove the 2012 Health Counts survey found that 23% of people smoked daily or occasionally compared with 31% in the previous survey in 2003. Nationally the percentage of people smoking in 2012 was 20%.

As regards young people the 2013 Safe and Well at School Survey (SAWSS) found that locally 97% of primary school pupils (years 4 to 6) had never tried smoking. For secondary school pupils, 86% of 11-14 year olds and 55% of 14-16 year olds had never tried smoking. The rates from the 2012 survey were 85% and 50% respectively. Although not directly comparable, nationally in 2012 77% of pupils aged 11-15 reported never trying smoking.

Smoking in pregnancy is another key public health outcome. Locally the percentage of women still smoking at the end of their pregnancy was 6.7% in 2012/13 down from 7.6% in 2011/12. This rate places Brighton and Hove in the top 20% of local authorities in the country.

Ongoing work

Since 2013 Councils have had responsibility for the tobacco control agenda, moving beyond enforcement and compliance, to include direct responsibility for health promotion through smoking prevention and smoking cessation work.

In November 2013 the Health & Wellbeing Board recommended that the Council should adopt a Tobacco Declaration setting out the Council's commitment to tackle the harm smoking causes to communities. This was adopted by the Policy and Resources Committee in December 2013.

The Brighton & Hove Tobacco Control Alliance was established in 2012, and includes representation from Environmental Health, Stop Smoking Services, NHS, Fire Service and Trading Standards and Public Health. The alliance meets quarterly and is chaired by the Head of Regulatory Service in Brighton & Hove City Council. An action plan has been developed under 4 domain groups.

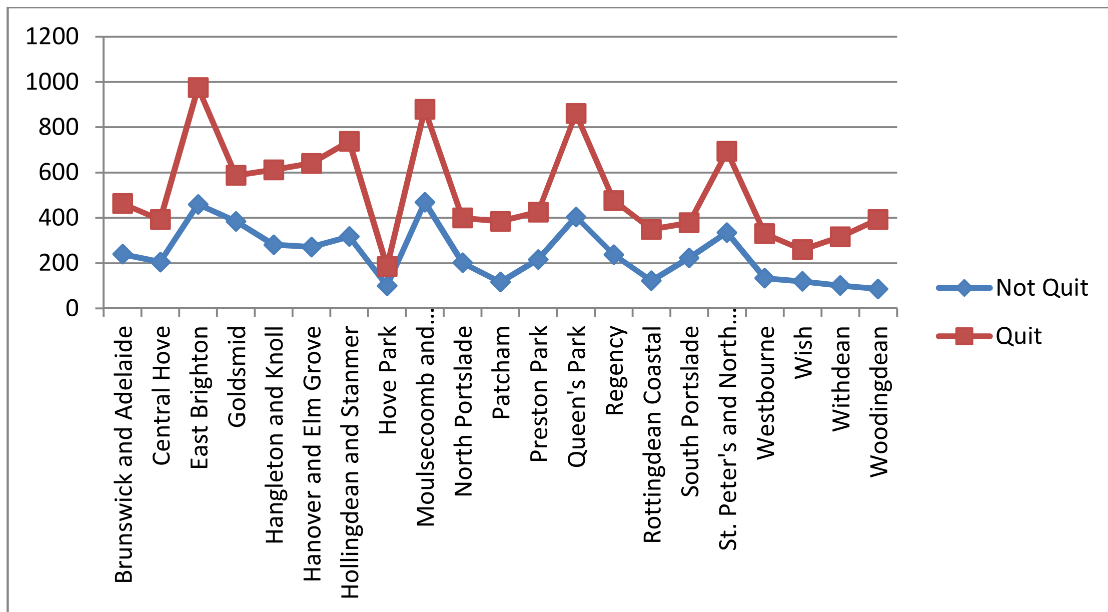
Domain 1. Helping communities to stop smoking

The Brighton & Hove Stop Smoking Service is made up of an intermediate service, provided in general practice and pharmacies, and a specialist service to which smokers can be referred or can refer themselves.

