





**Brighton & Hove
City Council**

Overview & Scrutiny Committee

Title:	Overview & Scrutiny Committee
Date:	3 February 2016
Time:	4.00pm
Venue	The Ronuk Hall, Portslade Town Hall
Members:	<p>Councillors: Simson (Chair)</p> <p>Allen, Bennett, Cattell, Deane, Marsh, O'Quinn, Page, Peltzer Dunn, Wares</p> <p>Co-opted Members: Zak Capewell (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

41 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.

42 MINUTES

1 - 8

To consider the minutes of the meeting held on 25 November 2016 (copy attached).

SCRUTINY COMMITTEE

43 CHAIRS COMMUNICATIONS

44 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 27 January 2016.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 27 January 2016.

45 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (d) **Petitions:** To receive any petitions;
- (e) **Written Questions:** To consider any written questions;
- (f) **Letters:** To consider any letters;
- (g) **Notices of Motion:** to consider any Notices of Motion referred from Full Council or submitted directly to the Committee.

46 UPDATE FROM CO-OPTees

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

47 ADULT SOCIAL CARE SCRUTINY MONITORING REPORT

9 - 24

(Copy of presentation attached).

48 RESPONSE TO THE PUBLICLY ACCESSIBLE TOILETS SCRUTINY PANEL REPORT

25 - 56

Report of the Executive Director of Environment Development and Housing (copy attached).

Contact Officer: *Jan Jonker, Head of Strategy*

Tel: 01273 294722

SCRUTINY COMMITTEE

Ward Affected: All Wards

49 MUSCULOSKELETAL CONTRACT UPDATE 57 - 60

(Copy attached).

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

Ward Affected: All Wards

50 UPDATE ON SUSSEXWIDE STROKE SERVICES 61 - 66

(Copy attached).

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

Ward Affected: All Wards

51 TRANS EQUALITIES SCRUTINY PANEL MONITORING 67 - 110

Report of the Assistant Chief Executive (copy attached).

Contact Officer: Emma McDermott, Head of Communities & Equality Tel: 01273 296805

Ward Affected: All Wards

52 ADULTS & CHILDREN WITH AUTISM SCRUTINY PANEL MONITORING 111 - 128

Report of the Assistant Chief Executive (copy attached).

Contact Officer: Anne Hagan, Head of Commissioning & Partnerships, Natalya Garzon Tel: 01273 296370,

Ward Affected: All Wards

53 OVERVIEW & SCRUTINY COMMITTEE DRAFT WORK PLAN/SCRUTINY UPDATE 129 - 134

(Copy attached).

SCRUTINY COMMITTEE

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

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

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

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

Date of Publication - Tuesday, 26 January 2016

BRIGHTON & HOVE CITY COUNCIL
OVERVIEW & SCRUTINY COMMITTEE

4.00pm 25 NOVEMBER 2015

THE RONUK HALL, PORTSLADE TOWN HALL

MINUTES

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

Also in attendance: Nicky Cambridge, Healthwatch Brighton & Hove, and Zak Capewell (Youth Council)

PART ONE

29 PROCEDURAL BUSINESS

29(a) Declarations of Substitutes

29.1 Councillor Moonan declared she was substituting for Councillor Cattell.

(a) Declarations of Interest

29.2 There were no declarations of interest.

(c) Exclusion of Press and Public

29.3 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.

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

30 MINUTES

30.1 Councillor Marsh stated that she had been present at the meeting held on 9 September 2015 but it had not been recorded. Councillor Moonan stated that she was recorded as being present at that meeting, but had not attended.

- 30.2 Councillor Allen referred to paragraph 23.10, and said that he had not yet received the information requested. The Chair said that she would follow that up.
- 30.3 RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 9 September 2015 as a correct record.

31 CHAIRS COMMUNICATIONS

- 31.1 The Chair welcomed everyone to the Overview and Scrutiny committee meeting,

There has been an update from the hospital trust. The three party spokespeople have agreed that we are going to hold an extra scrutiny meeting to focus on the hospital trust; aiming for this to be in early to mid January 2016. We will also be inviting East and West Sussex scrutiny councillors to join that meeting.

The Chair said that she had attended a commissioning group meeting looking at some of the Goodwood Court issues.. The outcome of the meeting is embargoed but we will let you have them as soon as possible.

Lastly, this is Matt Wragg and Reuben Brett's last meetings. Matt is moving on to a new role in East Sussex County Council next month, so thank you both for all of your support and assistance with OSC and good luck for the future. The Chair welcomed Reuben's replacement on the Committee, Zak Capewell.

32 PUBLIC INVOLVEMENT

32a Petitions

- 32.1 There were none.

32b Written Questions

- 32.2 There were none.

32c Deputations

- 32.3 There were none.

33 MEMBER INVOLVEMENT

33a Petitions

- 33.1 There were none.

33b Written Questions

33.2 There were none.

33c Letters

33.3 The Committee considered the Letter submitted by Councillor Wares regarding the request for a Scrutiny Review on Primary Care Services in Brighton & Hove.

33.4 The Chair thanked Councillor Wares for his Letter and said that the matter would be looked at during consideration of Item 36 'Primary Care Services in Brighton & Hove'.

33d Notices of Motion

33.5 There were none.

34 UPDATE FROM CO-OPTEES

34.1 There were no updates from Co-optees on the Committee.

35 UPDATE ON UNSCHEDULED CARE/ EMERGENCY DEPT AT BSUH

35.1 Mr Matthew Kershaw (Chief Executive, Brighton and Sussex University Hospitals NHS Trust), Ms Sherree Fagge (Chief Nurse, Brighton and Sussex University Hospitals NHS Trust) and Dr Mark Smith (Chief Officer Accident & Emergency) introduced the report regarding the Care Quality Commission's (CQC) inspection of Urgent and Emergency Services at the Royal Sussex County Hospital which took place in June 2015. The CQC's report was published in October 2015. They noted that this was a brief summary, prior to the more detailed session scheduled for January 2016.

The committee heard about the main areas for improvement for the hospital to focus on, and the improvements that had already been implemented, recognising that there was still some way to go to address all of the issues that had been identified.

35.2 Councillor Marsh noted that new members of staff had been recruited with the skill set being widened, and asked if that had helped address the issues raised by the Care Quality Commission. Mr Kershaw said that there had been changes to staff, such as the appointment of Dr Smith, and that had brought fresh ideas to the department. There was also a scheduled change in the non executive director make-up.

35.3 Councillor Moonan noted that there were patients who were fit to be discharged from hospital but were unable to go home as the support they would need in the community was not available. Mr Kershaw said that that was a problem, and there were currently 40-50 patients within the trust who would be better placed elsewhere. He said that the Local Authority, Community Trust and Third Sector needed to continue to work together to address the problem.

35.4 Councillor O'Quinn noted the pilot project within the elderly care ward, where patients were discharged and then assessed at home for their further care needs, and asked if further information were available. Mr Kershaw said that more detailed information could be provided at the January meeting

- 35.5 Councillor O'Quinn referred to the Care Quality Commission report and noted that there was 'a continued deterioration of performance' with the Emergency Department. Mr Kershaw said the report concerned 2014, and since then changes had been made and the work that Dr Smith had undertaken had made a difference. Dr Smith said that there had been an improved level of clinical engagement with staff, and that had made a difference. Nevertheless, it was accepted that not enough progress had been made to date and it was hoped that the new arrangements would improve service in a speedier manner.
- 35.6 Councillor Allen referred to the Summary of Findings in the CQC report, and asked why the Board had been complacent in addressing the recommendations. Mr Kershaw said he didn't fully agree with the Summary, and whilst he accepted that actions undertaken hadn't fully addressed the challenges he did not feel that the Board had been complacent.
- 35.7 Councillor Allen noted that there was pressure to reduce the number of agency staff and asked how the hospital would ensure that there continued to be an adequate level of employees. Ms Fagge said that a number of strategies were being used; recruiting from overseas, focus on recruiting local staff and working with the universities to commission student nurse places. She has one senior member of staff solely dedicated to workforce issues. Dr Smith added that the Royal Sussex was a National Trauma Centre, with a good reputation, so it was an attractive place to work and that assisted in staff recruitment and retention.

The Healthwatch representative said that patient feedback had largely been very positive but there was still a gap around communication with patients and an anxiety about the CQC 'inadequate' rating. Mr Kershaw thanked Healthwatch for the comments and said that they tried to provide staff with positive feedback in a variety of ways including the recent staff awards.

- 35.8 Councillor Peltzer Dunn asked if the Care Quality Commission result had been a surprise. Mr Kershaw said that it had not been, as many of the concerns raised were already being addressed. He said that whilst he didn't agree with all of the findings, he accepted that overall it was correct.
- 35.9 The Chair thanked everyone and reminded committee members that any further questions could be raised at the special meeting in January.

35.9 **RESOLVED: That the Committee noted the report.**

36 PRIMARY CARE SERVICES IN BRIGHTON & HOVE

- 36.1 Mr Stephen Ingram (Head of Primary Care NHS England South), Ms Laura Wade (Primary Care NHS England) and Dr Christa Beesley (Clinical Commissioning Group, Brighton and Hove) introduced the report, which provided an extract from the proceedings of the Health & Wellbeing Board meeting in October 2015 regarding the report from NHS England 'Strengthening Primary Care Services in Brighton and Hove'.

- 36.2 The Committee considered this report along with Item 37 'Healthwatch Report on Safeguarding in GP Practices'. Ms Nicky Cambridge (Acting Chief Executive Healthwatch Brighton and Hove) introduced the report.
- 36.3 The Chair thanked officers for the reports, and suggested it would be useful for members of the Committee to receive a briefing or workshop on GP provision and sustainability from NHS England and the CCG. That was agreed and was requested before the end of February 2016.
- 36.4 Councillor Wares asked when all the GP Practices in the city would be reviewed. Mr Ingram said that currently 12 of the 46 practices had been reported. The Care Quality Commission (CQC) had begun a new inspection and rating regime in 2014 and said they would visit all practices every 18 months which had now been extended by a further 6 months. He was grateful to Healthwatch for providing the report.
- 36.5 Councillor Peltzer Dunn noted that some practices had not been rated, but CQC had still commented on them and asked how that could be. Ms Cambridge said that the CQC used to inspect all practices but didn't rate them; that had now changed. There were therefore some practices which had been inspected and comments made, but had not been rated.

Councillor Peltzer Dunn asked for clarification around a point on page 53 of the report regarding a surgery in Wish Park ward. This was factually inaccurate and he wished to have this clarified.

- 36.6 Councillor Page noted the closure of Goodwood Court GP practice, and that the CQC had identified two practices which required improvement, and asked if there were an early warning system in place to assist practices which were struggling.

Mr Ingram (Head of Primary Care NHS England) said that there was no early warning system in place, and the NHS relied on practices to inform them that they were in difficulties. If they did, the NHS would immediately assist the practice. He added that it was becoming increasingly difficult for small or sole partner businesses to survive; it wasn't just being a doctor but being able to run a small business too. Larger practices were also struggling as many GPs did not want to be partners in the practice, although this was not yet the case in Brighton and Hove. It was also an issue that GPs were retiring and practices were finding it hard to recruit new staff to replace them.

