





Brighton & Hove
City Council

Overview & Scrutiny Committee

Title:	Overview & Scrutiny Committee
Date:	25 November 2015
Time:	4.00pm
Venue	The Ronuk Hall, Portslade Town Hall
Members:	<p>Councillors: Simson (Chair), Allen, Bennett, Cattell, Deane, Marsh, O'Quinn, Page, Peltzer Dunn and Wares</p> <p>Co-opted Members: Reuben Brett (Youth Council), Nicky Cambridge (Healthwatch), Sally Polanski (Brighton & Hove Community & Voluntary Sector Forum) and Colin Vincent (Older People's Council)</p>
Contact:	<p>Cliona May Assistant Democratic Services Officer 01273 291354 cliona.may@brighton-hove.gov.uk</p>

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AGENDA

29 Procedural Business

- (a) **Declarations of Substitutes:** Where councillors are unable to attend a meeting, a substitute Member from the same political group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
- (a) Disclosable pecuniary 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 should seek advice from the committee lawyer or administrator preferably before the meeting.

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

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

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

30 Minutes**1 - 8**

To consider the minutes of the meeting held on 9 September 2015 (copy attached).

31 Chairs Communications

32 Public Involvement

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

- (a) **Petitions:** To receive any petitions presented by members of the public.
- (b) **Written Questions:** To receive any questions submitted by the due date of 12 noon on the 18 November 2015.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 18 November 2015.

33 Member Involvement **9 - 10**

To consider the following matters raised by Members:

- (c) **Letters:** To consider any letters;
Councillor Wares – Primary Care Services

34 Update from Co-Optees

To receive any updates from the non-voting co-optees.

35 Update on Unscheduled Care/ Emergency Dept at BSUH **11 - 36**

(copy attached).

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

36 Primary Care Services in Brighton & Hove **37 - 68**

Extract from Health & Wellbeing Board attached.

37 Healthwatch Report on Safeguarding in GP Practices **69 - 76**

(copy attached).

38 Flood Risk Management Plans **77 - 84**

(copy attached).

Contact Officer: Robin Humphries, Civil *Tel: 01273 291313*

Contingencies Manager

Ward Affected: All Wards

- 39** Short Term Holiday Lets Panel Monitoring **85 - 96**

Report of the Director of Public Health (copy attached).

Contact Officer: Tim Nichols, Head of Environmental Health & Licensing Tel: 01273 292163

- 40** Traveller Strategy Scrutiny Panel Monitoring Report **97 - 172**

(copy attached).

Contact Officer: Andy Staniford, Housing Strategy Manager Tel: 01273 293159

Ward Affected: All Wards

- 41** Overview & Scrutiny Committee Draft Work Plan/Scrutiny Update **173 - 178**

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For further details and general enquiries about this meeting contact Cliona May, (01273 291354 – email Cliona.may@brighton-hove.gov.uk)

Date of Publication Tuesday, 17 November 2015

BRIGHTON & HOVE CITY COUNCIL
OVERVIEW & SCRUTINY COMMITTEE

4.00pm 9 SEPTEMBER 2015

THE RONUK HALL, PORTSLADE TOWN HALL

MINUTES

Present: Councillor Simson (Chair), Allen, Barradell, Bennett, Deane, Moonan, O'Quinn, Page, Peltzer Dunn and Wares□

Also in attendance: Sally Polanski, Community Works; Nicky Cambridge, Healthwatch Brighton & Hove; Colin Vincent, Older People's Council□

Apologies: Reuben Brett, Youth Council

PART ONE

17 PROCEDURAL BUSINESS

(a) Declarations of Substitutes

17.1 Councillor Barradell was present in substitution for Councillor Cattell.

(b) Declarations of Interest

17.2 Nicky Cambridge, Healthwatch Representative, declared an interest as she was also an employee of Brighton & Hove City Council, on secondment to Healthwatch Brighton and Hove.

(c) Exclusion of Press and Public

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

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

18 MINUTES

18.1 Councillor Wares said that the minutes did not reflect his concerns about the closure of Goodwood Court; he had asked for a further report to come back to OSC.

RESOLVED – the Scrutiny officer would revise the wording to reflect this.

19 CHAIRS COMMUNICATIONS

19.1 The Chair gave the following communications:

Welcome back to everyone after the summer holidays

There was a lot of discussion at the last OSC about GP provision; there has been similar discussion at the Health and Wellbeing Board. There is work to organise a joint session in private with HWB members and the NHS, CCG etc. as we share the same concerns. The current proposed date is 6 October but scrutiny officers will confirm as soon as possible. You will have seen that the CQC report on Goodwood Court is attached for information. A few members including myself attended the CCG session at the end of August about delegating GP commissioning to local CCGs. This is going to be an ongoing conversation between the CCG and the NHS; you were all emailed the presentation yesterday and we will keep updated at these meetings

As usual due to the volume and complexity of the agenda we are restricted for time. Please focus your comments and questions on issues that would take the agenda forward for our residents. If you have technical questions that could be discussed at a later date, please let Scrutiny know and they can address these outside the meeting.

Some Councillors have been getting complaints from neighbours and local residents about party houses. I have always said that this is going to be a responsive and flexible agenda. Therefore we are therefore bringing the monitoring report forward to the next meeting so that we can try and address this as much as we can.

I am aware that this agenda is very health –focussed so do please raise any non-health scrutiny issues that could be covered.”

20 PUBLIC INVOLVEMENT

20.1 The Chair noted that no items had been submitted for consideration at the meeting by members of the public.

21 MEMBER INVOLVEMENT

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

22 UPDATE FROM CO-OPTees

22.1 The Healthwatch representative reported that Healthwatch had recently worked alongside CQC regarding GP safeguarding practices and staff training. The report summarised the findings from public reports. The Chair and Committee agreed for this to be brought to Committee or a workshop.

23 SUSSEX PARTNERSHIP FOUNDATION TRUST CQC INSPECTION SUMMARY AND BRIGHTON AND HOVE ACTION PLAN

23.1 Dr Kay MacDonald, Sussex Partnership Trust, introduced the report and stated that the Care Quality Commission (CQC) held a planned week long inspection of services provided by Sussex Partnership NHS Foundation (SPFT) in January 2015.

23.2 The CQC rated Sussex Partnership as an organisation which 'requires improvement' and the Sussex Partnership Trust stated that this was disappointing. Colm Donaghy, the Chief Executive of SPFT had written to committee members about their engagement process. He intended to keep members involved with the process and would welcome any feedback.

23.3 Members heard that had been a number of 'good' findings too, which were welcomed.

23.4 One area of concern was the suicide prevention plan; there was no internal policy so SPFT was working with partners to create a more comprehensive strategy.

23.5 Members heard that more focus was being put on learning from serious incidents, in order to develop trustwide learning.

23.6 The CQC felt the recording of statutory and mandatory training was not recorded accurately and was overall not adequate enough as a trust. There had been problems centralising the learning database but since the inspection, "My Learning" has been introduced and this would be shown in the next inspection. It is much easier for managers to assess any training needs now.

23.7 There has been a change in the strategic direction of the trust, with a new Chief Executive and Chair. Work is already underway to develop the 2020 strategy and vision. There has also been a governance review, which has resulted in any governance gaps being addressed.

23.8 John Child, Service Director, explained to the Committee that the majority of findings from the inspection are trust wide, rather than local to Brighton and Hove. He outlined the local findings in the report.

23.9 It was outlined that concerns were raised in regards to the safety in Hanover Crescent, which was found to have a confusing service model. It had been immediately closed to new admissions and all residents had now been moved on. There were also concerns around medication management in Brunswick Ward. It was explained that a monthly Quality Improvement Plan will be submitted to the CQC to improve on these areas.

23.10 Councillor Allen thanked Mr Child for the Brighton & Hove specific details. He requested a map and information to be sent to the Committee Members in regards to the areas

around Brighton and Hove that were inspected, as the City's residents are often treated outside of the city. Mr Child agreed to send these out.

- 23.11 In response to Councillor Peltzer Dunn, it was expressed that the Sussex Partnership Trust does wish to improve all the services in the City and especially in patient's confidence. It was stated that the services have started to communicate more with patients and listen to their feedback, in addition to working closely with the CQC and Brighton & Hove City Council.
- 23.12 Dr MacDonald clarified to the Committee that the Sussex Partnership had their own inspection before the CQC inspection and were anticipating some problems around the accuracy of recording information. It was explained that a new electronic recording system has now been introduced to help record care in a consistent way and across the trust, replacing nine previous recording systems. It is currently in Child and Adolescent Mental Health Services (CAMHS) and will be introduced to other services in November 2015.
- 23.13 Councillor Barradell asked whether there was a strategy for staff who had their own mental health issues, SPFT said that they were working closely with unions to ensure adequate provision for staff. There is an intention to employ more staff who have got their own 'lived experience' of mental health issues; this is exemplar employee practice. There is also a focus on peer support workers.
- 23.14 Councillor Wares expressed concern that the Sussex Partnership Trust "saw it coming"- in which case why was it not addressed earlier. Dr McDonald accepted the point and said that there were a number of complex deep seated issues, In response to Councillor Wares' concerns, Dr MacDonald clarified that a further visit from CQC in November was scheduled and the Sussex Partnership Trust were required to show their work plans to them. There would be ongoing engagement with service users and stakeholders.
- 23.15 In response to the Healthwatch Representative's question about patient feedback, Dr MacDonald assured the Committee that there had been interviews with carers and the CQC had looked into this feedback, alongside surveys. They had since revised the way that they incorporated patients and carers in care planning. Mr Child added that they work closely with MIND and Brighton & Hove City Council to ensure feedback from services users.
- 23.16 Members questioned what would happen with a transgender patient and where they would be placed. In response, Mr Child said they would expect the team to decide the best setting for the patient on a case by case basis.
- 23.17 **RESOLVED** – The Committee agreed to note the report and asked the Trust to report back in six months on progress against the actions.

24 CLINICAL COMMISSIONING GROUP PROPOSALS FOR HANOVER CRESCENT

- 24.1 Mr Child introduced the report to the Committee. Hanover Crescent was a nine bedroom rehabilitation unit. The specific problems with Hanover Crescent, which resulted in the closure, were the service log appeared confusing, which triggered

concerns around staff understanding, the safety and environment of the building and it being an out of date model.

- 24.2 It was explained that the staff from Hanover Crescent were reemployed in other areas and services and the transition team and rehabilitation team are working with patients to move them into alternative accommodation. Mr Child also stated that they have looked into offering rehabilitation services to patients in their own homes, as this may meet individual needs better than supported accommodation.
- 24.3 Mr Child clarified that the Sussex Partnership Trust owned Hanover Crescent but it would be sold, and will no longer provide a service. The money from the sale will go back into the Sussex Partnership Trust but it had not yet been decided if it'll be reinvested in a specific service. Some members said that they would like to see the capital receipt ring-fenced for mental health services. This was supported by the Committee.
- 24.4 Councillor Deane questioned whether a patient with a high suicide rate should be in their own accommodation as an alternative to being in supported housing or a rehabilitation unit. In response, it was clarified that each individual was monitored and placed in suitable accommodation for their needs.
- 24.5 Healthwatch asked how a homeless patient would be treated within a community setting. Mr Child said that there was a specific mental health homeless team who would support the person in this case.
- 24.6 In response to Councillor O'Quinn, it was discussed that it has been recognised that there is a gap for respite care in the city. Mr Child confirmed that the Trust are looking into it and are willing to come back to Committee with an update and plans on this. The Committee welcomed this.
- 24.7 Members noted that the closure of Hanover Crescent had led to nine supported accommodation beds being taken out of the system. It was questioned what effect this had had on placing people out of area and it was confirmed that that patients were not in Hanover Crescent as an alternative to acute care, but it did impact on the ability to discharge patients from more acute provision so this would need to be explored further.
- 24.8 **RESOLVED** – The Committee noted the report and asked the Trust to report back. They amended the recommendation to state that the capital receipt from the sale of Hanover Crescent stays within Brighton & Hove. This was agreed.

25 HOMELESSNESS SCRUTINY PANEL MONITORING REPORT

- 25.1 James Crane, Service Improvement Manager, introduced the Homelessness Scrutiny Panel Monitoring Report.
- 25.2 In response to Councillor Deane, Mr Crane explained that the British Legion works closely with ex-servicemen and support and help with Post Traumatic Stress Disorder (PTSD); however, this isn't a big problem in the city.

- 25.3 In response to Councillor Barradell, Mr Crane explained that the Council does not have a statutory duty to find temporary accommodation but do still try to provide some. The Council also try to relocate homeless people who do not have any connection with the city.
- 25.4 Mr Crane confirmed to the Committee that a rough sleeper's count happens every November. All homeless organisations in the City keep a record and these are cross referenced regularly.
- 25.5 The Chair stated to the Committee that other Committees will continue to monitor the situation and asked whether the Overview & Scrutiny Committee felt the report should come back or whether the recommendations could be discharged. On balance members felt that there were some outstanding issues, and asked for a very brief report to come back to committee next year.
- 25.6 **RESOLVED** – The Committee decided the report would come back to an Overview & Scrutiny Committee in a year's time.

26 BULLYING IN SCHOOLS SCRUTINY PANEL MONITORING

- 26.1 Sam Beal, Consultant, introduced the report on Bullying in Schools scrutiny monitoring. This was the third monitoring report. She explained that it was not a full report on bullying in the City but it provided the update to the Committee. Ms Beal stated that a bullying leaflet had been produced and they have worked alongside School Admissions Team to provide training regarding sensitive situations.
- 26.2 In response to Councillor Allen, Ms Beal confirmed that the original reports had gone to Children, Young People & Skills Committee. She said that she was confident that there are monitoring systems in place as well as regular challenges from third sector colleagues, Ms Beal said that she felt that there was little more that Overview and Scrutiny could add at this stage.
- 26.3 In response to Councillor Barradell, Ms Beal explained that children are being educated on prejudice based bullying, such as; gender equalities, LGBT and sexual harassment.
- 26.4 **RESOLVED** – The Committee agreed to change recommendation 2.2 to read "The Overview and Scrutiny Members decide that future monitoring will be taken by Children, Young People & Skills Committee". This was agreed by the committee

27 GOODWOOD COURT MEDICAL CENTRE, QUALITY REPORT

- 27.1 **RESOLVED** – The Committee agreed to note the report.

28 OVERVIEW & SCRUTINY COMMITTEE DRAFT WORK PLAN/SCRUTINY UPDATE

- 28.1 **RESOLVED** – The Committee noted the work plan. Councillor Allen said that he felt that there was a role for the committee to look at Adult Social Care, as this was not being democratically scrutinised in any other forum at present. It was agreed to discuss this outside of the committee meeting and report back.

The meeting concluded at 19:10.

Signed

Chair

Dated this

day of

Councillor Dee Simson
Overview & Scrutiny Committee Chair

15 October 2015

Dear Chair,

Scrutiny Panel on Primary Care Services in Brighton & Hove

I submit my request for a scrutiny review into the current situation with regard to the provision of Primary Care Services in the City and for that Scrutiny Panel to be tasked with calling NHS England (NHSE) and others to report on the matter.

Following the closure of Goodwood Court Medical Centre GP practice and NHSE's presentation to OSC on 22nd July 2015, I requested NHSE report on the actual closure risk status of every GP practice in the City (currently 46 on 52 sites) and the contingency planning should any fail. I repeated that request at the 9th September 2015 OSC.

It was agreed that NHSE would report to a joint OS and Health & Wellbeing Board (HWB) Committee. During the intervening period, Officers have attempted to arrange for NHSE to attend Committee but as yet, NHSE have failed to accommodate all reasonable requests.

NHSE will be presenting a report to HWB on 20th October 2015 titled "Strengthening Primary Care Services in Brighton and Hove". The report contents page includes "Other vulnerable practices in the City and ongoing action". The report merely discusses the events at Eaton Place, Goodwood Court, Burwash Road and Willow House. It further summaries in table form the Care Quality Commission's (CQC) assessment of six additional practices.

NHSE state in the report "there have been two...closures...for...reasons....outside the control of NHSE". This "HWB report" fails to address both the concerns that I raised or answer the questions posed.

I believe that a Scrutiny Panel is now the only effective resource open to the Council to ensure that appropriate representatives from NHSE are called to account and that both the OSC and HWB can then be reassured that all partner organisations are addressing the issue in a holistic and joined up manner, understand all the closure risks and have appropriate contingency plans in place.

I acknowledge that the Panel will determine its Terms of Reference but to assist your consideration of this request, I suggest the following:-

1. Establishes through testimony of any Party or person as it sees fit, the current risk of failure of **all** GP practices in the City of Brighton and Hove and the contingency plans in place to protect the interests of patients.

2. Produces a report for submission to the HWB or Full Council (subject to findings) with recommendations for the necessary actions to be instigated to mitigate such risks or lack of contingency planning as it may consider.

Thank you for considering this request that I believe should be treated with all urgency.

Yours sincerely,

Councillor Lee Wares

CQC focused inspection report into urgent and emergency care at the Royal Sussex County Hospital**1. Background**

On 22 and 23 June 2015 the Care Quality Commission undertook a two-day unannounced inspection of urgent and emergency services at the Royal Sussex County Hospital. The report of that inspection was published on 23 October 2015.

2. Key findings - the CQC report

The Care Quality Commission report raised concerns about the flow of patients through the Emergency Department and whether care was being provided soon enough. Concerns were also raised about some patients who arrived by ambulance waiting too long to be taken into cubicles. In the CQC domain of safety this has led to a rating of “inadequate”, and the same is true of the well-led domain due to concerns that not enough has been done to address the issues quickly enough.

Throughout the inspection the CQC observed staff treating patients with compassion, dignity and respect; they noted that staff had a caring and compassionate attitude towards patients; and that good clinical care was being delivered. The patients they spoke with during this visit were positive about the care they received.

3. BSUH response

We recognise the issues raised by the Care Quality Commission and are already making significant changes to how we work in our Emergency Department and right across the urgent and emergency care services. These changes have been designed by clinical staff across the Trust to ensure swifter assessment and treatment.

The Trust board and senior clinical leads take this responsibility very seriously and will continue to engage directly and support clinical and managerial staff in current and future improvement work.

It has been valuable for the continued engagement and motivation of staff that the Care Quality Commission noted; staff had a caring and compassionate attitude towards patients and delivered good clinical care.

4. Context

The Royal Sussex County Hospital cares for large numbers of very sick and seriously injured patients from across Sussex and parts of Kent and when the hospital is very busy, there are times when patients have to wait longer than we would like in the Emergency Department to be admitted into a bed. This is due to a number of factors:

- The number of patients who come into A&E who are seriously ill and need to be admitted onto wards has risen in recent years, and there are times when there are not enough beds available for them which can cause the Emergency Department to become busy.
- The way we assess, treat, admit and discharge patients is not as efficient as it could be and this can slow down the flow of patients throughout the hospital and cause the Emergency Department to become busy.
- The Trust frequently has patients who are fit to be discharged from hospital but cannot go home because the support they need in the community is not ready. This slows down our ability to free up more beds to move patients from the Emergency Department into the main hospital.

Below we have summarised some of the key actions being taken to address this.

5. Acute clinical hub at Royal Sussex County Hospital

We are creating a hub for the urgent treatment of people with severe injury or illness.

Patients arriving at the Emergency Department are now assessed by a senior nurse who directs them to the most appropriate area based on their presenting clinical need.

Patients who are identified as needing a surgical assessment are directed to the surgical assessment zone rather than into the Emergency Department. This change in how we work was made very recently but early evidence of the difference it makes to patients is very positive. For example, previously, a patient with appendix pain who came in late in the day might have had an overnight wait in hospital for surgery. With the new ways of working, the team have been able to assess a patient straight away, provide antibiotics and pain killers to take at home that night, and the patient returned the next morning for successful same day surgery with no need to stay overnight.

Similarly specialist medical clinicians are now working alongside the Emergency Department team to ensure patients with a clear medical presenting condition such as pneumonia are seen by the right clinical team earlier. This will lead to quicker assessment and treatment.

It is too early to see the impact of these changes on the target to discharge or admit emergency department patients within 4 hours, but we are confident that we are already improving the experience of patients.

6. Changes to how we work on our wards

We have also made changes to the way we work on our wards which are designed to reduce lengths of stay freeing up space for patients needing to be admitted.

Through a project known as *Right Care, Right Place, Each Time*, we are rolling out new ways of working across all our adult wards before Christmas. These changes involve actions to ensure tests, treatments and therapies are all carried out in a timely way so that we are working towards each patient's going home date from the moment they arrive on the ward.

“Board rounds” are a key feature of this approach – consultants, senior nurses, physiotherapists, occupational therapists, pharmacy and social care coming together twice a day to agree the actions needed for each patient that day and unblocking any issues in the way of progress towards being ready to leave hospital.

These changes address the need to deliver patient flow into the main hospital from the Emergency Department.

7. Additional capacity

Both in the short term and in the long term we know we need additional beds. Work by Ernst and Young identified a pressing need for additional capacity of 70-80 beds.

In October we opened additional beds at the Princess Royal Hospital which will give us some of the additional capacity we need for winter.

Newhaven Community Ward, which will open in November, will provide further additional capacity, caring for patients who are well enough to no longer need acute hospital treatment but who for a few extra days need further skilled nursing and therapeutic support such as physiotherapy, before leaving NHS hospital care altogether. Newhaven Community Ward is on the site of the old Newhaven Downs Hospital. It will be run by Sussex Community NHS Trust, and will care for patients who have been discharged from the Royal Sussex County Hospital or Princess Royal Hospital. A team of nurses, therapists, doctors and support staff will care for up to 20 patients in the newly refurbished ward for a period of up to seven days, supporting them to recover before they move on.

In the longer term, following the final confirmation of funding, we are now able to plan for the additional capacity which the 3Ts (Teaching, Trauma and Tertiary

Care) buildings will deliver. The £484.7 million redevelopment programme will replace some of the oldest buildings in the NHS with two new, state of the art facilities. In January 2016 the main preparation works will begin for the first of the two new buildings. Just under a quarter of the hospital site will be given over to construction of this Stage 1 Building. All clinical services will be available on site throughout the redevelopment. Those that have to move to make way for construction are being given temporary accommodation on site that is better than their current environment. The Stage 1 Building is scheduled for completion at the end of 2019 and Stage 2 in 2023 giving a total of 100 additional beds on this site across a range of services.

8. System-wide working

The solution to the challenge of patient flow and not having enough beds is about more than just what happens in hospital; it is reliant on the whole health and social care system in Sussex working together. We are working with our partner health and social care organisations to help reduce the number of patients who go to A&E unnecessarily, and to create services out in the community that will allow patients to be discharged from hospital quicker.

This work includes:

- **Newhaven Community Ward** – this autumn a new NHS unit will open in Newhaven for patients who no longer need acute hospital treatment but who need a few extra days of skilled nursing and therapy support before leaving NHS hospital care altogether. The local NHS has plans to develop the service further to provide this care in patients' own homes.
- **Community Rapid Response Service** – a seven-day-a-week service with a two hour response time so that GPs and other healthcare professionals can get the right care for patients in need of urgent care and support in the community.
- **'See and Treat' and 'Hear and Treat' paramedics** – services are working together to make it easier for local ambulance crews and call handlers to refer patients who do not need acute hospital care, but do need urgent attention, to alternative local services outside of A&E, such as the local 'Roving GP' service that will send a doctor out to a patient's home.
- **Rapid Homecare Service** – a new service was introduced in the summer to help people in Brighton and Hove get home from hospital more quickly once they are medically fit for discharge.
- **'Discharge 2 Assess'** – a different approach from the conventional hospital discharge process has been piloted on an elderly care ward in the Royal Sussex County Hospital. Patients are able to go home and be assessed at

home for their further care needs with support put in place the same day. Plans are in place to extend this to other wards in the hospital this winter.

9. Conclusion

The changes we are making have been endorsed as the right approach by the Care Quality Commission, the Trust Development Authority, NHS England, our Clinical Commissioning Groups and Healthwatch Brighton and Hove. The BSUH Board continues to work with lead clinicians and managers across the hospital, to provide effective challenge and support as we make these changes.

We are determined that we will see these changes through and make significant improvements to the quality of the healthcare provided to patients who use the Emergency Department at Royal Sussex County Hospital at Brighton.

October 2015

Brighton and Sussex University Hospitals NHS Trust

Royal Sussex County Hospital

Quality Report

Eastern Road
Brighton
BN2 5BE
Tel: 01273 696955
Website: www.bsuh.nhs.uk

Date of inspection visit: 22 and 23 June 2015
Date of publication: 23/10/2015

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Urgent and emergency services

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

Royal Sussex County Hospital (RSCH) is an acute hospital for the Brighton and Sussex University Hospitals NHS Trust (BSUH), providing acute services to the population of people across the Brighton, Hove, Mid Sussex and parts of East Sussex. The hospital provides maternity services, a special care baby unit, outpatient services and medical care. The hospital is the centre for emergency tertiary care with specialised and tertiary services including neurosciences, vascular surgery, neonatal, paediatric services based at The Royal Alexandra Children's Hospital, the Sussex Eye Hospital, cardiac, cancer, renal, infectious diseases and HIV medicine. The trust is also the major trauma centre for Sussex and the South East.

We carried out this focused unannounced inspection following information received and as a result of our regular visits to the hospital during which we had concerns about the safety and experience of patients requiring unscheduled care using emergency pathways.

We focused our inspection on the Urgent and Emergency Services and Acute Medical Admissions Unit provided at The Royal Sussex County Hospital only. We did not inspect other core services during this inspection.

At the time of our inspection the concerns about the trust emergency department were being managed and supported by a multi-stakeholder risk summit process that included NHS England, Trust Development Authority, local commissioning groups and Healthwatch.

Our key findings were as follows:

- Compassionate and good clinical care was provided to patients by staff.
- Physical capacity and staffing numbers and skill mix did not support the timely assessment of patients arriving at the department.
- Patients were not cared for in the most appropriate environment due to overcrowding in the emergency department and poor patient flow into the main hospital.
- Lack of management capacity and effective board challenge and support had resulted in a lack of progress in addressing issues over the last 18 months

Due to the multi-agency risk summit structure that was in place to support and manage improvements in the emergency pathway we have not initiated any regulatory action as a result of this inspection. The trust will however regularly report, in a single and standard approach, the improvements in quality to all stakeholders through the risk summit process.

Importantly, the trust must:

- Reduce the numbers of patients cared for in the cohort area within the emergency department (and the regularity with which congestion occurs in this area) and ensure timely assessment of patients arriving in the department.
- Ensure that appropriate staffing levels and skill mix is in place to meet the needs of the patients within the department and support the process of improvement.
- Enhance board level effectiveness to ensure progress with the emergency department improvement plans.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating

Inadequate



Why have we given this rating?

Throughout our inspection, we observed staff treating patients with compassion, dignity and respect. Despite intense operational pressure staff had a caring and compassionate attitude towards patients. Our inspection identified the delivery of good clinical care at the point of delivery.

However, during our inspection the Emergency Department (ED) did not at times have the capacity to ensure the safe accommodation of the number of patients present in the department. Performance data and our interviews with staff indicated that this was a frequent occurrence.

Patient safety was compromised because the initial assessment of patients was not done in a timely way. There was not always a sufficient number and skill mix of nurses on duty in the ED over each 24-hour period to care for patients safely given the acuity of patients and the layout of the department.

The department had allocated cleaning staff, however due to high patient turnover, we observed that cubicles were not consistently cleaned and checked between patients.

The levels of documented safeguarding training among senior medical ED staff required improvement to protect patients from abuse. 100% of junior medical staff had received training.

The ED did not have specific mortality and morbidity (M&M) meeting to discuss deaths in the department, but weekly consultant meetings had a clinical governance (CG) element. We asked the trust to provide minutes of governance meetings in the last three months. This was a reference to a review of one death in the ED in the minutes for January 2015.

The trust maintained a system of scorecards for monitoring targets; for example, national performance targets, patient experience and clinical quality. These were accessible for staff reference.

Overcrowding in the cohort area of the ED meant the privacy and dignity needs of patients were not consistently met, despite the best efforts of the staff. Patient flow from the ED into hospital beds was poor with a high number of patients awaiting admission to wards. This meant a delay in patients being cared for in

Summary of findings

the most appropriate environment for their particular health need. Although issues for external partners have contributed to patient flow problems (a high number of medically fit patients awaiting discharge) the trust could, by implementing recommendations from previous reports, alleviate the pressure.

The trust has not comprehensively addressed either the recommendations of a report by the Emergency Care Intensive Support Team (ECIST) or a compliance action issued by CQC following the inspection in May 2014. Whilst there is now clear engagement within the sector there is concern that interim management and lack of executive capacity, notably in the Chief Operating Officer role, to manage change has contributed to the lack of progress to date. A Chief Operating Officer has been appointed since our inspection and is now in post and is taking forward the work with senior clinical and managerial colleagues.

There was evidence that the new management structure is committed to delivering necessary changes in the ED. However the board has not recognised the nature and regularity of risk afforded by the ED at RSCH and not effectively sought further assurance following presentations by clinical teams that detailed patient safety and experience risks notably with relation to the cohort area. This has not brought the improvement required and we believe that more could be done by the Board on this matter.

Royal Sussex County Hospital

Detailed findings

Services we looked at

Urgent and emergency services

Detailed findings

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Background to Royal Sussex County Hospital

Royal Sussex County Hospital (RSCH) is an acute hospital for the Brighton and Sussex University Hospitals NHS Trust (BSUH), providing acute services to the population of people across the Brighton, Hove, Mid Sussex and parts of East Sussex. The hospital provides maternity services, a special care baby unit, outpatient services and medical care. The hospital is the centre for emergency

tertiary care with specialised and tertiary services including neurosciences, vascular surgery, neonatal, paediatric services based at The Royal Alexandra Children's Hospital, the Sussex Eye Hospital, cardiac, cancer, renal, infectious diseases and HIV medicine. The trust is also the major trauma centre for Sussex and the South East.

Our inspection team

Our inspection team included the Head of Hospital Inspection, two inspection managers, one inspector, three specialist advisors and an expert by experience.

How we carried out this inspection

We carried out this focused unannounced inspection because we had concerns about the safety and experience of patients requiring unscheduled care using emergency pathways.

We focused our inspection on the Urgent and Emergency Services and Acute Medical Admissions Unit provided at The Royal Sussex County Hospital only. We did not inspect other core services during this inspection.

During this focused inspection we assessed the service provided for adults, focussing on the safe and well led domains, following intelligence gathered during our engagement process with the trust and information from

other health economy stakeholders. We have also commented on but not rated caring, effective and responsive domains. We did not inspect the emergency provision for children.

We observed care and treatment and looked at 60 sets of patient records. We spoke with 26 members of staff, including nurses, consultants, doctors, receptionists, managers, support staff and ambulance crews. We also spoke with 30 patients and relatives who were using the service at the time of our inspection. We also used information provided by the organisation and information we requested.

Detailed findings

The inspection took place over two days between 22 and 23 June 2015.

Facts and data about Royal Sussex County Hospital

The main adult Emergency Department at the Royal Sussex County Hospital is the dedicated regional major trauma centre for the South East Coast, serving a population of approximately 1.75 million people, covering an extensive area, spanning from Chichester in







the West, to Hastings in the East, as well as serving parts of Kent. Across the trust there are approximately 150,000 patients emergency department admissions per year of which around 85,000 patients attend at RSCH.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Not rated	Not rated	Not rated	Inadequate	Inadequate
Overall trust	Inadequate	N/A	N/A	N/A	N/A	N/A

Urgent and emergency services

Safe	Inadequate	
Effective	Not sufficient evidence to rate	
Caring	Not sufficient evidence to rate	
Responsive	Not sufficient evidence to rate	
Well-led	Inadequate	
Overall	Inadequate	

Information about the service

The Brighton and Sussex University Hospitals NHS Trust provides accident and emergency services through the main Emergency Department (ED) and the Urgent Care Centre (UCC) at the Royal Sussex County Hospital and the Children’s Accident and Emergency Department which is located within the Royal Alexandra Children’s Hospital. The trust also provides accident and emergency services at Princess Royal Hospital, Haywards Heath and Sussex Eye Hospital.

Patients arriving at the ED by ambulance are taken into the department via the ambulance entrance where they are assessed and allocated to the appropriate area of the ED.

The adult emergency department has a five-bay resuscitation area (Zone 1), 12 spaces for treating major cases (Zone 2a), a two-bay patient assessment triage area, a "cohort" area and 10 lower acuity treatment bays (Zone 2b). In addition, there are two areas utilised as a Clinical Decisions Unit (a 6-bed unit named ‘short stay ward’ and a 6-bed unit named ‘clinical decision unit’.

Patients who self-present in the ED are booked in by a receptionist and directed to the Urgent Care Centre (UCC)/‘minors’ area of the department where they are assessed by a nurse and allocated to an appropriate area in the department.

We observed care and treatment and looked at 60 sets of patient records. We spoke with 26 members of staff, including nurses, consultants, doctors, receptionists, managers, support staff and ambulance crews. We also

spoke with 30 patients and relatives who were using the service at the time of our inspection. We also used information provided by the organisation and information we requested.

We carried out this focused unannounced inspection because we had concerns about the safety and experience of patients requiring unscheduled care using emergency pathways.

We focused our inspection on the Urgent and Emergency Services for adults and Acute Medical Admissions Unit provided at The Royal Sussex County Hospital only. We did not inspect the emergency provision for children within the Royal Alexandra Children’s Hospital.

Urgent and emergency services

Summary of findings

Throughout our inspection, we observed staff treating patients with compassion, dignity and respect. Despite intense operational pressure staff had a caring and compassionate attitude towards patients. Our inspection identified the delivery of good clinical care at the point of delivery.

However, during our inspection the Emergency Department (ED) did not at times have the capacity to ensure the safe accommodation of the number of patients present in the department. Performance data and our interviews with staff indicated that this was a frequent occurrence.

Patient safety was compromised because the initial assessment of patients was not done in a timely way.

There was not always a sufficient number and skill mix of nurses on duty in the ED over each 24-hour period to care for patients safely given the acuity of patients and the layout of the department.

The department had allocated cleaning staff, however due to high patient turnover, we observed that cubicles were not consistently cleaned and checked between patients.

The levels of documented safeguarding training among senior medical ED staff required improvement to protect patients from abuse. 100% of junior medical staff had received training.

The ED did not have specific mortality and morbidity (M&M) meeting to discuss deaths in the department, but weekly consultant meetings had a clinical governance (CG) element. We asked the trust to provide minutes of governance meetings in the last three months. This was a reference to a review of one death in the ED in the minutes for January 2015.