The Brighton & Hove Stop Smoking Service has been successful in meeting its overall targets for the last 3 years with 2,002 people quitting at 4 weeks during 2013/14. The Service continues to work in areas of the city to provide services to meet the needs of the community and to reach people from the high smoking prevalence groups. The workplace stop smoking specialist advisor provides clinics in the workplace with a focus on routine and manual workers. Some of these clinics include City Clean, Southern Water, Mears construction and Brighton & Hove buses.

Regarding inequalities Figure 1 below shows, for the five years 2008/9 to 2013/14 by ward, the number of people who have successfully quit smoking at 4 weeks against the number of people who have not quit. In general the highest number of both successful quitters and non-quitters are in the wards with the highest index of multiple deprivation scores which suggests the services have been successful in targeting the wards with the highest rates of smokers.

Figure 1. Number of people successfully quit and who did not quits by ward from 2008/9-2013/14.



Source: Public health July 2014.

There is an effective and robust referral pathway for pregnant women into stop smoking services. Based on NICE Guidance midwives have been trained to advise pregnant women on the health benefits of stopping smoking and to offer carbon monoxide readings at their first booking-in appointment together with referral into the stop-smoking service. A specialist pregnancy advisor delivers stop smoking clinics in Children Centres.

BSUHT staff and inpatients are seen on the wards by the Hospital smoking cessation co-ordinator. Training has been provided to staff in outpatients and pre-assessment clinics to support referrals into the stop smoking service.

During 2013/14 the specialist service has been retendered with a specification to achieve 800 quits, 40% of which should be from targeted populations in the Community. A new Hospital based service is being established for inpatients, outpatients and staff and to liaise with and provide support for practice nurses and pharmacists. These new contracts are due to begin on Oct 1st 2014.

As part of its work the service engages with partners and organisations in the community to promote the service and to provide stop smoking clinics. Work is ongoing to encourage smokers who don't access the service to use it. As examples the Bridge, the Unemployment Centre and the Women's Centre have all held information sessions and stop smoking clinics have also been held on their premises during 2014.

In preparation for No Smoking Day in March 2014, the smoking cessation service gave awareness sessions to sheltered housing scheme managers.

Health & Wellbeing

Subsequently a successful smoking cessation group involving both staff and residents was established at the Woods House sheltered scheme in Hove.

The black and minority ethnic community (BME)

The number of people from the BME community using stop smoking services to successfully quit is considered to be relatively low. To try and address this, in 2013 the stop smoking service worked with the Imans at four Mosques in the City during Ramadan to promote their services. The team has also been working with the Sudanese Coptic Community supporting Taxi Drivers to quit. Work is currently being planned to attend events in October 2014 to celebrate Diwali and promotional materials are available in the Temple at Portslade.

In 2013/14 of the 3284 people setting a quit date 462 (14%) were from the BME community, of whom 265 successfully quit at four weeks, and 2664 people were from White British backgrounds (for 158 the information was not collected). In 2012/13 of the 3529 people setting a quit date, 349 (10%) were from the BME community of whom 186 successfully quit. There were 2954 White British people who set a quit date (not collected 226).

Domain 2. Maintaining and Promoting Smoke-free Environments

Domain 2 has a focus on Promoting Smoke-free Environments. This involves the Environmental Health Team ensuring premises are compliant with legislation and the workplace health development specialist with the Council working with businesses in the City to support them achieve charter accreditation. In 2014 the owner of a local restaurant was successfully prosecuted for failing to stop people smoking on the premises.

A new project is currently being developed to introduce a voluntary smoking ban in play areas in the City. If children see smoking as a normal part of everyday life they are more likely to become smokers themselves. The City Council is introducing a voluntary code this summer of no smoking within Children's play areas. This will be promoted by the council's communications team.

Domain 3. Tackling Illegal Tobacco

Trading standards successfully acted on information to identify illicit tobacco in a local retail outlet. Newsletters have been sent to local businesses warning them of the penalties they could receive if they are

found selling illicit tobacco and alcohol and what they should look for so that they do not purchase these goods for onward sale.