- 36.7 Councillor O'Quinn noted that Goodwood Court had had a high number of locums and asked if that may have contributed to the problems the practice had faced. Dr Beesley (CCG) said that the use of locums could have been a factor. She said that 30% of GPs in the city were locums, and there needed to be a way of encouraging doctors to commit to surgeries without them having to become partners.
- 36.8 Councillor Allen noted that five practices which were 'of concern' and asked who would be responsible for ensuring improvement. Mr Ingram said it was a shared responsibility between the CCG and NHS England. He added that practices were measured on a number of areas, some of which they were contracted to provide and some they weren't; action could therefore only be taken by NHS England on those areas which they were contracted to provide.

36.9 Councillor Wares was concerned that the Health & Wellbeing Board, on which NHS England sat, had recommended that the Overview & Scrutiny Committee be requested to consider 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'. He did not feel that it was the role of scrutiny to identify possible solutions.

The Chair suggested that a Workshop be held for the Committee members. This would enable the members to receive a full briefing on the issues before a decision was made on whether to appoint a scrutiny panel.

36.10 **RESOLVED:** The Committee agreed:

- (1) That a Workshop be arranged for members of the Committee on the sustainability of GP Practices in the City.
- (2) That the Overview & Scrutiny Committee noted the request for consideration of establishing a Scrutiny Panel to report on 'to review the report and the state of play for primary care and identify possible solutions/options to safeguard GP practices in the city'.

37 HEALTHWATCH REPORT ON SAFEGUARDING IN GP PRACTICES

37.1 This report was considered alongside Item 36.

37.2 **RESOLVED:** That the Committee noted the report.

38 FLOOD RISK MANAGEMENT PLANS

38.1 Mr Robin Humphries (Civil Contingencies Manager, Brighton & Hove City Council), and Ms Maggie Moran (Flood Risk Management Officer, Brighton & Hove City Council) introduced the report. The report examined the risk of flooding within the city.

38.2 Councillor Peltzer Dunn thanked the officers for the report, and asked if a report detailing how effective the measures put in place to reduce the impact of flooding had been could be provided for the Committee in due course. The Chair agreed.

38.3 Councillor Deane asked what more could be done, such as resident involvement, to address drains being blocked. Ms Moran said that Highways Maintenance now maintained the gullies in the city, and there was now a more structured way of monitoring them than there had been before. The Council would be happy to with the LACs to address any noted blocked drains.

38.4 **RESOLVED:** That the report be noted.

39 SHORT TERM HOLIDAY LETS PANEL MONITORING

39.1 Mr Tim Nicholls (Head of Regulatory Services, Brighton & Hove City Council), and Ms Annie Sparks (Environmental Health Manager, Brighton & Hove City Council) introduced the report which gave the formal response to the Scrutiny Panel report on Short Term Holiday Lets (Party Houses).

39.2 **RESOLVED:** That the Committee agreed to endorse the officer response on Short Term Holiday Lets (Party Houses) and discharge the item.

40 TRAVELLER STRATEGY SCRUTINY PANEL MONITORING REPORT

40.1 Mr Andy Staniford (Housing Strategy Manager, Brighton & Hove City Council) introduced the report, which provided the third annual update on the progress made on implementing the recommendations of the Environment & Community Safety Overview & Scrutiny Committee Traveller Scrutiny Panel.

40.2 **RESOLVED:** That the Committee noted the report and discharged the matter back to the Environment, Transport and Sustainability Committee.

41 OVERVIEW & SCRUTINY COMMITTEE DRAFT WORK PLAN/SCRUTINY UPDATE

41.1 The Committee noted the Overview & Scrutiny Committee Draft Work plan/Scrutiny Update.

The meeting concluded at 7.10pm

Signed

Chair

Dated this

day of

Overview and Scrutiny Committee 2016

Brighton & Hove City Council
Adult Services

Performance Benchmarking 14/15

- * User Survey 2014-15
 - * Annual survey
 - * Focus on key outcomes and quality of life
 - * Overall above average in most measures
- * Carers Survey 14/15
 - * Bi-ennial survey
 - * Significant improvement in positive outcomes from previous survey in 12/13

Performance Benchmarking 2014-15

- * Long term Admissions to residential care
 - * Excellent performance Adults 18-64
 - * Number re older people increased
- * Self Directed Support / Direct Payments
 - * Excellent performance in relation to Carers
 - * Below average re service users

Performance Benchmarking 2014-15

- * Older people leaving hospital offered reablement / rehabilitation
 - * Higher percentage provided with these services relative to other councils
 - * Those living at home 91 days later ; average performance
- * 52% of people receiving short term services require no ongoing / or lower level support on returning home

Performance Benchmarking 2014-15

- * Delayed Transfers of Care
 - * Delays for social care reasons below average
 - * Majority are in the non acute setting
- * People with a learning disability
 - * Excellent performance re employment
 - * Above average re people living in their own home or with family

Sector led improvement

- * Reviewing our approach in 14/15
- * Light touch update to Local Account
- * No 'City Summit' this year
- * Director to Director Challenge continues
- * Peer Review Programme
- * External review of savings proposals by Care and Health Improvement Adviser

Finance-Budget

* Adults net budget for 2015/16 is £78.6 million

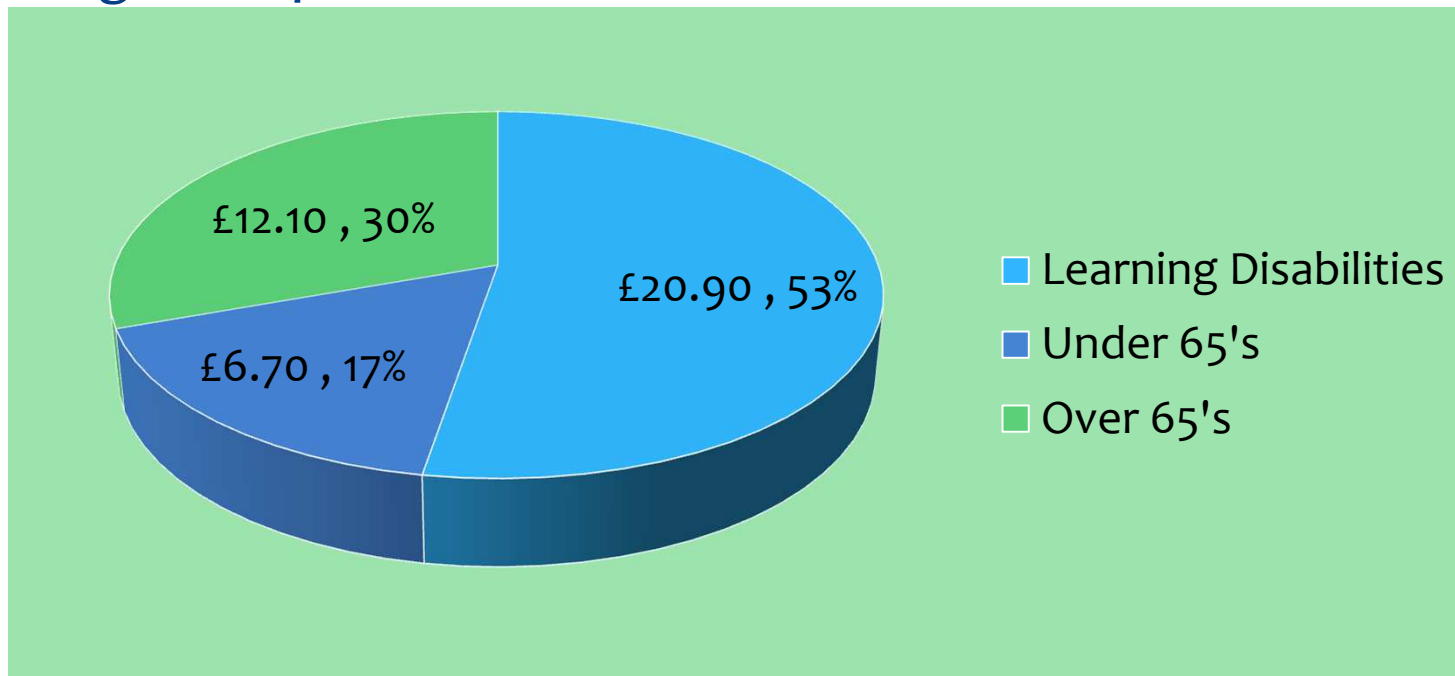
	Budget £m	Forecast £m	Variance £m	Variance %
Assessment	54.2	55.5	1.4	2.6
Provider	12.1	13.9	1.8	14.9
Commissioning & Contracts	0.8	0.4	-0.4	-46.3
S75 Partnerships	11.6	12.1	0.5	4.7
Total	78.6	81.9	3.4	4.3
Budgets and forecasts are net of client contributions and other income Based on position at October 2015				

Finance- Savings

- * Savings total over 2010-2020 expected £43.9m of which:
- * Achieved over the last 5 years £16.2m
- * On track to deliver 2015/16 savings target of £7.1m
- * 2016/17 savings proposed £6.4m
- * 2017/18-2019/20 savings proposed £14.2m