The trust maintained a system of scorecards for monitoring targets; for example, national performance targets, patient experience and clinical quality. These were accessible for staff reference.

Overcrowding in the cohort area of the ED meant the privacy and dignity needs of patients were not consistently met, despite the best efforts of the staff

Patient flow from the ED into hospital beds was poor with a high number of patients awaiting admission to wards. This meant a delay in patients being cared for in the most appropriate environment for their particular health need. Although issues for external partners have contributed to patient flow problems (a high number of medically fit patients awaiting discharge) the trust could, by implementing recommendations from previous reports, alleviate the pressure.

The trust has not comprehensively addressed either the recommendations of a report by the Emergency Care Intensive Support Team (ECIST) or a compliance action issued by CQC following the inspection in May 2014.

Whilst there is now clear engagement within the sector there is concern that interim management and lack of executive capacity, notably in the Chief Operating Officer role, to manage change has contributed to the lack of progress to date. A Chief Operating Officer has been appointed since our inspection and is now in post and is taking forward the work with senior clinical and managerial colleagues.

There was evidence that the new management structure is committed to delivering necessary changes in the ED. However the board has not recognised the nature and regularity of risk afforded by the ED at RSCH and not effectively sought further assurance following presentations by clinical teams that detailed patient safety and experience risks notably with relation to the cohort area. This has not brought the improvement required and we believe that more could be done by the Board on this matter.

Urgent and emergency services

Are urgent and emergency services safe?

Inadequate



During our inspection the Emergency Department (ED) did not have the capacity to safely accommodate the number of patients present in the department and performance data and our interviews with staff suggested that this was a frequent occurrence.

Patient safety was compromised because the initial assessment of patients was not done in a timely way.

There was not always a sufficient number and skill mix of nurses on duty in the ED over each 24-hour period to care for patients safely given the acuity of patients and the geographical layout of the department.

The department had allocated cleaning staff, however due to high patient turnover, we observed that cubicles were not consistently cleaned and checked between patients.

The levels of documented safeguarding training among senior medical ED staff required improvement to protect patients from abuse. 100% of junior medical staff had received training.

The ED did not have specific mortality and morbidity (M&M) meeting to discuss deaths in the department, but weekly consultant meetings had a clinical governance (CG) element. When we looked at minutes of governance meetings in the last three months; there was a reference to a review of one death in the ED in the minutes for January 2015.

Incidents

- The trust used an electronic reporting system called Datix. This allowed for management overview of incident reporting and an ability to analyse any emerging themes or trends.
- We spoke with medical, nursing and allied health professionals who told us they knew how to report incidents and 'near misses' using the Datix system. Staff said they were encouraged to report incidents, but reporting was sometimes not done because staff were too busy in clinical areas.
- Information provided by the trust showed 670 incidents were reported by staff in the ED (A&E, Urgent Care, CDU) in the last 12 months. Information provided included

action taken in response to the incidents. Incidents were graded by the severity of harm caused. Of 670 incidents reported, one was categorised as severe (delay / failure to monitor), 12 were categorised as moderate and 104 were classed as low. The majority of incidents (520) were categorised as 'No Harm: Impact not Prevented'.

- There were 15 Serious Incidents (SI). Thirteen of these related to 12 hour breaches in A&E.
- The trust held weekly patients' safety incident review (SIRM) meetings led by the trust's Chief of Safety and Quality. Incidents reported as 'moderate' or above were reviewed at this meeting. We looked at the minutes of the SI meetings held between 7 April and 23 June 2015.
- Staff told us learning from incidents was shared with them through emails and team meetings.
- There were no "Never Events" in the ED in the last 12 months. (Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented).
- We asked the trust to send us copies of mortality and morbidity (M&M) meetings held in the last three months for the ED. M&M meetings to review deaths as part of clinical professional learning provide assurance that patients are not dying as a consequence of unsafe clinical practices. We were provided with evidence of a mortality meeting reviewing eight deaths in January and February 2014 in the medicine division; however, none were specific to ED. The clinical lead for ED confirmed the ED does not have a specific M&M meeting to discuss deaths in the department, specifically; but told us weekly consultant meetings had a clinical governance (CG) element. We asked the trust to provide minutes of governance meetings in the last three months. There was a reference to a review of one death in the ED in the minutes of a clinical governance meeting in January 2015.
- Summaries of actions taken by the trust included sending 'Duty of Candour' letters to tell the relevant person that a notifiable safety incident has occurred and provide support to them in relation to the incident.
- On 15 April 2015 the trust notified us of a SI concerning 12 hour breaches from decision to admit (DTA). The trust told us they "experienced sustained and significant pressure across Saturday 28th to Tuesday 31st March. This resulted in major challenges regarding patient flow and a mismatch between discharges and admissions. As a consequence, there were delays in certain patient

Urgent and emergency services

transfers which resulted in 8 breaches of the standard requiring a patient to be admitted to a ward within 12 hours of the decision for admission being made". We noted this SI was first discussed at SIRM on 28 April and has been discussed weekly since then. The investigation had not concluded at the time of our inspection.

- The ambulance service told us about a SI they had initiated. During the Easter weekend 2015 there were significant handover delays at RSCH which breached the national standard for handover within 15 minutes. In particular on Easter Sunday, 5th April 2015 there were 80 handovers which were in excess of 15 minutes. There was no reference to these events in the minutes of the SIRM meetings between 28 April and 23 June 2015.

Cleanliness, infection control and hygiene

- A labelling system was in use to indicate that an item had been cleaned and was ready for use.
- The treatment areas had adequate hand-washing facilities. We observed staff washing their hands between seeing each patient and using hand sanitising gel. The 'bare below the elbows' policy was observed by all staff.
- We observed that staff complied with the trust policies for infection prevention and control. This included wearing the correct personal protective equipment, such as gloves and aprons.
- Side rooms were available for patients presenting with a possible cross-infection risk.
- Despite positive evidence from Trust environmental audits, we observed the cubicles were not consistently cleaned and checked between patients. This was corroborated by staff who told us patient turnover was sometimes so fast, there was not time to clean and restock the bed space or cubicle.
- The congestion and close proximity of trolleys in the cohort area constituted an infection control risk because they could be touching each other which increased the risk of skin to skin contact between patients in the cohort area.
- The hand hygiene audit score for the A&E at RSCH was 84% in April 2015 and 79% in May 2015 compared to the Acute Directorate's average scores of 89% (April) and 90% (May).
- 74% of nursing staff in the ED had current infection control training.

Environment and equipment

- The ED did not have the capacity to safely accommodate the number of patients presenting to the department at all times.
- The ED was often overcrowded with insufficient cubicle spaces to accommodate patients. When cubicles were full, additional patients were lined up on trolleys, wheelchairs or chairs in the cohort area. The cohort area was identified as a risk during our comprehensive inspection of the trust in May 2014 and we issued a compliance action instructing the trust to ensure service users are protected against the risks associated with unsafe or unsuitable premises. The actions taken by the trust since our last inspection have not been sufficient to mitigate the risk.
- The trust's Ambulance Handover and Cohort Standard Operating Procedure stated, 'Four is the maximum number of patients that BSUH staff, without South East Coast Ambulance Service (SECAMB) Hospital Ambulance Liaison Officer (HALO) support, will be responsible for in the cohort/assessment area.' Staff told us there were often more than four patients in the cohort area. We observed during our inspection that patients continued to be at risk due to overcrowding in this area. For example, at 15.20hrs during our unannounced inspection on 22 June there were nine patients on trolleys in the cohort area. There was one trust trained nurse overseeing the area.
- There were 146 incident reports in the last 12 months relating to concerns about patient safety in the cohort area.
- Overcrowding in the cohort area increased the risk of lack of clinical oversight. Several nurses and doctors told us they were concerned about this risk.
- Nursing staff told us when is highly congested cohort area, at times, there was insufficient monitoring equipment for the number of patients in the area.
- The waiting area within the urgent care centre did not allow the triage nurse direct line of sight to patients who were waiting to be seen by a healthcare professional. Medical and nursing staff we spoke to raised this as a risk. We observed staff looking at patients on a frequent basis.
- Nursing and medical staff working in the UCC/minors area told us there were not always enough rooms in the area to carry out their work effectively, which meant patient waiting times, were increased. The trust has a plan to improve this as part of its overall improvement work.

Urgent and emergency services

Medicines

- Medicines management was largely safe and secure.
- Locks were installed on storerooms, cupboards and fridges containing medicines and intravenous fluids. Keys were held by nursing staff. In some areas of the department, such as the resuscitation area, cupboards and fridges were appropriately left open to facilitate access to medicines in emergencies. Risk assessments were undertaken for these.
- We found that controlled drugs (CD) were checked daily by staff working in the department. We audited the contents of the CD cupboard in the CDU area against the CD registers and found they were correct.

Records

- A paper record was generated by reception staff registering the patient's arrival in the department to record the patient's personal details, initial assessment and treatment. All healthcare professionals recorded care and treatment using the same document.
- An electronic patient system ('Symphony') ran alongside paper records and allowed staff to track patients' movement through the department and to highlight any delays.
- We found poor record keeping in the emergency department. Our audit of sixty patient records identified omissions in completion of the records in 41 sets of records, including one case where care was documented after the recorded time of death. In another case the time and type of overdose was not recorded on ambulance or triage sheet.
- On 31 October 2014 the coroner issued a Regulation 28: Report to prevent future deaths. This included concerns about incomplete documentation in A&E. In responding the trust accepted shortcomings in record keeping and have indicated that changes relating to use of early warning scores at handover have been made, consultants have been reminded of requirement for completion of records and the role of locum staff in assessment and a planned reduction in handovers over a 24 hour period. The difficulties agency staff face in both locating equipment and completing documentation were acknowledged. The trust has provided evidence of subsequent audit of documentation which indicates improvement and the planning of further audits

Safeguarding

- There were appropriate systems and processes in place for safeguarding patients from abuse. Staff spoken with was aware of their responsibilities to protect vulnerable adults and children. They understood safeguarding procedures and how to report concerns.
- Overcrowding meant vulnerable patients could be at risk from harm from other patients in agitated or anxious states, particularly if under the influence of alcohol and or drugs. We observed two such incidents during our inspection. One agitated male patient was on a trolley adjacent to an elderly female. Another agitated male patient was observed walking in and out of other patients cubicles.
- Although junior doctors attained 100% compliance with on line training, the number of ED staff who were trained in safeguarding required improvement. Information from the trust showed:
 1. 58% of ED nursing staff had up to date training in safeguarding vulnerable adults.
 2. 15% of ED medical staff had up to date training in safeguarding vulnerable adults.
 3. 67% of ED nursing staff had up to date training in training in safeguarding children at level three.
 4. 15% of ED medical staff had up to date training in training in safeguarding children at level three.
- During our inspection we observed an incident of good practice in the management of potential domestic violence.

Mandatory training

- The nursing staff duty rota scheduled one day per month for staff to attend training. This enabled staff to keep up to date with statutory and mandatory training. The rate of mandatory training was variable. For example, 33% of ED nursing staff had up to date fire safety training and 67% nursing staff had up to date training in health and safety and manual handling.
- 76% of ED nursing staff had up to date training in basic life support (BLS), 14% held intermediate life support certificates (ILS) and 20% held advanced life support (ALS) certificates. Four of these staff were instructors. 48% of ED medical staff had up to date training in BLS.

Assessing and responding to patient risk

- Patient safety was compromised because the initial assessment of patients was not done in a timely way.

Urgent and emergency services

- Patients presented at the department by walking into the reception area or arriving by ambulance into a separate entrance.
 - Patients arriving by ambulance as a priority (blue light) or trauma call were transferred immediately through to the resuscitation area, or to an allocated cubicle space. Such calls were phoned through in advance, so that an appropriate team could be alerted and prepared for their arrival.
 - Other patients arriving by ambulance were assessed by a nurse assigned to ambulance triage who took a 'handover' from the ambulance crew. Based on the information received, a decision was made regarding which part of the department the patient should be treated.
 - If a patient arrived on foot, they were registered by reception staff before being seen by a triage nurse.
 - Triage was undertaken in accordance with the Manchester Triage System. This is a tool used widely in A&E departments to detect those patients who require critical care or are ill on arriving at the A&E. Trained triage nurses followed a pathway or algorithm and assigned a colour coding to the patient following initial assessment. Red was the label assigned to those patients who needed to be seen immediately through to orange (very urgent), yellow (urgent), green (standard) and blue (non-urgent).
 - Between June 2014 and January 2015, the trust wide time to initial assessment for patients from the ambulance was between 40 and 125 minutes, which was consistently significantly worse than the England average (20 minutes) and standard of 15 minutes. (Health & Social Care Information Centre HSCIC).
 - RSCH specific data (provided by the trust) showed the average time to initial assessment for patients arriving by other transport or who self-present was 20 minutes between December 2014 and May 2015.
 - NHS England Daily Hospital Situation Report (Sitreps) between 3 November 2014 and 29 March 2015 showed 3541 ambulance handovers (trust wide) were delayed by over 30 minute. This is an average of 35 ambulances daily compared to an England average of 9 ambulances daily.
 - Data provided by the trust showed:
 1. 25.4% ambulances waited over 30 mins for handover between 1 April 2014-31 March 2015 (RSCH only – not trust wide).
 2. 27.1% ambulances waited over 30 mins for handover between 1 April 2015-25 June 2015 (RSCH only – not trust wide).
- This demonstrated an upward trend in ambulance waiting times.
- At 15.05 on 22 June, we observed seven ambulance crews waiting to hand over patients in the ED. Five crews had waited over 30 minutes, one crew had waited 1hr 3mins and another had waited 1hr 13mins. At 15.20hrs there were nine patients on trolleys in the cohort area.
 - The department utilised the national early warning scoring system (NEWS) to detect the deteriorating patient.
 - On 31 October 2014 the coroner issued a Regulation 28: Report to prevent future deaths. This included concerns about the initial assessment of a patient in ED.
 - During our inspection we observed that all majors' patients had NEWS charts in use. The nurse co-ordinator in the area checked that NEWS charts were completed.
 - Nursing and medical staff we spoke with expressed their concerns about maintaining clinical oversight of patients in the department, particularly the cohort area. This was corroborated by our observations during the inspection. For example, At 15.45 we looked at the notes of a patient in the cohort area who arrived in the department at 14.01 following a paracetamol overdose. The time of the overdose was not recorded on either the ambulance records or the ED records. When we spoke with nursing staff allocated to triage and cohort were unaware of what was taken in the overdose, or the time it was taken.
 - From January to March 2015 (Q4), the median time to treatment for patients was between 55 and 59 minutes (trust wide) compared to between 46-56 minutes nationally. The trust performed in line with or better than the England average or standard (60 minutes) for time to treatment in the 12 months to January 2015.
 - The Acute Floor Performance Review for April 2015 indicated that 46% of patients had a time to treatment of less than 60 minutes in week commencing April 2015.
 - Staff reported that patients had been accommodated overnight in the department, including the resuscitation area and ambulatory care area, because there were no bed spaces on wards. A staff member told us they were distressed by an incident when they were told to take a

Urgent and emergency services

patient from the ED to a ward but on arrival there was no bed space to accommodate the patient. The staff member said the safety and dignity of the person was compromised because they were left in the corridor.

Nursing staffing

- There was not always a sufficient number and skill mix of nurses on duty in the ED over each 24-hour period to care for patients safely given the acuity of patients and the geographical layout of the department.
- There were 177.1 Whole Time Equivalent (WTE) nursing posts in the planned establishment for the ED. The nursing vacancy rate was 7.6%.
- The ED operated two shifts, a day and a night shift, in 24 hours. The matron for ED told us the usual planned staff complement for each shift was 17 registered nurses (RN) and five healthcare assistants (HCA). The Trust has further advised us that there are 19 trained nursing staff and 6 HCAs on a day shift and 18 trained staff and 5 HCAs on a night shift. In addition the department employed Emergency Nurse Practitioners (ENP), who worked in the UCC area to treat minors' patients.
- The department was not consistently staffed with the planned numbers. Information requested from the trust showed the ED worked 'short' of planned numbers for 40 shifts in March, 35 shifts in April and 21 shifts in May 2015.
- Our review of the incident reports in the ED at RSCH over the last 12 months showed there were 38 reports made concerning a lack of nursing staff. Two incidents were discussed at SIRM. 34 incidents were categorised as 'no harm'. Action taken included 'on-going recruitment' and 'escalated at the time'.
- There was a high reliance on bank and agency staff leading to skills gaps in some cases. For example, we observed a spell in resuscitation when four patients were in the care of one member of staff who as consequence was under significant pressure. In another example, we were told about an agency nurse who did not have the necessary knowledge and skill to immobilise a patient requiring a CAT scan, which caused diagnostic delay.
- Nurse agency usage for the ED was 24.5% in the last 12 months. We saw evidence of an induction process for agency staff. Staff told us agency nurses often made up 50% of the total of nurses on duty in the ED.
- The sickness rate was 6.9% among nursing staff in the ED in the last 12 months.

- Absence due to leave, sickness or vacancies was covered by staff overtime (2%), bank staff (48%) or agency staff (50%).
- The turnover rate was 16.9 % among nursing staff in the ED in the last 12 months.

Medical staffing

- We examined the medical staffing rota and spoke with consultants, middle grade and junior doctors.
- Emergency Medicine Consultants were on duty in the department 24 hours a day, seven days a week. The trust met The College of Emergency Medicine (CEM) recommendations.
- The department employed 58.9WTE medical posts against a planned establishment of 70.2. The vacancy rate was 16.1%. Medical staff were employed at the following grades:
 1. 16.9WTE emergency consultants in post against the establishment of 19.3. The vacancy rate was 12.2%.
 2. 6WTE specialty registrars (ST1/2) in post against an establishment of 16. The vacancy rate was 62.5%.
 3. 14.6WTE specialty registrars (ST3 and above) in post against an establishment of 13.9. The vacancy rate was 5.1%.
 4. 5.5WTE specialty doctors in post against an establishment of 4.8. The vacancy rate was 14.6%.
 5. 1.8 WTE associate specialists in post against an establishment of 2.1. The vacancy rate was 13.3%.
 6. 0.1WTE clinical assistants in post against an establishment of 0.2. The vacancy rate was 50%.
 7. 5WTE foundation programme Year 1 (FY1) in post, which was the planned establishment.
 8. 9WTE foundation programme Year 2 (FY2) in post, which was the planned establishment.
- There was a GP rota which provided 2 GPs between 9am and 7pm daily to staff the Urgent Care area of the department.
- There was a sickness rate of 1.6% among medical staff in the ED site in the last 12 months.
- There was turnover rate of 5.1% among ED medical staff in the last 12 months (excluding training grade doctors who leave on a six month rotation).
- Locum usage in the ED was 13.2% in the last 12 months.

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- Our review of the incident reports in the ED at RSCH over the last 12 months showed there were two reports made concerning a lack of medical staff. One incident was categorised as 'No Harm' and the other as 'Unpreventable Adverse Event'.

Major incident awareness and training

- The trust had a major incident plan, which was last reviewed in January 2014. Staff we spoke to had an understanding of their roles and responsibilities with regard to any major incidents.
- Decontamination equipment was available to deal with casualties contaminated with chemical, biological or radiological material, or hazardous materials and items. However, the equipment was not stored in the ED following relocation to create space for cubicles. A new store has since been created directly outside the ED.
- Information from the trust showed 50% of staff had received appropriate training.

Are urgent and emergency services effective?
(for example, treatment is effective)

Not sufficient evidence to rate 

We did not inspect the effective domain on this inspection.

Are urgent and emergency services caring?

Not sufficient evidence to rate 

We did not inspect the full range of the caring domain and have therefore not provided a rating. The following observations and comments do however apply to this domain.

Compassionate care

- We observed staff behaved in caring and compassionate way.

- The Friends and Family Test (FFT) results for the trust for the 12 months up to February 2015 showed between 5% and 85% people were extremely likely or likely to recommend the ED compared to an England average of between 55 and 85%.
- Throughout our inspection of the ED, we observed staff treating patients with compassion, dignity and respect.
- Patients responding to the CQC A&E survey 2014 said they were treated with respect and dignity while they were in the A&E department, which was about the same as other trusts nationally.
- The patients and relatives we spoke with during our inspection were positive about the way staff treated them. Their comments included: "They're very busy, but they try and make sure we don't go without. They're always asking if I want anything."

Understanding and involvement of patients and those close to them

- Patients responding to the CQC A&E survey 2014 said they were given information about their condition or treatment and they felt involved in decisions about their care, which was about the same as other trusts nationally. However, the trust performed worse than other trusts nationally when asked about relatives being given an opportunity to talk to a doctor if they wanted to.
- Patients and relatives we spoke with told us their care and treatment options were explained to them in way they could understand.

Are urgent and emergency services responsive to people's needs?
(for example, to feedback?)

Not sufficient evidence to rate 

We did not inspect the full range of the responsive domain and have therefore not provided a rating. The following observations and comments do however apply to this domain.

Service planning and delivery to meet the needs of local people

- Overcrowding in the cohort area meant the privacy and dignity needs of patients were not consistently met.

Urgent and emergency services

- During our inspection we observed that screens were not in use for patients in the cohort area. Staff we spoke with told us they were available, but were impractical because of the lack of space to use them. We observed this during our inspection. This meant, for example, elderly female patients in nightwear or hospital gowns were sometimes accommodated in close proximity to male patients during the period of care. We observed the corridor between reception/UCC, which was a thoroughfare for visitors and public, opened into the cohort area and further compromised the privacy and dignity of patients.
- The trust's operating procedure for the cohort area stated patients would be taken into triage bays for investigations; we observed this did not consistently happen during our inspection due to overcrowding. Nursing and medical staff confirmed that some patients were accommodated in the cohort area for their whole episode of care.
- The x-ray department and CT scanning facilities were adjacent to the ED and were easily accessible. However, the magnetic resonance imaging (MRI) scanner was located in a different building on the site and it was necessary for patients to be transferred outside for part of their journey between the ED and the MRI scanner. We have been advised by the trust that since the inspection there is now a new MRI scanner on level 4.
- The signage and navigation around the acute floor constituted a major issue for patients, relatives and carers. It was unclear whether temporary signage was directed at patients, carers or contractors. This had the potential to create delays for walk in attendants and also for relatives wishing to track patients.

Access and flow

- The trust has had significant issues maintaining key performance indicators relating to emergency care. The trust board performance report of April 2015 indicated a deterioration of performance against the four hour standard in the time period April 2014-March 2015 across all the trust ED's. The trust was rated as 239th of 245 trusts nationally.
- The trust board performance report also indicated worsening trust wide positions for ambulance handover delays > 30 < 60 minutes, those > 60 minutes and the number of patients waiting >12 hours post decision to

admit from January 2015 to April 2015. The trust reported an improvement in 7 day re-attendance rates over the same time period. This data is not presented by site in the board report.

- Within that time period performance at the Royal Sussex County Hospital (RSCH) showed a similar trend of deterioration for type 1 (majors) with performance from December 2014 to March 2015 not exceeding 72% for any month. This level of performance was below that of the trust's other ED's.
- The Acute Floor Performance Review for April 2015 reported an overall performance of 65% against the four hour standard at RSCH for the week commencing 11th April 2015.
- Patient flow from the ED into hospital beds was poor with a high number of patients awaiting admission to wards. The Urgent Care Transformation April 2015 board paper cited exit block and unavailability of beds as the major issue driving deterioration in patient time spent in ED at RSCH. Weekly 95th percentile time had moved from under 600 minutes in April 2014 to in excess of 900 minutes in April 2015 against the quality standard of 240 minutes.
- During our unannounced inspection, the 'Symphony' screenshot showed at one point: 10 out of 25 patients in the resuscitation area, Zone 2a and the cohort area had been in the department for more than 4 hours. Six of these patients had a decision to admit (DTA). Four out of ten patients in Zone 2b had been in the department for more than 4 hours. None of these patients had a DTA.
- The Acute Floor Performance Review April 2015 also indicated that for April 2015 19 patients waited greater than 12 hours from decision to admit (DTA) to transfer to a specialty bed and that the average wait for a specialty was between 6.5 and 8.5 hours.
- The percentage of patients who leave the department before being seen is recognised by the Department of Health as potentially being an indicator that patients are dissatisfied with the length of time they have to wait. The trust performed in line or worse than the national average in the 12 months up to January 2015. Between January and March 2015, between 2.8% and 3.5% of patients trust wide left without being seen compared to a national average of between 2.1% and 2.6%.

Are urgent and emergency services well-led?

Urgent and emergency services

Inadequate



The trust and the Emergency Department (ED) leadership have faced sustained pressures to deliver performance and safety standards. This pressure is exacerbated by health economy capacity and departmental physical constraints.

However our inspection indicated that despite a number of transformational plans, management reconfiguration and support from the Emergency Care Intensive Support Team (ECIST) there is a continued deterioration of performance.

The trust has not comprehensively addressed either the recommendations of the initial ECIST visit or the compliance action issued by CQC following the inspection in May 2014.

Whilst there is now clear engagement within the sector there is concern that interim management and lack of executive capacity, notably in the Chief Operating Officer role, to manage change has contributed to the lack of progress to date. A Chief Operating Officer has been appointed since our inspection and is now in post and is taking forward the work with senior clinical and managerial colleagues.

There are clear signs from the new management structure that robust performance management data and greater clinical engagement will provide a foundation for change. However the Board has not recognised the nature and regularity of risk afforded by the ED at RSCH and not effectively sought further assurance following presentations by clinical teams that detailed patient safety and experience risks notably with relation to the cohort area. This has not brought the improvement required and we believe that more could be done by the Board on this matter.

Vision and strategy for this service

- The strategy for improving the performance of the emergency care pathway over the last three years has been based on medium term transformation programmes, management reconfiguration with enhanced performance management data and short term escalation management tactics. The trust has in this time sought support from external agencies and broader stakeholder engagement.

- The trust has a nine year capital development programme – 3T's (teaching, trauma and tertiary care) – and as such is currently subject to major building works.
- In January 2014 Board papers indicated that the trust was implementing Right Care, Right Place, First Time – an executive led transformation strategy that had five work streams – 1. Front loading clinical decision making and handover 2. Streamline processes and pathways 3. Re-organise medical cover 4. Early daily review and decision making for all inpatients 5. Increase rehabilitation options. This programme followed the engagement of the Emergency Care Intensive Support Team (ECIST) in 2013.
- Following the CQC comprehensive inspection in May 2014 the emergency department was rated as requires improvement and was issued a compliance action notice relating to management of the cohort area. The trust reports monthly against the associated action plan.
- During our inspection we were provided with a presentation for the July 2015 System Resilience Group Meeting by the Deputy Chief Executive/Director of Strategy and Change providing highlights of the Urgent Care Recovery Plan for the trust, a further emergency care transformational change programme.
- The governance of the Urgent Care Recovery Plan included reporting to the System Resilience Group (SRG) and was supported by the BSUH internal Urgent Care Programme Board that itself reports to the Trust Executive Change Board.
- This presentation was prepared subsequent to a second ECIST visit in June 2015 and included recommended immediate actions targeting assessment and streaming, rapid handover, introduce ward board rounds to enhance flow, ambulatory care unit process and implementation of an escalation trigger tool with accountability. The recommendations of the second ECIST visit are similar to the first.
- In June 2015 an external management consultancy reported to the SRG their findings on system wide capacity concluding that significant shortfalls exist in both acute and community settings.
- The trust has implemented a new directorate structure that includes the Acute Floor Directorate led by a triumvirate management structure that includes a clinical director, lead nurse and general manager.

Urgent and emergency services

- Senior staff described the escalation policy for the department. On 22 June, the first day of our inspection, the department was escalated to level RED, which should initiate the following actions:
 1. COO informs CCG's and SECAMB
 2. Medical Rep to inform GP's, Hermes and Harmony
 3. Chief's to cascade to all consultants
- These actions were implemented by a series of email communications however, the bed management meeting at 15:00 hrs. was attended by directorate nurse leads only. The meeting provided no indication of enhanced engagement with clinicians as a result of escalation.
- The hospital had several policies which referred to escalation for overcrowding, but the policies did not reference each other and it was difficult for us to evidence how the policies worked together. For example, the trust has an escalation policy. In addition it has a Full Capacity Protocol. It was not clear at inspection how the two protocols interrelate operationally.
- The Full Capacity Protocol is initiated when escalation is red, ED full with no immediate discharges, six patients are in the cohort area and all escalation areas are open. It was not clear during the inspection, despite these factors being met, whether the Full Capacity Protocol had been initiated.
- It was not possible to determine trend analysis of departmental escalation status over the last three months.
- The deputy medical director (safety) provided a copy of an overarching five year Safety, Quality and Patient Experience strategy – Acting with kindness and compassion – Improving adapting innovating – Working Together. This comprehensive document was due for board presentation in July. We now understand that this was approved by the Board in July.
- The departmental risk register reflected what individuals raised as their key concerns for the service. Staff were clear on the risks and areas in the department that needed improvements.
- The trust performance reports (April 2015) provided trend analysis using the following indicators: - attendance to emergency admission ratio, greater than 12hr waits from DTA, ambulance delays greater than 30 mins and greater than 60 mins, percentage of patients less than 4hrs and A/E re-attendance rates.
- Ambulance delay data was not confirmed as being either 'on target' or 'of concern'.
- The board received monthly papers on both urgent care transformation and performance however the board did not appear to be sighted of trends in delays in time to first treatment and escalation status (i.e. how often red or black) of the emergency department.
- The acute floor participated in detailed performance reviews meeting chaired by executive leads. Comprehensive reports were tabled by the acute floor management triumvirate and discussed.
- Performance meetings were further supported by operational, safety and quality meetings chaired the directorate lead clinician. Risks were identified and documented.
- We have discussed extensively with the trust the reporting of ED issues and risks to the board. Dashboard reports and performance narrative, along with direct clinical team reports, should have left the Board with a clear understanding of the severity of the situation and the scale of challenge. In response the Board requested a deep dive into the 4 hour and 12 hour standards. They did not seek further assurance on co-horting.
- The trust has failed to comply with the breaches of regulation identified during the inspection in May 2014.

Leadership and culture within the service

- The trust had a nominated non-executive (the trust Chair) for the acute floor who visited the department. Other non-executives have also visited the department. Although their experiences enriched discussions at Board meetings, there was no formal mechanism for documenting the visit.
- The trust had no substantive Chief Operating Officer (COO), although an appointment was expected to be made in July, or Executive Director of Workforce

Governance, risk management and quality measurement

- The trust maintained a system of scorecards for monitoring targets; for example, national performance targets, patient experience and clinical quality. These were accessible for staff reference.
- The trust received regular reports and updates relating to both the operation and transformation of the acute floor.

Urgent and emergency services

(although there is an operational director of HR who reports to the Deputy Chief Executive/Director of Strategy and Change). The ED Director of Operations was an interim at the time of inspection.

- In the extended absence of a substantive Chief Operating Officer (COO) the role was effectively being delivered by the Deputy Chief Executive/Director of Strategy and Change
- The Chief Executive Officer (CEO) was visible and engaged with the acute floor on a frequent and regular basis.
- The triumvirate departmental management structure was evolving with the clinical director having clear sight of improvements required and the necessity for detailed performance management data. However, the team needs significant support in its development and this is acknowledged by the clinical director. To enable this, the trust is implementing a leadership development programme.

Staff engagement

- Staff spoke with a sense of pride about their local team and the work they did, but expressed frustration about their ability to do their best for patients because of the pressures they worked under. As reported earlier staff were likely to report clinical incidents but not staffing or escalation incidents. Our interactions suggested that staff morale in the department was variable.
- The relentless pressure on the department was leading to disengagement, particularly of the consultant body, some of whom reported that they are no longer raising issues to the directorate and senior management.
- One senior clinician told us, "The four hour target has gone out of the window here; it's all about the 12 hour target, that's the one we aim to avoid breaching." Several other nursing and medical staff offered similar comments during our conversations with them.
- Clinicians told us the support from specialties within the hospital needed to improve in reviewing patients in the ED to make decisions to discharge or admit as well as facilitate discharges on hospital wards to free up beds.

Innovation, improvement and sustainability

- The trust has established a Change Board, People Board and People Management Board. The Unscheduled Care Board reports to the Change Board where it is held account to for delivery.

- The trust does not have a dedicated programme management office (PMO) for the management of change and has recently agreed support with commissioners from a system wide PMO which will support the unscheduled care programme (system wide master plan).
- Despite a short period of recovery the trust has had a sustained challenge in maintaining access standards within the emergency department.
- ECIST have now been into the trust on two occasions in the last twelve months, most recently in June 2015. During inspection we were presented with a report prepared the week prior to our visit, indicating 'immediate actions' as a result of the last visit detailing cessation of triage, rapid ambulance handover, initial streaming, daily ward board rounds, Ambulatory Care Unit process and escalation trigger tool with accountability at the bed meeting.
- In the board report of January 2014 the work streams described for the emergency pathway included frontloading clinical decision making and handover, streamlining processes, early inpatient review and increased rehabilitation at home.
- A recent external management consultant capacity review identified considerable shortfalls in capacity for acute and intermediate care and this is being progressed across the local health economy.
- The trust has invested significantly in a well-crafted organisational development plan aimed at maximising the management and clinical engagement opportunities afforded by the recent organisation restructure.
- Work lead by the clinical director for the acute floor and Lightfoot has developed a system that will provide greatly enhanced data and intelligence for the emergency pathway that has potential to support transformation of the pathway.
- It is difficult to ascertain the level of change that the department has made over the last year on the basis of one day in the department. However, evidencing improved patient care and experience alongside reduced patient risk is difficult to discern from the trust data. The newly appointed Chief Operating Officer will be leading this work.

Subject:	Extract from the Proceedings of the Health & wellbeing Board meeting held on the 20 October 2015 – Primary Care Services in Brighton & Hove		
Date of Meeting:	22 September 2015		
Report of:	Monitoring Officer and Head of Legal & Democratic Services		
Contact Officer:	Name: Mark Wall	Tel: 01273 291006	
	E-mail: mark.wall@brighton-hove.gov.uk		
Wards Affected:	All		

FOR GENERAL RELEASE**Action Required of Overview & Scrutiny Committee:**

To receive the item referred from the Health & Wellbeing Board for consideration:

Recommendation:

That the Overview & Scrutiny Committee be requested to give consideration to the establishment of a Scrutiny Panel to review the report and the state of play for primary care and identify possible solutions/options to safeguard GP practices in the city.