Trading standards are tackling smuggled, bootlegged and counterfeit tobacco being sold on trade premises covering shops, public houses or car boot sales and also to young people at places such as schools, colleges and youth clubs.

Domain 4. Preventing the uptake of smoking by Young People

Among secondary school pupils who reported in SAWSS 2013 that they had tried smoking, 52% said they had only tried smoking once or twice. Of the 21% who reported smoking regularly, 48% (approximately 200) said they would like to give up. Based on the above it is estimated that 6% of all pupils smoke regularly, boys 5% and girls 6%. Stop Smoking clinics have been held in a number of schools to support staff and pupils who want to quit smoking, but a new approach is being considered as part of the Public Health Schools Programme.

The Public Health Schools Programme was launched in March 2014, when primary and secondary schools received their individual school health profiles. The profiles highlighted key health and lifestyle issues from a range of indicators, including several related to smoking (taken from the Safe and Well at School Survey). The profiles show that a number of schools have a significantly higher proportion of children living with a regular smoker than the Brighton and Hove average Because the Programme takes a whole school community approach to health improvement for pupils, school staff and parents/carers, there is an excellent opportunity for public health to promote stop smoking to adults through the work in schools. This is done in various ways: health promotion events in schools; support from Heath Trainers and/or referrals of adults to stop smoking services in the community. Further work is being undertaken to develop support for young people aged under 16 years who wish to stop smoking. The Public Health Schools Programme is currently offered to all state schools including academies and free schools.

Future developments

Developing a response to the increasing use of electronic cigarettes

Electronic cigarettes are attractive to smokers and are generally considered a safer alternative to cigarettes. There is concern that electronic cigarettes could act as a gateway to smoking for young people and that they could also "normalise" smoking behaviour. Electronic cigarettes do not contain tobacco and should not therefore be considered to be cigarettes. The best option for smokers is to quit from all forms of nicotine. For those who are addicted NICE recommends the use of

medicinally licensed nicotine products. At present this does not include electronic cigarettes. When the EU Tobacco Products Directive comes into effect in 2016 it will cover electronic cigarettes with lower doses of nicotine (up to 20mg/ml). Electronic cigarettes with higher doses of nicotine will require authorisation by the Medicines and Healthcare Products Regulatory Agency in the same way as currently NRT (Nicotine Replacement Therapy) does.

Brighton & Hove City Council is currently reviewing its Smoke-free Policy with regards to electronic cigarettes. Local school communities understand that all forms of smoking materials are prohibited on school sites. The local authority has recommended that this includes electronic cigarettes.

It is anticipated that an increasing numbers of smokers will use electronic cigarettes and local services will need to be flexible enough to adapt to this change.

Responding to new legislation.

Currently there is a further national consultation on the proposal to introduce plain packaging for cigarettes, which if agreed would be expected to reduce smoking prevalence. The government is also currently consulting on introducing legislation to make it illegal to smoke in a car carrying children. This has implications for local authorities who will be expected to help with enforcing any legislation.

Developing a stop smoking service for school children

Discussions are ongoing as to how to develop the smoking cessation service for schoolchildren under 16 years of age. This will be an integral part of the Public Health Schools Programme. It is anticipated that the Public Health Schools Programme will be rolled out to local colleges during 2015. Young people aged 16 and above can be seen by the specialist stop smoking service.

Promoting smoke-free environments

A pilot project is being considered with a local school to address concerns about parents smoking at the school gates. The intention is to introduce a voluntary non-smoking code with signs designed by school pupils.

Developing Brief Intervention Training for the East Sussex Fire and Rescue Service

The East Sussex Fire and Rescue Service are recruiting volunteers to visit vulnerable people in their homes. Training will be provided to enable the

volunteers to give advice and to signpost people to the stop smoking service.

Developing communication plans

A campaign plan has been developed to link in with national campaigns and to promote local stop smoking services. For example a national smoke-free homes and cars campaign is planned for 2015 and the local scheme will be promoted at the same time.

Tackling illicit tobacco

His autumn funding from the Department of Health will allow officers to have limited access to dogs especially trained to sniff out illicit tobacco. A local campaign about illegal tobacco is also planned.