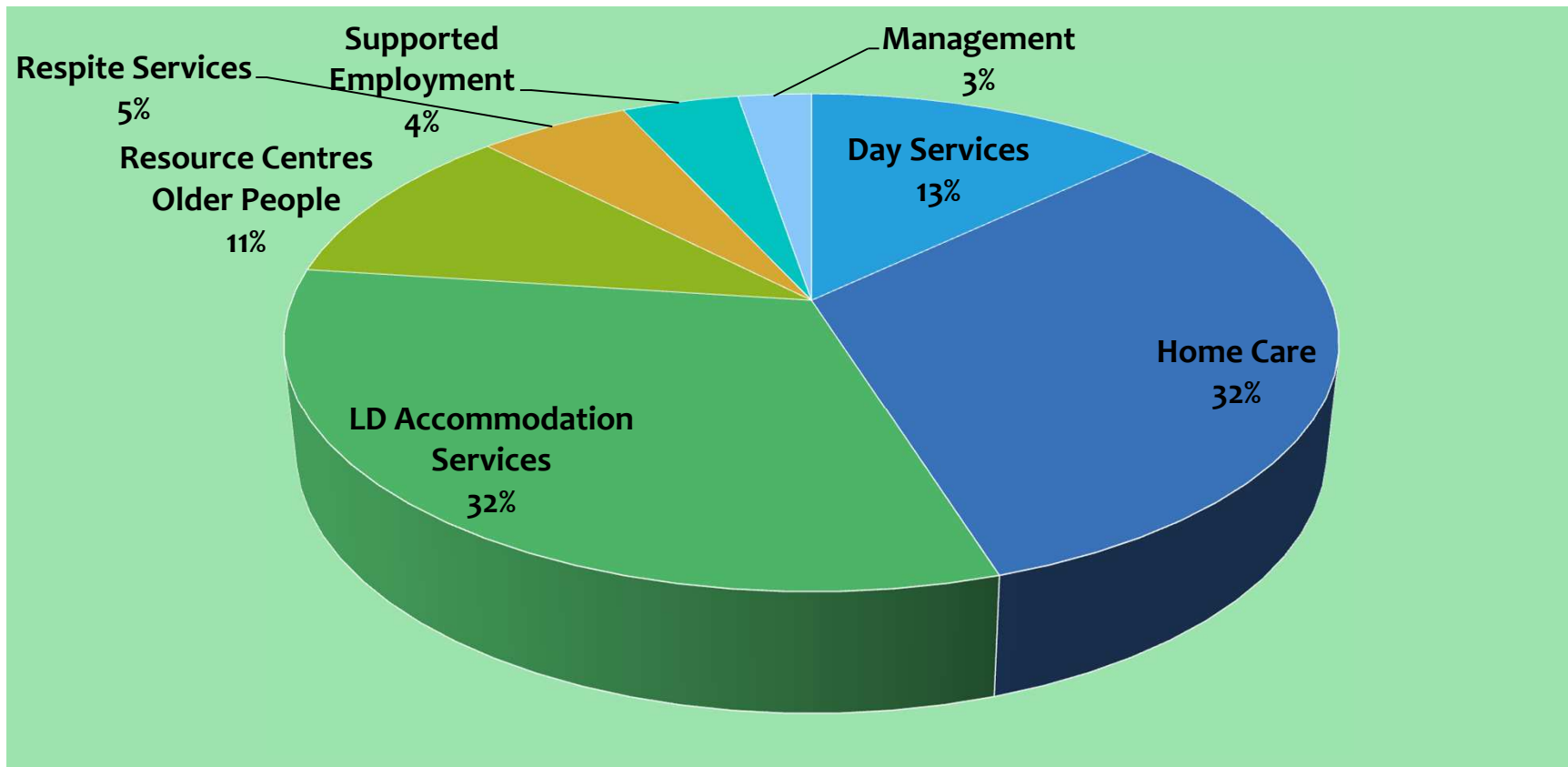
Finance-Community Care

- * Community Care , providing services for over 3,500 people, makes up over half of the 2015/16 adults budget at £39.8m. The highest spend is on LD with 680 clients.



Finance- Provider Services

- * The provider budget of £12.1m delivers in house services allocated as follows



Finance- Value for Money

- * Value for Money is tested through benchmarking and regional and national networks. Some key points are:
- * In house residential and homecare provision is significantly higher than private and voluntary sector
- * In 2013/14 we spent 15% higher per head of older person population and 17% higher per head on adults with a learning disability per head of working population
- * Spend on nursing and residential provision is comparatively high and particularly high on 18-64's
- * Proportion of Total LA spend on Adult Social Care is below average

Finance- Better Care

- * The Better Care Integrated pooled budget is £ 20.4 million and is made up of 4 workstreams to deliver agreed outcomes against:
- * Integrated Delivery
- * Personalisation
- * Protecting Social Care
- * Keeping People Well
- * The government announced in the spending review that the funding would be increased from 2017/18.

Direction Travel

- * Key challenges 2016 -2020
 - * Meeting our statutory duties
 - * Delivering positive outcomes for local people
 - * Achieving financial balance

Direction of Travel

Our journey ahead...

What will care and support look like in five years?

1. Signposting

Good information and advice to enable us to look after ourselves and each other, and get the right help at the right time when our needs change.

For help and advice please get in touch..

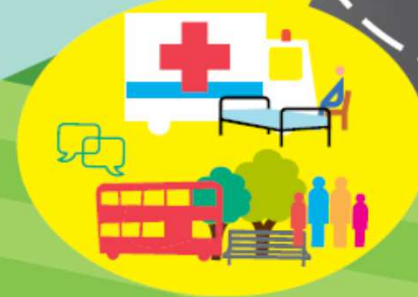


2. Stronger communities
we need to build supportive relationships and resilient communities to support people.



3. Getting people on the right track

preventative services that help people stay independent for longer, and back to health after illness.



4. The citizen will be the care manager

When we do need care and support, services will be personalised, and much better joined-up around our individual needs.



Direction of Travel

- * On line Information & Advice improvement as part of Care Act implementation
- * Better Care Programme
- * Stronger Communities
- * Carelink / Telecare
- * Community Short Term Services
- * Supporting people using Direct payments

Subject:	Response to the Publicly Accessible Toilets Scrutiny Panel Report		
Date of Meeting:	3 February 2016		
Report of:	Executive Director of Environment Development and Housing		
Contact Officer:	Name:	Jan Jonker	Tel: 29-4722
	Email:	jan.jonker@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The Scrutiny Panel on Publicly Accessible Toilets was set up in response to concerns about the future provision of the service. A series of recommendations were agreed by the Panel in July 2013.
- 1.2 This the second update report (the first report was presented to the panel in January 2015) which sets out the progress that has been made since then.
- 1.3 In light of the timing of the Committee Meeting in advance of the Councils budget setting meeting in February this report also sets out proposals for delivering the budget savings agreed in 2015/16 and further savings for 2016/17.

2. RECOMMENDATIONS:

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

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 second monitoring report regarding the recommendations relating to the scrutiny of publically accessible toilets.
- 3.2 In 2013 a scrutiny Panel was established in response to concerns about the future provision of the service in light of the Council's financial pressures. The terms of reference for the Panel were to consider:
 - The future of the service
 - Future funding

- Types of provision
 - Improving general access to the service
 - Improving access to the service for particular need groups.
- 3.3 The Panel consisted of Cllr Amy Kennedy (Chair) Cllr Allan Robins, Cllr Denise Cobb and John Eyles (Co-optee from the Older Peoples Council). The Panel heard views from a range of stakeholders including Mencap, BHLINK Toilet User Group, Chron's and Colitis UK, Parent Carers Council and the Federation for Independent Living.
- 3.4 The Panels final report identified the importance of accessible toilets, both for the visitor economy and in especially for people with particular needs. The Panel assessed the quantity and quality of current provision in the city and the pressure on the service as a result of reducing budgets. The Panel produced 14 recommendations focussed on exploring ways to secure future provision of the service in increasingly restrained financial climate.
- 3.5 Appendix 1 to this report details progress made on each of the Panel's 14 recommendations. The overarching recommendation from the panel was that an Action Plan be produced which identified future capital and revenue costs to inform decisions around investment, site disposal, change of use and alternative means of provision. The other recommendations form part of the action plan, and a detailed response to each is provided in Appendix 1.
- 3.6 Many of the public toilets in the city are in poor condition and require investment to bring them up to a good standard
- 3.7 Significant progress has been made towards the development of a new business model for toilet provision. Key milestones include:
- § The completion of stock condition surveys and suitability surveys to assess the level of investment required to bring the facilities up to a good standard. Most public toilets are in old buildings. There is no preventative maintenance or investment budget for these facilities which has resulted in gradual decline over the years. The surveys have identified an investment requirement of approximately £1.5 million.
 - § Completion of a trial to introduce charging for use of public toilets which was implemented in the newly constructed toilets adjacent to the i360. The trial was successful and the business case is being developed to assess which other sites could be suitable for charging. Suitability depends on footfall, the building entrance and the condition of the toilets. Any income generated could be reinvested in the service. There have been no complaints about the charges and charging is often mentioned by residents and stakeholders as an opportunity to invest in the service.
 - § Completion of a trial using water saving toilets at Royal Pavilion Gardens.

- § A formal review of the Wettons contract has taken place to identify any potential efficiencies and to inform the retendering of the service. A new contract needs to be in place by March 2017.
- § An officer group with representatives from Property & Design, Finance, Procurement and Cityclean has been established and is leading a soft market testing exercise to further inform future options for service delivery. The soft market testing will be completed in March 2016.
- § The opening of new toilets since 2013 on The Level, the Open Market and West Pier Arches (adjacent to the i360).

3.8 The next key stages of work are to finalise the soft market testing, which includes analysis of alternative methods of providing the service and finalising the opportunity for generating revenue to ring-fence to the service through charging. Opportunities to secure the capital investment that is required in the buildings, and without which charging is not feasible are being finalised. The final proposals and recommendations will be presented to Policy and Resources Committee in May.

Budget Recommendations 2015/16 and 2016/17

- 3.9 The provision of public toilets has been subject to service reductions in light of the ongoing financial pressures the authority faces. As part of the budget setting for the current financial year (2015/16) it was agreed to reduce the budget for toilets by £160,000. £120,000 of the savings were deferred to the 2016/17 budget year. The required £40,000 savings were realised by closure of the toilets in the Lanes (Bartholomew Square). These toilets had low footfall and other facilities close by.
- 3.10 The initial budget proposals for 2016/17 reported to Policy and Resources Committee in December 2015 included a further £50,000 worth of savings, so in addition to the savings carried over from 2015/16 to the total savings to be realised in 2016/17 are £170,000 subject to the final budget setting process.
- 3.11 The budget for the provision of toilets consists mainly of the cost of servicing, cleaning and attending the sites, consumables and utilities. Budget reductions of any significance can only be realised by reducing opening times, reducing cleansing frequency or closing sites completely. In order to minimise the impact of budget reductions the principles that were used to identify options were to:
- § Review the proximity of sites to other facilities
 - § Consider levels of footfall
 - § Consider seasonal variations in footfall and variations between weekdays, weekends and holidays in winter.
- 3.12 Based on these principles the recommendations to realise the £170,000 worth of savings are summarised in Appendix 2 and shown on the map attached as Appendix 3. The savings consist of:

- § Closure of five sites
- § Winter closure of nine lower footfall sites
- § Reduced winter opening (weekends and bank holidays only) at one site
- § Sharing attendants at number of sites. The attendants would be able to travel between sites quickly to deal with any issues. This service model is already used between the King Alfred and Kings Esplanade public toilets.

3.13 Under the proposals, which have yet to be finalised and are subject to variation of the contract, 33 sites would be retained, 24 of which would have no reduction in opening hours. These include high footfall sites on the sea front and in Green Flag Parks. At all five sites where closures are proposed alternative facilities are available in close proximity. It is anticipated that new public toilets will be included in major development sites in the city. Toilets will be available as part of the i360 development and new toilets will be opened as part of the reconstruction of the Shelter Hall.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The work completed as part of the Scrutiny Review will inform future provision of toilets in anticipation of the retendering of the contract for the service before March 2017. Detailed recommendations expected to be reported to Policy & Resources in May 2016 which will seek to address capital investment in the remaining toilets to bring them up to a good standard and the business case to introduce charging more widely to reinvest in to the service and put it on a more secure footing for future years.

4.2 Soft market testing is underway to thoroughly test all the options for the provision of the service.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The budget proposals for the public toilets have been subject to an Equalities Impact Assessment which has been consulted on and amended in light of the consultation.