HEALTH & WELLBEING BOARD**4.00pm 20 OCTOBER 2015****BRIGHTHELM COMMUNITY CENTRE****MINUTES****Present:**

Councillors Yates (Chair), K. Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford (Lead Member for Adult Care & Health) and G. Theobald, Graham Bartlett (Chair of Safeguarding Children's & Adults' Boards), Pennie Ford (NHS England), Geraldine Hoban, Dr. George Mack, Dr. Xavier Nalletamby and Dr. Manas Sikdar (Clinical Commissioning Group).

Other non-voting members present:

Denise D'Souza (Statutory Director of Adult Social Care), Pinaki Ghoshal (Statutory Director for Children's Services), Frances McCabe (Healthwatch) and Dr. Tom Scanlon (Director of Public Health).

Also in attendance:

35 PRIMARY CARE SERVICES IN BRIGHTON & HOVE

- 35.1 The Chair informed the committee that he had received notification of a practice in Peacehaven where the GP's had announced plans to retire, which would directly affect a number of patients and was another example of the situation affecting patients and providers in the region.
- 35.2 Councillor Mac Cafferty welcomed the report but noted that the information provided by the Chair and the report highlighted the difficulty in attracting new GP's to the service. He was concerned that a number of practices were in danger of closing and could not see how it would be possible to ensure that they remained open.
- 35.3 The Chair stated that whilst the report was note, he wished to propose that it was referred to the Overview & Scrutiny Committee for information with a request that the committee give consideration to establishing a Scrutiny Panel to review the state of play for primary care and identify possible solutions/options to safeguard GP practices in the city.
- 35.4 **RESOLVED-**
- (1) That the contents of the report be noted; and
 - (2) That the report be referred to the next meeting of the Overview & Scrutiny Committee for information, with a request that it give consideration to the establishment of a Scrutiny Panel to review the report and the state of play for primary care and identify possible solutions/options to safeguard GP practices in the city.

Strengthening Primary Care Services in Brighton and Hove

1 Executive summary

General practice is the bedrock of healthcare and local GP surgeries in Brighton and Hove and other parts of the country provide valuable services to their patients' day in day out.

Yet these services face a number of challenges. We need to transform the way care is provided in order to address these issues, and to ensure the future delivery of good quality care to patients in a sustainable way.

Across the country, these challenges include:

- An ageing population and an increasing number of patients with complex care needs and multiple long-term conditions, who require more intensive support from GP services
- Increasing pressure on NHS financial resources
- Dissatisfaction amongst patients about the ability to access GP appointments and rising patient expectations about this.
- Variation in the quality and performance of local services and health inequalities
- Growing reports of workforce pressures, including recruitment and retention problems

A clear national strategy for the future of the NHS has been set-out in the NHS Five Year Forward View and this includes plans to address the principal challenges facing GP services. Action is being taken to address workforce and infrastructure issues and changes to the national GP contract have also been made in order to support improvements to patient care. Meanwhile, work is taking place across the country to test potential new models of care, so that services can be designed which will meet the needs of patients, both now and in the future.

In Brighton and Hove, NHS England and NHS Brighton and Hove Clinical Commissioning Group (CCG) are continuing to work together to address these challenges at a local level and to ensure the ongoing development of sustainable GP services for people in the community.

This paper provides an update on some of the recent challenges that have affected the provision of GP services in Brighton and Hove and how services are being developed for the benefit of local patients.

2 Overview of primary care services in Brighton and Hove

2.1 Number of GP practice contracts across Brighton and Hove

Across Brighton and Hove there are currently 46 GP practices, providing services to 308,847 registered patients across 52 surgery sites. Of these, all practices currently have 'open' patient lists and can register new patients.

The current Primary Care budget for general practice in Brighton & Hove is £34,678,045.

There are three different types of contract held by local GP practices. These are:

- **General Medical Services (GMS) contracts.** GMS contracts are nationally negotiated. These contracts run in-perpetuity and provide GP contractors with considerable flexibilities in terms of being able to take on new GPs as partners to the contract. This allows GMS contracts to be handed on from one GP or group of GPs to another, without this requiring the agreement of NHS England as the commissioner (subject to the individuals meeting certain conditions as set out in the national GMS regulations). GMS contracts can only be terminated by the commissioner should there grounds to do so (i.e. fundamental concerns regarding patient safety). GMS contracts cannot be held by public limited companies (PLCs). Across Brighton and Hove 41 GP practices hold GMS contracts.
- **Personal Medical Services (PMS) contracts.** These are locally negotiated contracts between NHS England and local GP practices which allow local flexibility compared to the nationally-negotiated GMS contract. PMS contracts allow the opportunity for variation in the range of services that may be provided by a GP practice, while also ensuring that the core services as required by the national GMS contract are also provided. A total of 130 practices across the South East hold a PMS contract. PMS contracts can be ended by NHS England as appropriate (for example if a GP practice is no longer able to provide the agreed additional services under the contract) and in such cases a standard period of notice would be given to the GP/GPs who held the contract. However, the GP contractor would then be entitled to revert back to holding a standard GMS contract in such circumstances, although this would not apply if the contract had been ended due to fundamental concerns about patient safety. PMS contracts cannot be held by PLCs.
- **Alternative Provider of Medical Services (APMS) contract.** APMS contracts vary from GMS and PMS contracts in two key ways. Firstly, they can be held by any form of entity (including PLCs, local GPs and GP consortiums and third sector organisations). Secondly they are for a fixed-term period. There is one GP practices in Brighton and Hove who currently holds an APMS contract. This is the contract for services at Brighton Station Health Centre, which covers both services for registered patients and walk-in services.

2.2 Patient satisfaction with local GP services

According to the latest GP survey results (published in July 2015):

- **85% of patients in Brighton and Hove rated their overall experience of using local GP services as good**, while 5% of patients rated services as poor. This is in line with national findings from the survey
- **88% of patients said the last time they wanted to speak to, or see, a GP or a nurse they had been able to get an appointment to see or speak to someone.** However, 9% of patients said they had not been able to do so. This compared to 85% of patients nationally who said they had been able to get an appointment to see or speak to someone and 11% of patients nationally who hadn't been able to do so
- **59% of patients in Brighton and Hove said they didn't feel they normally had to wait too long for an appointment**, while 32% felt they did have to wait too long. This compared to 58% of patients nationally who felt they didn't have to wait too long for appointment and 35% who felt they did have to wait too long
- **73% of patients in Brighton and Hove were satisfied with the opening hours at their GP practice, while 11% weren't satisfied.** Nationally, 75% of patients were satisfied and 10% weren't.

The findings above are based upon answers from 4,753 patients.

3 National Survey of General Practice

Another national survey of General Practitioner (GP) working conditions and attitudes to primary care reforms has been undertaken every three years by the University of Manchester since 1998. The most recent survey was undertaken in the summer of 2015 and the results have just become available. These surveys provide a consistent series over a long period on GP job satisfaction, stressors, hours of work and intentions to quit. Highlights from this year's survey reveal:

Job satisfaction

The level of overall job satisfaction reported by GPs in 2015 was lower than in all surveys undertaken since 2001. On a seven-point scale ('extremely dissatisfied' (=1) to 'extremely satisfied' (=7)), average satisfaction had declined from 4.5 points in 2012 to 4.1 points in 2015 in the cross-sectional samples and by a similar magnitude in the longitudinal sample. The largest decreases in job satisfaction between 2012 and 2015 were in the domains relating to 'hours of work' and 'remuneration'. Satisfaction with colleagues and fellow workers had improved relative to 2012.

Hours of work

Respondents to the 2015 survey reported working an average of 41.4 hours per week. This is a small (0.3 hours) decrease compared to the 2012 survey. Fewer GPs reported that their practice offered extended hours access at the weekend (31%

versus 32%) and on weekdays (72% versus 76%) than in 2012. The reported proportion of time (62%) devoted to direct patient care was the same as in 2012.

Stressors and job attributes

In 2015, GPs reported most stress due to 'increasing workloads' and 'changes to meet requirements of external bodies' and least stress due to 'finding a locum' and 'interruptions from emergency calls during surgery'. Reported levels of stress increased between 2012 and 2015 on all 14 stressors. The increases were generally in the range 0.2 to 0.5 points on a five-point scale. Reported levels of stress are now at their highest since the beginning of the National GP Worklife Survey series in 1998.

Many attributes of GPs' jobs had changed very little between 2012 and 2015. In 2015, the proportion of respondents reporting that they 'have to work very intensively' was 95%. Eight-nine percent of respondents reported that they 'have to work very fast'. Fewer than 10% of respondents thought that 'recent changes to their job had led to better patient care'.

Intentions to quit

The proportion of GPs expecting to quit direct patient care in the next five years had increased from 8.9% in 2012 to 13.1% in 2015 amongst GPs under 50 years-old and from 54.1% in 2012 to 60.9% in 2015 amongst GPs aged 50 years and over.

Conclusions

The 2015 results continue the trends observed in recent waves of the National GP Worklife Survey. The 2015 respondents reported the lowest levels of job satisfaction amongst GPs since before the introduction of their new contract in 2004, the highest levels of stress since the start of the survey series, and an increase since three years ago in the proportion of GPs intending to quit direct patient care within the next five years.

4 Closure of Eaton Place Surgery and Goodwood Court GP practice

Over the last nine months there have been two GP practice closures in Brighton and Hove, both for different reasons outside the control of NHS England and which required a swift response to ensure patients continued to have access to care.

4.1 Eaton Place Surgery

Colleagues will remember that Eaton Place Surgery closed in February 2015, after the retirement of the practice's two GP partners.

Following notification by the GP partners of their intention to resign from the contract NHS England undertook an options appraisal.

This involved looking at the following:

- Availability of the surgery premises

- Capacity within the local area amongst other local GP practices
- Availability of patient choice

The options appraisal identified that there was sufficient capacity across other GP practices in the local area to register all affected patients. It was also determined that there were no suitable premises available from which patients could be treated from following the end of the contract with the GP partners at Eaton Place Surgery. Without surgery premises available it was not possible to issue a new contract to another provider to deliver patient care within the required timescales.

The unavoidable decision was therefore taken to ask affected patients to register with other local GP practices, in order to guarantee their ongoing access to GP services once the Eaton Place Surgery practice contract ended.

4.2 Goodwood Court Medical Centre GP practice

Colleagues will be aware that the Goodwood Court Medical Centre GP practice closed in June 2015, after the Care Quality Commission (CQC) took unprecedented action to remove the practice's registration with the regulator. This was in order to protect the safety and welfare of patients following the findings of a CQC inspection at the practice.

NHS England shared concerns with the CQC that Goodwood Court Medical Centre was failing to provide essential services to its patients, so that the CQC could investigate this as the independent regulator of health services.

The CQC's investigations confirmed the concerns that the practice was not providing an acceptable service to patients. The extent of the concerns were significant enough that it was felt by the Care Quality Commission (CQC) and NHS England that immediate action was required in order to protect patient safety.

The CQC's findings were published at the end of August 2015 and are available on the CQC's website at <http://www.cqc.org.uk/location/1-614976812>.

NHS England subsequently agreed an interim contract with doctors from the Charter Medical Centre to ensure ongoing care could be provided to affected patients following the closure of the Goodwood Court practice.

The need to secure immediate access to alternative care for patients meant that there was unfortunately limited scope to engage with patients and other stakeholders in determining the nature of these short-term arrangements.

There is now the opportunity for further work to take place to determine how best to meet the needs of these patients in the longer term.

The current arrangements with Charter Medical Centre, for the care of former Goodwood Court patients, are due to come to an end on 31 March 2016. NHS England will be seeking the views of patients and other local stakeholders as part of a review to determine longer term options for the care of these patients.

Our priority continues to be to ensure that all affected patients have continued access to local GP services and letters will be sent to patients and local stakeholders about this shortly.

4.3 Lessons learned

In both the case of Eaton Place Surgery and the Goodwood Court GP practice, NHS England secured alternative care arrangements for patients, to ensure they were not left without access to services.

We have however drawn a number of lessons from managing these issues, which we will take into account in any future work regarding the development of local GP services. These lessons include:

- **Contract reviews:** NHS England have instigated more thorough contractual review processes for practices where concerns about the provision of services have been highlighted, so that we can work with local partners to ensure these issues are addressed by practices.
- **Communication:** It is essential that our communication with stakeholders and patients is timely, consistent and provides reassurance to patients about any concerns they have regarding access to services. We have identified that the early establishment of frequently asked questions and answers for patients can help ensure they have consistent and practical advice available to them if significant changes are occurring at a local GP practice.
- **Engagement:** One of the key lessons learnt has been the need to improve our engagement process with both patients and stakeholders. Where NHS England needs to make any significant commissioning decisions about changes to the way local GP services are provided (for example in response to a single-handed GP retiring from their practice) we will give both patients and local stakeholders the opportunity to feed into the decision making process, so that we can take their feedback into account before any final decision is made about how to provide future patient care. This will ensure the best possible understanding of all local issues and concerns. In cases where urgent action is required to put in place changes to local services (for example where action is needed on the grounds of patient safety) we will seek patient views where this is possible.
- **Improved joint working:** Ongoing close working with a range of partner organisations is key to ensuring the best outcome for patients. This includes close working with other local GP practices to ensure consistent help and advice is provided to local patients. Following the closure of the Goodwood Court GP practice, other local GP practices supported Charter Medical Centre in their application to secure the interim contract to provide care for Goodwood Court patients.

5 Current issues regarding the provision of GP services in Brighton and Hove

5.1 Burwash Road Surgery

The Benfield Valley Healthcare Hub had to temporarily close their Burwash Road Branch Surgery in Hove during the summer, due to concerns regarding rodents entering the surgery premises. During this time, patients were offered appointments at the practice's County Clinic surgery in Portslade.

These issues at the Burwash Road Surgery have since been resolved and the branch surgery has been reopened. We are however aware that the practice has experienced some recent problems with securing locum GP cover at the branch surgery and that this has had some impact on services.

It is the responsible of individual GP practices to ensure they have sufficient staff available to meet the needs of their patients, but NHS England will continue to monitor the situation to make sure patients are being provided with appropriate care.

5.2 The Practice Willow House

We are aware that The Practice Group Plc, which manages services at The Practice Willow House in Lower Bevendean, has been in discussions with the landlord of the surgery premises about his plans to develop the site. The landlord has been seeking to do this for a number of years, intending to replace the current building with another GP surgery and residential accommodation. The Council has given planning permission for the proposals, on the basis that a 'surgery' is still at the site. However, the planning permission does not specifically state whether this refers to having a GP surgery.

The practice is in ongoing discussions with the landlord about the level of rent that would apply to the use of the new surgery space that he is proposing. Any increase in rent would mean an increased financial commitment by the NHS to fund the use of the building. If the practice were to approach NHS England for any additional funding for the premises this would therefore need to be subject to formal consideration, in order to ensure value for money and to make sure patient needs are met.

We have asked The Practice Group Plc to keep us updated about discussions with their landlord, so that we can ensure the needs of their patients continue to be met. In addition to this the practice have worked with NHS England on a Business Continuity Plan to ensure that services can and will continue should the premises become unavailable.

6 Developing sustainable local GP services

6.1 The NHS Five Year Forward View

We need to change the way we deliver care to patients, in order to ensure sustainable services that will meet their needs – both now and in the future.

The NHS Five Year Forward View, published on 23 October 2014 by NHS England, sets out a vision for the future of the NHS, including how we can build a firm foundation for the future of local GP services. It was developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change in the NHS is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part to realise the potential benefits, including system leaders, NHS staff, patients and the public.

The Five Year Forward View highlights that the traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need. Increasingly we need to manage systems – networks of care – not just organisations.

As such, the NHS of the future needs to be characterised by:

- Out-of-hospital care that is a much larger part of what the NHS does.
- Services which are integrated around the needs of patients. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
- Applying rapid learning from the best examples, not just from within the UK but internationally.
- Evaluation of new care models to establish which produces the best experience for patients and the best value for money.

With specific reference to general practice, the Five Year Forward View sets out a number of steps to help achieve sustainable services. Some of these key steps are listed below.

NHS will continue to work with NHS Brighton and Hove Clinical Commissioning Group (CCG), GP practices and other partners to determine how local GP services can be developed and shaped to best meet the needs of local patients.

Most change will be led and shaped locally by GP practices themselves, in conjunction the CCG and in dialogue with partners in the local community. NHS England will play a key role in shaping and enabling this change to take place, but sustainable change will need to be clinical led and locally owned.

6.2 Stabilising core funding for GP services

The NHS Five Year Forward view confirms that NHS England will work with partners to seek to stabilise core funding for general practice nationally over the next two years, while an independent review is undertaken of how resources are fairly made available to support primary care in different areas.

6.2.1 Review of Personal Medical Services (PMS) contracts

Work has also been taking place across the country, including in Brighton and Hove, to review the use of Personal Medical Services (PMS) contracts for the provision of local GP services. This is in order to ensure equitable funding for all local practices for the provision of core services.

PMS contracts were formalised in 2004 and provide a range of mandated services, as well as services which can go beyond standard requirements (for example this might include the provision of diagnostic testing or specialist clinics by GP practices). These additional services can attract extra funding for GP practices, which is negotiated locally, but across the country this extra investment has historically not always been clearly linked to extra or higher quality patient services.

The aim of the PMS contract review is to ensure any extra funding above and beyond what an equivalent practice on a General Medical Services (GMS) contract would receive is linked to providing extra services.

This is part of work to ensure that every GP practice in the country should receive the same core funding for undertaking core work, and that any additional funding for additional services is agreed with local commissioners, against a set of consistent principles and criteria.

National guidance confirms that where local reviews identify that additional PMS funding is failing to deliver better care to patients, then this funding should be made available for reinvestment in general practice services within the immediate local area. Any changes to funding should be paced over a minimum of four years to ensure local services have time to adapt and develop.

We want to ensure that PMS funding in Brighton and Hove is aligned to services for patients and local strategies to improve patient care. Where this isn't the case, we need to ensure funding is reinvested to where it is needed to help transform local general practice services.

We will work closely with NHS Brighton and Hove Clinical Commissioning Group (CCG) in regards to this, with the CCG able to reinvest any funding in accordance with the needs of local GP services.

There are five practices in Brighton and Hove who hold a PMS contract. We will ensure no local practice is unfairly disadvantaged and we recognise the need to balance any reinvestment of funding with the need to manage this in a way that doesn't adversely impact on practices and patients.

We have recently written to these local GP practices about the process for the review and will continue to work with the CCG throughout this process.

6.3 Give local clinical commissioning groups more influence

It is intended to give GP-led clinical commissioning groups (CCGs) more influence over the wider NHS budget, enabling a shift in investment from acute care to primary and community services.

The introduction of co-commissioning is an essential step towards expanding and strengthening primary medical care services, helping to drive up quality, reduce health inequalities and put the NHS on a sustainable path for the future.

Co-commissioning recognises that CCGs are harnessing clinical insight and energy to drive changes in their local health systems that have not been achievable before now, but that they are also hindered from taking a holistic and integrated approach to improving healthcare for their local populations, due to their lack of say over the commissioning of primary care services. Co-commissioning will be a key enabler in developing integrated out-of-hospital services based around the needs of local communities. It will also drive the development of new models of care.

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of GP services.

Across the South East area, two of the 20 CCGs (Eastbourne, Hailsham and Seaford CCG and High Weald, Lewes Havens CCG) were subsequently granted delegated responsibility for the commissioning of GP services.

The remaining CCGs have been invited to submit their proposals for either entering into joint commissioning arrangements, or taking on delegated responsibility for commissioning GP services, by early October 2015. Should their applications be supported then these arrangements would take effect from 1st April 2016.

Any CCGs that do not submit proposals to change their status, or whose proposals are not supported, will retain their existing advisory role with regards to the commissioning of local GP services.

During August 2015, NHS Brighton and Hove CCG consulted its member practices, patients and the public about their view as to what the CCG's approach to co-commissioning should be locally, ahead of a formal vote by the CCG's member practices at a meeting on Tuesday 29 September. Member Practices voted on 29th September for no change to existing arrangements.

6.4 Funding to support new ways of working and to improve access to services

6.4.1 Brighton and Hove Primary Integrated Care Scheme

Funding, through schemes such as the Prime Minister's Challenge Fund, is also being used across the country to support new ways of working and to improve patient access to services. The scheme has supported over 50 schemes to date across the country, testing a variety of ideas to offer better access to services and appointments for patients, including through offering evening and weekend opening hours and the use of new technology such as Skype to support patient consultations.

In Brighton and Hove, the Prime Minister's Challenge Fund supported the introduction of a 'community navigator' scheme for patients who may be isolated and require health guidance rather than medical care. This has been part of the Extended Primary Integrated Care (EPIC) scheme delivered by the Brighton Integrated Care Service (BICS).

Working with voluntary care organisations, Age UK and Impetus, trained community navigators provide support for people with complex needs in community setting, particularly those living on their own. They are helping to signpost individuals to third and voluntary sector organisations, and other local resources, to meet their needs.

Sixteen GP practices working with local pharmacies also established four 'primary care clusters' (covering over 125,000 patients) in order to give patients a more responsive and flexible service. Under the scheme, appointments are available from 8am to 8pm Monday to Friday and from 8am to 2pm at the weekends, taking place either at a GP practice, in a pharmacy, or at a patient's home. Pharmacists have access to the patient's medical record, to ensure they can carry out effective consultations.

6.4.2 New branch surgery in Whitehawk

NHS England has also approved funding to support Ardingly Court Surgery to open a new branch surgery at Wellsbourne Health Centre on Whitehawk Road.

The new branch surgery at Wellsbourne Health Centre, which opened in September, is initially providing appointments four mornings a week. The practice has said that they will keep opening hours under review as more patients register with them.

This new service will help increase the capacity of local GP services in this area of Brighton and Hove, where there are health inequalities.

6.5 Addressing workforce challenges

Across the country, including in Brighton and Hove, local GP services face workforce challenges.

The Five Year Forward View sets out the need to expand as fast as possible the number of GPs in training, while also training more community nurses and other primary care staff. There is also a need for increased investment in new roles, and in returner and retention schemes, ensuring that current rules are not inflexible and putting off those health professionals considering a potential return to general practice.

At a national level, NHS England, Health Education England (HEE), The Royal College of General Practice, and the British Medical Association's GP Committee are all working together to ensure that we have a skilled, trained and motivated workforce in general practice.

6.5.1 The New Deal for General Practice

All four organisations have jointly developed a new GP workforce action plan called 'Building the Workforce – The New Deal for General Practice'. This is a 10-point action plan, with three broad areas of action around recruitment, retention and returning to general practice. Initiatives set out in the plan to expand the general practice workforce across the country include:

- **To recruit newly trained doctors into general practice** in areas that are struggling to recruit. They will be incentivised to become GPs by offering a further year of training in a related clinical specialty of interest such as paediatrics, psychiatry, dermatology, emergency medicine and public health. This work will be underpinned by a national marketing campaign aimed at graduate doctors to highlight the opportunities and benefits of a career in general practice. Alongside this, pilot training hubs based in GP practices will be established in areas with the greatest workforce needs to encourage doctors to train as GPs in these areas. They will also enable nurses and other primary care staff to gain new skills.
- **To retain GPs** the national plan includes establishing a new scheme to encourage GPs who may be considering a career break or retirement, to remain working on a part-time basis. It will enable practices to offer GPs the opportunity to work with a modified workload and will be piloted in areas which have found it more difficult to recruit. There will also be a wider review of existing 'retainee' schemes.
- **To encourage doctors to return to general practice** Health Education England and NHS England will publish a new induction and returner scheme, recognising the different needs of those returning from work overseas or from a career break. There will also be targeted investment to encourage GPs to return to work in areas of greatest need, which will help with the costs of returning to work and the cost of employing these staff.

NHS England is investing £10million of funding to kick start the initiatives in the plan, which will complement work that is already underway to strengthen the GP workforce and will ultimately benefit all areas, including Brighton and Hove.

6.5.2 Engaging clinical pharmacists in the delivery of GP services

As part of work to deliver the 10-point workforce plan for general practice, NHS England also launched a new £15 million national programme on 7 July 2015, designed to engage clinical pharmacists in the delivery of GP services.

Many GP practices already have clinical pharmacists in patient facing roles and the intention is to invest at least £15 million over the next three years to test out extending the responsibilities of their jobs, beyond any current ways of working. GP practices have suggested that this extended role could include the management of care for people with self-limiting illnesses and those with long term conditions and have asked that the new team members have the ability to independently prescribe.

It is anticipated that around 250 clinical pharmacists will be involved in testing these new ways of working over the three-year period, with the ambition of supporting over 1 million patients. The pilot will be evaluated so that successes and learning can be shared and the expectation is that GP practices would continue to support the role of clinical pharmacists after the three-year period of national funding has ended.

Practices, including those in Brighton and Hove, are being invited to bid to take part in the pilot scheme and are strongly encouraged to work together on joint bids, involving pharmacists across a number of surgery sites.

5.3.3 Local Community Education Provider Networks (CEPN)

Across the South East, Community Education Providers Networks (CEPNs) have been also established in each of the 20 local clinical commissioning group (CCG) areas, including in Brighton and Hove.

The purpose of the CEPN is to facilitate educational networks between GP practices, with GP and primary care workforce tutors offering support in education, training and workforce planning. This provides an important local foundation through which to address the workforce challenges facing general practice, with partnerships involving Health Education England, NHS England, CCGs, GP practices and various professions.

6.6 Use of funding to improve primary care infrastructure

6.6.1 National GP Infrastructure Fund

NHS England will be investing an extra £1billion into general practice infrastructure over a four year period commencing 2015/16m, in order to support patient care. The national GP Infrastructure Fund will see £250 million a year, every year, invested over a four year period.

The first tranche of £250m is being used to improve premises, help GP practices to harness technology and give practices the space to offer more appointments and improved care for frail, elderly patients – which is essential in supporting the reduction of hospital admissions. It will also lay the foundations for more integrated care to be delivered in community settings.

For the first year of funding, GP practices were invited to submit bids in relation to making improvements to existing surgery buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes that were already in the pipeline, bringing benefits to patients more quickly. Practices were asked to set out proposals that would provide them with more capacity to do more; provide value for money; and improve access and services for the frail and elderly.

5.6.2 New premises for Wish Park Surgery in Hove

Patients of Wish Park Surgery in Hove will now be able to benefit from a better, more modern environment after the GP practice moved into new purpose-built premises at the end of August 2015. The practice, which was previously located in a converted residential property on New Church Road, is now providing services to patients from their new surgery just a short walk away at 191 Portland Road.

The new GP surgery premises are part of a wider development on the site of the former Gala Bingo Hall, with a local pharmacy also set to provide services to patients there alongside Wish Park Surgery. Due to the extra space at the new surgery there is also the potential for the practice to deliver additional services for patients in the longer term.

In addition, the new surgery premises provides improved physical access for patients, including disabled patients, with services now located on a single level.

6.7 New models of care

There is a need to transform the way we provide services to patients, in order to ensure the NHS can continue to meet their needs in the future.

Although it is expected that many smaller GP practices will continue in their current form, it is recognised that primary care is entering the next stage of its evolution.

Primary care services of the future will build on the traditional strengths of GPs as 'expert generalists', proactively providing services for patients with complex ongoing needs, such as the frail elderly or those with chronic conditions, and working much more intensively with them. Future models of care will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.

However, England is too diverse for a 'one size fits all' care model. Different local health communities will instead be supported to adopt the approach which will work best for their patients.

The NHS Five Year Forward View points towards two new models of primary care provision which local areas could consider adopting in order to develop sustainable local services which will allow them to provide a wider range of care to their patients 1) the multi-speciality community provider and 2) primary and acute care systems.

6.7.1 Multi-speciality Community Provider

This option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care providers, to create a system of integrated out-of-hospital care for local patients. These Multispecialty Community Providers (MCPs) would become the focal point for the provision of a far wider range of care and early versions of this model are emerging in different parts of the country.

Three GP practices across Whitstable and Canterbury were successful in applying to become one of only 29 sites across the country to test this new model of care by forming a Multi-speciality Community Provider service.

The establishment of Multispecialty Community Providers could provide the following potential future opportunities to improve patient care:

- These providers could in future begin employing hospital consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.
- GP practices working as part of these providers could transfer the majority of outpatient consultations and ambulatory care out of hospital settings.
- These providers could potentially take over the running of local community hospitals, which could substantially expand their diagnostic services for patients, as well as other services such as dialysis and chemotherapy.
- GPs and specialists in the group could be given authority in some cases to directly admit their patients into acute hospitals,
- In time, Multi-speciality Community Providers could take on delegated responsibility for managing the health service budget for the patients registered with their GP practices. Where funding is pooled with local authorities, a combined health and social care budget could be delegated to Multispecialty Community Providers, so that they could determine how best to meet the needs of their patients.

- These new models would also draw on the support of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.

6.7.2 Primary and Acute Care Systems (PACs)

Another new model being explored nationally to support the delivery of more integrated care to patients is to combine GP practice and hospital services for the first time through the development of new Primary and Acute Care Systems. This will allow single organisations to provide NHS GP and hospital services, together with mental health and community care services.

The leadership to bring about these ‘vertically’ integrated Primary and Acute Care Systems (PACS) may be generated from different places in different local health economies.

- In some circumstances – such as in deprived urban communities where local general practice is under strain and GP recruitment is proving hard – hospitals could be permitted to open their own GP surgeries with registered lists. This would allow the investment powers of NHS foundation trusts to kick start the expansion of new style primary care in areas with high health inequalities. Safeguards would be needed to ensure that they do this in ways that reinforce out-of-hospital care, rather than general practice simply becoming a feeder for hospitals still providing care in the traditional ways.
- In other circumstances, the next stage in the development of a mature Multi-specialty Community Provider (see section above) could be that it takes over the running of its main district general hospital.
- At their most radical, Primary and Acute Care Systems could take accountability for the whole health needs of a registered list of patients, under a delegated, capitated budget - similar to the Accountable Care Organisations that are emerging in Spain, the United States, Singapore, and a number of other countries.

Primary and Acute Care System models are complex in their nature and will take time and technical expertise to implement. As with any new model there are also potential unintended side effects that will need to be managed.

The intention therefore is to pilot these in a small number of areas across the country to test these approaches with the aim of developing prototypes that work, before promoting the most promising models for adoption by the wider NHS.

Learning from work that is taking place to test these new models of care nationally will be used to inform the ongoing development of services in Brighton and Hove.

6.8 Local Plans for More Resilient and Integrated Primary Care Services

Locally General Practices are being encouraged to work more collaboratively as a single entity across the City to ensure equity and to provide more resilience at local practice level.

Under a new Locally Commissioned Service offer to General Practice called “Proactive Care” – part of the Better Care Programme, the CCG is investing approx. £2.5m in supporting practices to form collaborate clusters – serving populations of approximately 50,000 and to:

- proactively identify patients who are frail or vulnerable via a new city wide risk stratification tool;
- meet regularly as part of a multi-disciplinary team to oversee and better co-ordinate care around patients;
- deliver a new model of care for frail people which addresses their needs more holistically and provides an enhanced level of personal support through care coaches and more formal engagement of the third sector;
- share resources more effectively within clusters – eg pharmacists based within each cluster to help patients better manage their medicines, care navigators who can signpost registered patients to more preventative care and social support;

Clusters of practices have developed Memorandums of Understanding detailing how they will work more formally together, share resources, ensure robust clinical governance arrangements etc and also how clusters will come together under a city-wide Steering Group.

Once the cluster working and proactive care LCS has bedded in we will be extending the LCS offer and investing more substantially in primary care. Our aim is to take a more preventative and population health approach and agree a contract which is more outcome focused and addresses the variations in health access and outcomes across the City. The CCG are working collaboratively with Public Health on this enhanced LCS offer to practices which we hope to roll out from 2016/17.

7. Ensuring the quality of local primary care services

NHS England’s vision is to see general practice play an even stronger role in supporting people to keep in good health, as part of a wider joined up system of local health services at the heart of local communities.

As such, it is vital that all GP practices provide the best possible care to all patients, to the highest standards.

Last year, the Care Quality Commission (CQC) began a programme of work to inspect and rate every GP practice in England. This helps ensure the appropriate

checks are in place for GP practices, enabling us to make sure patient care is of a high quality and so any issues can be identified and addressed where improvements are required.

To date, the CQC has published findings of its inspections of the following Brighton and Hove GP services:

Name of surgery	Rating
Pavillion Surgery	Good
Sackville Medical Centre	Good
The Avenue Surgery	Good
New Larchwood Surgery	Good
Goodwood Court Medical Centre practice	Inadequate
Brighton Homeless Healthcare	Good
The Practice Whitehawk Road	Requires improvement
The Practice Willow House	Good

In the case of the Goodwood Court Medical Centre GP practice, the CQC took urgent action to withdraw the practice's registration with the regulator in the interests of patient safety.

However, where a GP practice is rated inadequate this does not mean that it has to close. Where a GP practice is rated inadequate and placed into special measures, NHS England will work with the local clinical commissioning group (CCG) to support the practice to make sure the necessary improvements are made to support the delivery of safe, high quality care to all patients.

Sources of Quality-related Information

The CCG and NHS England collate data and information on Practices from a range of sources, such as:

- Public Health data
- QOF
- Premature Mortality audits
- Annual patient surveys
- Friends and Family Test
- CQC reports
- Healthwatch 'Enter and View' visits and information received via their public helpline
- Attendance at education and training events
- 'Soft intelligence' from a range of local networks
- Sign up to providing locally commissioned services (LCS's)
- Workforce information, such as staffing levels, use of locums etc

The CCG has started, and continues to develop, a database that captures all the quality-related information described above, in order to be able to analyse and assess levels of risk for individual practices, which are then escalated and shared with the following:

- (i) Internally to the CCG's Performance and Governance meeting and Quality Assurance Committee, which report directly to the Governing Body.
- (ii) High level concerns are shared at the NHS England-led Quality Surveillance Group meetings, which are held monthly and attended by the CCG's Director of Quality, as well as other key stakeholders such as CQC and Healthwatch.

Joint Working with Stakeholders

The CCG Quality team meets with CQC and Healthwatch on a quarterly basis. The purpose of these meetings is to share intelligence on GP Practices from all parties. Based on information shared, this may trigger an inspection visit by the CQC, or an Enter and View visit by Healthwatch.