6. CONCLUSION

6.1 Significant progress has been made towards developing a business plan for future toilet provision, particularly assessing the capital investment required and opportunities to generate income to reinvest in the service. Final proposals and recommendations are expected to be presented to Policy & Resources Committee in May prior to the procurement of a new contract for the service.

6.2 The budget for the service has been reduced in 2015/16, the majority of which have to be implemented in 2016/17. Further reductions have been put forward as part of the councils budget proposals for 2016/17. Proposals to realise these

savings have been identified, minimising the impact on the service as far as practicable.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The initial 2016/17 budget proposals reported to Policy and Resources Committee in December 2015 included £0.050m savings relating to publicly accessible toilets, in addition to £0.120m deferred from the 2015/16 financial year. A further £0.150m was proposed over the 2017/18 to 2019/20 period. These proposals are subject to approval by Budget Council as part of the budget setting process.

The stock condition survey and accessibility surveys have identified a potential investment requirement of approximately £1.500m over the next ten years. No funding has been identified to date to support this investment and further work is being undertaken to identify the options available for the investment required. This may include use of capital receipts, reserves or borrowing but will be subject to a review of the capital resources available to the Council within the Medium Term Financial Strategy and the outcome of the work undertaken by the officer group which will be reported back to this Committee in due course.

The current contract for public accessible toilets provision is due to expire in March 2017. It is anticipated that the procurement of a new contract will take consideration of recommendations from the scrutiny review and funded within available and approved funding resources. The procurement process will be in compliance with the councils Contract Standing Orders and Financial Regulations.

The potential for introducing charging at some sites will be subject to a fully funded and prudent financial business case. Charges will be subject to the council's Corporate Fees and Charges Policy.

Finance Officer Consulted: Name Steven Bedford Date: 20/01/16

Legal Implications:

- 7.2 Any future procurement in relation to public accessible toilets must be undertaken in accordance with the Council's Contract Standing Orders and EU Procurement Regulations.

Lawyer Consulted: Elizabeth Culbert Date: 21ST January 2016

Equalities Implications:

- 7.3 Any new service delivery model and contract will be subject to an Equalities Impact Assessment. The budget proposals have been subject to the budget EIA process.

7.4

SUPPORTING DOCUMENTATION

Appendices:

1. Update on Scrutiny Recommendations January 2016
2. Outline of proposed service changes to realise 2015/16 and 2016/17 budget savings


Appendix 1

Appendix 2 Summary of Budget DRAFT Proposals

Site Name	Description	Nearest alternative	Recommendation
Aldrington Rec (Saxon Road)	Park	Station Road (0.7m 13 mins NW)	Retain facility, close for winter
Black Rock	Seafront Site	The Colonnade (0.5m 10 mins West)	Retain facility, already closed for winter
Blakers Park	Park	Preston Park Chalet (0.6.m 10 mins SW)	Retain facility, close for winter
Dyke Road Park	Park	Good Companion(0.4m 7 mins SE) (CTS)	Retain facility - No change in opening hours
Easthill Park	Green Flag Park	Victoria Road (0.3 m 6 mins NE)	Retain facility
Goldstone Villas	City Centre	Norton Road (0.5 m 9 mins SE)	Reduce attendant hours summer and winter
Greenleas	Park	Sainsbury's Old Shoreham Road (0.4 m 9 mins SW)(CTS)	Full closure
Grenadier	Shopping Parade	Hove Cemetery (0.8 m 15 mins South)	Retain facility, close for winter
Hollingbury Park	Park	Patcham Library(1.3 m 25 mins NE) CTS)	Retain facility, close for winter
Hove Cemetery	Crematoria	Station Road(0.9 m 17 mins SW)	Retain facility - No change in opening hours
Hove Park	Green Flag Park	Hove Park (0.4 m 8 mins South)	Retain facility - No change in opening hours
King Alfred	Seafront Site	Western Esplanade (0.3m 5 mins SW)	Retain facility, close for winter
Kings Esplanade	Seafront Site	King Alfred (0.3 5 mins NE)	Retain facility, close for winter
Lagoon	Seafront Site	Western Esplanade (0.6 m 11 mins West)	Retain, reduce attendant hours
Lawn Memorial Cemetary	Full cost recharged to Life Events Team	Stanley Dean Leisure centre(1.7m 32 mins SE)(CTS)	Retain facility - No change in opening hours
Lower Prom E of Brighton Pier	Seafront Site	The Colonnade(50mtrs North)	Retain, already closed for winter, reduce attendant hours
Norton Road	Car Park	Kings Esplanade (0.4m 8 mins SE)	Retain facility - No change in opening hours
Ovingdean Undercliff	Seafront Site	Rottingdean Rec (0.9m 20 mins NE)	Retain facility - No change in opening hours
Park Road, Rottingdean	Town	Rottingdean Undercliffe(300mtrs SE)	Full closure, medium footfall and alternative within 300m
Peter Pan	Seafront Site,Childrens Play Park	The Colonnade (0.5m 10 mins West)	Retain facility - No change in opening hours

Preston Park Chalet	Destination Park	Preston Park Rotunda (500mtrs South)	Retain facility - No change in opening hours
Preston Park Rotunda	Destination Park	Preston Park Chalet(500 mtrs North)	Full Closure, only park with 2 toilets. Toilets will need to be provided for Rotunda customer toilets, with payback in less than 2 years
Queens Park	Destination Park	Prince Regent(0.8 m 14 mins SW)	Retain facility - No change in opening hours
Rottingdean Recreation Ground	Park	Rottingdean Undercliffe(0.7m 14 mins SE)	Retain, close for winter
Rottingdean Undercliff	Seafront Site	Rottingdean Rec (0.7m 14 mins NW)	Retain facility - No change in opening hours
Royal Pavilion Gardens	Destination Park, City Centre	Prince Regent (100 mtrs 5 mins North)	Retain facility - No change in opening hours
Saltdean Oval	Oval/Park near Saltdean Lido	Saltdean Undercliffe(500mtrs 7 mins South)	Full closure, medium footfall, alternative within 500m with accessible facilities
Saltdean Undercliff	Seafront Site	Saltdean Ova l(500mtrs 7 mins North)	Retain facility - No change in opening hours
Stanmer Park	Destination Park	Wild Park(2 m 37 mins SE)	Retain facility - No change in opening hours
St Annes Wells Park	Green Flag, Park	The Good Companion (0.5m 11 mins NE) (CTS)	Retain facility - No change in opening hours
Station Road	Opposite Train Station	Victoria Road (0.3 m 6 mins West)	Full closure
The Colonnade	Seafront Site with Adult Changing places facilities	Peter Pan (500 mtrs East)	Retain, reduce attendant hours
The Level	Green Flag, Destination park, Changing Places Facilities	Royal Pavilion Gardens(0.6m 13 mins SE)	Retain facility - No change in opening hours
Vale Park	Park	Station Road(0.2m 4 mins NE)	Reduce winter hour to weekends and bank holidays only
Victoria Road	Portslade Town Hall	Station Road (0.3m 6 mins East)	Full closure, site has been sold
Western Esplanade	Seafront Site	King Alfred (0.3m 5 mins NE)	Retain, close for winter / reduce attendant hours
West Pier Arches	Seafront Site	West Street (0.5m 11 mins East)	Retain, reduce attendant hours
West Street	Seafront Site Temp Portakabins - expected to reopen ???/??	West Pier Arches (0.5m 11 mins West)	Retain, reduce attendant hours
Wild Park	Park	Stanmer Park(2m 37mins NW)	Retain, close for winter

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 1 (July 2013)	Service Lead	ELT Lead
<p>The panel recommends that Brighton & Hove City Council develops an action plan for publicly accessible toilets in the city. This plan should be led by Cityclean, but draw on contributions from services such as Property & Design, Licensing and Planning where appropriate. While the plan is held by the council it will also be a partnership document which sets out how they will work with public sector partners, the community and businesses to maintain the capacity of this service.</p> <p>The action plan would cover both toilets owned directly by the council and other facilities which are publicly accessible, such as those in our Use Our Loos scheme. The action plan would come under the oversight of the Assistant Chief Executive, to ensure that all the relevant council services contribute to this plan.</p>	Jan Jonker	Geoff Raw
Council Response (July 2013)		
<p>Recommendation Accepted</p> <p>The provision of public toilets will continue to face budget pressures. The scrutiny has identified that the current provision in the city is good with the council topping the national awards for provision of public toilets. It has also identified the importance of good provision to residents and visitors to the city.</p> <p>The challenge is how to maintain provision, improve or change the provision through engagement with the business community, in particular the hospitality, tourism and health sectors. The question has been asked if/how provision can be extended, in particular in relation to the night time economy.</p> <p>The Action Plan will review the current provision of public toilets and as far as possible identify the resources required to retain provision and alternative ways of providing in future. The Action Plan needs to be flexible as any recommendations accepted in principle are subject to future challenge under the ongoing strategic review of our property assets and services.</p> <p>The scrutiny has identified a number of alternative options for future provision. The feasibility of these will be tested as part of the action plan which will inform if and how they can help reduce the pressure on the service in future.</p> <p>The time-scale for the completion of the action plan is June 2014.</p>		
<p>Progress at January 15 – short commentary by service lead:</p> <p>A significant amount of work has been done to inform options for the future provision of public toilets:</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Amber </p>	

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 1 (July 2013)	Service Lead	ELT Lead
<ul style="list-style-type: none"> • Surveys of all sites have been completed to determine the level of capital investment required over the next 10 years • Trials have been completed with chargeable toilets and efficient water flushing systems • The Wettons contract has been reviewed in detail to identify opportunities for efficiencies and inform the procurement of a new contract by March 2017. • A working group of officers has been established from Cityclean, Property & Design, Finance and Procurement to develop business cases around charging for access to generate revenue to reinvest in the service and to carry out market testing around models for service delivery to inform the new contract. <p>The service has been affected by budget reductions. The council budget for 2015/16 included a £160k reduction in toilet provision. £40k was realised in year through the closure of the toilets in The Lanes in Brighton. £120k of savings were deferred until 2016/17. The budget proposals for 2016/17 include further budget reduction of £50k. This will result in site closures and reduced opening times.</p> <p>Work on the action plan is progressing as set out in this document. It is anticipated that a detailed report on future provision of public toilets will be presented to Policy & Resources Committee in the first half of 2016. The plan will outline the indicative costs of future provision, investment required and options for income generation. It will outline service delivery models that will be explored through procurement.</p>		

Scrutiny Report Recommendation No. 2 (July 2013)	Service Lead	ELT Lead
<p>The panel recommends that this action plan contains, or is based upon a business plan for the toilets which are directly owned by the council. This business plan would need to:</p> <ul style="list-style-type: none"> • Clarify what revenue and capital expenditure is required per toilet for the next 15 years. This should cover as a 	Jan Jonker /Angela Dymott	Geoff Raw

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 2 (July 2013)	Service Lead	ELT Lead
<p>minimum the cost of management and day-to-day maintenance (including responsive maintenance and cleaning) and future planned maintenance. This should include in-house costs and contractor costs. This would enable the council to identify the most cost-effective way of managing these assets.</p> <ul style="list-style-type: none"> • Clarify what was the cost of providing publicly accessible toilets in 2012/13, including both the capital and revenue expenditure and which service, and budget heading, is responsible for each key aspect of the service. • Ensure a stock condition survey is carried out by Property & Design of all the toilets directly owned by the council to identify a plan of future maintenance. <p>The information in the action plan would inform the strategic, and budget, decisions about publicly accessible toilets. It would enable decisions to be made in relevant areas such as:</p> <ul style="list-style-type: none"> • Investment • Disposal of sites • Change of use <p>Alternative means of provision.</p>		
Council Response (July 2013)		
<p>Recommendation Accepted in Principle</p> <p>Accurately projecting revenue and capital costs for the provision of public toilets for the next 15 years will be difficult. The main revenue costs are the servicing of the toilets by Wettons and utility costs. The Wettons contract will be re-tendered in 2017 and future costs will not be known until this exercise has been completed.</p> <p>The action plan will however inform the procurement process to ensure that as far as possible it meets the future needs of the service. The procurement process will encourage alternative models of service provision which have investment and income related outcomes to minimise the cost to the authority.</p> <p>Many of the council's public toilets are in old buildings which will require substantial investment if they are all to be retained for the next 15 years. The council's asset management plan & corporate property and building maintenance strategy sets out the process and priorities through which properties are reviewed and challenged to ensure they are fit for purpose . The property performance of operational buildings is evaluated on a decision matrix to identify properties for disposal, in poor condition requiring significant</p>		


**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 2 (July 2013)	Service Lead	ELT Lead
<p>investment, unsuitable for current use and alternative/ change of use options.</p> <p>A high level stock condition survey is to be carried out on all the toilets owned directly by the council to assess their property performance and identify which buildings are fit for purpose and those requiring substantial investment. This will inform the future strategic and budget decisions about public toilets.</p>		
<p>Progress at January 15 – short commentary by service lead:</p> <p>A review of the Wettons contract has been completed with the procurement team. It did not identify any significant in year savings but has provided valuable background to inform the procurement of a new public toilets contract.</p> <p>A stock condition survey has been undertaken of 41 stand-alone toilets to ascertain the level of investment required over a 5 and 10 year period. The total investment requirement is estimated at £1.5m over 10 years.</p> <p>Planned maintenance investment for stand-alone toilets has no allocated council budget with redecoration and day-to-day maintenance covered under the cleaning contract. Figures above exclude these costs as well as routine management and utilities.</p> <p>The condition survey information is being considered in conjunction with suitability survey information and each public toilet has been given an overall rating based upon suitability and the mean average of planned maintenance costs .</p> <p>This information is being combined with a mapping exercise that considers location and footfall usage of each site to determine whether each site should be considered for disposal, investment or alternative use.</p> <p>The above information is informing the Action Plan.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green</p> 	

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**


Scrutiny Report Recommendation No. 3 (July 2013)	Service Lead	ELT Lead
<p>The panel recommends that this action plan includes a statement of the council's commitment to enabling public access to toilets in its own properties.</p> <p>The panel believes that providing public access to the toilets in its own buildings should be the default position, where practicable and safe. So the suitability of providing public access to toilets should be assessed when the council either renovates an existing building or opens a new building. Where it is not possible to provide public access in a council building, a clear explanation of the reasons should be incorporated into the action plan.</p> <p>Where toilets in council buildings are publicly accessible, the panel believe that it is important that they are clearly signposted and advertised so that the public are aware that they can use these facilities (see p45).</p>	<p>Angela Dymott</p>	
Council Response (July 2013)		
<p>As the council's current Wettons contract is a day to day management contract it does not support the long term maintenance of the council's public toilets stock.</p> <p>Where public toilets are located in main administrative buildings, libraries and the like, the buildings are covered by the council's planned maintenance programmes of work, prioritised through the corporate property objectives and building maintenance strategy. These look at the council's core operational buildings those that contain the priority service functions, ensure maximum return, require minimum maintenance and have a large public footfall.</p> <p>It must be recognised that public toilets fall within the non-core service operational category:- an asset to be in a condition to meet minimum and statutory requirements.</p> <p>Where public toilets are located within the council's main office buildings it will look to support this provision where practicable and safe and this will be assessed on a case by case basis when these buildings are being refurbished and/ or extended. Provision where possible will review relevant signage, as part of the overall building business case which will focus on the significant costs associated with statutory compliance, health & safety, security issues and other relevant impacts on costs.</p> <p>In a climate of acute financial constraints it is necessary for the council to look</p>		


**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 3 (July 2013)	Service Lead	ELT Lead
at its service priorities as a whole and to consider alternative public toilet provision through partnership investment, regeneration sites and local planning requirements.		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>As Corporate Landlord , we continue the ongoing assessment of public toilet provision located within council buildings. The previous response above covers the corporate landlord position.</p> <p>Where public toilets are located within the council’s main office buildings it will look to support this provision where practicable and safe and this will be assessed on a case by case basis when these buildings are being refurbished and/ or extended. Provision where possible will review relevant signage, as part of the overall building business case which will focus on the significant costs associated with statutory compliance, health & safety, security issues and other relevant impacts on costs.</p> <p>In a climate of acute financial constraints it is necessary for the council to look at its service priorities as a whole and to consider alternative public toilet provision through partnership investment, regeneration sites and local planning requirements.</p> <p>Note: The update on this action is unchanged since January 2016 and no further updates are anticipated in future.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green</p> 	

Scrutiny Report Recommendation No. 4 (July 2013)	Service Lead	ELT Lead
<p>The panel welcomes the intention of Cityclean to refocus the Use our Loos scheme in order to link it to the Can’t Wait Card.</p> <p>The panel agrees with the service’s plan to start by exploring the possibility of re-launching this scheme in partnership with GPs surgeries, then work to spread this scheme out across other suitable outlets in the city</p>	Jan Jonker	Geoff Raw
Council Response ()		

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 4 (July 2013)	Service Lead	ELT Lead
<p>Recommendation Accepted</p>		
<p>The Council has been running the Use our Loo scheme for several years. It currently has 21 businesses and organisations taking part in the scheme. In 2012 a concerted effort was made to increase the number of businesses taking part in the scheme, however, the level of interest was low.</p>		
<p>The scrutiny panel heard evidence from small businesses explaining some of the issues that prevent them from joining the scheme.</p>		
<p>Officers will consult with colleagues in Public Health to explore use of the ‘Can’t Wait Card’ to allow people access to their toilets as well as looking at other outlets.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>Informal discussions held with Public Health suggest many NHS sites would be able to provide access to their toilets to people with the ‘Can’t Wait Card’.</p> <p>Further work required to assess scope and how this service can be publicised.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Amber </p>	


Scrutiny Report Recommendation No. 5 (July 2013)	Service Lead	ELT Lead
<p>The panel recommends that effective consultation is carried out with service users before building new toilets. This is especially true when building toilet provision for people with disabilities, for example to ensure that the location and type of toilet will meet their needs</p>	<p>Jan Jonker</p>	
<p>Council Response ()</p>		
<p>All new toilets will be wheelchair accessible and officers will work with stakeholders such as the Federation for Independent Living when designing new facilities.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>Two new sites have been opened since the scrutiny report, the West Pier Arches and the toilets on The Level which include a Changing Places toilet.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green </p>	

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 5 (July 2013)	Service Lead	ELT Lead
<p>The West Pier Arches toilets have one fully accessible unit which is accessed by RADAR key separately. No charge is made for use of the accessible unit, there is a charge for the main toilets.</p> <p>Note: The update on this action is unchanged since January 2016 and no further updates are anticipated in future.</p>		


Scrutiny Report Recommendation No. 6 (July 2013)	Service Lead	ELT Lead
<p>The panel recognised the importance of the Changing Places provision to provide toilets for those with profound and multiple disabilities.</p> <p>They recognise that the council is not likely to be able to provide any more Changing Places toilets itself, since they have built one of these toilets and are currently building another. So the panel would like to see Changing Places toilets, or other kinds of wheelchair accessible toilets, included where possible in private developments.</p> <p>The council should work with work with partners such as Network Rail to identify further funding opportunities to develop these kinds of provision. Examples include European Funds, organisational funds related to Corporate Responsibility and the City Plan. The aim should be, where possible, to situate such toilets in high use areas such as Churchill Square and railway stations.</p>	Liz/ Rob	Geoff Raw
Council Response (July 2014)		
<p>Recommendation Accepted in Principle</p> <p>The panel recognises the importance of changing places toilets for people with profound and multiple disabilities. Installing these facilities is costly, has specific requirements eg in terms of space and need to have an attendant on site to allow access.</p> <p>As part of the action plan opportunities for funding will be explored and potential partners approached regarding the possibility of installing more Changing Places facilities.</p> <p>In the current economic climate funding opportunities for Changing Places</p>		

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 6 (July 2013)	Service Lead	ELT Lead
facilities are likely to be limited.		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>No further funding opportunities have been identified for Changing Places toilets.</p> <p>As part of the i360 development public toilets will be provided which include accessible toilets.</p> <p>Strategic opportunities to provide changing places toilets (which are likely to be associated with larger publicly accessible developments) will be identified in Part 2 of the City Plan (which deals with specific sites and site requirements) and through strategic development allocations in Part 1 and the linked Infrastructure Delivery Plan (IDP). Sites close to the Town Centre and the Eastern seafront will be prioritised. Specific opportunities may be identified during production of planning briefs and the planning application process. The IDP is reviewed bi-annually and will be updated to include references to Changing Places toilets in new strategic publicly accessible developments.</p> <p>Note: The update on this action is unchanged since January 2016 and no further updates are anticipated in future.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green</p> 	

Scrutiny Report Recommendation No. 7 (July 2013)	Service Lead	ELT Lead
<p>The panel felt that evidence submitted to them highlighted a number of reasons why small businesses in the city, such as independent retail outlets, are not likely to be suitable for inclusion in the Use our Loos scheme.</p> <p>However the panel feel that it was important to explore whether other businesses, such as cafes and pubs, could be encouraged called upon to contribute to publicly accessible toilet provision</p>	Jan Jonker	Geoff Raw
Council Response (July 2013)		

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**


Scrutiny Report Recommendation No. 7 (July 2013)	Service Lead	ELT Lead
<p>Recommendation Accepted Please refer to response to Action 4 above. Officers have actively tried to recruit businesses including cafes and pubs to the Use Our Loo Scheme but many of them are reluctant for a range of reasons which have come to light as part of the scrutiny. Based on discussions with businesses in the hospitality sector they wish to retain their toilets for the exclusive use of their customers.</p> <p>Officers will explore use of the ‘Cant Wait’ card to allow holders access to toilets in GP surgeries and other buildings (Action 4). Other businesses will continue to be encouraged to join the scheme although uptake is expected to be low.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>Efforts have been made to recruit new businesses to the Use Our Loo Scheme, but with no significant success for the reasons highlighted as part of the scrutiny.</p> <p>The café in Stoneham Park which was part of the scheme experienced problems with the numbers of non-customers wanting to use their toilets highlighting some of the issues experienced.</p> <p>The scheme will be kept under review but based on the evidence gathered it is not anticipated that the number of participating businesses will increase significantly.</p> <p>Note: It is recommended that this action is not pursued any further as it is unlikely to be successful due to other resource pressure in managing the night time economy.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green </p>	