Any reports following CQC and Healthwatch visits are publicly available, and the Practices are required to respond with a written improvement plan within an agreed timeframe. The CCG will also use these reports to inform any additional supportive actions that may be taken. The actions taken by the CCG will depend on the issues identified. The CCG has the following personnel and resources to hand to support this as follows:

- A GP Clinical Lead for Quality
- A Lead Nurse and Director of Quality
- A Clinical Quality Manager (registered nurse and experienced practice nurse)
- A Primary Care Workforce Development Tutor
- An Infection Control Specialist Nurse
- A lead professional for Adult Safeguarding
- A Designated Nurse and Doctor for Childrens Safeguarding as well as a named GP
- Project Management support
- Local Member Group (LMG) GPs, Practice Nurses and Practice Managers
- Informatics Support
- Medicines Management support and advice

Interventions that may be undertaken by the CCG include:

- Practical support and advice, such as Practice visits from team members described above
- Training and education - either directly by CCG staff or enabling Practices to identify education and training requirements which are submitted to the CCGs Education and Training Committee.
- Also around training and education, the CCG coordinates a number of Protected Learning Scheme (PLS) events annually for Practices.

Following changes to the national GP contract, it is also now a requirement for each GP practice to have a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population.

See Appendix 1 for an example report submitted to the CCG's bi-monthly Governing Body.

8. Conclusion

This paper describes just some of the work that is taking place both locally and nationally to ensure the ongoing development of sustainable GP services in Brighton and Hove.

NHS England and NHS Brighton and Hove Clinical Commissioning Group (CCG) will continue to work with local partners, patients and the public in regards to the development of these services – to ensure that they meet the needs of the local community, both now and in the future.

Appendix 1:

Primary Care Quality and Patient Safety Exceptions Report

1. Executive summary

The CCG is responsible for quality and development of Primary Care. It is important that the assurance of quality is supported by data. This paper has used a suggested data set to support assessment and comparison of primary care providers. However there have been some amendments to ensure robustness and transparency of data consistently

The data requires on-going triangulation and analysis when the full data set is supplied.

The report presented to the Quality Assurance Committee focused on 3 Domains, Domain 1: Dying Prematurely, Domain 2: Quality of Life for LTC patients and Domain 4: Patient Experience. There is not new CQC data so this has been excluded, therefore the focus has been on QOF Points/available, Peer to Peer meetings, and Patient access and experience with analysis of the patient survey from September 2014 compared to March 2014, on-going review of primary care data will be used to support member practices and feed into education and training provision.

2. Background

A quarterly Quality and Performance report is produced by the CCG; this provides information and data on the quality of services for Brighton and Hove CCG 45 member practices (Eaton Place closed end of February 2015), but who are contractually managed by NHS England Area Team. Quantitative data and soft intelligence are analysed from a wide range of data sources, which includes national data as well as regional and local information, in order to create and triangulate sources of quality-related information.

8. Conclusion

This report provides a high level summary of quality and patient safety issues for the CCG in relation to Brighton and Hove CCG 45 member practices. This is evolving as a resource of primary care quality data practice in Brighton & Hove CCG. Next steps further discussion and guidance needs to be discussed to continue to agree reporting that is used to support and develop member practices in delivering are to triangulate and interrogate the data to start to create a narrative of quality variations and good practice across the CCG. This will inform the work that the LMG undertakes with practices in 2015/16 as well as being used to support education and training provision.

Recommendation

The Governing Body is recommended to note for information.

Primary Care Quality

This is a summary of the Primary Care Quality report that was presented and discussed at the Quality Assurance Committee in June 2015. It covers performance and quality issues within Primary Care in Brighton & Hove CCG's 45 member

practices. The data was collected from either annual, quarterly or monthly sources to date, with the aim to always obtain the most up to date information.

This report reflects the formal performance reporting framework against the core responsibilities of Brighton & Hove CCG in line with the NHS Constitution and CCG assurance framework 2013-2014. Additionally, this report reviews how practices are performing within QOF and patient experience indicators, against National and the 17 ONS comparator CCGs as mentioned in previous report

7 Introduction

This report covers performance and quality issues within Primary Care in Brighton & Hove CCG's 45 member practices. The data has been collected from either annual, quarterly or monthly sources to date. The information has been collected from various sources but each section states the source and the period collected for. The aim is to always obtain the most up to date information.

This report reflects the formal performance reporting framework against the core responsibilities of Brighton & Hove CCG in line with the NHS Constitution and CCG assurance framework 2013-2014. Additionally, this report reviews how practices are performing within QOF and patient experience indicators.

7.1.1 Background Information

A Quality Dashboard has been produced in order to showing information for all 45 GP practices in 12 different categories:

1. Population
2. QOF: Clinical Quality Outcomes
3. QOF: Exception Reporting
4. QOF: prevalence
5. Public Health: Screening and Prevention
6. Prescribing
7. Patient Access
8. Patient Experience
9. Patient Safety
10. Patient Survey response rates
11. Enhanced/Commissioned Services
12. Information Governance

The Quality Dashboard was adapted from Hastings & Rother CCG. This has been further developed in order that it is consistently reproducible using the same data in the same way.

7.1.2 Structure of the report

Care Quality Commission reports have been moved to the beginning of the report as their overarching findings support the Five Domains below.

Excluding Population, the 12 above categories have been sorted into sections based on whether they fall under the Five Domains.

No	Indicator name (short name)	Indicator name (full name)
1	Dying prematurely	Preventing people from dying prematurely
2	Quality of Life for LTC patients	Enhancing quality of life for people with long term conditions
3	Recovery from ill health	Helping people to recover from episodes of ill health

		or following injury
4	Patient Experience	Ensuring that people have a positive experience of care
5	Safe Environment	Treating and caring for people in a safe environment and protecting them from avoidable harm

This report has focused on 3 Domains, Domain 1: Dying Prematurely, Domain 2: Quality of Life for LTC patients and Domain 4: Patient Experience.

Data is analysed against National and Comparators - currently set as average of our 17 ONS comparator CCGs as below:

- NHS Newcastle North and East CCG
- NHS North Durham CCG
- NHS Greater Preston CCG
- NHS Lancashire North CCG
- NHS South Manchester CCG
- NHS Leeds West CCG
- NHS Sheffield CCG
- NHS Nottingham City CCG
- NHS Coventry and Rugby CCG
- NHS Norwich CCG
- NHS Brighton and Hove CCG
- NHS Canterbury and Coastal CCG
- NHS Portsmouth CCG
- NHS South Reading CCG
- NHS Southampton CCG
- NHS Bath and North East Somerset CCG
- NHS Bristol CCG
- NHS Liverpool CCG

7.1.3 Miscellaneous

Portslade County Clinic and Burwash Surgery merged in April 2014. They are listed in this report under the name "Benfield Valley Healthcare Hub". Eaton Place Practice closed at the End of February 2014.

Any data for Brighton Station Walk-in-centre is not included. Only Brighton Station Health Centre is included.

It is worth noting that the demographic of practice population at the University of Sussex Health Centre is noticeably different than other practices with the majority of patients falling into the 20 – 29 age bracket (see graph). It is also worth noting that the demographic of the practice population at The Brighton Homeless Practice is significantly different to most general practice they are a specialist GP surgery which only registers homeless patients, this includes street homeless, sofa surfers, temporarily housed, gypsies and travellers.

8 Care Quality Commission (CQC)

No Brighton and Hove Practices have been visited by CQC since the last report.

9 Domain One: Preventing People from dying prematurely

9.1.1 1:1 QOF Points Total/available (%) 2013/14

*Source(s): HSCIC Website
Collected Annually*

The total QOF point's data was analysed to understand QOF achievement for practices in Brighton and Hove CCG (BHCCG). BHCCG average shows a 92% achievement, which is equal to the National average; BHCCG comparators average is 94% achievement which is above the National and BHCCG average. 26 practices achieved equal to or above BHCCG comparators and the National average and 20 practices achieved below the National and BHCCG average.

6 practices, Ardingly Court, Preston Park Surgery, Beaconsfield, Regency, Saltdean and Rottingdean and Mile Oak achievement remained the same. 31 practices showed a small to significant decrease in achievement and 8 practices, The Haven, Brighton Health and Wellbeing, The Broadway, St Luke's, New Larchwood, Hove Park Villa, Benfield Valley and Whitehawk showing a small increase in achievement.

However there are of the practices showing a fall, there are 5 practices of concern

The Practice-Hangleton Manor achieved 59.6% with a fall of 22%

Seven Dials Medical Centre achieved 74.7% with a fall of 11%

Goodwood achieved 77% with a fall of 9%.

The Practice-Willow achieved 78.7% with a fall of 18%

Lewes Road achieved 83.7% with a fall of 13.3%

Further analysis of other data such as Locally Commissioned Services sign up and achievement as well as QOF achievement for 2014/15 should be carried out to understand the potential impact this is having on the practice and its population.

1:2 Peer to Peer Quality Meetings

9.1.2 Overview

The Peer to Peer Quality Meetings with BHCCG and member practices took place over January and February 2015. The process was led by the Local Member Group Team with support from the Primary Care Development Team (PCDT) and Public Health (PH). Practices were assigned a date and given a preparation pack, funding was allocated for 5 hours GP, PN and PM for pre and post work as well as their attendance. Discussions from the meetings were captured and shared with practices to support the completion of a practice development plan.

9.1.3 Post Meetings Review

9.1.4 Non-attendees

All 46 practices were invited; 45 practices were expected to attend as Eaton Place was closing. 44 practice confirmed attendance with Seven Dials declining. However 6 practices did not participate, these were:

The Practice PLC-Whitehawk, Hangleton Manor, Boots and Morley Street, who had numerous opportunities to attend and at each failed opportunity they were followed up via email and in person by the LMG teams

Goodwood Court, failed to respond to any email, telephone or other contact, despite actively being sort by the LMG teams

Wish Park and Brighton Station HC were due to attend the last dates of the meetings and both failed to attend. T

The lack of engagement from The Practice PLC (with the exception of Willow) has been escalated within the CCG with the view to a meeting between the Chair of the CCG, the Director of Quality and Patient Safety and the Directors of The Practice PLC. The lead GP for Goodwood Court and the Director of Quality and Patient Safety has met.

9.1.5 Summary:

An email has been sent to all practices thanking those who attended and encouraging those that missed the opportunity. A summary of the outcomes from the meetings was attached:

COPD – highlighted from the PPMA

For Practices

- Call COPD patients in for review in the summer months when they are well and give them a health plan including details of how to take their emergency medication so they can cope with their symptoms in the winter months.
- Audit patients on a COPD specific inhaler who do not have a diagnosis code of COPD.
- Consider doing FEV1 recording at flu clinics.
- Proactive case finding of COPD patients opportunistically or by more sophisticated reporting.
- More detailed information should be put on x-ray forms to help radiologists.

Items for Commissioners:

- Better process for discharge with COPD diagnosis without spirometry being done. Commissioners to look at referrals to pulmonary rehabilitation without spirometry post discharge.
- Smoking cessation service for the housebound

CANCER AUDIT

For Practices

- Practices could consider an internal system for checking where 2 week referrals were in the system.
- Practices to remind patients opportunistically about breast/bowel screening if patients have not attended (same as cervical screening).

Items for Commissioners

- Enable Radiologists to refer for CT scan if they have concerns about an x-ray.
- Continue to review issues with digestive disease service

EXCEPTION REPORTING

For Practices

- Share resources for recalls across clusters
- Practices to continue to use the 'Tips for Exception Reporting' provided by LMG Chairs
- Phone patients for QOF reviews – a lot can be done on the phone which would mean the patient may only have to come in for one short appointment at a time convenient to them.

SIGNIFICANT EVENT REPORTING

All participants agreed that a simple, electronic reporting system enabling the sharing of incidents across the City for learning purposes would be a good idea.

9.1.6 Future Peer to Peer Meetings

The planning for next round of peer to peer quality meetings has already started. The most ideal time for practices is felt to be September however for 2015/16 it was felt this would be too soon and so the aim is for November. There needs to be a mechanism of understanding the changes if any from

the previous peer to peer meetings and further work needs to be undertaken to be able to measure this. Consideration of other quality measures/ indicators is needed, as well as ensuring participation by all practices. It is envisaged these meetings will support cluster working and facilitate practices undertaking peer to peer reviews both independent and with BHCCG.

10 Domain Two: Enhancing quality of life for people with Long Term Conditions

10.1.1 Prescribing and medicines management

Data source: Medicines Management Team

The aim is to ensure high quality and safe prescribing in primary care that takes into account existing national (QIPP) and local guidance (Prescribing Incentive Scheme [PIS]). The strategy for medicines optimisation includes using medicines management resources to support GP practices in improving diagnosis, addressing unmet pharmaceutical need, reducing unsafe prescribing and improving patient use of medicines (including reducing wastage). To this end practices should continue to receive regular feedback on their prescribing, enabling benchmarking and setting of performance indicators. The six medicines management indicators we will be monitoring in the quality report in 14/15 are noted below. These have been derived from the National QIPP work stream, including the Medicines and Prescribing Centre at NICE.

Indicator	Ezetimibe %	Antibacterial items/STAR PU-13	Cephalosporins & quinolones % Items	NSAIDs ADQ/STAR PU-13	NSAIDs : Ibuprofen & Naproxen % Items	Benzodiazepine receptor drugs ADQ/STAR PU-13
Monitored under Prescribing Incentive Scheme (PIS) or QIPP	PIS	QIPP	QIPP	QIPP	QIPP	PIS

Red, Amber and Green (RAG) ratings used in the scorecard are based on prescribing compared to national levels, where:

RAG rating	Description
Green	Prescribing levels based on national top quartile of CCGs
Amber	Prescribing levels based on national levels in-between top and bottom quartiles of CCGs
Red	Prescribing levels based on national bottom quartile of CCGs

As only a selection of medicines management indicators have been selected, using an aggregate score would not give an accurate picture of the general performance for practices. Six separate graphs have therefore been used with the following key:

This current Medicines Management Quality Dashboard only looks at 6 prescribing indicators taken from Prescribing QIPP dashboard, details of which can be accessed via the NICE website www.nice.org.uk/Contents/Item/Display/10363. Rationale and evidence base for these indicators can be accessed via [Key therapeutic topics - medicines management options for local implementation 2015](#), updated by the Medicines and Prescribing Centre at [NICE](#).

Summary table of colour ratings – Q3 2014-15	Lipid modifying drugs: Ezetimibe % items	Antibacterial items/STAR PU13	Cephalosporins & quinolones % items	NSAIDs ADQ/STAR PU13	NSAIDs: Ibuprofen & Naproxen % Items	Benzodiazepine HCC indicator ADQ/STAR PU13
Green	18	28	28	26	23	4
Amber	5	8	11	10	12	5
Red	23	10	7	10	11	37

The CCG performs well on antibacterial items and high risk antibiotics (cephalosporins and quinolones), as well as NSAID volume of prescribe and choice of drugs where half or more of the constituent practices are performing in the top quartile.

The CCG is not performing as well in the Benzodiazepine Receptor Drug Domain and this is and has been a longstanding problem with 37 practices performing to the level of the bottom quartile. However, much work has been done in this area such that we are not the worst performing CCG as we have been over the last few years. We continue to monitor and try and influence reducing the prescribing.

Practices with GREEN rated domains:

- 6 GREEN ratings – 1 practice (Stanford)
- 5 GREEN ratings - 5 practices (Portslade Health Centre, University, Hove Park Villas, New Larchwood)
- 4 GREEN ratings - 6 practices (The Practice North Street, Central Hove Surgery, Brighton Station Health Centre, Park Crescent New Surgery, Albion Street Surgery, The Haven)
- 3 GREEN ratings - 14 practices
- 2 GREEN ratings - 15 practices
- 1 GREEN ratings - 5 practices (Whitehawk, Matlock Road, North Laine, Broadway, Carden Avenue)
- 0 GREEN ratings - 1 practice - Ship St - this practice is a single handed practice inner city based with a high transient population along with a patient group that has specialist needs

Domains with RED rating

- 4 RED ratings - 6 practices (Ship St, Broadway, Carden Avenue, Pavilion, The Avenue, Morley Street)
- 3 RED ratings - 15 practices
- 2 RED ratings - 10 practices
- 1 RED ratings - 9 practices
- 0 RED ratings - 6 practices (Woodingdean, Hove Medical Centre, Mile Oak, Portslade Health Centre, University, Stanford)

The Medicines Management Team continue to monitor and feedback performance through the annual Prescribing Visit, in year regular reporting of QIPP and PIS to practices, with the aim of encouraging peer review, applying peer pressure and incentives to improve performance

11 Domain Four: Ensuring that people have a positive experience of care

Patient Access and Experience

The measures reviewed for Access and Experience are:

- Able to get an appointment
- Experience of making appointment (result from patient survey)
- Convenient appointment (result from patient survey)
- Preferred doctor (result from patient survey)
- Telephone access (Hours) / week (result from patient survey)
- Experience of the practice
- Helpfulness of the reception staff
- Waiting times

The analysis of the above 8 questions on Access and experience shows that overall 64% of Brighton & Hove CCG practices have witnessed a fall in scores between the latest results (September 2014) compared to previous (March 2014), this was compared against the National average, BHCCG average and BHCCG comparators. It is worth noting that the selections of questions asked and the actual number of questionnaires returned is probably tiny compared to the number of appointments and activity within general practice.

Summary

Analysis of the data for BHCCG 45 practices shows that there were 3 practices that were consistently high across the majority of the questions, above the National, BHCCG and BHCCG comparators averages, these are:

Links Road 8/8 indicators
St. Luke's 5/8 indicators
The Haven 5/8 indicators,

These are all relatively small practices with raw practice populations of 5,740, 2,237 and 3,051 respectively.

Of concern are 4 practices who were in the bottom 3 for 4 or more indicators, these are

The Practice-Whitehawk-bottom 3 for 7/8 indicators and in the bottom 5 for all indicators, with 'Telephone access' being their worst results.

Goodwood Court- bottom 3 for 6/8 indicators of these indicators they were the very bottom for 4, 'able to get an appointment'-with a drop of >10%, 'Making an appointment'-with a drop of >10%, 'Preferred Doctor'-with a drop 40% and 'Experience of the Practice'.

Hove Medical Centre- bottom for 'Helpfulness of the reception staff' although they were in the top 3 of practices for 'Waiting Times'.

University of Sussex- bottom 3 for 3/8 indicators with The University of Sussex being at the bottom for 'Waiting Times'.

Whilst there is recognition of the small numbers used to process this analysis it gives a useful oversight of how practices are performing especially when added to other practice performance data and should be used to support practice development and improvement.



Safeguarding Policy and Practice in GP Practices - Brighton and Hove

This document summarises a short desk top review of safeguarding and Disclosure and Barring Service (DBS) issues in GP practices undertaken by Healthwatch Brighton and Hove (HWB&H).

The CQC routinely shares inspection reports with HWB&H which are reviewed by its Intelligence Committee. Members of the committee (which includes staff, board members and the HWB&H Chair), identified a pattern of findings relating to safeguarding policy and practice in GP practices. The team were therefore tasked with reviewing published reports and highlighting safeguarding issues.

Information in the table below was collated on 25th September 2015, and was accurate on the day of recording according to information published on the CQC website. It was produced by examining publically available CQC inspection reports for GP surgeries in Brighton and Hove. Clinics which specialise specifically in cosmetics, skin conditions, travel treatments and slimming treatments were excluded from the analysis¹, because it was deemed that they did not provide a general practitioner service.

Thirty reports were reviewed in total, one from 2013, twenty from 2014 and nine from 2015. HWB&H is aware that some of these reports therefore relate to inspections undertaken some time ago and the reported circumstances may well have changed – we have asked the CQC for updated information but they have been unable to provide it at this stage. Five practices are currently being inspected and/or awaiting report release. (Please note that the CQC did not start rating practices until October 2014. The CQC started to inspect GPs from April 2013 as a pilot exercise, and did a further wave in May 2014).

The initial finding of the work is that of all practices visited as at September 2015 over half were flagged as having some element of action required on safeguarding policy or practice. We have therefore produced this report to share with the Adult Safeguarding Board, Clinical Commissioning Group, NHS England, the Care Quality Commission and local Overview and Scrutiny Committee (OSC). Alongside OSC, the Adult Safeguarding Board will discuss the report at a future meeting.

HWB&H is concerned about the implications for patient safety and potential non-compliance with the Care Act. We have therefore asked relevant parties to investigate further and will be seeking reassurance that the issues raised are being dealt with in a timely and adequate manner. To date we have received positive responses from the CCG and NHS England in this respect and we understand that further information will be provided in due course.

¹ 'Head Quarters' Brighton Intergrated Care, National Slimming Centres (Brighton), Brighton Laser Clinic, Vision of Hope, Sussex Travel Clinic, Clinic Nine, Hove Skin Clinic, Brighton Skin Surgery, The Health Company LTD,

CQC Inspection Reports for GP Surgeries in Brighton and Hove – Safeguarding Findings

Practice	Last report	Rating	Safeguarding issue	Chaperoning issue	DBS checking issue	References to chaperoning, DBS checks and safeguarding concerns
Ardingly Court Surgery	Sept 2014	Unrated			X	The CQC found that the practice had not carried out Disclosure and Barring Service (DBS) checks in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities). This means that DBS checks were not recorded and kept in staff files despite the overall good rating.
Brighton Homeless Healthcare	Aug 2015	Good				No issues to report
Brighton Station Health Centre	Feb 2014	Unrated				No issues to report
Broadway Surgery	Sept 2014	Unrated				No issues to report
Charter Medical Centre	Nov 2014	Unrated			x	The CQC found that a risk assessment had been undertaken in respect of clinical staff during the recruitment process. However, there were no similar risk assessments or decision making processes in respect of non-clinical staff that had contact with patients; for example chaperones. In these cases there was no current DBS check.
Central Hove Surgery	Sep 2014	Unrated				No issues to report
Hove Medical Centre	Oct 2014	Unrated				No issues to report
Hove Park Villas Surgery	Sept 2014	Unrated		X	X	The CQC found that information within staff files was inconsistent. Most files did not include copies of interview notes a curriculum vitae or application form, copies of references taken, an occupational health check, an induction checklist and

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						<p>evidence of a Disclosure and Barring Service (DBS) check as appropriate. The practice manager said that they had not risk assessed which non-clinical staff required a DBS check. This included staff who had been trained to undertake chaperone duties to support patients</p> <p>The report said that all staff had recently received mandatory training in basic life support and safeguarding. The practice had not undertaken a training review to identify future training for staff. There was no system for recording mandatory training or monitoring systems to identify when staff were due for an update. Please note that this practice is however currently being inspected.</p>
Lewes Road Surgery	Aug 2014	Unrated	X			<p>At its inspection on 19 November 2013 the CQC found that the practice was non-compliant in four of the five key areas explored through the CQC inspection process. It was found that not all staff had received appropriate training in relation to safeguarding children and vulnerable adults. However, the August 2014 visit confirmed that this was now taking place.</p>
Links Road Surgery	Nov 2014	Unrated		X	X	<p>The CQC found that information within staff files was inconsistent. Most files did not include copies of interview notes, a curriculum vitae or application form, copies of references taken, an occupational health check, an induction checklist and evidence of a criminal records check via the Disclosure and Barring Service (DBS). Members of staff were not able to remember if criminal records checks via the Disclosure and Barring Service (DBS) were undertaken by their current employer.</p> <p>The report said that some staff who had been trained to become chaperones had not received a DBS check. The provider could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults and</p>

						children.
Manor Practice	Jan 2015	Good			X	The CQC found that identification documents for staff had not been included in personnel files and risk assessments had not been undertaken for non-clinical staff with regards to criminal record checks.
Matlock Road	Oct 2014	Unrated	X		X	The CQC found that the provider did not operate effective recruitment procedures to ensure suitable people were employed for the purposes of carrying out regulated activities. Suitable checks were not consistently carried out and there were no risk assessments in place for why some staff had not had a DBS check. They found a training schedule from May 2012, but there was no indication of when this training was due to be refreshed to ensure all staff were up to date with current guidance. The CQC reported that the practice had made one safeguarding alert in the past year, but had not informed CQC. This meant that there were potential risks to patients' safety if staff were not aware of what best practice was.
Mile Oak Medical Centre	Sept 2014	Unrated		x	x	The CQC found that some administrative staff acted as a medical chaperone as part of their duties, which could involve them being left alone with patients. Without a criminal record check the provider could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults and children
Montpelier Surgery	Sept 2014	Unrated				No issues to report
New Larchwood Surgery	May 2015	Good				No issues to report
North Laine	May	Unrated			X	In May 2014 the CQC visit identified concerns regarding the

Medical Centre	14					practice's whistleblowing and safeguarding vulnerable adults policies – specifically that it did not have a safeguarding adults policy in place for staff to refer to. Please note that this practice is however currently being inspected.
Pavilion Surgery	Aug 2015	Good		X	X	This surgery was rated 'requires Improvement' under the 'safety' heading of the inspection criteria. The CQC found that not all staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks, or a risk assessment to evaluate whether or not a DBS check would be appropriate. For example two new clinical staff had started in post without a completed criminal record check via DBS or sight of a criminal record check via DBS from a previous employer.
Portslade Health Centre Medical Practice	Aug 2014	Unrated				The CQC found that some staff who had been trained to become chaperones had not received a CRB/ DBS check because the practice had made decision based on a risk assessment not to undertake these. Therefore the practice could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults and children. Following discussion at inspection the practice reviewed their risk assessment and DBS checks have been undertaken for these members of staff.
Regency Surgery	Sept 2014	Unrated	X			The CQC noted that noted that mandatory training for staff was out of date. However this had been recognised by the practice and plans had been put into place to ensure that all staff were able to complete training necessary for their role before the end of the year.
Sackville Medical Centre	Sept 2015	Good				This surgery was rated 'requires Improvement' under the 'safety' heading of the inspection criteria. The CQC found that most staff had received relevant role specific training on safeguarding, however one of the GPs had not attended Level Three training. They reported that there was no central record

						of GP mandatory training and they were told that GPs were responsible for their own training updates.
School House Surgery	Nov 2014	Unrated			X	In November 2014, the CQC found the practice had not always ensured the appropriate risk assessment processes with regard to decision making when employing staff. Please note that this practice is however currently being inspected.
Seven Dials Medical Centre	Nov 2013	Unrated			X	The CQC found that reception staff signed a declaration that they had no criminal convictions but there were no checks made with the DBS. There was no risk assessment process in place to establish if a DBS check might be appropriate. The registered manager took action in the 48 hours following the visit however and completed risk assessments for all staff at the practice were forwarded to the CQC. This assessment demonstrated that no further DBS checks were required at the time. Please note that this practice is however currently being inspected.
The Avenue Surgery	June 2015	Good				No issues to report
The Hove Clinic	Mar 2014	Unrated			X	CQC inspectors saw records of a completed CRB check of a member of staff working at the clinic, but noted that the checks had been done in 2008.
The Practice North Street	Sept 2015	Requires Improvement				This surgery was rated 'requires Improvement' under the 'safe' 'effective' and 'well Led' and 'responsive' headings of the inspection criteria.
The Practice Whitehawk	Sept 2015	Requires Improvement		X		This surgery was rated 'requires Improvement' under the 'safe' 'effective' and 'well Led' headings of the inspection criteria. The CQC found that staff had not always received training appropriate to their roles, specifically in relation to the Mental

						Capacity Act 2005 and training for administrative staff who undertook chaperone duties.
The Practice Willow House	April 2015	Good		X		The CQC found that all nursing staff, including health care assistants, had been trained to be a chaperone. Some receptionists had also undertaken chaperone duties but had not received specific training. The CQC reported however that staff they spoke to appeared to understand their responsibilities when acting as chaperones.
Warmdene Surgery	Nov 2014	Unrated				No issues to report
Wish Park Surgery	Jan 2014	Unrated		X		The CQC found that not all the staff in the practice who acted as a chaperone had received chaperone training.
Woodingdean Surgery	Feb 2014	Unrated				No issues to report

Subject:	Risk of Flooding affecting Brighton and Hove		
Date of meeting	25 November 2015		
Report to:	Overview and Scrutiny Committee		
Contact Officer:	Name:	Robin Humphries Maggie Moran	Tel: 291313 292239
	Email:	Robin.humphries@brighton-hove.gcsx.gov.uk Maggie.moran@brighton-hove.gov.uk	
Ward(s) affected:	All		

Introduction by Robin Humphries (Emergency Planning and Resilience Manager)

This report is prepared following a request from the Overview and Scrutiny Committee to examine the risk of flooding for the City of Brighton and Hove.

The Civil Contingencies Act 2004 places a statutory responsibility with the Council to prepare plans and respond to incidents of flooding.

The Flood and Water Management Act 2011 designates the Council as a Lead Local Flood Authority.

The Community Risk Register has assessed the risk of flooding as follows:

- Fluvial (river flooding) – low risk
- Coastal flooding – low risk
- Surface Water flooding – higher risk
- Ground water flooding – higher risk (but limited to specific identified areas)
- Sewer flooding – higher risk
- Flooding from a burst water main – low risk
- Flooding from snow melt – low risk

We therefore focus our efforts to reduce the risk of flooding from the high risk causes, and prepare emergency plans to reduce the impact of flooding should it occur.

A limited stock of sandbags, pumps and other flood prevention equipment is held in reserve and can be deployed if there is an operational benefit in so doing.

The use of sandbags whilst providing a visual re-assurance can often be counterproductive, and we therefore only deploy them to areas that are considered to be at high risk, and there is a clear operational benefit in using them. These

areas are surveyed by our engineers during the stage where we prepare the 'flood plan' for that area.

The Council also has established plans to care for residents should there be a need for them to evacuate their homes during flooding, or the threat of flooding.

Report prepared by Maggie Moran, BHCC Flood Engineer

Flooding in Brighton and Hove City

Brighton and Hove City Council is designated as a Lead Local Flood Authority (LLFA), under the Flood and Water Management Act

There are no designated main rivers, or ordinary watercourses, within Brighton and Hove, although the City area shares approximately 14km of its boundary with the sea. The topography of the administrative area varies due to its proximity to the Downs in the north and the coast in the south. Situated on the south of the South Chalk Downs, the geology of the area is dominated by the South Downs Chalk, with isolated pockets of clay, silt and sand lying in the south west of this area. The chalk layers of the South Downs are covered by generally shallow and well-drained topsoils, which allow rainfall to quickly seep into the chalk aquifers below.

There has been a wide range of flooding events within Brighton and Hove over the last 15 years with surface and groundwater flooding being the most notable sources of flooding. The autumn and winter event of 2000/2001 is the largest recorded event when extreme weather conditions caused flooding across the City. This section considers historical flood events and future risks of surface water, groundwater, tidal and sewer flooding. This information has been taken from the Brighton Strategic Flood Risk Assessment¹, which takes into account all sources of flooding and climate change.

The most recent significant flooding event occurred on 13th August 2015 and 28th July 2014, where predominantly basements, were affected by surface water flooding following heavy rainfall in a short period.

Surface Water Flood Risk

This is a particular concern in urbanised areas, where floods occur quickly in response to heavy rainfall events. In general, surface water flooding is the most frequent cause of flooding, although floodwaters are typically shallower and persist for shorter durations than other types of flooding.

The SFRA (2008) reported the historical surface water flooding events recorded back to the 1960s, which were sometimes referred to as 'muddy floods'. An indication of those areas which have suffered from this type of flooding was also

¹ http://wastelocalplanescc.brighton-hove.gov.uk/downloads/bhcc/ldf/Strategic_Flood_Risk_Assessment_Jan_2012.pdf

plotted. It was thought that the increase in muddy floods in this area may be as a result of changes in the farming methods used.

An assessment for the potential for surface water flooding in Brighton and Hove has been carried out using EA surface water datasets including Areas Susceptible to Surface Water Flooding (AStSWF), Flood Map for Surface Water (FMfSW) and updated Flood Map for Surface Water (uFMfSW).

- 1 in 30 year flood map
- 1 in 100 year flood map
- 1 in 200 year flood map
- 1 in 1000 year flood map

Areas susceptible to surface water flooding

There are eight well defined flow routes within Brighton and Hove according to the uFMfSW. The largest affected areas are along the A23 and A270 which form a 'y' shaped flow route in the centre of the city. There are significant areas in Hove, which are more susceptible to surface water flooding. The largest area of surface water ponding in Hove lies between the A270 to Kingsway.

The Preliminary Flood Risk Assessment (2011) carried out by the City Council has summarised the properties at risk of surface water flooding in Brighton and Hove in a 1 in 200 year event from the FMfSW, this has been reproduced in Table 1, below.

Table 4.3: Properties at Risk of Surface Water Flooding Risk in Brighton

FMfSW Depth	Total number of properties at risk of surface water flooding	Number of residential properties at risk of surface water flooding	Number of non-residential properties at risk of surface water flooding	Number of people at risk of surface water flooding. (Human Health Consequence)
'Surface Water Flooding' >0.1m	35,600	31,300	4,300	73,242
'Deeper Surface Water Flooding' >0.3m	17,400	15,200	2,200	35,568

Properties at risk of surface water flooding in a 1 in 200 year event- these numbers have been derived using broadscale modelling, and have been reproduced from the PRFA (2011)- Source Table 5.1 Brighton and Hove PFRA, 2011)

The Surface Water Management Plan identifies seven 'hotspot' sites as remaining at highest risk of future flooding. This then identifies measures that could be taken at each site, leading to an agreed preferred option. The hotspot sites are:

- Mile Oak
- Bevendean
- Patcham
- Carden Avenue/Warmdene Road
- Moulescombe Primary School/Lewes Road
- Ovingdean – Ketts Ridge
- Blatchingham Mill School

Schemes to reduce flood risk for Patcham and Bevendean are programmed for the 2016 – 2019. BHCC have also been allocated funding in 2016-2017 for a property level protection scheme in Hove and Portslade following the events of July 2014.

Groundwater Flood Risk

Brighton and Hove lies on the south of the Chalk South Downs and has suffered flooding from groundwater in the past. The most notable and largest events in recent years occurred in 2000/01. This resulted in extensive flooding of the A23, which was closed for several days. An assessment of groundwater flood risk in Brighton and Hove has been undertaken using the Environment Agency's 'Areas Susceptible to Groundwater Flooding' data.

The geology within the administrative area of Brighton and Hove is very much dominated by chalk, with isolated pockets of clay, silt and sand lying in the south west of this area.

In February 2014, Brighton & Hove experienced high groundwater levels, which affected a number of properties, infrastructure and the Brighton to London rail line.

BHCC has a Multi Agency Flood Plan, which provides information on how we BHCC respond and manage a groundwater related flood incident in Brighton and Hove City.