Scrutiny Report Recommendation No. 8 (July 2013)	Service Lead	ELT Lead
<p>Evidence to the panel demonstrated the impact of the night time economy and the potentially unmet needs that arise from it in relation to toilets. The panel understood why traditional publicly accessible toilets were not open 24 hours, for reasons of cost and vulnerability to anti-social behaviour (ASB).</p>	<p>Tim Nicholls</p>	<p>Tom Scanlon</p>

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**


Scrutiny Report Recommendation No. 8 (July 2013)	Service Lead	ELT Lead
<p>However the action plan should consider what kind of provision is needed after public toilets close and the ways of securing funding for this. Innovative ways of meeting the need could include temporary toilets or ‘pissairs’</p> <p>The council should meet with the hospitality and retail sectors to explore if there are any means to grow night time provision. It is also crucial for the council, particularly Regulatory Services, to liaise with the police to assess the potential of the Late Night Levy.</p>		
Council Response (July 2013)		
<p>Recommendation Agreed in Principle but implementation dependent on decision to implement levy by full Council and prioritisation of limited resources should it be implemented.</p> <p>The decision to introduce the levy is for the full Council of the licensing authority to make. The licensing authority is expected to consider the need for a levy with the chief officer of police and police and crime commissioner (“PCC”) for the police area in which it is proposed the levy will be introduced. When considering whether to introduce a levy, licensing authorities should note that any financial risk rests at a local level and should be fully considered prior to implementation.</p> <p>The levy may not generate enough revenue to make it cost effective to collect as a viable option. The Council as licensing authority can deduct the costs it incurs in connection with the introduction or variation, administration, collection and enforcement of the levy, prior to the levy revenue being apportioned. Before formal consultation the licensing authority should discuss the need for a levy with the relevant PCC and the relevant chief officer of police. The net levy revenue must be split between the licensing authority and the relevant PCC. The licensing authority must pay at least 70 per cent of the net levy revenue to the police. There are no restrictions on what the PCC’s portion of the levy revenue can be spent on, in line with standard practice on the allocation of police funds. The Home Office recommends that the PCC should consider allocating the funds raised from the levy back to local commanders to allow the revenue to be spent on tackling alcohol-related crime and disorder in the area in which the levy was raised. The licensing authority will be able to retain up to 30 per cent of the net levy revenue to fund services it provides to tackle late night alcohol-related crime and disorder and services connected to the management of the night-time economy. Specifically, these activities must have regard to the connection with the supply of alcohol during the late night supply period and related to arrangements for:</p> <ul style="list-style-type: none"> • the reduction of crime and disorder; • the promotion of public safety; 		

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**


Scrutiny Report Recommendation No. 8 (July 2013)	Service Lead	ELT Lead
<ul style="list-style-type: none"> • the reduction or prevention of public nuisance; or • the cleaning of any relevant highway or relevant land in the local authority area. <p>Identified local priorities include taxi marshalling and “Safe Space”. There would be competing priorities for limited funds, if the decision was made to introduce.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>There is no funding within base budgets for temporary toilets or ‘pissiors’. The cost for the installation of ‘pop up’ urinals is around £50,000 per unit.</p> <p>Licensing Committee has received two reports on the late night levy.</p> <p>The Alcohol Programme Board has kept the levy under review in strategic domain group 3 (managing the night time economy led by Sussex Police Chief Inspector for Operations).</p> <p>Sussex Police are reviewing other areas where the levy has been introduced, primarily to identify a secure funding stream for taxi marshalling rather than funding public conveniences.</p> <p>Note: The update on this action is unchanged since January 2016 and no further updates are anticipated in future.</p> <p>It is recommended that this action is not pursued any further as it is unlikely to be successful due to other resource pressure in managing the night time economy.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Red</p> 	

Scrutiny Report Recommendation No. 9 (July 2013)	Service Lead	ELT Lead
<p>The panel recommend that the City Plan is updated to include a statement of priority regarding publicly accessible toilet provision. This is seen by the panel as a key means of securing new provision of this service.</p>	<p>/ Rob Fraser Liz Hobden</p>	<p>Geoff Raw</p>


**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 9 (July 2013)	Service Lead	ELT Lead
<p>The City Plan could specifically outline the expectation that appropriate developments, such as large tourist developments or supermarkets, enable general public access to their customer toilets. This would not be additional provision, but designing the toilets which were already built so that they are publicly accessible.</p>		
Council Response (July 2013)		
<p>Recommendation Accepted in Principle A policy on the provision of public toilets will be considered for Part 2 of the City Plan work on which will commence towards the end of 2015. The preferred approach will be to deliver new facilities within new strategic developments that attract visitors and have public access; and that are located in central locations.</p> <p>In some cases it may be more appropriate to provide more detail on requirements for public toilet provision in the Infrastructure Development Plan (and future updates); and development briefs for a specific location and scale of development.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>The infrastructure delivery plan (the IDP is Annex 2 of the City Plan Part 1) identifies public toilet facilities as important infrastructure which should be secured on site where appropriate through developer contributions (S.106) agreements. The IDP is reviewed bi-annually.</p> <p>The removal of the recession measures was agreed at ED&C Committee in January. This allows negotiation on a wider range of developer contributions (subject to viability) including securing public toilet facilities in strategic developments that will increase visitor numbers to the city. The technical guidance paper on S.106 Developer contributions is due to be updated in May 2016 which will enable a review of requirements relating to public toilet facilities and/or changing places toilet (see recommendation 6) for appropriate developments.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green </p>	
Scrutiny Report Recommendation No. 10 (Jan 2013)	Service Lead	ELT Lead

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**


Scrutiny Report Recommendation No. 10 (Jan 2013)	Service Lead	ELT Lead
<p>The panel was pleased that the council had succeeded in leasing a number of park cafes to include either new toilet provision within the café building or to incorporate existing adjoining public toilets into the lease.</p> <p>This then releases funds to be used elsewhere on the toilet service. The panel recommends that the action plan sets out the intention of the council to work towards a situation where all park cafes take on the responsibility for the toilets, where this is practicable and would not jeopardise the leasing of the café.</p>	Jan Jonker	Geoff Raw
Council Response (July 2013)		
<p>Recommendation Accepted Including the requirement to provide toilets in café leases is a cost effective way to maintain provision. This has been successfully achieved in Park, Wild Park, Aldrington Recreation Ground</p> <p>Locations will be assessed for suitability :- whether it is technically possible ie access to drainage or nearby sewers , footfall, the café opening times and the proximity of the toilets to the café. The option will be evaluated for all sites as and when leases come up for renewal or when options for renegotiation arise.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>The number of cafes in parks which are suitable for taking over public toilets are limited, and it is unlikely further sites will come up in future.</p> <p>The model does not work for all sites, as evidenced by the recent problems in Stoneham Park, where high demand for the toilet by children in the park is having an impact on the running of the café.</p> <p>This recommendation will be kept under review and if new opportunities arise these will be pursued. It is however unlikely that many more suitable sites will become available.</p> <p>Note: The update on this action is unchanged since January 2016 and no further updates are anticipated in future.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green </p>	

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 11 (July 2013)	Service Lead	ELT Lead
<p>The panel welcomed the toilet provision that was to be secured by the Community Interest Company, in the renovation of the Open Market, and expects other innovative, partnership solutions to be sought by the council to either improve, or increase, toilet provision in the city.</p> <p>Any programme of such schemes should be included in the action plan.</p>	Jan Jonker	Geoff Raw
Council Response (July 2013)		
<p>Recommendation Accepted in Principle Implementation of this recommendation is subject to incorporation of a new policy in the City Plan (see 9 above). Until or unless such a policy is in place implementation will be subject to voluntary co-operation and negotiation at the early design stages.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>The toilets in the Open Market are open – action completed.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green </p>	


Scrutiny Report Recommendation No. 12 (July 2013)	Service Lead	ELT Lead
<p>The panel recognises the importance of providing the best and most up-to- date information on the publicly accessible toilets in Brighton & Hove. The panel would like to see resources allocated for providing local data on this service to facilitate the collation of national or international online information.</p> <p>In addition, enabling VisitBrighton and other services to provide up to date information on this service to tourists and residents in a range of formats (for example social media, websites, apps and printed material if practicable).</p> <p>The panel also recommend that the signage to,</p>	Jan Jonker	Geoff Raw

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 12 (July 2013)	Service Lead	ELT Lead
and at, toilets is as clear as possible, while at the same time recognising the need to reduce street clutter and utilise existing ‘finger signage’.		
Council Response (July 2013)		
<p>Recommendation Accepted</p> <p>There is a significant amount of information already available regarding toilet provision in the city:</p> <ul style="list-style-type: none"> • A list of facilities with opening times is available on line • There is a mobile phone app which holds a national database of public toilets includes facilities in BHCC and is regularly updated • Location maps in central parts of the city include toilet locations • On the sea-front ‘tear drop’ flags are used to highlight toilet locations, particularly on busy days. • Many pedestrian directional signs (including in parks) already contain information about toilet locations <p>Further work will be undertaken with partners including VisitBrighton to promote the locations of public toilets.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>An up to date list of toilets was included in the City Map for this year and we are in contact with the Changing Places national database and the Great British Public Toilet Map.</p> <p>Tear-drop flags are used to identify seafront toilets on busy days.</p> <p>A trial of pavement vinyls was carried out on the seafront to direct users to our Colonnade toilets on Madeira Drive.</p> <p>Overall vinyls were not as robust as expected and it will not be rolled out more widely.</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green</p> 	


Scrutiny Report Recommendation No. 13 (Jan 2013)	Service Lead	ELT Lead
The panel suggest that the council assesses the practicability of charging for toilets, either across the whole city or identifying any sites where it would be possible and/or worthwhile. This could involve examining areas such as the seafront or Pavilion Gardens where this model could work, rather than just individual sites as this may not	Jan Jonker	Geoff Raw