Sewer Flood Risk

Sewer flooding can occur where sewage is unable to drain away in sewerage pipes, and emerges at the surface usually due to the system being overloaded with floodwater. In Brighton and Hove, storm water is generally drained by the sewer infrastructure; the system is at risk of becoming overloaded in storm conditions. The infrastructure is also at risk of becoming inundated with groundwater when groundwater levels rise.

Coastal Flood Risk

Brighton and Hove's coastline extends from Shoreham Port in the west to Saltdean in the east. Much of the area at risk from tidal flooding is protected by flood defences. Tidal flooding then is flooding caused by extreme tide levels exceeding ground levels.

In general, there are only two main areas of tidal flood risk throughout Brighton and Hove: Portslade-by-Sea - including the eastern arm of Shoreham Harbour and Brighton Marina. However, the Brighton Marina company monitors and maintains its own defences, which are funded by the residents and businesses within the site. As such the minimum standards of protection will continue to be maintained.

Tidal flooding along much of the south coast is characterised by the presence of risk associated with wave overtopping, which is when there is a transfer of water from the sea onto the coastal floodplain. In exposed locations along the coast, landward flooding is more likely to occur as a consequence of wave overtopping than inundation. Wave overtopping is of material concern to the coastal frontage of Brighton and Hove; therefore any future development proposal should be accompanied by a flood risk assessment, which appropriately considers the effects of wave overtopping.

The most recent event occurred on February 14th 2014, where wave overtopping affected premises along the Lower Promenade. Since the event, as part of the DEFRA funded Repair and Renew Grant Scheme, 16 premises have been fitted with flood boards to reduce the risk of flooding to their businesses.

Effects of climate change on tidal flood risk

For Brighton and Hove study area the climate change outlines from the SFRA (2008) were used. The SFRA (2008) climate change outlines were created by mapping the predicted extreme still water sea-level for 2115 (the 200 year extreme sea level rise was calculated to rise by 1165 mm for 2115 to 5.465mAOD) using LIDAR data supplied by the Environment Agency.

There are three areas along the Brighton and Hove coastline which suffer notable increases in flood extent as a consequence of climate change: Portslade-by-Sea/Shoreham Harbour, Brighton Beach at Palace Pier and Brighton Marina.

The effect of climate change on wave overtopping has not been looked at as part of the existing studies, given that the region is highly susceptible to wave overtopping, it should be noted that the true risk of future climate change is only partially presented.

Report prepared by Stuart Wilson: Highway Asset and Maintenance Manager

Highway drainage

Brighton and Hove as a city is primarily a dense urban authority meaning it has lots of structures and hard landscapes in close proximity to each other. Over the years

the number of buildings and access to these buildings has increased resulting in less natural surface drainage to allow rainfall to permeate through the ground and drain away into the natural chalk; this is most prevalent in residential areas where vehicle ownership has increased considerably in the last few decades and a requirement to have somewhere to park these vehicles is the result. Many properties have therefore 'hard-landscaped' what was their front garden into what is in effect now a car park. The majority of these surfaces are not permeable and many slope towards the highway but do not have a drainage channel at the front edge to catch the surface water running onto the highway.

Highway verges do however form a useful and natural type of drainage and it has been recognised more recently that these should not be hardened to assist with parking problems as had been considered beneficial previously.

The highway drainage infrastructure that was installed when the roads were originally constructed was both comprehensive and to a high engineering standard. However as with all engineered construction, it requires regular maintenance and in situations where the issues above are relevant ie; where more and more water is discharged onto the highway, it needs to be enhanced in order to cope with the increased volumes. This has constantly been undertaken over the years by Hove and Brighton Councils, County and more recently B&HCC. The resultant infrastructure today (there are now over 19'000 gullies and 5'000 soakaways alone in our highway), if working correctly and to capacity, is sufficient to deal with the majority of rainfall even more frequently occurring severe events – some less frequent extreme events excepted of course.

In the outlying areas of the city the highway gullies are connected to soakaways which are large chambers underground that have outlet holes created in the structure. These in effect can take a large volume of surface water quickly if required and this then gradually permeates through the holes into the surrounding natural chalk. In the more central and flatter areas of the city the gullies are connected to what is called a 'combined' system in the vast majority of cases. This is sewerage infrastructure (generally built by the Victorians to a very high standard) that also takes the highway run-off, hence the term combined. Southern Water Services are now responsible for maintaining this infrastructure.

Regular cleansing and maintenance of the infrastructure both B&H's and Southern Water's is essential for the successful drainage of highway surface water. However there are a number of issues that prevent these systems from functioning to full effect, some of which are listed below:

- Leaves – there are 33'000 street trees (not including the privately owned ones) in the city and they produce a lot of leaf-fall which can quickly and easily block a gully grating and even when it mulches down can fill up and block the gully pot and outlet. The roots can also damage the outlet between the gully and either the soakaway or combined sewer.
- Detritus – general dirt, soil, rubbish, oil, restaurant fat/oil and builders material often end up going into a gully and causing it to block, and because parts of Brighton and Hove are quite hilly the water flows faster on the gradients

carrying with it this detritus into the gully rather than deposit it along the highway.

- Utility work – if carelessly undertaken can damage or completely sever the lead (pipe) that runs from the gully to either the soakaway or combined system. This has been found to be a not uncommon occurrence when investigating a blockage.
- Soakaways – these become full and the outlet holes get clogged over time resulting in a lack of initial capacity and making them very slow to drain away naturally.
- Combined system – as stated previously this was built in Victorian times when domestic water usage was considerably less than today and there was a lot more natural surface drainage present. I think it's fair to state that in times of heavy rainfall this system is just not capable of coping with the increased volumes present and no amount of surface drainage infrastructure will remove the surface water if what it feeds into is already full. This is evidenced when the man-hole covers along a road have been lifted off by either water or in some cases water and effluent overflowing from the combined system below.

In summary regular and extensive cleansing along with maintenance of the drainage infrastructure is imperative in order to minimise surface water flooding, however this is both costly and resource intensive and must be balanced against the need to save money and take a pragmatic approach in the current climate.

Subject:	Report of the Scrutiny Panel on Short Term Holiday Lets (Party Houses)		
Date of Meeting:	25 November 2015 Previous meetings Environment, Transport, & Sustainability Committee 13 October 2015 Full Council 22 October 2015		
Report of:	Director of Public Health		
Contact Officer:	Name:	Tim Nichols/Annie Sparks	Tel: 29-2163
		tim.nichols@brighton-hove.gcsx.gov.uk	
	Email:	annie.sparks@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

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

- 1.1 At Overview & Scrutiny Committee on 20 October 2014 Councillor Bowden, as the Chair of the scrutiny panel, introduced the report of a scrutiny panel which had been established to look at issues relating to 'party houses' – short term holiday lets targeting large groups such as stag and hen parties.
- 1.2 The panel had researched complaints concerning party houses and the lack of regulatory controls. The recommendations listed in the Scrutiny report are principally, advisory, good practice matters for Brighton and Hove Holiday Rental Association (BHRA) so that the rental businesses mitigate residents' concerns. Local authority officers would have no legal authority to intervene. No formal enforcement action is requested of any department or agency: Sussex police; ESFRS; community safety, EH, planning, housing, economic development, tourism, VisitBrighton, or City Clean.
- 1.3 This is the formal response to those recommendations. While it would have been usual to have issued a formal response earlier in the municipal year, due to the end of the administrative term, it was decided that it would be more effective to postpone the response until the potential change in administration. This decision has had the benefit of allowing Environmental Health more time to assess the situation with regard to short term holiday lets. The revised timescale has not affected any actions taken by the Environmental Health team. It should be noted that since the scrutiny panel work was completed, some ward councillors and residents have reported community concerns about short term let properties.

- 1.4 This report has recently been to the 13th October 2015 Environment, Transport, and Sustainability Committee, and Full Council on 22nd October 2015. Both Committees noted the reports.

2. RECOMMENDATIONS

- 2.1 That the Committee endorses the officer response on Short Term Holiday Lets as set out at Appendix One.

3. CONTEXT/BACKGROUND INFORMATION

- 3.1 The scrutiny panel was established to address concerns raised by residents who lived near to short term holiday accommodation about anti social behaviour. The cross-party councillors on the panel sought to balance the benefits brought by responsible short-term accommodation operators against the genuine concerns expressed by residents.
- 3.2 The panel felt it was important to find a mutually agreeable position that respects residents' views, but also supported responsible short-term holiday let operators catering for this market. They were also mindful of the impact on other local businesses, in particular small hoteliers.
- 3.3 It became clear that since a local authority's powers are limited, aiming for an operational 'gold standard' that responsible operators could sign up to might be the most realisable objective for the panel.

As a direct result of the establishment of the scrutiny panel, a number of local businesses came together to promote a 'gold standard' of best practice and offer some self-regulation of the market under the Brighton and Hove Holiday Rental Association (BHRA) umbrella.

- 3.4 The panel made a number of recommendations for BHRA. Brighton and Hove Holiday Rental Association (BHRA), is asked to ensure that operators act as good neighbours. Concerns included that they were locating in inappropriate areas and these properties were no longer available for family use. Some residents and panel members felt that if they were a business, then they should be subject to business constraints and regulation: trade refuse collection, planning and land use constraints, private rented sector housing standards, fire safety. The emerging sector may have an effect on housing demands and the local economy, contribution to business rate/council tax and local communities.
- 3.5 The scrutiny panel welcomed the establishment of the BHRA trade body, which had been one of the aims of the panel as self-regulation will be essential to achieve improvements. The association told the panel that they were committed to promoting the best service for visitors, and to contributing to the tourism sector in the city.

- 3.6 Responses to their recommendations can be found in Appendix 1.
- 3.7 Scrutiny officers worked with BHRA members during the panel and liaised with them when the recommendations were agreed. The recommendations have largely been in the gold standards that are available on the BHRA website. <http://www.brightonholidayrentals.org/BHRA-Guidelines.pdf>
- 3.8 The report recommendations also included two items for Brighton & Hove City Council:

Monitoring and overseeing

- 4a) *As a way of monitoring the situation, in the instance of any complaints being received by statutory agencies, eg noise, refuse, fire safety, the statutory agencies call BHRA into the regular Joint Intelligence Meetings straight away and consider investigating the properties to take any action necessary. In this way, we can encourage the operators to be self-monitoring but retain an oversight and step in as soon as a problem arises.*
- 4b) *The panel recommends that the council reserves the right to review the arrangements and bring the monitoring in-house if it is not deemed satisfactory. The first monitoring should take place after six months and the second should not take longer than 12 months after the report is agreed. It will be for council officers including Environmental Health and Planning Enforcement, and East Sussex Fire and Rescue Service and the Police to determine together with BHRA whether this is necessary.*
- 3.9 Unfortunately we can not agree with recommendation 4a in that the Joint Intelligence meetings are a multi agency including representatives from a number of Council Departments inc Housing, Planning Enforcement, Community Safety, Environmental Health, Licensing and Trading Standards. External partners who attend include the Police Fire Safety, Department of Work and Pensions and Immigration Services. The group meet every three weeks to share intelligence and resources on common cases, and target effective efficient responses to concerns and problems raised. This often includes sensitive, confidential information and is not the appropriate forum for the BHRA to attend.
- 3.10 However, agencies and partners are aware to bring current party house cases to the meeting where information is shared, and a joined up approach to the case is adopted. Any case is always shared with Fire Safety and Planning Enforcement and Environmental, and any appropriate action taken in accordance with enforcement policies. Managing agents and owners of premises are also made aware of cases and complaints.

- 3.11 One of the concerns was noise from 'party houses'. Analysis of noise complaints cannot separate party houses or short term lets from other noise sources as officers may not be aware of tenure. However, over the past few years noise complaints have stayed reasonably static:

2011/12	3331
2012/13	3381
2013/14	2779
2014/15	2706

- 3.12 Noise cases are coded in accordance with the requirements of the Chartered Institute of Environmental Health. Each year a statistical return is submitted to this professional body breaking down the types of noise cases received, in accordance with their codes. There is no specific code for party houses/short term lets.
- 3.13 On average we receive perhaps 1 to 2 cases a month in relation to Party House/Short term lets. This information is gathered from routine case reviews of the work undertaken by the Environmental Protection Team. In relation to noise this has to have regard to the provisions of the Environmental Protection Act 1990 and statutory noise nuisance is assessed having regard to the character, duration and frequency of the noise and how it affects a person in their home

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Members could choose not to endorse the officer response appended although the recommendations were made by a cross-party panel of councillors.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Please refer to the scrutiny panel report.

6. CONCLUSION

- 6.1 Members are asked to endorse the officer response.

7. FINANCIAL & OTHER IMPLICATIONS. Consultation undertaken when this identical report went to Environment, Transport and Sustainability Committee and Full Council October 2015

Financial Implications:

- 7.1 'The recommendations listed in the Scrutiny report are advisory, good practice matters for BHRA, so that the rental businesses mitigate residents' concerns; rather than requiring formal enforcement. There are no direct

financial implications for the Council. There has been a reduction in investigator capacity from 11 to 10 FTE to help support the 2015-16 budget strategy savings requirement within the Environmental Protection team that investigates all pollution complaints like noise, and in addition the night-time noise investigation service funding halved from the previous £0.110m. Therefore, self regulation of these matters becomes more critical.'

Finance Officer Consulted Michael Bentley

Date: 30 September 2015

Legal Implications

- 7.2 The Regulators' Code made under section 23 of the Legislative and Regulatory Reform Act 2006 requires local authority regulators to carry out their activities in a way that supports those they regulate to comply and grow. Regulators should avoid imposing unnecessary regulatory burdens through their regulatory activities and should assess whether similar social, environmental and economic outcomes could be achieved by less burdensome means. Regulators should choose proportionate approaches to those they regulate, based on relevant factors including, for example, business size and capacity.

Lawyer: Elizabeth Culbert

Date: 2nd September 2015

Equalities Implications:

- 7.3 Equalities issues are addressed in the scrutiny panel report.

Sustainability Implications

- 7.4 None identified. The emerging sector could potentially impact on housing demand.

Any Other Significant Implications

- 7.5 None.

SUPPORTING DOCUMENTATION

Appendices:

1. Report of the Short Term Holiday Lets Scrutiny Panel including Officer Response.

Documents in Members' Rooms:

1. None

No	Recommendation	Response
1.	<p>Notifying neighbours of existing short-term holiday lets –</p> <p>a) BHRA must take active steps to notify all neighbours in writing that they are living near to a short-term holiday let. Information should be given to all properties that are likely to be affected by any disturbance, including those backing onto the holiday let or in the same street. BHRA should keep a record of who has been notified. This should be repeated annually.</p> <p>b) This notification should clearly identify the property and give neighbours information about what guest behaviour is acceptable, the contact details of the private noise patrol and other contacts in case of any disturbances. BHRA must ensure that they have a noise patrol in operation 24 hours a day during weekends and bank holidays.</p> <p>c) Noise patrols firms used must be British Standard compliant, use body or head cams to record all encounters and be SIA cleared and fully trained in conflict resolution. Written reports of incidents should be made within 24 hours.</p> <p>d) Noise patrol companies employed should use clearly identifiable vehicles and personnel should wear uniforms and carry identification with them at all times.</p>	<p>To be referred to Brighton & Hove Holiday Rental Association (BHRA) for its consideration. The actions are good practice and require self-regulation and management by BHRA. The arrangements for BHRA should not negate the facility for residents to report concerns to the Council. BHRA will require a high standard of quality management designed to ensure that it meets the needs of communities. If the council's Environmental Health team receives complaints directly, it would notify BHRA and let the resident know that it has done so. The Regulators' Code came into effect in April 2014 under the Legislative and Regulatory Reform Act 2006. It provides a clear, flexible and principles-based framework for how regulators should engage with those they regulate. Nearly all non-economic regulators, including local authorities and fire and rescue authorities, must have regard to it when developing policies and procedures that guide their regulatory activities.</p> <p>The Security Industry Authority is responsible for regulating the private security industry in the UK.</p>

No	Recommendation	Response
	<p>e) Those who raise noise complaints should be provided with a copy of the incident report made to the operator by the professional noise patrol, so it is clearly understood that their concerns have been addressed.</p> <p>f) In hours of daylight, the noise patrol should always attempt to knock on the doors of neighbours that have raised noise issues to let them know that action has been taken and a report will be shared.</p> <p>g) In hours of darkness or very early in the morning, the patrol should post a card through the letterbox of the neighbours who raised the original noise complaint to let them know the patrol has attended and that an incident report will be forward to them within 48 hours.</p> <p>h) If BHRA receive complaints, these should be resolved in line with their agreed procedures. The council's Environmental Health team should also be notified about the nature of the complaint and the response made. If the council receives complaints directly, it should notify BHRA and let the resident know that it has done so.</p> <p>i) The panel recommends that where a clear breach involving noise and Anti-Social Behaviour has been identified prompting the forfeiture of a group's deposit, the operators should actively consider donating the deposit direct to the neighbours as compensation or to a local neighbourhood community group.</p>	

No	Recommendation	Response
	<p>j) The panel recommends that all noise patrol reports from operators should be routinely be posted onto the BHRA website to help build confidence and in the spirit of transparency.</p> <p>k) In addition to the leaflets , BHRA should attach a sign to the front of each of their properties with details of the operator and contact details of who to contact in case of disturbances; this should be a 24/7 service.</p> <p>l) The panel would encourage BHRA to complete its website as quickly as possible so that it can become active and useful.</p> <p>m) BHRA should promote their website as widely as possible, for the benefit of residents, guests and operators. The panel would like the website to list the street addresses of all BHRA properties to enable residents and statutory agencies to be able to easily check whether a property is operated by BHRA. This would help identify who to contact if there are any issues.</p>	
2.	<p>Notifying neighbours of new short-term holiday lets-</p> <p>a) The panel heard that residents were aggrieved about the lack of notification if a new short-term holiday let was opened up in their neighbourhood. Whilst there is currently no statutory duty to consult with residents before establishing a short-term holiday let, BHRA should encourage potential holiday let operators to consult with and work with</p>	<p>To be referred to Brighton & Hove Holiday Rental Association for its consideration. Liaison with the local community is supported as sensible practice to avoid causing problems in communities</p>

	neighbours, before converting accommodation into holiday rental accommodation in order to open up lines of communication.	
No	Recommendation	Response
	<p>b) Operators should be encouraged to actively listen to neighbours' concerns and suggestions about how to minimise disruption.</p> <p>c) In areas where there is a Local Area Team or other community forum, BHRA should engage with the group to notify them about the forthcoming holiday let and address any concerns about anti-social behaviour that might be raised.</p>	
3.	<p>Working with the Council and VisitBrighton</p> <p>a) BHRA members should talk to VisitBrighton about how BHRA can work with the tourism body for the city. In turn, VisitBrighton should seek to work with BHRA to promote their positive practice and make any further suggestions that might arise in the future.</p> <p>b) There should be links between the BHRA website, the VisitBrighton website and Brighton and Hove City Council's website.</p>	<p>To be referred to Brighton & Hove Holiday Rental Association and VisitBrighton for consideration. Government is developing a proposed 'growth duty' for regulators, which would require regulators to take into account the impact of their activities on the economic prospects of firms they regulate. Ref: Autumn Statement 2012: Government announced that it would introduce a package of measures to improve the way regulation is delivered at the frontline including the proposed Growth Duty for non-economic regulators and the Accountability for Regulator Impact measure.</p>

No	Recommendation	Response
4.	<p>Monitoring and overseeing</p> <p>a) As a way of monitoring the situation, in the instance of any complaints being received by statutory agencies, eg noise, refuse, fire safety, the statutory agencies call BHRA into the regular Joint Intelligence Meetings straight away and consider investigating the properties to take any action necessary. In this way, we can encourage the operators to be self-monitoring but retain an oversight and step in as soon as a problem arises.</p> <p>b) The panel recommends that the council reserves the right to review the arrangements and bring the monitoring in-house if it is not deemed satisfactory. The first monitoring should take place after six months and the second should not take longer than 12 months after the report is agreed. It will be for council officers including Environmental Health and Planning Enforcement, and East Sussex Fire and Rescue Service and the Police to determine together with BHRA whether this is necessary.</p>	<p>Not accepted. The Joint Intelligence Meeting has terms of reference agreed between Sussex Police, East Sussex Fire and Rescue Service and the City Council. The prescribed core membership comprises Environmental Health Managers, East Sussex Fire and Rescue, Planning Enforcement, Safe in the City Delivery Unit, Chief Inspector - Neighbourhood Policing, Police Operations (Licensing), Analyst and Minute Taker.</p> <p>The terms of reference also gives examples of invited representation, which are all enforcement agencies: Highways enforcement, Housing, Adult Services and Children's Services. Its stated aims and purposes are:</p> <ol style="list-style-type: none"> 1. Discuss casework of note, other than high risk ASB, which is impacting on more than one service, or likely to benefit from a multi-agency approach. 2. Review current intelligence in association with current casework. 3. Agree a multi-agency response to complaints which don't necessarily sit within a team's primary statutory responsibilities. 4. Identify opportunities to support other teams with their workloads and reduce the number of multiple visits/duplicated work, also creating time for our

		<p>communities and making best use of our time.</p> <p>5. Identify current problem priorities in the city and agree necessary actions and responsibilities, whether they involve enforcement or support.</p>
No	Recommendation	Response
		<p>6. Whenever possible seek to agree activities which are likely to achieve a permanent solution.</p> <p>7. Any information or intelligence discussed or shared is restricted to those agencies already permitted to share or according to any protective marking.</p> <p>Community intelligence (information from BHRA) would be welcome although for deliberate, operational reasons, joint information exchange meeting membership is exclusively enforcement agencies (see 7 above). Joint intelligence meetings are held fortnightly. Inclusion of private businesses would inhibit open information exchange and potentially impact on or undermine enforcement operations. It is recommended that BHRA report matters of concern to the relevant agency: police, environmental health, city clean, etc, who, in turn, determine intelligence to be discussed or shared. However, with reducing resources the enforcement officer joint intelligence meeting must keep this matter under consideration, particularly if complaints appear to rise again.</p>

Subject:	Traveller Commissioning Strategy 2012: Update on Implementation of Agreed Scrutiny Panel Recommendations		
Date of Meeting:	25 November 2015		
Report of:	Executive Director Environment Development & Housing		
Contact Officer:	Name:	Andy Staniford	Tel: 29-3159
	Email:	andy.staniford@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 Environment & Community Safety Overview & Scrutiny Committee (ECSOSC) agreed on 5 September 2011 to establish a Scrutiny Panel to shadow the development of the Traveller Commissioning Strategy. ECSOSC approved the Scrutiny Panel's recommendations on 7 March 2012.
- 1.2 On 15 March 2012, Cabinet approved the Council's formal response to the ECSOSC Traveller Scrutiny Panel recommendations and highlighted the impact the Panel has had on the development of the city's new Traveller Commissioning Strategy 2012. This strategy was subsequently approved by Council on 22 March 2012.
- 1.3 Overview & Scrutiny Committee has requested an update on the progress made in implementing the Panel's recommendations which is detailed in Appendix 1.
- 1.4 Further information on the outcomes achieved during the first 3 years of the strategy are contained in Appendices 2 & 3: *Three Years On: the Traveller Commissioning Strategy in Action 2013/14* which was due to be presented at Environment, Transport & Sustainability Committee, 24 November 2015.

2. RECOMMENDATIONS

- 2.1 That Overview & Scrutiny Committee members consider and comment on the contents of this report and its appendices.

3. CONTEXT / BACKGROUND INFORMATION

- 3.1 The implementation of (agreed) scrutiny panel recommendations is routinely monitored by the relevant scrutiny committee until members are content that all necessary actions have been undertaken. This is the third monitoring report regarding the recommendations from the Environment & Community Safety Overview & Scrutiny Traveller Scrutiny Panel that shadowed the development of the Traveller Commissioning Strategy 2012.
- 3.2 Two formal requests for scrutiny of the development of the Traveller Commissioning Strategy were made at the 5 September 2011 meeting of the Environment & Community Safety Overview & Scrutiny Committee (ECSOSC) by Councillors Liz Wakefield and Geoffrey Theobald. In addition there was a petition heard at Council on 21 July 2011 and a Notice of Motion regarding Travellers. Following discussion ECSOSC agreed to establish a 3-Member Scrutiny Panel to be involved in the Cabinet review of the Travellers Strategy.
- 3.3 The Traveller Scrutiny Panel was chaired by Dr. Aidan McGarry, School of Applied Social Science, University of Brighton. The other panel members were Councillors Littman, Simson and Robins.
- 3.4 The panel held capacity building and evidence gathering sessions where it heard from 31 witnesses representing Council services, other public sector bodies such as the Police and NHS Sussex, the Community & Voluntary Sector, resident groups, politicians and representatives from other authorities. The panel also visited the Horsdean Transit site to talk to Travellers living in Brighton & Hove.
- 3.5 The panel's final report has highlighted that:
- 'The panel welcomed the draft Strategy because it:*
- *Represented a significant step forward in describing the needs of the Traveller community and determining which outcomes a Traveller Strategy for this city wished to achieve*
 - *Contained a comprehensive set of high level goals about meeting the needs of Travellers and the settled community*
 - *Had addressed both the needs of Travellers and the settled community in those goals*
 - *Had been based on a two stage consultation process'*
- 3.6 The Panel made 23 recommendations, many of which were incorporated into the final version of the strategy and action plan.
- 3.7 On 15 March 2012, Cabinet approved the Council's formal response to the ECSOSC Traveller Scrutiny Panel recommendations and highlighted the impact the Panel has had on the development of the city's new Traveller Commissioning Strategy 2012. This strategy was subsequently approved by Council on 22 March 2013.
- 3.8 The Scrutiny team won the Centre for Public Scrutiny award for Innovation (for the second year running) for its work on the scrutiny panel.

- 3.9 Appendix 1 to this report includes detailed information on the implementation of each panel recommendation.
- 3.10 Further information on the outcomes achieved during the last year of the strategy is contained in Appendix 2 & 3: *Three Years On: the Traveller Commissioning Strategy in Action 2014/15* which was due to be presented at Environment, Transport & Sustainability Committee, 24 November 2015.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

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

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 None with regard to this monitoring report.

6. CONCLUSION

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

7. FINANCIAL & OTHER IMPLICATIONS

Financial Implications:

- 7.1 None with regard to this monitoring report.

Legal Implications:

- 7.2 None with regard to this monitoring report.

Equalities Implications:

- 7.3 None with regard to this monitoring report.

Sustainability Implications:

- 7.4 None with regard to this monitoring report.

Crime & Disorder Implications:

- 7.5 None with regard to this monitoring report.

Risk and Opportunity Management Implications:

7.6 None with regard to this monitoring report.

Public Health Implications:

7.7 None with regard to this monitoring report.

Corporate / Citywide Implications:

7.8 None with regard to this monitoring report.

SUPPORTING DOCUMENTATION

Appendices:

1. September 2015 Update to Traveller Scrutiny Panel Recommendations on the Traveller Commissioning Strategy 2012
2. Three Years On: the Traveller Commissioning Strategy in Action 2014/15; Environment, Transport & Sustainability Committee 24 November 2015
3. Covering Report: Three Years On: the Traveller Commissioning Strategy in Action 2014/15; Environment, Transport & Sustainability Committee, 24 November 2015

Documents in Members' Rooms

None






















Background Documents

1. January 2015 Update to Traveller Scrutiny Panel Recommendations on the Traveller Commissioning Strategy 2012, Overview & Scrutiny Committee, 26 January 2015
2. January 2014 Update to Traveller Scrutiny Panel Recommendations on the Traveller Commissioning Strategy 2012, Overview & Scrutiny Committee, 27 January 2014


3. Traveller Commissioning Strategy 2012, Council, 22 March 2012
4. Response to the recommendations of the Environment & Community Safety Overview & Scrutiny Traveller Scrutiny Panel shadowing the development of the new Traveller Commissioning Strategy 2012, Environment & Sustainability Cabinet Member Meeting, 15 March 2012
5. Traveller Strategy Scrutiny Panel Report, Environment & Community Safety Overview & Scrutiny Committee (ECSOSC), 7 March 2012

Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015


Scrutiny Panel Recommendations: Summary Sheet

1	A monitoring report to be sent to the relevant Member Committee	 GREEN
2	A coherent vision is needed of what is to be done in the years before the permanent site is ready	 GREEN
3	Preventing, and responding to, unauthorised encampments should be a key focus of the Strategy	 GREEN
4	More needs to be done to link the different parts of the Strategy into a coherent narrative	 GREEN
5	Review the working of the Traveller Liaison Team	 GREEN
6	It is important that the multiple site option is fully explored	 GREEN
7	It would like to see the Strategy contain some detail on how the consultation will be 'effective'	 GREEN
8	Assessing the need for future site provision should not wait until 2016	 GREEN
9	A commitment to review the impact of the work of Health Visitors	 GREEN
10	Clarification as to how the training of CCG staff and lead clinicians will percolate down to other primary care workers	 GREEN
11	Cultural awareness training for health workers, especially in primary care	 GREEN
12	An assurance that the council and NHS Brighton & Hove will integrate their information to plan and monitor services	 GREEN
13	A commitment in the Strategy to learning from successful education projects	 GREEN
14	Identify the educational attainment of Traveller children	N/A
15	Improve the educational experience and attainment for transient Travellers who come to the city	N/A
16	Encouraging take up of education and combining this with information from health outreach work	 GREEN
17	Retain Traveller children in education [and] engage with hard to reach Traveller groups such as teenagers	 GREEN
18	improve awareness in schools about Traveller history and culture [and] participation in Gypsy Roma Traveller History Month	 GREEN
19	Information on the Joint Sussex-wide protocol on unauthorised encampments	 GREEN
20	A clear plan for sensitive sites	 GREEN
21	Protocol for Van Dwellers will be developed during 2012/2013	 GREEN
22	Councillors should be offered the opportunity to attend Traveller Awareness	 GREEN
23	Work with the local media to ensure balanced reporting of issues relating the traveller community	 GREEN
Note: N/A = action not applicable until permanent site opens		

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 1	Service Lead(s)	ELT Lead
<p>The panel noted with considerable concern the lack of monitoring of the priorities and actions contained in the last Traveller Strategy for 2008-11. The panel welcomes the Action Plan which has been developed for this Strategy. The panel expects this plan to be effectively monitored and would like a monitoring report to be sent to the relevant Member Committee at the following intervals: 6 months, 12 months, 24 months and 36 months. To enable effective monitoring the panel would expect each action in the Action Plan to be SMART (i.e. Specific, Measurable, Achievable, Realistic and Time limited).</p>	Andy Staniford	Nick Hibberd
Council Response March 2012		
<p>Updates will be produced and reported to the relevant Committee at 6mths, 12mths then annual.</p>		
Current position – short commentary by service lead(s):		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • The 6 month update did not happen. • However, we are back on track with the 12 month strategy/action plan update being approved by Environment, Transport & Sustainability Committee on 8 October 2013. • A copy of the update is attached as Appendix 2 and focuses on the outcomes from the first year of the strategy. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • The 2 year on monitoring report was presented at Environment, Transport & Sustainability Committee on 20 January 2015. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • The 3 year on monitoring report was due to be presented at Environment, Transport & Sustainability Committee on 24 November 2015. 		
Status (Sept 2015)	<p><i>Red – Off target and not likely to come back to on target without intervention.</i> <i>Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary).</i> <i>Green – On or above target</i></p>	 GREEN

Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 2	Service Lead(s)	ELT Lead
<p>In a number of areas, the Strategy posits the establishment of a permanent site as a solution to the issues associated with Travellers. This may be the case, but it is important to recognise that the permanent site will not be opened until Winter 2013/14 at the earliest. Therefore a coherent vision is needed of what is to be done in the years before the permanent site is ready, particularly in terms of transit provision.</p>	<p>Andy Staniford</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>New paragraph has been added to the strategy at 3.3: <i>To help meet this need, our strategy seeks to be preventative in nature rather than reactive by:</i></p> <ul style="list-style-type: none"> • <i>Ensuring effective management and use of the Horsdean Transit Site</i> • <i>Developing procedures for Tolerated sites</i> • <i>Effective management of unauthorised encampments</i> • <i>Ensure sensitive sites are protected</i> • <i>Developing a protocol for addressing Van Dwellers</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>This action was completed with approval of the final strategy. No further action is required.</p>		
<p>Status (Sept 2015)</p>	<p>Red – Off target and not likely to come back to on target without intervention. Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary). Green – On or above target</p>	 <p>GREEN</p>

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 3	Service Lead(s)	ELT Lead
<p>The panel feel that preventing, and responding to, unauthorised encampments should be a key focus of the Strategy, particularly until the permanent site is opened. The Panel would like the Strategy to draw on good practice by other authorities in this area such as Fenland DC. The panel would also like the Strategy to include information on how the council will pro-actively liaise with any settled community affected by such an encampment.</p>	<p>Sheila Peters</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>Extra information has been added to strategy on sharing good practice and in particular citing the Fenland evidence to the Scrutiny Panel as a case study.</p> <p>Additional action added to Action Plan at 16.6:</p> <ul style="list-style-type: none"> • <i>Pro-actively liaise with any settled community affected by an encampment</i> <p>Additional text added to strategy:</p> <ul style="list-style-type: none"> • <i>It is very important to us that we communicate effectively with any settled community affected by an unauthorised encampment. We do this in a number of ways and are looking to improve this in response to the strategy and resident needs:</i> • <i>We engage with staff working within the Stronger Communities Partnership that are supporting active community engagement to provide information about Traveller lifestyles, and the likely impact of an encampment on the locality</i> • <i>We build positive relationships between the Traveller Liaison Team and chairs of Local Action Teams by notifying them the moment there is an encampment in their community and ensuring they receive regular updates</i> • <i>We have a webpage that is regularly updated with information about unauthorised encampments within the city. This webpage can be found at: http://www.brighton-hove.gov.uk/travellers</i> • <i>The Traveller Advice Line will be integrated into our customer contact centre to improve our telephone response to resident and Traveller enquiries</i> • <i>We will look at good practice from other parts of the country to see what other improvements can be made to the way we work and communicate with residents</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • When an encampment is present regular high profile visits by the Police through Operation Monza and Council's Traveller Liaison Team help to reassure both residents and Travellers to minimise the disruption and anti social behaviour that sites can attract. A new waste contract helps to ensure refuse does not become a nuisance and that sites are effectively and swiftly cleared. • Community engagement through a range of expanding mechanisms including residents visits, leaflets LAT meeting and Twitter. 		

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January 2015 Update

- Joint visits by the Traveller Liaison Team and Police are made to unauthorised encampments within 24 hours of arrival and throughout the duration, to reassure the settled community of action being taken. Encampments are continually monitored to minimise disruption and enforcement action revised in response to anti-social behaviour.
- Information and updates on Traveller movements are made available in a variety of ways as soon as events change. The Traveller Team webpage is updated daily with information about encampments and action being taken. The team has a new telephone system with additional recorded information updated daily.
- Work is being undertaken with Children’s Services to enable a better response to Travelling families and to address issues that may arise on unauthorised encampments. A Support protocol is being developed to formalise work with all departments and agencies providing support services to Travellers.
- Presentations have been made to Local Action Teams providing information on available enforcement powers and the protocols and procedures of the council and the Police in working with Travellers and unauthorised encampments.

September 2015 Update:


- **A review of enforcement powers has been undertaken. The use of Public Space Protection Orders is to be piloted for sensitive locations in the city, this designation will include the prohibition of overnight camping.**
- **The Traveller Team webpages have been revised and amended to make access to information and updates on unauthorised encampment easier.**
- **An information leaflet has been produced jointly by the Police and BHCC for distribution to the general public, outlining the legal remedies available, and the processes and procedures adopted in response to unauthorised encampments.**
- **The Traveller Liaison Team and the Police continue to work jointly in the assessment, monitoring and management of unauthorised encampments in the city.**

**Status
(Sept 2015)**


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Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 4	Service Lead(s)	ELT Lead
<p>The panel believes the Strategy should be both a place where all the separate plans for dealing with Traveller issues are brought together and a process via which these plans are effectively integrated. While the draft Strategy fulfils the first of these requirements, the panel is not sure that it currently meets the second: more needs to be done to link the different parts of the Strategy into a coherent narrative.</p>	<p>Andy Staniford</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>We believe this issue has been addressed between the draft strategy and final strategy.</p> <p>The draft strategy focussed on highlighting needs and then considering our vision and goals whereas the final strategy starts with the vision and how improving site stability is the platform for addressing education, health and community cohesion. This approach is then threaded through the strategy.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>This action was completed with approval of the final strategy. No further action is required.</p>		
<p>Status (Sept 2015)</p>	<p><i>Red – Off target and not likely to come back to on target without intervention.</i> <i>Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary).</i> <i>Green – On or above target</i></p>	 <p>GREEN</p>

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 5	Service Lead(s)	ELT Lead
<p>The panel welcome the agreement to review the working of the Traveller Liaison Team, but seek assurance that the review will focus on support and enforcement elements, as well as having the key aim to improve the service for both Travellers and the settled community.</p>	<p>Sheila Peters</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>A new action has been added to the action plan at 16.10:</p> <ul style="list-style-type: none"> • <i>Review the Council's Traveller Liaison Team (focus on support, enforcement, service improvement) during 2012/13</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update</p> <ul style="list-style-type: none"> • The Travellers Service Staff Structure is currently under review with a view to implementation by end March 2014. This will include ensuring that the enforcement and support roles are well balanced. <p>January 2015 Update</p> <ul style="list-style-type: none"> • There has been a restructure of the council's Traveller Liaison Team and two Site and Support Officers have been recruited to provide support for Travellers and warden duties at the Traveller transit site, as well as providing administrative support for the team. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • This was completed in 2014 – no further action is necessary 		
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**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 6	Service Lead(s)	ELT Lead
<p>The panel heard evidence from a number of sources favouring several small sites rather than a large single permanent site. While we accept that there are valid arguments in favour of both solutions, we feel it is important that the multiple site option is fully explored, in terms of both current and future needs. Should the choice nonetheless be for a single site, the thinking behind this, and the pros and cons of single and multiple sites, should be explained in the Strategy.</p>	<p>Sandra Rogers</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>Additional text added to strategy: <i>The project has considered whether it would be better to have smaller sites in the city however, this was discounted based on a number of reasons:</i></p> <ul style="list-style-type: none"> • <i>A number of smaller sites would make it harder to meet the level of need by increasing risks such as cost, planning and community cohesion issues</i> • <i>Each site requires the provision of infrastructure (water, sewage, electricity, access roads etc) in addition to the pitches which will increase the projects costs</i> • <i>Aside from extra costs, additional sites bring additional planning risks given the shortage of available land and the controversial nature of some of the sites already considered by the site search given that they lie within the National Park</i> • <i>The government guidance for site design suggests each pitch consists of a hard standing with space for a main and touring caravan, plus a car, and an amenity unit with a bathroom, kitchen and dayroom. There should be shared play space. All residents will pay rent, bills and council tax like any other tenant in social housing.</i> • <i>Each site would have additional costs from the provision of services such as management, security, waste collection etc.</i> <p><i>If future needs analysis shows a need for additional sites, and we are successful in acquiring funding for those additional sites, then they are likely to be smaller as the present site search process has exhausted the options for large sites</i></p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 & January 2015 Update</p> <ul style="list-style-type: none"> • Any site search to meet unmet/future needs will consider a range of options to determine the most appropriate course of action. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • The 2014 Gypsy and Traveller Accommodation Assessment (GTAA) was undertaken jointly with South Downs National Park Authority. This establishes additional pitch requirements over the City Plan period to 2030. For the whole administrative area of Brighton & Hove (including that part which falls within the South Downs National Park Planning Authority Area) the additional need is for 32 permanent pitches. 		

**Brighton & Hove Traveller Commissioning Strategy 2012
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It is anticipated that a joint site search exercise will be undertaken end 2015/early 2016 with the South Downs National Park Authority to inform each planning authority's local planning processes and that the site search will need to consider a range of options.

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Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 7	Service Lead(s)	ELT Lead
<p>The panel welcomes the commitment to consulting with both Travellers and the settled community on proposed site(s), their design and management. It would like to see the Strategy contain some detail on how the consultation will be 'effective' and a commitment that it will meet the standards of the Community Engagement Framework. We assume that the consultation process will include asking whether a single or multiple sites would be preferred – and be explained in the Strategy.</p>	<p>Alan Buck</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>Noted however this will be managed separately through the permanent site project.</p> <p>The Cabinet report seeking approval of the preferred site at Horsdean has a recommendation that the consultation that is undertaken is guided by a consultation strategy to be agreed by the Cabinet Member for Environment and Sustainability. This will pick up the points in the recommendation. No additional action required.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>This action was completed with approval of the final strategy. No further action is required.</p>		
<p>Status (Sept 2015)</p>	<p><i>Red – Off target and not likely to come back to on target without intervention.</i> <i>Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary).</i> <i>Green – On or above target</i></p>	<p> GREEN</p>

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 8	Service Lead(s)	ELT Lead
<p>The panel believe that assessing the need for future site provision should not wait until 2016. The panel believe that there should be an ongoing collation of information on the regional situation from the Regional Forum, monitoring information and data on enabling site provision to plan future need. This Strategy presents a real opportunity to stop being reactive and to begin to plan capacity more pro-actively.</p>	<p>Sandra Rogers</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>The reference to 2016 is that the needs assessment plus accompanying planning provision (should it be required) must be done by 2016. To achieve this timescale, work will be ongoing from 2012 and reported in the progress reports. No additional action required.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update</p> <ul style="list-style-type: none"> Draft City Plan sets out requirements to 2019 and commits to further needs assessment for remaining Plan period. <p>January 2015 Update</p> <ul style="list-style-type: none"> Officers are currently undertaking a further needs assessment with the South Downs National Park Authority to cover the full City Plan period to 2030. The study should be finalised by the end of 2014. <p>September 2015 Update:</p> <ul style="list-style-type: none"> The 2014 Gypsy and Traveller Accommodation Assessment (GTAA) has been completed and published December 2014. The assessment was undertaken jointly with the South Downs National Park Authority and identifies a further need for 32 permanent pitches for the administrative area of Brighton & Hove (including that part which falls within the National Park Planning Authority’s Area) over the City Plan period to 2030. This additional need is split between the two planning authority areas; 19 pitches for Brighton & Hove and 13 pitches for the South Downs National Park Authority. 		
<p>Status (Sept 2015)</p>	<p><i>Red – Off target and not likely to come back to on target without intervention. Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary). Green – On or above target</i></p>	 <p>GREEN</p>

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 9	Service Lead(s)	ELT Lead
<p>The panel welcomed the commitment to review the impact of the work of Health Visitors and looks forward to an update on its findings in the 6 month and 12 month progress report on the Strategy.</p>	<p>Ramona Booth</p>	<p>Tom Scanlon</p>
<p>Council Response March 2012</p>		
<p>Additional strategy text added at 10.2:</p> <ul style="list-style-type: none"> <i>In addition, there will be a citywide review of Health Visitors which will consider the impact the service has on the Travelling community.</i> <p>Additional action added at 6.3:</p> <ul style="list-style-type: none"> <i>Citywide review of Health Visitors to include the impact on the Travelling community</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> As a result of the Traveller Commissioning Strategy the former Primary Care Trust commissioned research into the health needs of local Travellers which has been used to inform the Clinical Commissioners Group. In addition the Brighton & Hove CCG Annual Operation Plan 2013/14 outlines the CCG's commitment to work with partners to implement the following recommendations: <ul style="list-style-type: none"> <u>Outreach health services</u> <ul style="list-style-type: none"> Improve outreach health services <u>GP services</u> <ul style="list-style-type: none"> Identify 1-2 GP surgeries that can implement models of good practice for primary care service delivery Provide Traveller-led cultural awareness training for clinical and other staff at these surgeries Develop a wallet-sized card for Travellers to present to receptionists Consider ways to improve access to GP services <u>Specialist health services</u> <ul style="list-style-type: none"> Ensure Traveller specialist health services proactively succession plan Consider how commissioners can improve monitoring of Traveller specialist health services Promote collaboration between identified GP surgeries and specialist providers <u>Communication and record keeping</u> <ul style="list-style-type: none"> Encourage GP surgeries and hospital trusts to make more use of mobile phone technology to communicate with patients Make health information accessible for people with low literacy skills <u>Public and patient engagement</u> <ul style="list-style-type: none"> Create opportunities for dialogue between Travellers and health professionals by making it easier for ethnic minorities and socially excluded groups to engage with us <u>Improve ethnic monitoring</u> <ul style="list-style-type: none"> Ensure robust, systematic ethnic monitoring in health records 		

Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

January 2015 Update:


- Brighton and Hove CCG fund Friends families and Travellers (FFT) to engage and feedback on specific issues that face Traveller communities.
- We are currently refreshing our operating plan for 2015/16 and will use the Brighton and Hove Funded Engagement Annual Report 2014 from FFT to shape our future plans. This will set out the achievements to date, highlight the challenges and articulate the deliverables for 2015/16. We will consult on the plan in Jan 2015 and publish in April 2015
- 1 GP practice received cultural awareness training during 2014, with another pending in early 2015.
- Wallet size “help cards” produced – indicating additional help required. Good feedback on their use by the community.
- CCG is considering running equalities based awareness sessions for front line staff at the CCG conference in April 2015.
- The CCG has a contract for engagement with the Gypsy and Traveller communities via Friends, Families and Travellers. Four themed consultations carried out with the Gypsy and Traveller community (urgent care, record sharing, mental wellbeing and integrated care. Wider feedback also been provided alongside consultation reports. Ongoing work to engage with the community – next topic will be Health Checks (Spring 2015)
- The CCG’s Governing Body took part in an event to meet with equalities based groups – including Gypsies and Travellers- and hear about their issues relating to local health services (November 2014)
- We will over the next year be working with our GP practices as part of the Transforming Primary Care programme, to ensure that ethnic monitoring data is collected consistently and systematically

September 2015 Update:

- **There have been some issues in arranging further cultural awareness for practices; the CCG is supporting FFT to access the two further practices identified as most likely to be used by the community and we aim to have provided cultural awareness training to one of these practices by end 2015, and the second in early 2016.**
- **As a general principle, GP practices are starting to use text messaging as a way of communicating with patients.**
- **The CCG is working with BHCC to develop the My Life website as a portal for health information, and information on local health and social care services and sources of support. The site will be user tested in late 2015, and Friends, Families and Travellers will be asked to review the site and make suggestions for changes. We will also work with Friends Families and Travellers to identify the types of information needed (for example, we know that a breastfeeding leaflet has been identified) and look at how best to ensure this information is available appropriately.**
- **The CCG continues to commission Friends, Families and Travellers to engage with the community, and to work with other Health Engagement Organisations. The consultation on Health Checks has been completed, as has a further consultation on Primary Care (Summer 2015). Further topics include “Cancer- signs and symptoms/information” in early 2016.**

Brighton & Hove Traveller Commissioning Strategy 2012
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- An event is planned in early December 2015 to showcase and raise awareness of the engagement work carried out by the CCGs commissioned voluntary sector groups, who engage with some of the city’s most excluded groups and communities, including Gypsies and Travellers. The invitees will include clinicians and commissioners, with the aim of raising awareness of the needs of these groups and communities.
- The CCG has Participation and Equality and Diversity Champions in each team which will help embed approaches to and knowledge about the diverse communities in the city, and ensure that engaging with these communities remains high on the agenda.
- The CCG is hoping to develop ways to ensure that GP practices – to include all practice staff- have access to cultural awareness relating to the diversity of groups and communities in the city. The CCG will also make cultural awareness available to Patient Participation Group members, in order that they can then work with practices to increase knowledge and responsiveness.

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**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 10	Service Lead(s)	ELT Lead
<p>The panel welcomes the commitment from the Clinical Commissioning Group (CCG) to provide cultural awareness training in relation to Travellers for CCG staff and lead clinicians. However, we are concerned that this does not fully address the problems of front-line clinical staff (e.g. GPs and dentists) and other staff (e.g. GP surgery receptions) lacking awareness of Traveller issues, and sometimes a knowledge of their statutory duties to provide services. We therefore seek clarification as to how the training of CCG staff and lead clinicians will percolate down to other primary care workers.</p>	<p>Ramona Booth</p>	<p>Tom Scanlon</p>
<p>Council Response March 2012</p>		
<p>This will be pursued via the Clinical Training Committee, NHS Brighton & Hove.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • As a result of the Traveller Commissioning Strategy the former Primary Care Trust commissioned research into the health needs of local Travellers which has been used to inform the Clinical Commissioners Group. In addition the Brighton & Hove CCG Annual Operation Plan 2013/14 outlines the CCG’s commitment to work with partners to implement the following recommendations: <ul style="list-style-type: none"> <u>Outreach health services</u> <ul style="list-style-type: none"> • Improve outreach health services <u>GP services</u> <ul style="list-style-type: none"> • Identify 1-2 GP surgeries that can implement models of good practice for primary care service delivery • Provide Traveller-led cultural awareness training for clinical and other staff at these surgeries • Develop a wallet-sized card for Travellers to present to receptionists • Consider ways to improve access to GP services <u>Specialist health services</u> <ul style="list-style-type: none"> • Ensure Traveller specialist health services proactively succession plan • Consider how commissioners can improve monitoring of Traveller specialist health services • Promote collaboration between identified GP surgeries and specialist providers <u>Communication and record keeping</u> <ul style="list-style-type: none"> • Encourage GP surgeries and hospital trusts to make more use of mobile phone technology to communicate with patients • Make health information accessible for people with low literacy skills <u>Public and patient engagement</u> <ul style="list-style-type: none"> • Create opportunities for dialogue between Travellers and health professionals by making it easier for ethnic minorities and socially excluded groups to engage 		

Brighton & Hove Traveller Commissioning Strategy 2012
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with us

Improve ethnic monitoring

- Ensure robust, systematic ethnic monitoring in health records

January 2015 Update:

- Brighton and Hove CCG fund Friends families and Travellers (FFT) to engage and feedback on specific issues that face Traveller communities.
- We are currently refreshing our operating plan for 2015/16 and will use the Brighton and Hove Funded Engagement Annual Report 2014 from FFT to shape our future plans. This will set out the achievements to date, highlight the challenges and articulate the deliverables for 2015/16. We will consult on the plan in Jan 2015 and publish in April 2015
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- The CCG has a contract for engagement with the Gypsy and Traveller communities via Friends, Families and Travellers. Four themed consultations carried out with the Gypsy and Traveller community (urgent care, record sharing, mental wellbeing and integrated care. Wider feedback also been provided alongside consultation reports. Ongoing work to engage with the community – next topic will be Health Checks (Spring 2015)
- The CCG’s Governing Body took part in an event to meet with equalities based groups – including Gypsies and Travellers- and hear about their issues relating to local health services (November 2014)
- We will over the next year be working with our GP practices as part of the Transforming Primary Care programme, to ensure that ethnic monitoring data is collected consistently and systematically

September 2015 Update:

- **There have been some issues in arranging further cultural awareness for practices; the CCG is supporting FFT to access the two further practices identified as most likely to be used by the community and we aim to have provided cultural awareness training to one of these practices by end 2015, and the second in early 2016.**
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- **The CCG continues to commission Friends, Families and Travellers to engage with the community, and to work with other Health Engagement**

Organisations. The consultation on Health Checks has been completed, as has a further consultation on Primary Care (Summer 2015). Further topics include “Cancer- signs and symptoms/information” in early 2016.

- An event is planned in early December 2015 to showcase and raise awareness of the engagement work carried out by the CCGs commissioned voluntary sector groups, who engage with some of the city’s most excluded groups and communities, including Gypsies and Travellers. The invitees will include clinicians and commissioners, with the aim of raising awareness of the needs of these groups and communities.
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**Brighton & Hove Traveller Commissioning Strategy 2012
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Traveller Scrutiny Recommendation 11	Service Lead(s)	ELT Lead
The panel would welcome cultural awareness training for health workers, especially in primary care, which could build on the successful awareness training held for council staff and due to be rolled out to Councillors.	Ramona Booth	Tom Scanlon
Council Response March 2012		
This will be pursued via the Clinical Training Committee, NHS Brighton & Hove		
Current position – short commentary by service lead(s):		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • As a result of the Traveller Commissioning Strategy the former Primary Care Trust commissioned research into the health needs of local Travellers which has been used to inform the Clinical Commissioners Group. In addition the Brighton & Hove CCG Annual Operation Plan 2013/14 outlines the CCG’s commitment to work with partners to implement the following recommendations: <ul style="list-style-type: none"> <u>Outreach health services</u> <ul style="list-style-type: none"> • Improve outreach health services <u>GP services</u> <ul style="list-style-type: none"> • Identify 1-2 GP surgeries that can implement models of good practice for primary care service delivery • Provide Traveller-led cultural awareness training for clinical and other staff at these surgeries • Develop a wallet-sized card for Travellers to present to receptionists • Consider ways to improve access to GP services <u>Specialist health services</u> <ul style="list-style-type: none"> • Ensure Traveller specialist health services proactively succession plan • Consider how commissioners can improve monitoring of Traveller specialist health services • Promote collaboration between identified GP surgeries and specialist providers <u>Communication and record keeping</u> <ul style="list-style-type: none"> • Encourage GP surgeries and hospital trusts to make more use of mobile phone technology to communicate with patients • Make health information accessible for people with low literacy skills <u>Public and patient engagement</u> <ul style="list-style-type: none"> • Create opportunities for dialogue between Travellers and health professionals by making it easier for ethnic minorities and socially excluded groups to engage with us <u>Improve ethnic monitoring</u> <ul style="list-style-type: none"> • Ensure robust, systematic ethnic monitoring in health records <p>January 2015 Update:</p> <ul style="list-style-type: none"> • Brighton and Hove CCG fund Friends families and Travellers (FFT) to engage and feedback on specific issues that face Traveller communities. 		

Brighton & Hove Traveller Commissioning Strategy 2012 Three Year Update to the Scrutiny Panel Recommendations: September 2015

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- **There have been some issues in arranging further cultural awareness for practices; the CCG is supporting FFT to access the two further practices identified as most likely to be used by the community and we aim to have provided cultural awareness training to one of these practices by end 2015, and the second in early 2016.**
- **As a general principle, GP practices are starting to use text messaging as a way of communicating with patients.**
- **The CCG is working with BHCC to develop the My Life website as a portal for health information, and information on local health and social care services and sources of support. The site will be user tested in late 2015, and Friends, Families and Travellers will be asked to review the site and make suggestions for changes. We will also work with Friends Families and Travellers to identify the types of information needed (for example, we know that a breastfeeding leaflet has been identified) and look at how best to ensure this information is available appropriately.**
- **The CCG continues to commission Friends, Families and Travellers to engage with the community, and to work with other Health Engagement Organisations. The consultation on Health Checks has been completed, as has a further consultation on Primary Care (Summer 2015). Further topics include “Cancer- signs and symptoms/information” in early 2016.**
- **An event is planned in early December 2015 to showcase and raise awareness of the engagement work carried out by the CCGs commissioned voluntary sector groups, who engage with some of the city’s most excluded groups and communities, including Gypsies and Travellers. The invitees**

will include clinicians and commissioners, with the aim of raising awareness of the needs of these groups and communities.

- The CCG has Participation and Equality and Diversity Champions in each team which will help embed approaches to and knowledge about the diverse communities in the city, and ensure that engaging with these communities remains high on the agenda.
- The CCG is hoping to develop ways to ensure that GP practices – to include all practice staff- have access to cultural awareness relating to the diversity of groups and communities in the city. The CCG will also make cultural awareness available to Patient Participation Group members, in order that they can then work with practices to increase knowledge and responsiveness.

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Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 12	Service Lead(s)	ELT Lead
<p>The panel is pleased to see the statement that NHS Brighton & Hove is using and promoting the common framework for ethnic monitoring being developed by the City Inclusion Partnership. The panel is also pleased that the council is promoting the use of the common framework. However, the panel would like the Strategy to contain a statement on how the ethnic monitoring information will be used and an assurance that the council and NHS Brighton & Hove will integrate their information to plan and monitor services.</p>	<p>Ramona Booth</p>	<p>Tom Scanlon</p>
<p>Council Response March 2012</p>		
<p>New paragraphs added to strategy:</p> <ul style="list-style-type: none"> • <i>10.2 To address this gap the Council and NHS Sussex (Brighton & Hove) will conduct specific needs assessment on the health and wellbeing of Travellers. The assessment will be used to develop an action plan to improve access to healthcare services for members of the Traveller community.</i> • <i>10.3 Developing NHS ethnic monitoring locally will help provide us with information on the services used and needed by Travellers to ensure we can plan provision more effectively</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • As a result of the Traveller Commissioning Strategy the former Primary Care Trust commissioned research into the health needs of local Travellers which has been used to inform the Clinical Commissioners Group. In addition the Brighton & Hove CCG Annual Operation Plan 2013/14 outlines the CCG’s commitment to work with partners to implement the following recommendations: <ul style="list-style-type: none"> <u>Outreach health services</u> <ul style="list-style-type: none"> • Improve outreach health services <u>GP services</u> <ul style="list-style-type: none"> • Identify 1-2 GP surgeries that can implement models of good practice for primary care service delivery • Provide Traveller-led cultural awareness training for clinical and other staff at these surgeries • Develop a wallet-sized card for Travellers to present to receptionists • Consider ways to improve access to GP services <u>Specialist health services</u> <ul style="list-style-type: none"> • Ensure Traveller specialist health services proactively succession plan • Consider how commissioners can improve monitoring of Traveller specialist health services • Promote collaboration between identified GP surgeries and specialist providers <u>Communication and record keeping</u> <ul style="list-style-type: none"> • Encourage GP surgeries and hospital trusts to make more use of mobile phone technology to communicate with patients • Make health information accessible for people with low literacy skills <u>Public and patient engagement</u> 		

Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

- Create opportunities for dialogue between Travellers and health professionals by making it easier for ethnic minorities and socially excluded groups to engage with us

Improve ethnic monitoring

- Ensure robust, systematic ethnic monitoring in health records

January 2015 Update:

- Brighton and Hove CCG fund Friends families and Travellers (FFT) to engage and feedback on specific issues that face Traveller communities.
- We are currently refreshing our operating plan for 2015/16 and will use the Brighton and Hove Funded Engagement Annual Report 2014 from FFT to shape our future plans. This will set out the achievements to date, highlight the challenges and articulate the deliverables for 2015/16. We will consult on the plan in Jan 2015 and publish in April 2015
- 1 GP practice received cultural awareness training during 2014, with another pending in early 2015.
- Wallet size “help cards” produced – indicating additional help required. Good feedback on their use by the community.
- CCG is considering running equalities based awareness sessions for front line staff at the CCG conference in April 2015.
- The CCG has a contract for engagement with the Gypsy and Traveller communities via Friends, Families and Travellers. Four themed consultations carried out with the Gypsy and Traveller community (urgent care, record sharing, mental wellbeing and integrated care. Wider feedback also been provided alongside consultation reports. Ongoing work to engage with the community – next topic will be Health Checks (Spring 2015)
- The CCG’s Governing Body took part in an event to meet with equalities based groups – including Gypsies and Travellers- and hear about their issues relating to local health services (November 2014)
- We will over the next year be working with our GP practices as part of the Transforming Primary Care programme, to ensure that ethnic monitoring data is collected consistently and systematically

September 2015 Update:

- **The CCG is continuing to work with GP practice to improve their systematic collection of ethnic monitoring data**
- **There have been some issues in arranging further cultural awareness for practices; the CCG is supporting FFT to access the two further practices identified as most likely to be used by the community and we aim to have provided cultural awareness training to one of these practices by end 2015, and the second in early 2016.**
- **As a general principle, GP practices are starting to use text messaging as a way of communicating with patients.**
- **The CCG is working with BHCC to develop the My Life website as a portal for health information, and information on local health and social care services and sources of support. The site will be user tested in late 2015, and Friends, Families and Travellers will be asked to review the site and make suggestions for changes. We will also work with Friends Families and Travellers to identify the types of information needed (for example, we**

know that a breastfeeding leaflet has been identified) and look at how best to ensure this information is available appropriately.

- The CCG continues to commission Friends, Families and Travellers to engage with the community, and to work with other Health Engagement Organisations. The consultation on Health Checks has been completed, as has a further consultation on Primary Care (Summer 2015). Further topics include “Cancer- signs and symptoms/information” in early 2016.
- An event is planned in early December 2015 to showcase and raise awareness of the engagement work carried out by the CCGs commissioned voluntary sector groups, who engage with some of the city’s most excluded groups and communities, including Gypsies and Travellers. The invitees will include clinicians and commissioners, with the aim of raising awareness of the needs of these groups and communities.
- The CCG has Participation and Equality and Diversity Champions in each team which will help embed approaches to and knowledge about the diverse communities in the city, and ensure that engaging with these communities remains high on the agenda.
- The CCG is hoping to develop ways to ensure that GP practices – to include all practice staff- have access to cultural awareness relating to the diversity of groups and communities in the city. The CCG will also make cultural awareness available to Patient Participation Group members, in order that they can then work with practices to increase knowledge and responsiveness.


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GREEN

Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 13	Service Lead(s)	ELT Lead
<p>The panel would like to see a commitment in the Strategy to learning from successful education projects, which have offered mentoring to Minority Ethnic groups, and to drawing in members of the Traveller community to offer help and advice with Traveller education issues.</p>	<p>Jackie Whitford</p>	<p>Pinaki Ghoshal</p>
<p>Council Response March 2012</p>		
<p>Additional text added to strategy:</p> <ul style="list-style-type: none"> <i>We also recognise the value in learning and adopting successful good practice from elsewhere and will seek to draw in members of the Travelling community wherever possible to support training and outreach.</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> This action was completed with approval of the final strategy. No further action is required. <p>January 2015 Update:</p> <ul style="list-style-type: none"> Members of the Travelling community have been engaged to give talks, presentations and displays on Traveller history and culture since 2012. An employee from Friends Families and Travellers of Gypsy heritage has participated in a jointly funded education and health outreach project (via the mobile education unit) at Horsdean in 2013 Children’s Services has employed a peripatetic teacher with a Gypsy heritage to work with Traveller children in 2014 as part of the new City’s Traveller Education Unit. N.B Children’s Services have ceased its contract with East Sussex (July 14) and is in the process of appointing the City’s new Traveller Education Unit who will work closely with the City’s Traveller Liaison Team, Health and all other partners. Traveller cultural awareness training is now a fixture on the Council’s Workforce and Development annual training programme’ Delivered by Jackie Whitford with input from members of the Travelling community. <p>September 2015 Update:</p> <ul style="list-style-type: none"> As above plus newly appointed Traveller Education and Support Unit in place. 		
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**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 14	Service Lead(s)	ELT Lead
<p>The panel would like the Strategy to contain an action re: obtaining city based information on Traveller educational attainment, across all sectors of education from pre-school to Further Education. Once this data has been gathered it should be used as a baseline from which to identify the educational attainment of Traveller children. The panel would expect data and a statement on how this data will be used to be contained in the progress updates reported to Committee.</p>	<p>Jackie Whitford</p>	<p>Pinaki Ghoshal</p>
<p>Council Response March 2012</p>		
<p>From 2012 we will gather and report on the EYFS profile scores of visiting children. These recommendations will be relevant when the permanent site is completed.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> This recommendation will be applicable when the permanent site is completed. <p>January 2015 Update:</p> <ul style="list-style-type: none"> Few pupils completed Year due to either short stay on transit or the turbulent nature of unauthorised encampments. EYFS profile scores re small number of longer stay pupils showed them to be the lowest attaining of any group - 25% lower scores than the average This recommendation will be applicable when the permanent site is completed. <p>September 2015 Update:</p> <ul style="list-style-type: none"> This year's longer stay pupils having completed Year R achieved good level of development across all goals. 		
<p>Status (Sept 2015)</p>	<p><i>Red – Off target and not likely to come back to on target without intervention.</i> <i>Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary).</i> <i>Green – On or above target</i></p>	<p>RAG NOT YET APPLICABLE</p>


Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 15	Service Lead(s)	ELT Lead
The panel is keen to ensure that the Strategy contains more detailed information and outcomes on how to improve the educational experience and attainment for transient Travellers who come to the city.	Jackie Whitford	Pinaki Ghoshal
Council Response March 2012		
As mentioned, average stay is 20 days and we are rarely informed of departures. Feedback from a variety of service providers, including visiting Travellers is used to inform and plan. No additional action required.		
Current position – short commentary by service lead(s):		
<p>January 2014 & January 2015 Update:</p> <ul style="list-style-type: none"> No further action required <p>September 2015 Update:</p> <ul style="list-style-type: none"> As above. But stay on unauthorised encampments reduced to an average of 8 days. 		
Status (Sept 2015)	<p><i>Red – Off target and not likely to come back to on target without intervention.</i></p> <p><i>Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary).</i></p> <p><i>Green – On or above target</i></p>	RAG NOT APPLICABLE

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 16	Service Lead(s)	ELT Lead
<p>The panel welcomes the commitment to include actions in the Strategy which build on successful 'out reach to in reach' work in encouraging take up of education and combining this with information from health outreach work. The panel would like to see the data gathered to be used to plan future services and measure progress achieved by these services.</p>	<p>Jackie Whitford</p>	<p>Pinaki Ghoshal</p>
<p>Council Response March 2012</p>		
<p>The data gathered will be used to plan future services and measure progress achieved by these services</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • During 2012-13, 86 EYs highly mobile pre school children were supported via outreach. 15 supported into nursery. Ongoing needs assessment resulted in two nurseries holding 2yr old funded places for mobile Travellers • From Sept 13 outreach unit making additional weekly visits providing health education e.g. smoking cessation, first aid etc. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • 2013-14, 76 EYs highly mobile pre school children were supported via outreach. 2 children received 2 year old funding, 10 children attended nursery. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • 114 EYs highly mobile pre school supported via outreach. • Due to shorter stays on unauthorised encampments (average 8 day stay) parents were reluctant to commit to nursery. Numbers down on previous years. 1 child in receipt of 2 year old funding, 8 supported into nursery. 		
<p>Status (Sept 2015)</p>	<p><i>Red – Off target and not likely to come back to on target without intervention. Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary). Green – On or above target</i></p>	<p> GREEN</p>


Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 17	Service Lead(s)	ELT Lead
<p>The panel is concerned that the positive work which is being done to secure Traveller engagement from early years could go to waste if the Strategy does not include sufficient measures to retain Traveller children in education. This in turn will enable Travellers to improve their employment prospects. The Strategy should include new ways to engage with hard to reach Traveller groups such as teenagers, enabling access to adult and further education, and using ICT and other methods to engage with these groups.</p>	<p>Jackie Whitford</p>	<p>Pinaki Ghoshal</p>
<p>Council Response March 2012</p>		
<p>We are contributing to Brighton & Hove “Vulnerable Learners Protocol” to engage KS5 pupils.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> This recommendation will be applicable when the permanent site is completed. <p>January 2015 Update:</p> <ul style="list-style-type: none"> Youth Outreach Bus available close to Horsdean offering sexual health advice to young Travellers Jackie Whitford (Adviser – Traveller Education) attending newly former Traveller Women’s group using range of materials, DVDs to promote update of secondary and further education. Interest expressed in women accessing adult literacy. To be followed up. <p>September 2015 Update:</p> <ul style="list-style-type: none"> Consultation with Traveller Women’s group ongoing as to adult and further education needs. Children’s Voice Survey undertaken by FFT. Travellers requested delaying provision until they have permanent residence on new site. Liaison with youth workers at FFT as to meeting needs and engagement with 14-19 year olds 		
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Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 18	Service Lead(s)	ELT Lead
<p>The panel would like to see the Strategy contain a commitment from the council to lead a co-ordinated programme to improve awareness in schools about Traveller history and culture. This would include the council leading, and co-ordinating, the city’s participation in Gypsy Roma Traveller History Month and including Travellers in People’s Day.</p>	<p>Jackie Whitford</p>	<p>Pinaki Ghoshal</p>
<p>Council Response March 2012</p>		
<p>Already a goal of the strategy:</p> <ul style="list-style-type: none"> • <i>Goal 13: Improve further the awareness in schools about Traveller History and Culture</i> <p>Action Plan already includes:</p> <ul style="list-style-type: none"> • <i>13.2 Promote national initiatives such as Gypsy Roma Traveller History Month and encourage schools to participate</i> • <i>14.3 Promotion of GRT History Month</i> <p>No additional action required</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • Held in June, the Gypsy Roma Traveller History month was a joint initiative between the East Sussex Traveller Education Team in consortium with Brighton & Hove City Council and Friends, Families and Travellers. • For the 5th consecutive year, Traveller pupils attending schools in the city were awarded prizes in the Gypsy Roma Traveller History month national schools competition. Seven local schools celebrated GRT History month and participated in the competition. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • 2013 – Hove Town Hall – Presentation of “Traveller Roots around the City” plus music and dance. • January 2014 Contribution to Holocaust Memorial Day re “Forgotten Victims • Plays performed in 2 schools illustrating historical persecution of Gypsies . • May 14 Brighton & Hove schools participated in GRT History Month national schools competition. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • Ongoing training and participation in schools. 1,950 pupils across the City benefited from cultural awareness training this year via lessons and assemblies. • GRT History Month, national competition. We submitted 25 entries. 		