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 13 (Jan 2013)	Service Lead	ELT Lead
<p>prove effective. The assessment could be then be referred to when building new sites or renovating existing sites so that the necessary equipment could be fitted, if it was financially viable.</p>		
Council Response (July 2013)		
<p>Recommendation Accepted The council previously charged for toilets at the bottom of West Street on the sea front. A second attendant was required to collect the monies and the cost exceeded the income.</p> <p>Automated payment entry systems are now becoming more common, for example at stations. Their use is dependent on there being enough room to install them and ensuring the toilets remain accessible for wheelchairs and buggies. They do require an attendant for these reasons and are only cost effective at busy sites.</p> <p>Many of the council’s current facilities would be physically unsuitable for the installation of payment barriers or require extensive modification.</p> <p>New toilets are being installed under the arches by the West Pier and the feasibility of and business case for installing charging mechanisms will be considered along with other sea front toilets and Pavilion Gardens.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>The West Pier Arches toilets on the sea front opened in June 2014. Following the scrutiny charges were introduced for these toilets (with the exception of the accessible toilets).</p> <p>The charge was set at 30p and between June-September this generated £3,573 in income. The toilets have been closed temporarily during the construction of the i360, but based on the income generated to date the annual income from this site is likely to be around £8,000 per year, taking in to account usage will be significantly lower in the winter months. However, other sites do have more footfall and have the potential to raise significantly more income.</p> <p>The cost of installing the barriers was £25,000, and toilets with barriers do require an attendant on site or an attendant able to reach the site quickly to deal with access problems/ customers not being able to get out which increases revenue costs. The toilets also need to remain accessible, which</p>	<p>Status - (note status indicates progress by January 2016)</p> <p>Green </p>	

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**

Scrutiny Report Recommendation No. 13 (Jan 2013)	Service Lead	ELT Lead
<p>means not all sites will be physically suited to the installation of barriers.</p> <p>The feasibility of installing charging mechanisms in some other busy sites is being progressed as part of the Action Plan. Feasibility depends on whether the buildings are physically adaptable for barriers while maintaining wheel chair and buggy access and whether the footfall is such that there is a reasonable return on the investment.</p> <p>A detailed business case to introduce charges at other sites is being developed. If viable net income could potentially fund repayments for the capital investment required to maintain the buildings, or contribute to reducing revenue costs.</p> <p>Charging will not cover the whole cost of toilet provision.</p>		

Scrutiny Report Recommendation No. 14 (July 2013)	Service Lead	ELT Lead
<p>The panel were impressed by the work of the BHLink Toilet user group and hope that this kind of consultation with service users can remain under Healthwatch.</p>	Jan Jonker	Geoff Raw
Council Response (July 2013)		
<p>Recommendation Accepted Council officers work closely with stakeholders including BHLink who provide valuable information.</p>		
<p>Progress at January 2016 – short commentary by service lead:</p> <p>BHLink no longer exists as an organisation. Work is underway to re-establish a stakeholder group for consultation and engagement purposes with a view to achieving this through Healthwatch.</p>	<p>Status - (note status indicates progress by</p> <p> Amber</p>	

**Brighton and Hove Publicly Accessible Toilets Scrutiny Panel
Recommendation Action Plan – Annual Report – January 2016**



Brighton and Hove
Clinical Commissioning Group

Integrated MSK service update

12th January 2016

1. Context

A new musculoskeletal service was procured by Brighton and Hove, Horsham and Mid Sussex and Crawley CCGs and the service started in October 2014. The provider is Sussex MSK Partnership (SMSKP) - a partnership of:

- Brighton and Hove Integrated Care Service (BICS – a local organisation of not for profit primary care social enterprise)
- Sussex Community NHS Trust (SCT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- and Horder Healthcare (a charitable run specialist orthopaedic elective care centre). Horsham and Mid Sussex CCG is the lead commissioning organisation.

2. The previous service

The previous service in Brighton and Hove (B+H) was provided by our local acute hospital trust, Brighton and Sussex University Hospital NHS Trust (BSUH) who subcontract to two other providers to deliver the service: Sussex Community Trust (SCT) and Brighton and Hove Integrated Care Services (BICS). This was commissioned as an integrated service by negotiation as a pilot to provide all services in the areas of Orthopaedics (bones and joints), Podiatry (feet and ankles), Rheumatology, Pain Management and Physiotherapy. This had been partly successful but that there were barriers to complete integration.

In 2012-13 the CCG spent approximately £22m on these services.

The contract had been running on a pilot basis since 2010. No procurement had been undertaken and the service could not continue on a pilot basis. A new service model needed to be developed that addressed the issues of integration and duplication and delivered greater value for money.

3. Financial approach

The financial approach for the Integrated MSK Prime Contractor is a programme budget approach. This is designed to incentivise the prime contractor to drive

efficiency and promote innovation to compensate for growth in demand or rises in technology or prescribing costs.

4. Mobilisation planning

Following contract award a comprehensive mobilisation programme was established to ensure that the service commenced on time on 1st October 2014 and delivered the service that was commissioned in the specification and that all risks are identified and mitigated. The workstreams within that programme included:

- Contract and Finance
- Operations
- Workforce and Education
- Estates
- IM+T
- Communications
- Medicines Management

5. Contract monitoring

Since service start on 1st October 2014 there have been continuing meetings on the workstreams above, along with monthly contract management meetings to review service quality and performance. In addition, from April 2015 a monthly Single Performance Conversation was established for discussion of unresolved issues escalated from the Monthly contract meetings.

In August 2015 it was decided to carry out a review of what had been achieved and what was not yet implemented. Commissioners reviewed the current position against specification and the SMSKP bid. This was shared with the provider and they gave their responses to the commissioners' review. This was then followed by joint workshops for discussion and consideration of priorities. This has led to the development of a plan for the second year of the contract which addresses key themes to support the development of the specified service and build on successes to date.

6. Key themes

For a variety of reasons SMSKP had delays in signing contracts with the two large acute hospitals in the area BSUH and Surrey and Sussex Hospitals (SASH). This led to delays in discussing estates and workforce as both depended on co-operative working, with consequent delays in establishing co-located one-stop multidisciplinary clinics. These are clinics for patients who are suitable to have initial assessment, diagnostics such as ultrasound or MRI, and start treatment all in one appointment. This requires a range of staff and equipment being in one convenient location.

In Brighton and Hove the estates issue will be resolved by the proposed construction of a new clinical block at Hove Polyclinic, planned to be completed in October 2016, though this date is to be confirmed. This will enable consultants and other staff to work together in teams to deliver the clinic appointments.

In Brighton and Hove it is also proposed to establish a hydrotherapy facility in the city so that patients do not have to travel to Haywards Heath.

A patients and carers forum has been established by the provider and will be feeding back to the provider and commissioners on patient experience and on information and support available to patients.

Service redesign, both clinical and administrative is being carried out across all of the services and data issues are being resolved so that reporting to commissioners is more robust.

There is a range of other specific areas where the service has not yet achieved the full specification, but good progress is being made. Progress against the plan for the second year of the contract will be monitored at monthly operational meetings attended by commissioners, with unresolved issues referred to the contract management meetings.

7. Conclusion

Commissioners and provider are working well together to deliver the full specified service which provides supportive integrated care and good clinical outcomes.



Subject:	Update on progress of the Sussex Collaborative Review of Stroke Services
To:	Brighton and Hove Health Overview Scrutiny Committee
From:	Brighton and Hove CCG
Purpose of briefing:	<p>For Information: To provide the Brighton and Hove HOSC with an update on progress of the review of Sussex Stroke & Transient Ischaemic Attack (TIA) services. It includes an update on:</p> <ol style="list-style-type: none"> 1. The case for change and the development of options and action plans to address the gaps identified; 2. The latest Sentinel Stroke National Audit Programme (SSNAP) data for Apr - Jun 2015 with a comparison to Apr – Jun 2014 3. Engagement to date 4. Next steps
Author:	Lisa Forward, Senior Programme Manager, Sussex Collaborative Delivery Team
Date:	January 2016
Timeframes:	January 2016 – March 2016

1. Context

The NHS across Brighton and Hove, and Sussex as a whole, has an ambition for high quality, patient-focused stroke services; services which reduce mortality and improve the functional outcome for patients following stroke. Improvements have been made over recent years to some of the current stroke services but Sussex commissioners and providers are in agreement that more could be done to make services even better for patients, and their carers. Collectively, the local NHS wants to improve clinical outcomes and reduce the number of people dying as a result of a stroke, improve the quality of life for people following a stroke, for example reducing disability, and make sure there is equity in access, outcome and experience across local stroke services. Each year approximately 2400 people (2013/14 HES data, Capgemini Scenario modelling 2015) in Sussex are admitted to hospital as a result of a stroke and so acute stroke service are a vital part of the stroke pathway, but primary and secondary prevention and post-acute rehabilitation are just as important. Providers and commissioners are working together to make sure patients and carers across Sussex can receive the best possible treatment at the time of their stroke, and then high quality supportive care, designed around their needs.

This report provides an update to the Brighton and Hove Health Overview and Scrutiny Committee on the activity within the Sussex Stroke review to date and the next phase, with reference where possible to stroke services for the residents of Brighton and Hove.

2. Summary of Progress

- 2.1 The stroke review has been undertaken in stages the outputs of which have informed a case for change and are now supporting the development of options to address the issues raised in the case for change. The process has taken longer at each stage to ensure that data and information is robust enough to support the decision-making process. The key aim of the review is to do it right first time.
- 2.2 The **Clinical Reference Group** (CRG) has had several meetings where the key stages have been discussed, further work undertaken and then agreed. This has included:
 - Collating and agreeing the national evidence base which has been used to assess the current stroke service provision in the acute and community providers;

- Providing and reviewing the baseline information on current stroke service provision for Sussex patients;
- Completing and agreeing a gap analysis comparing the national evidence base, the baseline information and SSNAP data which is currently being validated by the providers;
- Completed and agreed the Case for Change with recommendations for development of options for service change;
- Reviewed and approved the South East Cardiovascular Strategic Clinical Networks (SE CV SCN) Stroke and TIA Core Quality Standards 2014. Also approved the initial assessment of stroke units against the standards. Group suggested these standards to be used as a dashboard.
- Reviewed and acknowledged the recommendations of the South East Clinical Senate review

2.3 The **gap analysis** was completed at the end of 2014 and presented in the **case for change** in February 2015. Key issues identified were:

- No stroke unit in Sussex meets the national stroke standards or has fully implemented the Kent, Surrey and Sussex Stroke Service specification. Meeting the standards would assure that a high quality service is being provided which will provide the best clinical outcomes;
- St Richard's Hospital (SRH) does not provide a 24/7 hyper-acute Stroke Service.
- SRH and Princess Royal Hospital (PRH) do not admit the minimum 600 confirmed stroke admissions required to maintain skills and competencies as advised by the national Clinical Director for stroke and agreed by the CRG as the number. For the specialist workforce to determine confirmed strokes from non-strokes and instigate the best pathway, they need to have sufficient experience of assessing these patients, as symptoms can be similar;
- Transient Ischaemic Attack (TIA) and Early Supported Discharge (ESD) services are not all provided 7 days a week. Some areas of West Sussex do not have an ESD service at all. This results in high risk TIA patients being admitted unnecessarily for assessment at weekends and for a delay in discharge for patients who are fit enough to go home with community support;
- Workforce does not meet the required WTE standards and there are recruitment issues both locally and nationally. To ensure rapid assessment, treatment and effective rehabilitation to give the patients the best clinical outcomes, an expert workforce is required;
- Follow up is more consistent across Brighton and Hove. It vitally important for continued rehabilitation and psychological welfare;
- There is an ageing population with a significant increase expected in the 70+ age group over the next 10 years; therefore an increase in demand must be planned for. However, this is less significant for Brighton and Hove;
- Best Practice Tariff is not being achieved by the acute providers which is an extra source of income for the acute trusts;
- The management of atrial fibrillation (AF) remains challenging. AF is a high risk factor for stroke and AF related strokes are associated with significant disability.