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Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 19	Service Lead(s)	ELT Lead
<p>The panel would like the Strategy to contain information on the Joint Sussex-wide protocol on unauthorised encampments which is being developed for use by the Police and local authorities and to place this under goal 16 of the Strategy 'Effective Management of Unauthorised Encampments'.</p>	<p>Paul Ransome</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>Work on developing Protocol referenced in the Strategy.</p> <p>In addition, an action is included at 16.5:</p> <ul style="list-style-type: none"> • <i>Provide a consistent response to all unauthorised encampments by developing a joint Sussex Wide Unauthorised Encampment Protocol (Police & Local Authorities) and joint leaflets</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • Monza reviewed and expanded. Multi-agency group developed a tactical Prevention, Intelligence, Enforcement & Reassurance Plan (PIER) for 2013. Joint work ongoing. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • Joint Sussex-wide protocol on unauthorised encampments is embedded within Sussex Police and forms part of the Force Policy for dealing with unauthorised encampments. • Joint working groups meet at regular intervals with local authority and with Gypsy and Traveller Groups. • Sussex Police have strategic leads for Traveller related matters at Superintendent level (Operational and Equalities). • Op Monza for Summer 2014 was scaled down. Within Brighton a small team with support from Neighbourhood Policing Teams have managed a number of encampments throughout the year supporting the council and fulfilling the responsibilities within the Community Reassurance Plan. Brighton & Hove retains a full time Gypsy and Traveller Liaison Officer due to the high numbers of Traveller families present within the City throughout the year. • The PIER plan referred to above is ongoing (Prevention, Intelligence, Enforcement and Reassurance.) <p>September 2015 Update:</p> <ul style="list-style-type: none"> • Joint Sussex-wide protocol on unauthorised encampments is embedded within Sussex Police and forms part of the Force Policy for dealing with unauthorised encampments. (No change from Jan 2015 update) • Joint working groups meet at regular intervals with local authority and with 		

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

<p>Gypsy and Traveller Groups. (No change from Jan 2015 update)</p> <ul style="list-style-type: none"> • Sussex Police have strategic leads for Traveller related matters at Superintendent level (Operational and Equalities). (No change from Jan 2015 update) • B&H Council and Sussex Police websites signpost the joint working protocol. • Within B&H the PIER plan has been reviewed in light of the expected closure of Horsdean site for refurbishment based on the increased risks and anticipated increase in encampments. The plan continues to ensure the community reassurance plan is at its heart. • A consistent approach is applied through supervision being aligned to the role to support the 3 x GTLOs (PCSOs) who work alternate shifts to improve cover. 		
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Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015

Traveller Scrutiny Recommendation 20	Service Lead(s)	ELT Lead
<p>The panel appreciates that work is ongoing in relation to sensitive sites. However they believe that the Strategy should contain a clear plan for sensitive sites. This could identify levels of sensitivity and a commitment to mapping the impact of site protection measures on unauthorised encampments elsewhere in the city.</p>	<p>Rob Walker</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>Our plan will not only need to determine how sensitive sites are defined, but the impact of measures on one site needs to be assessed in terms of the impact on other sites to ensure 'displacement' does not occur. In addition resources will need to be identified to secure sites otherwise there is a danger of raising expectations will not be matched by the ability to take the appropriate action.</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • Cityparks are maintaining and continuously reviewing existing protection measures around the city. Improvements are made where they are affordable within existing budgets. • Successful works carried out to Withdean Park, Greanleas Recreation Ground and the Ladies Mile Nature Reserve. • Improvements have also been made to Carden Park and Hollingbury Park. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • Improvements to physical barriers are where bee banks are being positioned where they make it harder for travellers to enter a site. These are externally funded structures that's prime objective is to increase wildlife in particular insects • The Traveller Liaison Team will be piloting the use of mobile cameras at the entrance points to various sensitive sites in the city to deter trespass and evidence criminal damage where it occurs <p>September 2015 Update:</p> <ul style="list-style-type: none"> • Ongoing maintenance and review of physical defences responding to where there have been incursions. Budgetary constraints and physical topography places limitations on the work that can be done to effectively prevent incursions but that will also reduce UAEs overall for the city. • Defences have been improved on the car parks at Stanmer but this has largely just displaced the travellers onto the grass areas within the park but has kept the car parks clearer for the public to use. • A new type of width restrictor at Wild Park has recently been installed which will restrict access by larger vehicles when the café is not open. • Mobile cameras have not been installed but are still being considered. The difficulty has been that cameras that will provide evidential standard images can not be run from batteries. It would therefore require significant 		

investment to install and maintain cameras and in a time of limited budgets the potential effectiveness needs to be considered carefully. We are looking at potential addition legal remedies to protect sensitive sites (PSPOs) and depending on the effectiveness will consider the use of CCTV again in the future.


- The Council in conjunction with the police are looking at the possibility of using PSPO [Public Service Protection Orders] to protect the most sensitive parks.
- We have been in liaison with the Environment Agency and Southern Water to enhance our sensitive site profiles and include environmental risks and risks to water supply so that this can be taken into account when assessing the potential impact of a UAE.

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**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 21	Service Lead(s)	ELT Lead
<p>The panel is pleased that the Action Plan is to be updated to show that the Protocol for Van Dwellers will be developed during 2012/2013. The panel would like the council to contact other local authorities who experience this issue, such as Bristol, to see what practices they have developed.</p>	<p>Rachel Chasseaud</p>	<p>Nick Hibberd</p>
<p>Council Response March 2012</p>		
<p>This will be done as part of the development of the Protocol</p>		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • Protocol overdue however the 1st draft is complete and we are now completing research and consultation with other local authorities. The findings from this exercise will be incorporated into the final draft which we aim to have completed by end of March 2014. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • Work on the protocol has started and is in progress. • There has been multi-disciplinary action taken at various locations in the city where there are recurring issues with van dwellers and this model will form the basis for the protocol. • An unexpected outcome of the Gypsy Traveller Needs Assessment process has been the information gained from interviews undertaken with those who, although not ethnically defined Travellers, are resident in Brighton and Hove as van dwellers. This and other research will inform the final draft of the van dweller protocol. • A multiagency approach is being piloted which will develop into the protocol. Research and review of legal powers is ongoing. • Aiming to deliver by end of 2014/15. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • Van Dweller Protocol is operational with a multi-agency targeted approach. The Protocol is being reviewed in light of the ASB Crime and Policing Act 2014 with consideration being given to new powers that could be used to help address on street van dwelling. Consultation and EIA will be part of this review and due to be complete by March 2016 		
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**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 22	Service Lead(s)	ELT Lead
<p>Given the important role Councillors play in relation to Travellers, the panel believe that Councillors should be offered the opportunity to attend Traveller Awareness Training run by the council on an annual basis.</p>	<p>Mark Wall</p>	<p>Abraham Ghebre-Ghiorghis</p>
<p>Council Response March 2012</p>		
<p>We will run this for the next two years and then review. We will always run this course for the two years after an election.</p> <p>This has been added to the action plan at 14.4:</p> <ul style="list-style-type: none"> • <i>Run regular Councillor Traveller awareness sessions</i> 		
<p>Current position – short commentary by service lead(s):</p>		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • Proposal for 2nd year of training due for approval in December 2013. 2 proposed dates identified <p>January 2015 Update:</p> <ul style="list-style-type: none"> • Traveller Awareness sessions were offered to each of the 3 political groups by officers in 2014 and provided at separate Group meetings before the summer recess. • The potential for including Traveller awareness into the new Member induction following the local elections is also being explored. <p>September 2015 Update:</p> <ul style="list-style-type: none"> • We are currently looking to identify dates for traveller sessions as part of the 2nd Phase of Member Induction during October/November 2015 		
<p>Status (Sept 2015)</p>	<p><i>Red – Off target and not likely to come back to on target without intervention. Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary). Green – On or above target</i></p>	 <p>GREEN</p>

**Brighton & Hove Traveller Commissioning Strategy 2012
Three Year Update to the Scrutiny Panel Recommendations: September 2015**

Traveller Scrutiny Recommendation 23	Service Lead(s)	ELT Lead
<p>The panel recommends that the council works with the local media to ensure balanced reporting of issues relating the traveller community. This could include such things as:</p> <ul style="list-style-type: none"> • Reporting positive Traveller stories • Challenging the need for Traveller stories to be front-page, a practice which automatically sensationalises the issue • Moderating, and if necessary deleting, comments placed on websites 	Ali Rigby	Paula Murray
Council Response March 2012		
<p>An action has been added in 'Outcome 4: Community Cohesion' at 14.1:</p> <ul style="list-style-type: none"> • <i>Develop a greater understanding amongst the media of Traveller issues.</i> <p>Work to implement this action will consider the points raised by the Panel.</p>		
Current position – short commentary by service lead(s):		
<p>January 2014 Update:</p> <ul style="list-style-type: none"> • Work is ongoing to support the Traveller team and provide a clear and consistent message. <p>January 2015 Update:</p> <ul style="list-style-type: none"> • A joint communications approach is being developed with the Police to ensure consistent messaging <p>September 2015 Update:</p> <ul style="list-style-type: none"> • Ongoing work with media on all issues however it should be noted that this cannot be controlled by the communications team • Communications with the police has improved and messaging is more consistent • Communications advice given to traveller team particularly on website content and social media 		
Status (Sept 2015)	<p><i>Red – Off target and not likely to come back to on target without intervention.</i> <i>Amber – Currently off target but officers are confident that performance should reach target with current improvements in place (detail these in the commentary).</i> Green – On or above target</p>	 GREEN

Subject:	Traveller Commissioning Strategy: Three Years On		
Date of Meeting:	24 November 2015		
Report of:	Executive Director of Environment, Development & Housing		
Contact Officer:	Name:	Andy Staniford	Tel: 29-3159
	Email:	andy.staniford@brighton-hove.gov.uk	
Ward(s) affected:	All		

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

- 1.1 The Traveller Commissioning Strategy 2012 and Action Plan were approved by Full Council on 22 March 2012.
- 1.2 The development of this strategy was shadowed by an Environment & Community Safety Overview & Scrutiny Traveller Scrutiny Panel.
- 1.3 The Response to the recommendations of the Traveller Scrutiny committed the Council to producing an annual monitoring report for the relevant Member Committee and this is the third of those updates. In addition, this report plus an update on the Scrutiny recommendations will be presented at Overview & Scrutiny Committee on 25 November 2015.
- 1.4 Progress has been highlighted in this report and the full monitoring update is attached as Appendix 1. An update on the Scrutiny Panel recommendations is attached as Appendix 2.

2. RECOMMENDATIONS

- 2.1 That Environment, Transport & Sustainability Committee notes the progress made, achievements and challenges in delivering the strategy (Appendix 1).
- 2.2 That Environment, Transport & Sustainability Committee notes the progress made in implementing the Scrutiny Panel recommendations (Appendix 2).

3. CONTEXT / BACKGROUND INFORMATION

- 3.1 The Traveller Commissioning Strategy 2012 and Action Plan were approved by Full Council on 22 March 2012.

- 3.2 In addition to reaffirming our commitment to the permanent Traveller site, our new strategy offers a fresh and co-ordinated partnership approach to addressing the key issues facing the Traveller and settled communities.
- 3.3 Progress over 3rd year of our strategy has included:
- Development of the new permanent site at Horsdean commenced on 7 September 2015 and is estimated to complete in June 2016 (the Horsdean transit site is now closed for duration of build)
 - In response to the closure of the transit site at Horsdean, the PIER plan (Prevention, Intelligence, Enforcement & Reassurance) to help tackle unauthorised encampments has been reviewed and amended. Three Gypsy Traveller Liaison Police Officers are working alternate shifts to improve cover with supervision aligned to provide support to these officers
 - Building on the findings of the Brighton & Hove Funded Engagement Annual Report 2014 the CCG has identified Equality and Diversity Champions and Participation Champions in all teams. Their training will help embed understanding of the city's diverse communities, including Travellers, within teams in the CCG
 - A work programme has been completed for professionals to ensure they are confident in identifying and responding to Domestic Violence, Sexual Violence and other forms of Violence Against Women & Girls (VAWG). A resource pack, guidance and training will be developed
 - Traveller history and culture is embedded in schools cultural diversity celebrations. All schools in the city have received support and assistance from the City's Traveller Education Unit, including staff training and a wide range of resources
- 3.4 The development of the strategy was shadowed by an Environment & Community Safety Overview & Scrutiny Traveller Scrutiny Panel chaired by Dr. Aidan McGarry, School of Applied Social Science, University of Brighton. The other panel members were Councillors Littman, Simson and Robins.
- 3.5 The panel held capacity building and evidence gathering sessions where it heard from 31 witnesses representing Council services, other public sector bodies such as the Police and NHS Sussex, the Community & Voluntary Sector, resident groups, politicians and representatives from other authorities. The panel also visited the Horsdean Transit site to talk to Travellers living in Brighton & Hove.
- 3.6 The panel's final report has highlighted that:
- 'The panel welcomed the draft Strategy because it:*
- *Represented a significant step forward in describing the needs of the Traveller community and determining which outcomes a Traveller Strategy for this city wished to achieve*
 - *Contained a comprehensive set of high level goals about meeting the needs of Travellers and the settled community*
 - *Had addressed both the needs of Travellers and the settled community in those goals*
 - *Had been based on a two stage consultation process'*

- 3.7 The Response to the recommendations of the Traveller Scrutiny Panel were presented at Environment & Sustainability Cabinet Member Meeting on 15 March 2012 and committed the Council to producing an annual monitoring report for the relevant Member Committee.

Who we define as Travellers:

- 3.8 Travellers' is a collective term used to describe different groups who have a nomadic lifestyle or tradition/heritage of nomadism. Romany Travellers, English, Irish, Welsh and Scottish Travellers are recognised in law as ethnic groups and are identified as having a shared culture, language and beliefs. Romany Gypsies have been in England for over 600 years and Irish Travellers have a long history of travelling and living in this country.
- 3.9 The term 'Travellers' also covers some groups not currently recognised as ethnic groups including 'New Travellers' who are non-traditional travellers (most of whom originate from the settled community, although some children have been born into New Traveller communities) and Travelling showpeople. It also covers those who have stopped travelling due to ill health old age or young children. Van Dwellers are not considered to meet the definition of a Traveller in any national policy as they are effectively permanently resident in the city, such as through work or education.

Traveller Inequality:

- 3.9 The report 'Inequalities experienced by Gypsy and Traveller Communities: A Review' by the Equality & Human Rights Commission in 2009 shows that Traveller communities experience extensive inequalities, such as:
- Travellers die earlier than the rest of the population
 - They experience worse health, yet are less likely to receive effective, continuous healthcare
 - Children 's educational achievements are worse, and declining still further
 - Participation in secondary education is extremely low
 - Employment rates are low, and poverty high
 - Insecure lifestyles associated with repeated evictions can have a negative psychological impact upon children
 - There is an increasing problem of substance abuse among unemployed and disaffected young people
 - There are high suicide rates among the communities
 - Travellers who live in bricks and mortar housing can experience racist hostility from neighbours and isolation from their communities
 - There is a lack of access to culturally appropriate support services for people in the most vulnerable situations, such as women experiencing domestic violence
- 3.10 The EHRC report highlights that lack of suitable secure accommodation underpins many of the inequalities that Traveller communities experience.

Resident Concerns:

- 3.11 Responses to consultation, resident complaints, recent public events and articles in the local press have highlighted a number of resident concerns which are almost exclusively focussed on unauthorised Traveller encampments in local communities, and include problems such as:
- the loss of public space

- anti-social behaviour, crime and nuisance
- rubbish and fly tipping
- damage to the environment
- cost of site clearance and legal action

Our Strategy, Progress and Challenges:

- 3.12 In response to the needs of Traveller communities and concerns of local people, the Traveller Commissioning Strategy 2012 has a vision of:

Balancing the needs of Traveller communities and the City's settled communities to reduce inequality and improve community relations

- 3.13 Our strategy has been divided into 4 main outcomes with a summary of our progress and challenges outlined below:
- Outcome 1: Improve site availability
 - Outcome 2: Improve health, safety and wellbeing
 - Outcome 3: Improve education outcomes
 - Outcome 4: Improve community cohesion

Outcome 1: Improve site availability

- 3.14 An appropriate supply of properly managed pitches will help to reduce the level of unauthorised encampments which will reduce conflict and tension between communities and also help Travellers access health and education services.
- 3.15 The Horsdean transit site was operating at a reduced capacity for most of 2014/15 whilst drainage concerns were investigated. As we had fewer transit pitches there was an increase in the number of unauthorised encampments. Also, encampments were moved on 17.5% quicker than in the previous year (6.6 days on average in 2014/15), however this has a side effect of causing more encampments as Travellers move to a nearby site when they want to remain in the city. These factors contributed to a 71% increase in the number of unauthorised encampments in 2014/15 (89) when compared to 2013/14 (52).
- 3.16 At the Council's Cabinet meeting in March 2012 Members endorsed Horsdean as the preferred location for the new permanent Traveller site. This new site, providing 12 permanent pitches, will be an extension of the existing transit site. Over the past 3 years the Council has continued to work with the South Downs National Park Authority to take forward the planning application which has now been approved. Work on site commenced on 7 September 2015 and is due to complete in summer 2016.
- 3.17 Horsdean transit site is now closed whilst the new permanent site is being built. As a proposed temporary transit site was rejected, the closure is expected to result in a further increase in the number of unauthorised encampments throughout 2015/16 until the new site is open. The Police and Council have reviewed their operational plans to improve availability to enable a swift response to unauthorised encampments.

- 3.18 As part of the National Planning Policy Framework¹ and Planning Policy for Traveller Sites², local authorities are required to assess the transit and permanent site needs of Gypsies, Travellers and travelling showpeople. The latest Gypsy and Traveller Accommodation Assessment was carried out in partnership with the South Downs National Park Authority and published in December 2014. The assessment identifies an objectively assessed need for 32 additional permanent pitches for Brighton & Hove by 2030 (19 in the city's urban boundary and 13 in the city's South Downs National Park area).
- 3.19 The extent to which this need can be met will be tested through the preparation of City Plan Part 2 (Development Management Policies and Site Allocations). As part of this work a joint site search exercise will be undertaken with the South Downs National Park Planning Authority. The site search exercise will be part of the evidence base informing relevant policies in the City Plan Part 2. It is anticipated that work on Part 2 of the City Plan will commence early 2016.

Outcome 2: Improve health, safety and wellbeing

- 3.20 Travellers have a much poorer health and a significantly lower life expectancy than the general population. As with all sections of society, ensuring the health, safety and wellbeing of the Traveller communities not only raises the quality of life for one of our most disadvantaged communities, it also reduces long term costs public health costs.
- 3.21 As a result of the Traveller Commissioning Strategy the former Primary Care Trust commissioned research into the health needs of local Travellers. The resulting report informed the Clinical Commissioners Group (CCG) and City Council of priority areas for addressing Traveller needs and its findings have been incorporated into the Joint Strategic Needs Assessment.
- 3.22 In addition the Brighton & Hove CCG Annual Operation Plan outlines the CCG's commitment to work with partners to improve awareness, access and services. The CCG funded Friends, Families & Travellers to produce a Brighton & Hove Funded Engagement Annual Report 2014 which is being used to shape the CCG's future plans. Initiatives include the identification of Equality and Diversity Champions and Participation Champions in all teams who will help embed understanding of the city's diverse communities within teams in the CCG.
- 3.23 The Brighton & Hove Preventing Violence against Women & Girls: an Integrated Strategy & Action Plan 2012-17 includes commitments to develop women's peer education and to improve responses to domestic and sexual violence amongst Gypsy and Traveller communities; this includes ensuring any new site development addresses the safety needs of women and children in its design.
- 3.24 A work programme has been completed for professionals to ensure they are confident in identifying and responding to domestic violence, sexual violence and other forms of violence against women and girls. Guidance and training is to be developed which will include a resource pack. Support for Gypsy, Roma and

¹ DCLG (2012) National Planning Policy Framework:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf

² DCLG (2012) Planning Policy for Traveller Sites:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457420/Final_planning_and_travellers_policy.pdf

Travellers who experience to domestic violence, sexual violence and other forms of violence against women and girls will be a topic in the training strategy.

Outcome 3: Improve education outcomes

- 3.25 Nationally, Traveller children are the lowest achieving group in our schools. This has been and remains a long standing issue. We want to help embed the value of education throughout the family and make sure that children and young people from Travelling communities are able to access suitable education and training that enables them to attain educational standards that raises economic and employment opportunity.
- 3.26 Schools have reported improved attendance of children from Traveller families. Support from the Traveller Education Unit has meant that all schools received assistance in home-school liaison and all pupils new to a school during term-time were supported by a peripatetic teacher. In addition, all children resorting to the city were visited by an Engagement Officer and multi professional outreach team. This intervention has seen 140 pre-school children accessing the Play-bus during 2014/15 and all primary school aged children in families staying on the transit site enrolled in school. Although arrangements were made for secondary school children there was low take-up. Due to the improved attendance of children from the transit site, schools have been offering long-term intervention, for example reading recovery programmes and additional regular personalised teacher support.
- 3.27 Training for professionals, resources for schools and awareness raising events have continued: In June 2015, a cultural awareness and resources presentation was given at a Head Teachers and senior managers' conference. A Best Practice document based on a local school's successful inclusion has been drawn up and shared with other schools.
- 3.28 Discussions have taken place with Head Teachers regarding anticipated training requirements and a programme has been drawn up for 2015/16:
- Seven sessions of Cultural Awareness 'Persona doll' have been provided with a total of 340 children and 15 staff attending.
 - Gypsy, Roma and Traveller culture is now embedded in schools cultural diversity celebrations and a total of 1,950 children attended assemblies or whole class lessons. In addition, there were 25 entries for the Gypsy, Roma and Traveller History Month national competition
- 3.29 Experience has shown that the uptake of school places and pre-school resources from children living on the transit site has been improving but, in contrast, there has been very little engagement with the highly mobile children living in unauthorised encampments due to trust barriers and regular eviction. It is foreseen that the closure of the transit site will have a detrimental effect on Traveller children's education and will not pick up again until the school year following the reopening of the transit site and new permanent site.

Outcome 4: Improve community cohesion

- 3.30 Both Travelling and settled communities would like to see an end to unauthorised encampments but unfortunately until there are more stopping places for Travellers then unauthorised encampments will continue to impact on the lives of both the Travelling and settled communities. However, effective community

cohesion is about more than unauthorised encampments, it is about helping the city's diverse communities understand one another to get past the common myths, prejudices and stereotypes and to ensure that all those who have a stake in the city are able to get involved in decisions about the services that affect them. This outcome also seeks to reduce fear of crime, domestic and sexual violence, anti-social behaviour, racism, sexism and homophobia and ensure community cohesion is improved across all of our communities.

- 3.31 The council's Traveller Liaison Team continues to manage unauthorised encampments in line with government guidance and following the procedures outlined in the strategy. Joint visits by the Traveller Liaison Team and Police are made to unauthorised encampments within 24 hours of arrival and any action taken to end an encampment is based on the Community Impact Assessment. A Joint Sussex-wide protocol on unauthorised encampments is embedded within Sussex Police and forms part of the Force Policy for dealing with unauthorised encampments.
- 3.32 The Traveller Liaison Team has continued to provide support to those families on unauthorised encampments and is looking to formalise work with other support agencies in the delivery of services to Traveller communities.
- 3.33 Due to the closure of the transit site, enhanced staffing has been put in place to cope with a potential increase in unauthorised encampments. The Police have reviewed and amended PIER plan and cover has been improved with 3 Gypsy and Traveller Liaison Officers working alternate shifts and a named Sargent overseeing the management of encampments and procedures.
- 3.34 The Council, in conjunction with the police, are looking at the possibility of using PSPO (Public Spaces Protection Orders) under the Anti Social Behaviour Crime and Policing Act 2014. The aim would be to deal with anti-social behaviour (ASB) in parks and open spaces to ensure that everyone can enjoy these spaces.
- 3.35 In Brighton and Hove and subject to consultation, the intention could be to apply PSPOs to parks and open spaces where there is substantial evidence of nuisance and annoyance caused by some people using those areas such as driving on grass, the occupation of land by people in caravans, vehicles or tents, fly tipping, lighting fires and using park areas to defecate/urinate. Vehicles and structures would have to be removed within 12 hours and failure to comply would be a criminal offence.
- 3.36 The council intends to begin three months consultation on the use of PSPO's at the end of November. If their use is approved, they are likely to come into force around the same time as the opening of the transit site in summer 2016.
- 3.37 The Traveller Liaison Team is exploring the opportunities of putting projects in place for the residents of the new permanent site and initial meetings have been held with the Irish Traveller Women's Group and work and learning specialist

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The necessity of enforcement without a supply of suitable stopping places results in a cycle where travellers were moving from high profile site to high profile site as their preferred locations were no longer available. Moving encampments quicker can cause them to fragment into a larger number of smaller sites. This results in increased costs and community tensions to the detriment of Travellers and the settled community alike.
- 4.2 Alternative options would require the need for additional transit sites to meet seasonal demand and/or the use of toleration on some of our more high profile sites. These options have implications in planning terms, particularly in respect of the lack of suitable locations and on the impact of the settled community from loss of green space and are likely to increase community tensions.
- 4.3 To completely resolve the issues around unauthorised encampments and facilitate a stable pitch for all Travellers would require a national approach to site provision together with changes in the law which are beyond our remit.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 In keeping with the Community Engagement Framework, consultation with Travellers, partner agencies and support groups (such as Friends, Families and Travellers) and the settled community has been essential to ensure that the Travellers Commissioning Strategy meets needs in an effective way.
- 5.2 In addition, the Traveller Scrutiny Panel held capacity building and evidence gathering sessions where it heard from 31 witnesses representing Council services, other public sector bodies such as the Police and NHS Sussex, the Community & Voluntary Sector, resident groups, politicians and representatives from other authorities. The panel also visited the Horsdean Transit site to talk to Travellers living in Brighton & Hove.

6. CONCLUSION

- 6.1 The Response to the recommendations of the Traveller Scrutiny Panel were presented at Environment & Sustainability Cabinet Member Meeting on 15 March 2012 and committed the Council to producing an annual monitoring report for the relevant Member Committee. Appendix 1 is the second annual monitoring report.

7. FINANCIAL & OTHER IMPLICATIONS

Financial Implications:

- 7.1 This report gives an update on the development of the Traveller Commissioning Strategy. The costs associated with any further actions to implement the Strategy will need to be met from within current agreed capital and revenue resources. The capital budget for the new permanent Traveller site at Horsdean is £2.100m as reported to Policy and Resources Committee 9th July 2015.

Finance Officer Consulted: Monica Brooks

Date: 19/10/15

Legal Implications:

- 7.2 This is a for note report and consequently there is little legal advice required at this stage. Legal advice in relation to the commissioning activities has been previously given. And this should be referred too.

Lawyer Consulted: Simon Court

Date: 09.11.15

Equalities Implications:

- 7.3 Travellers are an often marginalised group with a way of life that the authority seeks to protect whilst at the same time considering the needs of local residents. Gypsies, Roma and Travellers as a group suffer a high level of inequality, particularly around life expectancy, health and education issues, and suffer from discrimination and racial hatred.

- 7.4 Gypsies and Irish Travellers were recognised as distinct racial groups under the Race Relations Act 1976 and continue to be recognised as such under the Equality Act 2010.

- 7.5 The whole Strategy, its vision, outcomes and goals are focussed on reducing inequality and improving community cohesion between Travelling and settled communities. Alongside improving health and education outcomes specific goals are also focussed on inclusion, including:

- Goal 13: Improve further the awareness in schools about Traveller History and Culture
- Goal 14: Increasing awareness of different cultures
- Goal 15: Involve Travellers in service design and delivery

- 7.6 An Equality Impact Assessment was carried out as part of the development of the Traveller Strategy to help shape our strategic outcomes, goals and actions.

Sustainability Implications:

- 7.7 The repeated evictions of travelling groups from the city's parks, historic and otherwise important sites only to see them again camp on a similar site is causing distress to travelling groups, local people and the environment.

- 7.8 In focussing protection measures on locations most unsuitable for encampments and allowing toleration in limited circumstances the report seek to minimise the impact on residents and Travellers and also prevent further damage to the city's important open spaces.

Crime & Disorder Implications:

- 7.9 If we are successful in achieving Objective 1: Improve site availability this will have an immediate impact on community cohesion by minimising the unauthorised encampments that inflame community tensions.

- 7.10 To address crime, anti-social behaviour and nuisance the Strategy has been developed through close working with Sussex Police and the Crime & Disorder Reduction Partnership with related goals and actions in the strategy:

- Goal 9: Tackle domestic and sexual violence
- Goal 16: Effective management of unauthorised encampments
- Goal 18: Tackling crime, anti-social behaviour and nuisance
- Goal 19: Tackling racism, sexism and homophobia

Risk and Opportunity Management Implications:

- 7.11 With a national shortage of stopping places for Traveller and limited resources available in the city there are a number of risks associated with the Traveller strategy which will be closely monitored:
- **It is not possible to prevent unauthorised encampments and determined incursion past security measures** however the strategy seeks to proactively minimise the potential for this and take robust action when it does occur.
 - **Temporary closure of the Horsdean transit site** whilst the permanent site is being developed. No alternative suitable temporary transit site has been approved. As a result there will be no official stopping places for travellers in the city which is likely to lead to an increase in unauthorised encampments.
 - **Community cohesion may continue to be damaged if there are more high profile encampments.** A coordinated approach involving politicians, the local authority, the Police and the media is critical in reassuring all communities and tackling nuisance.
 - **Toleration could cause environmental damage** to sites. Guidance for officers on toleration has been developed. Toleration will only be allowed in limited circumstances and carefully monitored.
 - **A possible honey pot effect** with the permanent site attracting more Travellers to the area. This will be monitored closely with rigorous action on unauthorised encampments particularly as the permanent site will free up space on the transit site to help us address encampments. In addition, the allocations policy for the permanent site is likely to include criteria around local connection and welfare need.
 - **Limited ability to improve children's education** whilst the transit site is closed. It is harder for families to engage with education services on unauthorised sites as they are very short lived.
 - **The need for additional pitches** as identified in the Gypsy and Traveller Accommodation Assessment published in December 2014. The assessment identifies a need for 32 additional permanent pitches in Brighton & Hove by 2030. 19 of these are in the city's urban boundary with Brighton & Hove City Council as planning authority and 13 in our National Park area coming under the South Downs National Park Authority.

Public Health Implications:

- 7.12 Research has shown that Traveller health is far worse than the population as a whole, particularly around life expectancy, infant mortality and maternal mortality, mental health and suicide. These health inequalities are attributed to a combination of factors including lack of stable accommodation to promote effective service engagement, educational disadvantage, environmental hardship, social exclusion and cultural attitudes.
- 7.13 The Traveller Commissioning Strategy 2012 has been developed in partnership with Public Health and NHS Sussex (Brighton & Hove), which authored the chapter on Traveller Health & Wellbeing Needs and which has led to Outcome 2: Improve health, safety and wellbeing of the Strategy and its associated goals.
- 7.14 The success of our health objective is heavily dependent on Objective 1: Improve site availability which will help Travelling communities and professional build the trust and relationships essential for effective health, care and support services.

Corporate / Citywide Implications:

- 7.15 Traveller inequality not only impacts on the quality of life of Travellers but has an impact on public services and the public purse. By improving site provision for Travellers we will improve service engagement which will in turn help to improve Traveller health, education and employment opportunities.
- 7.16 Effective action to minimise and manage unauthorised encampments is essential to support local residents, the Traveller community and to protect the city's open spaces. An ineffective approach is likely to exacerbate the number of encampments with additional associated community tensions and costs.
- 7.17 The Traveller Commissioning Strategy has not been developed in isolation but has been led by the Housing as part of a wider partnership throughout the Council that includes Public Health, the Learning & Partnerships, Communities & Equalities, City Infrastructure, Planning & Public Protection.
- 7.18 This partnership approach has also extended beyond the Council to include NHS Brighton & Hove, Sussex Police and the Education Welfare Service provided by East Sussex County Council.

SUPPORTING DOCUMENTATION

Appendices:

- 1. Three Years On: the Traveller Commissioning Strategy in Action
- 2. Three Years On: Responding to the Scrutiny Panel Recommendations

Documents in Members' Rooms:

None

Background Documents:

- 1. Two Years On: the Traveller Commissioning Strategy in Action, Environment, Transport & Sustainability Committee, 20 January 2015
- 2. One Year On: the Traveller Commissioning Strategy in Action, Environment, Transport & Sustainability Committee, 8 October 2013
- 3. Traveller Commissioning Strategy 2012, Full Council, 22 March 2012
- 4. Response to the recommendations of the Environment & Community Safety Overview & Scrutiny Traveller Scrutiny Panel shadowing the development of the new Traveller Commissioning Strategy 2012, Environment & Sustainability Cabinet Member Meeting, 15 March 2012

Three Years On: The Traveller Commissioning Strategy in Action 2014/15

Foreword

This is the third Traveller Commissioning Strategy update, my first as Chair of the Environment, Transport and Sustainability Committee. I would like to affirm our commitment to take a firm and fair approach that will not only reduce the inequalities experienced by Travellers but will also support community cohesion.

I am very pleased to say that work has now commenced on the new permanent traveller site at Horsdean and will be completed in summer 2016. We have worked very closely with the South Downs National Park Authority to make sure the design of the new site is in keeping with the local area. This site will provide 12 permanent pitches which have been provisionally allocated to Traveller families who meet the permanent site allocation policy criteria.

Whilst we are developing the new permanent site we have had to close the transit site. We are concerned that this may lead to an increase in unauthorised encampments and the council's Traveller Liaison Team are working closely with the Police to minimise any disruption. The Police have reviewed and amended their PIER (Prevention, Intelligence, Enforcement & Reassurance) Plan based on increase risk of unauthorised encampments with improved cover being provided by the Police's three Gypsy and Traveller Liaison Officers.

To help improve the understanding and trust between travellers and health services, the Clinical Commissioners Group has identified Equality and Diversity Champions and Participation Champions who will help embed understanding of the city's diverse communities, including Travellers, in health teams across the NHS service.

Our new Traveller Education Unit has seen school attendance from Traveller children improve. 140 pre-school children accessed the Playbus and all primary school age children residing on the transit site enrolled in school. However, there was poor take-up from secondary aged children and we know that with the transit site closed, it will be a challenge to engage traveller children with education opportunities whilst they are on unauthorised encampments.

Whilst the forthcoming months are likely to be difficult with the closure of our transit site, the opening of the new site in 2016 will mean that Brighton & Hove has taken a major step in increasing its pitch capacity to help tackle unauthorised encampments and meeting our duty of care to the travelling community.

Councillor Gill Mitchell
Chair of Environment, Transport & Sustainability Committee

Our Strategy

The city's **Traveller Commissioning Strategy 2012** was approved by the Council in March 2012 with a vision of:

Balancing the needs of Traveller communities and the City's settled communities to reduce inequality and improve community relations

Our strategy is split into 4 key priority areas aimed at supporting Travellers to improve the quality of their lives and reduce the tensions between communities:

- Improve site availability
- Improve health, safety and wellbeing
- Improve education outcomes
- Improve community cohesion

Action to address these priorities will help ensure we have adequate Traveller pitch provision to improve stability for those Travellers living in and visiting the city. This will help Travellers access education and health services more effectively and also reduce pressures on the city's parks and open spaces to tackle anti-social behaviour and improve community cohesion.

Development of Traveller Commissioning Strategy was done in stages that gave us that opportunity to engage and consult with residents, Travellers, Community & Voluntary Sector Organisations, service commissioners and providers, community champions, pressure groups and others.

The Traveller Commissioning Strategy has not been developed in isolation but has involved services across the Council and beyond. Our partnership approach brought together the Council, NHS Sussex, Traveller Education Team and Sussex Police.

In addition the Environment & Community Safety Overview & Scrutiny Committee Traveller Strategy Scrutiny Panel shadowed the development of the strategy from the outset and recommendations submitted by the panel were integrated into the final strategy.

The Scrutiny team won the Centre for Public Scrutiny award for Innovation (for the second year running) for its work on the scrutiny panel set up to shadow the development of the new Traveller Strategy.

Our strategy has identified the importance of developing a regional approach to tackle Traveller inequality and the shortage of suitable stopping places, and a number of groups have been set up and consultation processes established to address cross boundary concerns and issues.

Unauthorised Encampments

Government guidelines recognise that due to the national shortage of stopping places Travellers will continue to set up unauthorised encampments as they follow their traditional routes for seasonal work.

The Horsdean transit site was operating at a reduced capacity for most of 2014/15 whilst drainage concerns were investigated. As we had fewer transit pitches there was an increase in the number of unauthorised encampments.

Also, encampments were moved on 17.5% quicker than in the previous year (6.6 days on average in 2014/15), however this has a side effect of causing more encampments as Travellers move to a nearby site when they want to remain in the city.

These factors contributed to a 71% increase in the number of unauthorised encampments in 2014/15 (89) when compared to 2013/14 (52).

Horsdean transit site is now closed whilst the new permanent site is being built. As a

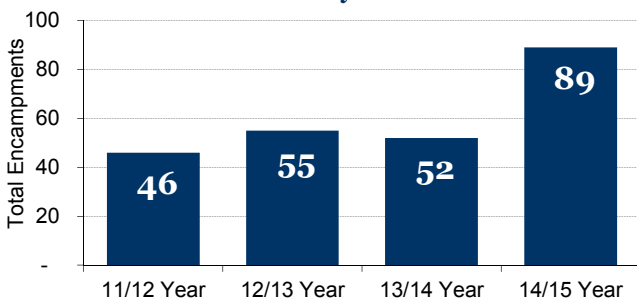
proposed temporary transit site was rejected, the closure is expected to result in a further increase in the number of unauthorised encampments throughout 2015/16 until the new site is open.

The Police and Council have reviewed their operational plans to improve availability to enable a swift response to unauthorised encampments.

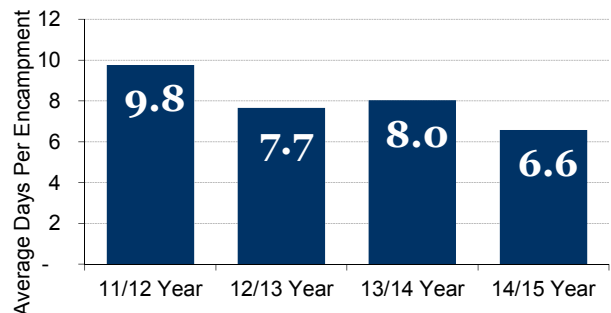
When making decisions with the Police about moving on an encampment we have to balance the needs of the community that has lost the use of it's open space, the welfare needs of the Travellers and also the likely impact that a fresh encampment will have elsewhere in the city.

When an encampment is present regular high profile visits by the Police and Council's Traveller Liaison Team help to reassure both residents and Travellers to minimise the disruption and anti social behaviour that sites can attract. A new waste contract helps to ensure that sites are effectively and swiftly cleaned.

**Brighton & Hove
Unauthorised Traveller Encampments
Yearly Total**



**Brighton & Hove
Unauthorised Traveller Encampments
Average Days per Encampment**



Outcome 1: Improve site availability



Developing the New Permanent Site

Work began on the new permanent Traveller site at the beginning of September 2015 and is expected to be completed in summer 2016. Westridge Construction Ltd is building the permanent site. They are members of the considerate constructor scheme and will make sure that any inconvenience caused by the build will be kept to a minimum.

The permanent site will provide 12 pitches for Traveller families with a local links to the community, many having regularly occupied pitches on the transit site.

Each permanent pitch will have a hard-standing area for a static caravan and other vehicles, an amenity block which will include a kitchen, bathroom and dayroom and a grassed area and will be enclosed by a fence and gate.

The permanent site will have a managers office, play area and foul and surface water treatment plant, landscaping and access.

The design of the site has not only taken into account the needs of Travellers but also made sure that the natural beauty of the landscape will not be spoilt.

Consultation continues to take place during the construction giving opportunities for local residents to meet and question the project team and other stakeholders.

The transit site has been closed during construction and will reopen when work has been completed, providing 21 pitches for Travellers to stay for up to 12 weeks.

Managing the Horsdean sites

To support the efficient management of the Horsdean sites, the council has developed an allocations policy for the new site

Under the new policy, the 12 permanent pitches will be let on secure tenancies to households who successfully complete 12 months on an introductory tenancy (in line with the council's housing Tenancy Policy).

Rent collection will be in line with all council tenants and this will enable rents to be collected more efficiently to reduce non payment and rent arrears.

A 'need based' allocation policy has been developed using the methodology of Gypsy and Traveller Accommodation Assessment (GTAA). This makes sure that pitches are allocated to those Traveller households who are most in need of a permanent pitch in Brighton and Hove.

Pitch priority is for 'Locally Known' ethnic Travellers who have lived in the city for 3 out of the past 5 years. This will not only support the needs of local ethnic Travellers but should also lead to a reduction in unauthorised encampments.

The permanent site will also help other services such as education and health to work with the Traveller families and improve their health outcomes and life chances and build links with the local communities and schools..

Like the transit site policy, the permanent site policy will require that applicants have a provable ethnic Traveller status.

The waiting list for the 12 permanent pitches was opened last November and pitches have been allocated according to the allocation policy.



Gypsy and Traveller Accommodation Assessment 2014

The Gypsy and Traveller Accommodation Assessment was published December 2014. It establishes the objectively assessed need for Gypsy and Traveller accommodation in the Brighton & Hove administrative area over the next 15 years.

Residential Pitch Need: In addition to the 12 residential pitches being built at the Horsdean site the assessment identifies a need for 32 additional permanent pitches in Brighton & Hove by 2030. 19 of these are

in the city's urban boundary with Brighton & Hove City Council as planning authority and 13 in our National Park area coming under the South Downs National Park Authority.

Transit Need: Although existing transit provision should be sufficient, there is a need to consider how to respond to any larger encampments that may occur and also to consider other options such as toleration where there is minimal impact.

Outcome 2: Improve health, safety and wellbeing

Patient and Public Participation Strategy 2014/16

To make sure that all communities to have an opportunity to participate in consultation on health services, the CCG commissions community and voluntary sector organisations to assist with engaging with marginalised and excluded communities including Gypsy and Travellers. Feedback influences plans and work, for example the provision of training for GP practices on Gypsy and Traveller awareness and the design of a small 'help card' which helps overcome barriers like low literacy levels and the reluctance to disclose.

<input type="checkbox"/>	I need help filling in forms
<input type="checkbox"/>	In need help reading and understanding
<input type="checkbox"/>	I would like a doctor who is the same gender as me
<input type="checkbox"/>	I would like to speak to someone confidentially

Violence against Women and Girls Strategy

The Brighton & Hove Safe in the City Partnership which brings together many agencies to tackle crime and anti-social behaviour, is an associate partner in the transnational 'Roma-bridge' project. This aims to support victims of domestic, sexual and gender-based violence. The lead for the project is Friend, Families and Travellers, who successfully bid for European Commission funding.

A work programme has been completed for professionals to ensure they are confident in identifying and responding to domestic and sexual violence and other violence against women and girls (VAWG). Guidance, training and a resource pack will be developed which will include a focus on Gypsy and Traveller needs.

Outcome 3: Improve education outcomes

Educational Support to Traveller Children

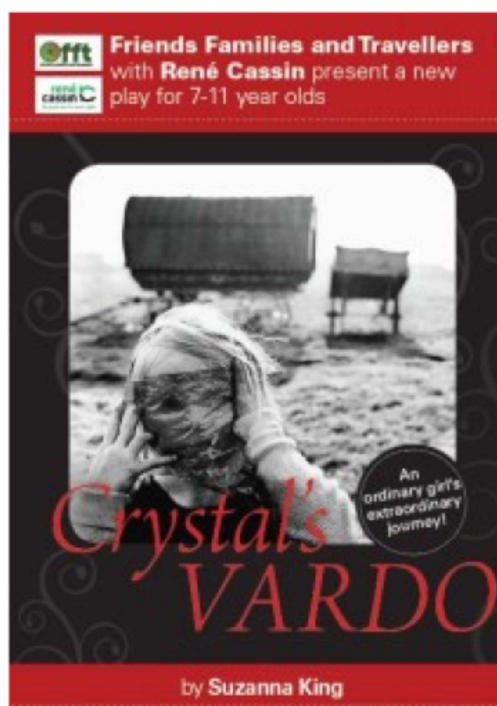
The past year has seen improved school attendance from Traveller children.

All Traveller families with children were visited by an Engagement Officer and multi-professional outreach team resulting in 140 pre-school children accessing the Playbus.

All primary school age children residing on the transit site enrolled in school but there was poor take-up from secondary aged children.

Unfortunately many of the highly mobile children on

unauthorised encampments were not engaged, due to poor parental engagement and regular evictions.



All schools in the city have received support and assistance, including staff training and a wide range of resources.

Online resources are available such as the Gypsy, Roma Traveller Awareness Assembly notebook which provides slides on Traveller Culture, a links to the Sticks and Stones podcast and the Crystal Vardo DVD telling the story of school bullying.

Outcome 4: Improve community cohesion

Managing Encampments

In response to the temporary closure of Horsdean, the Prevention, Intelligence, Enforcement and Reassurance (PIER) plan has been reviewed.

The review was based on increased risk and anticipated rise in unauthorised encampments due to the close of the transit site during the build of the new permanent site.

A consistent approach is being applied in operating the plan with 3 police Gypsy and Traveller Liaison Officers working alternate shifts to improve cover.

Senior supervision to provide support to these officers oversees the management of encampments and procedures. The plan continues to ensure that the community reassurance plan is at its heart.

Outcome 1: Improve site availability

Strategic Action	Target	Current Position	Lead Partner
Goal 1 Develop a new permanent Traveller site			
Consult on preferred site prior to planning application	March - April 2012	Complete 2012: preferred site identified and local consultation taken place	Brighton & Hove City Council
Obtain planning permission for preferred site	Updated timescale: Application delayed from 2012 to 2013	Complete 2015: All pre-commencement conditions approved and work on site has commenced	Brighton & Hove City Council & South Downs National Park
Develop site	Subject to planning permission	Work started on-site 7 September 2015 with anticipated completion June 2016	Brighton & Hove City Council
Develop allocations and management policies	Subject to planning permission	Allocations policy developed. Management policies in development (with reference to the Environment Agency).	Brighton & Hove City Council
Open site	Subject to planning permission	Site is due to open summer 2016	Brighton & Hove City Council
Goal 2 Ensure effective management and use of the Horsdean Transit Site			
Appoint a site warden for the Horsdean Transit Site	Recruitment planned for Spring 2012	Complete 2012: 2 Site & Support Officers in post	Brighton & Hove City Council
Review occupancy of the Transit Site to provide capacity to help minimise unauthorised encampments	Spring/Summer 2012 (and ongoing after)	Transit site closed whilst the permanent site is being built. Will re-open with 21 pitches.	Brighton & Hove City Council
Improve the collection of fees and service charges and deal effectively with arrears	Summer 2012 (and ongoing after)	Rents and Service Charge collection rates have increased by 49% since 2012/13. All charges to be reviewed for reopening.	Brighton & Hove City Council

Strategic Action	Target	Current Position	Lead Partner
Goal 3 Develop procedures for Tolerated sites			
Research Good Practice and develop guidance on toleration	Spring 2013	Complete 2013/14: A toleration protocol developed and implemented	Brighton & Hove City Council
Consult and Equality Impact Assessment	Subject to guidance	Complete 2013/14: Consultation and Equality Impact Assessment completed	Brighton & Hove City Council
Implement	Subject to guidance	Complete 2013/14: Toleration protocol has been implemented	Brighton & Hove City Council
Goal 4 Consider the need for future site provision			
Gypsy & Traveller Accommodation Assessment (GTAA)	Subject to guidance but required to plan for post 2016 need	Complete 2014: 32 additional permanent pitches required by 2030	Brighton & Hove City Council
Monitor size, duration, frequency, make up of unauthorised encampments	Build up a picture of need and demand particularly once permanent site open	This information continues to be gathered and monitored	Brighton & Hove City Council
Implement further requirements of new government planning guidance	Subject to guidance	The preparation of City Plan Part 2 will need to consider options for addressing additional pitch requirements to 2030	Brighton & Hove City Council
Plan according to new guidance	Subject to guidance	In progress: Traveller Accommodation Policy CP22 reflects new guidance	Brighton & Hove City Council
Ensure new City Plan recognises identified needs to 2016 and the need to consider future needs provision	Plan proposed adoption end 2013	City Plan (Part 1) proposed adoption end of 2015. GTAA identifies needs to 2030	Brighton & Hove City Council
Goal 5 To provide advice to Travellers seeking to buy their own land for developing a site			
Planning advice to travellers seeking to buy their own land for developing a site	Appropriate advice provided as and when required to build on existing good practice	No approaches received from Gypsy or Traveller groups to develop their own sites	Brighton & Hove City Council

Outcome 2: Improve health, safety and wellbeing

Strategic Action	Target	Current Position	Lead Partner
Goal 6 Improve access to health and other support services for Travellers in the city			
Conduct specific needs assessment on the health and wellbeing of Travellers	November 2012	Complete 2012: The needs assessment was carried out during summer 2012	Public Health & NHS Sussex
Develop an action plan in response the findings of the needs assessment in order to improve access to healthcare services for members of the G&T Community	March 2013 (and ongoing)	Brighton and Hove CCG continues to commission Friends, Families and Travellers to engage with Traveller communities until March 2017	Clinical Commissioning Group
Citywide review of Health Visitors to include the impact on the Travelling community	2012/14	On-going. Health Visitor involvement included in the review taking place in 2016 when permanent site completed	NHS Sussex & Brighton & Hove City Council
Goal 7 To improve cultural awareness in health services			
Cultural awareness training for Clinical Commissioners Group staff and lead clinicians	April 2013	Ongoing: The CCG has identified Equality and Diversity Champions and Participation Champions in all teams. Their training will help embed understanding of the diverse communities in the city within teams in the CCG	CCG & NHS Sussex
Goal 8 To improve ethnic monitoring in health and other services to include Travellers			
The Trust will ensure that all service providers are aware of the monitoring framework and use it to monitor service uptake and experience in order to identify key issues for Traveller communities	Ongoing – to be reviewed as part of needs assessment	The CCG will review progress as part of the 2015 refreshed Equality Delivery System for the NHS (EDS2)	NHS Brighton & Hove

Strategic Action	Target	Current Position	Lead Partner
Goal 9	Tackle domestic and sexual violence		
Integrate actions to address domestic and sexual violence in Traveller communities into DV and SV Action Plans and in the Violence Against Women & Girls Strategy	Plan in place April 2012	<p>Compete: Response to Gypsy, Roma and Travellers identified explicitly as an area which the successful bidder should consider.</p> <p>Ongoing: The Partnership Community Safety Team is an Associate Partner in the 'Roma-bridge' project</p>	Safe in the City Partnership
Develop a package of support for Travellers subject to the overall needs within the DV Commissioning Plan, SV Action Plan and the Violence Against Women & Girls Strategy	To be developed in 2012/13	<p>Completed: A targeted work programme completed by September 2015 to ensure that the Traveller Liaison Team, other relevant professionals and Friends, Families and Travellers are confident in how to identify and respond to DV SV and other forms of VAWG</p> <p>Ongoing: Between September - October 2015 guidance and training for professionals will be developed, including a resource pack.</p>	Safe in the City Partnership working with other organisations
Integrate work of Traveller Education Team (Goal 13) with Healthy Schools Team work on gender equality / domestic and sexual violence prevention	2012/13. Integration of awareness and education work. Clear pathways to services for young people for Traveller children needing support	Working on a domestic violence DVD which crosses over into health etc.	BHCC Healthy Schools Team

Strategic Outcome 3: Improve education outcomes

Strategic Action	Target	Current Position	Lead Partner
Goal 10	Raise standards by ensuring successful education provision for Traveller children		
New families are visited by Outreach Team to engage with families, assess need according to age and arrange admission into local school	1) All pre school children are engaged 2) All school aged children enrolled in local provision	All families with children visited. 2014/15 - 40 pre school children accessed Playbus. All primary school aged children on transit site were enrolled in a school Poor take up of secondary aged children. A high % of children on unauthorised sites did not engage	Traveller Education Team
Children are supported into new school by peripatetic teacher	Successful admission and inclusion into new school	All new entrants during year supported by peripatetic teacher. Support for assessment and meeting individual needs. 366 support sessions provided.	Traveller Education Team
Home school liaison provided by outreach team and Education Welfare Service to ensure good attendance	All children in school with attendance over 90%	100% of schools received assistance in home-school liaison and 86% reported improved attendance	Traveller Education Team & Education Welfare Service
Support provided to local school and their communities closest to new site via <ul style="list-style-type: none"> • training re cultural awareness and successful practice in integrating Traveller children • additional teaching support to Traveller children with learning deficit 	1) All receiving schools cultural awareness training and educational resources 2) New Traveller children settled in schools and support plans in place where necessary	As above. Cultural awareness and resources presentation at Head Teachers and senior managers' conference. Best Practice document drawn up and shared Training requirements functional Autumn term 2015 366 individual support sessions provided to children with learning deficit	Traveller Education Team
Collaborate with voluntary sector and families to provide/access out of school activities	New children integrating into local community	Some bespoke activities provided by FFT for children on transit	Youth Service, Traveller Education Team, Traveller Organisations

Strategic Action	Target	Current Position	Lead Partner
Goal 11 Raise the engagement with learning opportunities for all traveller families visiting Brighton and Hove			
To continue to provide a specialist/outreach provision to support all Traveller families to access learning opportunities	Increase uptake in local provision including family learning	Consultation with Traveller Women's Group as to educational needs during year. Requests for adult literacy and IT. Further consultation will take place once site is open	Traveller Education Team
To provide additional teaching support for those with learning deficit (due to mobility)	Improvement in attainment - Foundation Stage, KS2 and 4	Due to improved attendance from children on transit site, schools have begun to offer longer term intervention. Additional, regular personalised teaching support has been offered to 41 children.	Traveller Education Team & Schools
To offer alternative education provision where required for 14-19 secondary aged pupils	Improved uptake of educational opportunities	As above	Traveller Education Team & Engagement Team
Involve Traveller groups in education services development	Consult with local Travellers	Following on site survey of children and parents views to develop the service. TESU arranged site visits for Literacy Support Service and staff from local school	Traveller Education Team & Schools/Nurseries
Goal 12 Secure engagement of families from the early years			
To deliver weekly outreach under 5s play sessions to all families using the Traveller education team playbus in partnership with health and other professionals.	To engage all newly arrived families with mainstream services. eg children centres, early years settings and specialist services eg speech and language therapists	February 2012 outreach multi professional visits commenced. 140 children accessed the play facilities. Families referred or signposted to relevant services	Traveller Education Team & Health visitors
To provide a parent and under 5s drop-in group for Traveller parents on site	Attendance and participation in the bespoke group within Children's Centre and to increase participation and inclusion in wider children centre activities	As above	Early Years Coordinator Traveller Education Team Moulsecoomb Children's Centre

Strategic Action	Target	Current Position	Lead Partner
Involve Traveller groups in education services development	Improve participation and uptake of 2 yr old nursery funding	Survey undertaken. High mobility mitigates against take up of nursery provision 2014/15 - 7 children accessed nursery, 1-2 year funding	Health Visitors, Early Years Coordinator, Traveller Education Team
To provide training to early years settings, children's centres, school staff re good practice in working with GRT families as both bespoke and part of LEAs training programme	Increased skills and confidence of EYs staff in working with GRT families – result increase in uptake of mainstream provision	Cultural Awareness "Persona doll" sessions provided in 7 settings benefitting 340 children and 15 staff. Promoting uptake of Persona Doll training for Early years Practitioners.	Traveller Education Team
To arrange nursery places when necessary to newly arrived families and support child into nursery, to provide teaching support to children with an identified need	Increased uptake of Early Years Educational Entitlement (EYEE)	2014/5 - 7 children supported into nursery, 1 obtained 2 year Nursery Funding	Traveller Education Team
Goal 13	Improve further the awareness in schools about Traveller History and Culture		
Offer cultural awareness training to all educational establishments and to embed this in LEAs rolling training programme	Uptake of training	Training embedded in Council's Workforce and Development programme	Traveller Education Team, Healthy Schools Team
Promote national initiatives such as Gypsy Roma Traveller History Month and encourage schools to participate	Schools participation in GRT History Month	Embedded in schools cultural diversity celebrations. 1,950 children attending assemblies or whole class lessons. 25 entries into GRTHM national competition	Traveller Education Team, Partnered with Traveller Organisations
Involve Traveller groups in education services development of cultural awareness and equalities training	Travellers Participation in training	As above plus talks to schools from local Traveller group	Traveller Education Team, Partnered with Traveller Organisations and individuals
Continue to contribute to schools curriculum diversity by providing lesson models, resources and artefacts.	Culturally reflective curriculum in schools with Traveller children on roll	Ongoing. As above. Lesson plans provided to schools. On-going books / DVD loans at all schools with Traveller pupils. .	Traveller Education Team, Healthy Schools Team
Information for schools updated and available via website	Schools have accessible resources	Updating in hand. Information currently being moved onto BEEM	Traveller Education Team

Strategic Outcome 4: Improve community cohesion

Strategic Action	Target	Current Position	Lead Partner
Goal 14 Increasing awareness of different cultures			
Develop a greater understanding amongst the media of Traveller issues	Ongoing work	Ongoing work with media on all issues. Communications with police improved and messaging more consistent. Communications advice given to traveller team	Brighton & Hove City Council
Improve further the awareness in schools about Traveller History and Culture	Various (see Goal 12)	Ongoing: Various (see Goal 12)	Traveller Education Team, and Traveller Orgs.
BHCC Promotion of Gypsy Roma Traveller History Month	June - annually	Ongoing promotion with our community and neighbourhood contacts	BHCC Communities & Equality Team
Run regular Councillor Traveller awareness sessions	2012 & 2013 (and every 2 years following elections)	Ongoing: Second phase of Member induction training co-ordinated	Brighton & Hove City Council
Traveller staff – workforce monitoring and action/support from BME Workers Forum	Various as part of People Strategy and Implementation plan	The number of applicants for council vacancies from the travelling community remains extremely low	Brighton & Hove City Council
Improve Community Development Workers / Local Action Teams	July 2012 and ongoing	Ongoing: Travellers are included in the diversity and inclusion outcomes for BME groups. Community workers provided awareness sessions in the Whitehawk	BHCC, Friends Families & Travellers
Goal 15 Involve Travellers and their advocates in service design and delivery			
Set up a Brighton & Hove Traveller Forum	Spring 2013	Ongoing: Quarterly meetings with the locally known Traveller families	Brighton & Hove City Council
Progress opportunities for supporting Travellers into work and learning	To be determined	Initial meetings held with the Irish Traveller Women's Group and Work and Learning specialists to explore opportunities on new permanent site	Brighton & Hove City Council

Strategic Action	Target	Current Position	Lead Partner
Involve Travellers in development and design of permanent site	Updated timescale. Throughout 2012-2014	Traveller families advised of pitch allocation and are being consulted and informed as work progresses	Brighton & Hove City Council
Consult on procedures for Tolerated sites	Subject to draft guidance	Complete 2013/14: A toleration protocol developed, consulted and implemented	Brighton & Hove City Council
Involve Travellers in service development, cultural awareness, equalities training	Travellers participating in training	Ongoing: Members of the Travelling community continue to be engaged to give talks, presentations and displays on Traveller history and culture	Traveller Education Team, Schools/Nurseries, Traveller Orgs.

Goal 16

Effective management of unauthorised encampments

To review and update the Operation Monza Tactical Plan	Annual review according to operational need	PIER plan has been reviewed in light of the closure of Horsdean site based on the increased risks of an increase in encampments	Sussex Police
To provide a dedicated full time Traveller Liaison Officer	Full time officer in post	There are now 3 x police GTLOs who work alternate shifts to improve cover overseen by a Sergeant	Sussex Police
Ensure Section 61 and Section 62A CJ&POA 1994 applications comply with guidance	As far as possible all applications are to be considered by local Commanders to ensure consistency	Both S61 and 62A powers have been used. However, the closure of Horsdean will negate the ability to use S62A	Sussex Police
Provide a consistent response to all unauthorised encampments	Develop a joint Sussex Wide Unauthorised Encampment Protocol	Consistent application of joint working protocol and meetings cycle in place	Sussex Police, Brighton & Hove City Council, East & West Sussex councils
Pro-actively liaise with any settled community affected by an encampment	Ongoing	Forms part of the community reassurance plan and is consistently applied through call backs, public meetings (LATS) and uniformed visits	Brighton & Hove City Council

Strategic Action	Target	Current Position	Lead Partner
Expand Operation Monza into a joint approach	Council Traveller Liaison Officer to accompany Police on daily visits to sites	Enhanced staffing in place to cope with potential increase in encampments due to closure of Horsdean for refurbishment	Sussex Police & Brighton & Hove City Council
Provide necessary support the those residing on an unauthorised encampment	Ongoing	The Traveller Liaison Team continues to provide support to those families on unauthorised encampments and is looking to formalise the work with other support agencies in the delivery of services to the Traveller community	Brighton & Hove City Council
Take appropriate action to move on an encampment based on community impact and Traveller needs	Ongoing	Joint assessments of all unauthorised encampments continue to be made with the Police within 24 hours. The action taken to end an encampment is based on this Community Impact assessment.	Brighton & Hove City Council
Work across the region to share good practice	To work through the new Sussex Joint Local Authority Traveller Forum	Pan Sussex meetings with the Police and officers working with Travellers across the region are held quarterly	Brighton & Hove City Council

Goal 17 **Ensure sensitive sites are protected**

Develop a corporate proactive approach to the protection of sensitive sites within available resources	To be developed during 2012/13	The Council in conjunction with the police are looking at the possibility of using Public Service Protection Orders to protect the most sensitive parks	Brighton & Hove City Council
Assess sites on an ongoing basis in response to unauthorised use	Ongoing monitoring of sites	Defences have been improved on the car parks at Stanmer although this has just displaced travellers. Installing a new type of width restrictor at Wild Park which will restrict access by larger vehicles when the café is not open	Brighton & Hove City Council

Strategic Action	Target	Current Position	Lead Partner
Goal 18 Tackling crime, anti-social behaviour and nuisance			
To review and update the Operation Monza Tactical Plan	Annual review according to operational need	PIER plan has been reviewed in light of the closure of Horsdean site based on the increased risks and anticipated increase in encampments. It continues to ensure the community reassurance plan is at its heart.	Sussex Police
To provide a dedicated full time Gypsy & Traveller Liaison Officer (GTLO)	Full time officer in post	There are now 3 x police GTLOs who work alternate shifts to improve cover overseen by a Sergeant	Sussex Police
Provide a prompt, efficient and sustainable waste collection service that tackles fly-tipping	New contract to start August 2012	Service suspended due to site closure. The waste collection contract will be reviewed and appropriate provision put in place once the site re-opens	Brighton & Hove City Council
Goal 19 Tackling racism, sexism and homophobia			
Developing new ways to encourage the reporting of crimes and incidents will be taken forward by community safety services and included within a work programme to develop community based reporting centres throughout the city for hate crimes.	Work to be undertaken during 2012 and will be completed by March 2013	Direct liaison with Travellers continues through the Women's Travellers group. We have been approached by the Travellers Liaison Team to do some outreach with new Travellers in partnership with FFT	Joint Community Safety Delivery Unit
Goal 20 Develop a protocol for addressing Van Dwellers who are often mistaken for Travellers			
Develop protocol, Equality Impact Assess, consult, launch	To be developed in 2012/13	Protocol being reviewed in light of the ASB Crime and Policing Act 2014 with consideration being given to new powers that could be used to help address on street Van dwelling. The review is due to be completed by March 2016	Brighton & Hove City Council

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Overview & Scrutiny Committee Work Plan Edition

This is the Overview & Scrutiny Committee Work Plan for the year 2015/16
It will be updated and circulated on a monthly basis to officers and will be used to set agenda items for the forthcoming meetings.

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Published

For further detailed information regarding specific issues to be considered by the Committee please contact the named contact officer for the item concerned.

Ref	Report Details	Lead Director	Consultation	Lead Officer
25 NOVEMBER 2015				
49154	Update on Unscheduled Care/ Emergency Dept at BSUH <i>All Committee Decisions</i> Follow up from the July meeting <i>Wards affected: All Wards</i>	Report of: Executive Director for Finance & Resources		Report Author: Kath Vlcek Tel: 01273 290450
50470	Primary Care Services in Brighton & Hove <i>All Committee Decisions</i> <i>Wards affected: All Wards</i>	Report of:		Report Author:
50472	Healthwatch Report on Safeguarding in GP Practices <i>All Committee Decisions</i> <i>Wards affected: All Wards</i>	Report of:		Report Author:
48449	Flood Risk Management Plans <i>All Committee Decisions</i> <i>Wards affected: All Wards</i>	Report of: Executive Director for Environment, Development & Housing, Dr Tom Scanlon		Report Author: Robin Humphries Tel: 01273 291313
48429	Short Term Holiday Lets Panel Monitoring <i>All Committee Decisions</i> First monitoring report <i>Wards affected: All Wards</i>	Report of: Director of Public Health		Report Author: Tim Nichols Tel: 01273 292163

Brighton & Hove City Council Meeting Work Plan

Ref	Report Details	Lead Director	Consultation	Lead Officer
48425	<p>Traveller Strategy Scrutiny Panel Monitoring Report <i>All Committee Decisions</i> Third monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Report of: Executive Director for Environment, Development & Housing		Report Author: Andy Staniford Tel: 01273 293159
3 FEBRUARY 2016				
48421	<p>Adults with Autism Scrutiny Panel Monitoring <i>All Committee Decisions</i> Third monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Report of: Executive Director for Adult Services		Report Author: Anne Hagan Tel: 01273 296370
48427	<p>Children with Autism Scrutiny Panel Monitoring <i>All Committee Decisions</i> First monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Report of: Executive Director for Children's Services		Report Author: Regan Delf Tel: 01273 293504
50468	<p>Adult Social Care Scrutiny Monitoring Report <i>All Committee Decisions</i></p> <p><i>Wards affected:</i></p>	Report of:		Report Author:
48423	<p>Seafront Infrastructure Scrutiny Panel Monitoring Report <i>All Committee Decisions</i> First monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Report of: Executive Director for Environment, Development & Housing		Report Author: Nick Hibberd Tel: 01273 293756, Geoff Raw Tel: 01273 297329

Brighton & Hove City Council Meeting Work Plan

Ref	Report Details	Lead Director	Consultation	Lead Officer
49158	Musculoskeletal Contract update <i>All Committee Decisions</i> <i>Wards affected: All Wards</i>	Report of: Executive Director for Finance & Resources		Report Author: Kath Vlcek Tel: 01273 290450
48431	Public Toilets Scrutiny Panel Monitoring Report <i>All Committee Decisions</i> Second monitoring report <i>Wards affected: All Wards</i>	Report of: Executive Director for Environment, Development & Housing		Report Author: Jan Jonker Tel: 01273 294722
48418	Trans Equalities Scrutiny Panel Monitoring <i>All Committee Decisions</i> Third monitoring report <i>Wards affected: All Wards</i>	Report of: Executive Director for Finance & Resources		Report Author: Emma McDermott Tel: 01273 296805
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49160	Update on Mental Health Service Provision in Brighton and Hove <i>All Committee Decisions</i> <i>Wards affected: All Wards</i>	Report of: Executive Director for Finance & Resources		Report Author: Kath Vlcek Tel: 01273 290450
48435	Social Value Scrutiny Panel Monitoring <i>All Committee Decisions</i> First monitoring report <i>Wards affected: All Wards</i>	Report of: Executive Director for Finance & Resources		Report Author: Cliff Youngman Tel: 01273 291408, Andy Witham Tel: 01273 291498

Brighton & Hove City Council Meeting Work Plan

Ref	Report Details	Lead Director	Consultation	Lead Officer
48433	<p>Private Sector Housing Scrutiny Panel Monitoring <i>All Committee Decisions</i> First monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Report of: Executive Director for Environment, Development & Housing		Report Author: Martin Reid Tel: 01273 93321