2.4 **The modelling** of 'what if' scenarios undertaken by Capgemini has been completed, following four iterations to ensure the most accurate data was used. The CRG completed several assessments of the data. Some scenarios have been noted to be impossible to implement given the results to criteria based on conveyance times, repatriation activity, admission activity and bed capacity required. The modelling outputs have provided additional information for the Providers and Commissioners to support their development of the options for change. It does not provide the solutions to the gaps in service, but is a tool to highlight the potential impact in different scenarios. The key outcomes from the modelling meeting were 1 site, 2 site, 6 sites did not work due to activity and capacity.

2.5 The case for change recommended the **development of options and action plans** to support the improvement of Stroke services in Sussex. From the outset it was agreed that services delivered at Eastbourne DGH (EDGH) would remain and during the process of review it has been agreed that East Surrey Hospital (ESH) would remain. This was due to EDGH single-siting their services three years previously following public consultation and for ESH the co-dependencies with Surrey. Therefore, action plans were required from these organisations to demonstrate how they would meet the stroke standards. For WSHT and BSUH there would be a requirement to develop options they would potentially involve reconfiguration of services. The CRG felt that the

- providers were best placed to develop the options as they were aware of how this would fit strategically with their trusts and any other plans. However, the providers have been asked to work in conjunction with their commissioners. The CRG are maintaining an overview in order to highlight implications of different options that the providers will need to consider and mitigate.
- 2.6 A **new service specification** had been developed by the SE CV SCN based on the NHS Midlands and East specification that has since been incorporated into an NHS England toolkit on how to review stroke services. The previous specification had become out of date in light of new evidence. The new service specification will be part of any contracts from April 2016.
 - 2.7 The **Finance Group** developed a finance model to support the options development. They have also developed criteria for assessing the financial implications of any recommended options.
 - 2.8 **Engagement** has been key to the review work undertaken so far. Patient and carers have been involved in the CRG, looking at current stroke service provision and agreeing the case for change. Listening to patients, carers and the public has been key to the work to date, and people have been encouraged to give their feedback on current services via an online and paper survey. To date there have been more than 400 responses across Sussex. Focus groups have also been completed at established support groups in the local community, such as stroke clubs and in public places such as shopping and leisure centres. Where appropriate one-to-one interviews have also taken place. The engagement has focused around what is important to people about stroke services and how they would feel if a service was not located at their local hospital.
 - 2.9 Ensuring that local communities are informed about the Sussex-wide stroke review has also been a clear priority. Information is available on the CCG websites and a large section of information is available on the Sussex Collaborative website. The local NHS is also trying to work with the local media to help to ensure people are kept up-to-date of the latest developments with regards to this project.
 - 2.10 The CRG meetings have seen an attendance of up to 50 representatives from across acute, community, local authority, voluntary sector as well as Patients/Carers.
 - 2.11 Briefings on progress have been provided to the CCGs and the HASC/HOSCs. There continues to be collaborative working with Surrey and Kent CCGs regarding their stroke reviews.
 - 2.12 **SSNAP data** has been analysed as each quarter has been published. SSNAP data is a useful data source to assess areas of the stroke pathway where improvement needs to be a focus. The ambition is for all stroke services to achieve a score of A across all the domains. Current SSNAP data has demonstrated much improvement generally across the stroke services in Sussex. This shows that improvement work being undertaken in the stroke units is having a positive effect. However, there remains concern around some of the domains, particularly relating to therapies in the acute phase. There is acknowledgement amongst the providers that they have achieved as much as they can without fundamental change. Appendix 1 shows the current data for July to September 2016 from SSNAP for the 10 domains compared to the data in the same quarter in 2015.
 - 2.13 One of the objectives of the stroke review was to look at the whole pathway including **Stroke Prevention**. A lot of initiatives on reducing the risk of cardiovascular disease are being implemented by Public Health. The significant risk factor for stroke is Atrial Fibrillation. A review of current management of AF has highlighted that management is variable and not enough to meet the new NICE Quality standards. The review has provided recommendations to each CCG on how to address this.
 - 2.14 Brighton and Hove CCG has taken onboard the recommendations around **AF management** and is now embarking on a review of current service delivery, actively working with the work of the collaborative to outline options to improve the management of AF and achieve opportunities around stroke prevention.
 - 2.15 An **Equality and Human Rights Analysis** is being drafted to ensure that any current impacts on the population have been highlighted and then once the options have been identified, it will be revisited to ensure that there is no discrimination against any of the protected characteristics and where some risk is identified, mitigating actions are agreed. Information on local residents has been predominantly taken from the Brighton and Hove JSNA.
 - 2.16 Each CCG will be outlining in its commissioning intentions that a review of stroke services is being undertaken and the recommendations will be reviewed with assessment on potential impact.
 - 2.17 Following an independent review by the South East Clinical Senate which recommended more commissioner involvement, a **Central Sussex Stroke Programme Board** is being established to

ensure that BSUH are being supported in finalising their options for service reconfigurations. At present there are two options being considered further: a single co-located unit at PRH or a single co-located unit at the Royal Sussex County Hospital.

3. Next steps

- Establish the Central Sussex Stroke Programme Board
- Acute providers to submit final options and action plans by end February
- A further independent review of the options by the South East Clinical Senate, chaired by Professor Tony Rudd – NHS England National Clinical Director for Stroke, is anticipated in March 2016
- A Sussex wide impact assessment of the submitted options will be completed by the Sussex Collaborative in March 2016 to ascertain if there are any significant detrimental impacts on the population and neighbouring organisations.
- The Sussex Clinical Commissioning Executive Committee will discuss the recommended options in April/May 2016 with a view to being taken back to CCG Governing Bodies soon after.
- HOSC will be informed of recommended options and decision to be made regarding public consultation in April/May 2016.



Appendix 1

Comparison of SSNAP Data from Quarter 1 2014-15 to Quarter 1 2015 - 2016

Colour	Level
	A (>80)
	B (70-80)
	C (60-70)

Colour	Level
	D (40-60)
	E (<40)
	* (Insufficient Data)

Quarterly report April - June 2015 Domain scores overview	Trust	Team	Overall score	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Domain 8	Domain 9	Domain 10
				Scanning	Stroke Unit	Thrombolysis	Specialist Assessments	Occupational Therapy	Physio	SaLT	MDT Working	Standards by discharge	Discharge processes
BSUH	PRH		D	A	C	D	D	D	B	C	E	D	C
	RSCH		D	A	C	D	A	E	D	D	D	B	C
ESHT	EDGH		C	A	B	C	B	C	C	E	E	B	A
WSHT	SRH		C	C	C	B	B	B	D	C	D	A	D
	Worthing		B	B	B	B	A	B	A	D	D	A	C
SaSH	ESH		D	A	E	D	B	C	C	C	C	B	D

Patient-centred KI level	Case ascertainment band	Audit Compliance band	Patient-centred SSNAP overall level
D	B	A	D
D	A	A	D
C	A	B	C
C	A	A	C
B	A	A	B
C	A	B	D

Quarterly report Apr - June 2014	Trust	Team	Overall score	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Domain 8	Domain 9	Domain 10
				Scanning	Stroke Unit	Thrombolysis	Specialist Assessments	Occupational Therapy	Physio	SaLT	MDT Working	Standards by discharge	Discharge processes
BSUH	PRH		D	A	B	C	D	D	D	C	D	D	E
	RSCH		D	A	C	D	B	C	D	C	D	B	B
ESHT	EDGH		D	A	B	C	C	D	C	E	E	C	D
WSHT	SRH		D	E	D	C	D	C	D	E	D	B	D
	Worthing		D	D	B	A	C	C	B	C	D	B	D
SaSH	ESH		C	B	C	C	B	A	A	C	C	B	B

Patient-centred KI level	Case ascertainment band	Audit Compliance band	Patient-centred SSNAP overall level
D	A	A	D
C	A	B	D
D	A	D	D
D	B	B	E
C	B	B	D
B	A	B	C

Subject:	Trans Equalities Scrutiny Panel Monitoring		
Date of Meeting:	3rd February 2016		
Report of:	Assistant Chief Executive		
Contact Officer:	Name:	Sarah Tighe-Ford	Tel: 29-2301
	Email:	sarah.tighe-ford@brighton-hove.gov.uk	
Ward(s) affected:	All		

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

- 1.1 The Trans Equality Scrutiny (TES) set up by the Overview and Scrutiny Committee (OSC) in 2012, produced 37 recommendations to 'make things fairer for trans people to live, work and socialise in the city'. OSC has been receiving annual updates on progress against the recommendations since then.
- 1.2 One of the central recommendations in the TES was that a full needs assessment be completed. This process, led by the council's Public Health team with representatives from the trans community, concluded in 2015 with the publication of the Trans Needs Assessment (TNA – link: <https://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Trans%20Needs%20Assessment%202015.pdf>). This report recommended 62 actions and progress against these is being overseen by the city-wide Equality and Inclusion Partnership (EquIP) through a Trans Sub-Group, chaired by the Lead Member for Communities and Equality.
- 1.3 This report is to update on progress against the TES recommendations in 2015 and describe the next steps for this work.

2. RECOMMENDATIONS:

- 2.1 That Overview and Scrutiny members note the contents of this report and progress against the recommendations of the Trans Equality Scrutiny.
- 2.2 That Overview and Scrutiny members agree that this is the final update on the TES as recommendations from the Trans Needs Assessment have been developed and will be monitored and overseen by the city-wide EquIP group.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Trans Equality Scrutiny (TES) that reported in 2013 is regarded as a ground-breaking exploration of trans people's experiences in Brighton & Hove: it won a National Public Scrutiny Award in 2014. Its 37 recommendations were developed

into an action plan which has been regularly monitored and reported on to OSC to ensure better outcomes for trans people.

3.2 Work on all the recommendations continued in 2015, across the council and its partners. A full update against all the recommendations is attached in Appendix A.

3.3 Examples of work this year include:

3.3.1 LGBT Switchboard have formed a housing group for the older LGBT community and the seniors housing service has contributed and presented at each of the sessions. As a result of feedback, an article in the council's 'Homing In' magazine promoted LGBT staff and residents and a support group was established, meeting in November 2015. The chair of the Seniors Housing Action Group has said how the seniors housing offer was positive for LGBT elders.

3.3.2 As part of a comprehensive Councillor induction programme several briefings were dedicated to equalities, with two specific sessions focusing on LGBT topics.

3.3.3 Work continues to improve reporting of trans hate crime and how it is dealt with. There is now a reporting app that enables users to record information and report in different ways. The launch has targeted hate incident victims and is being promoted in the Trans community.

3.3.4 Updates to the Trans Inclusion Schools Toolkit, including how to change gender on SIMS, have been circulated to schools and positively received. In June 2015 two trans students spoke to a School and Business Leaders Meeting about their experiences, followed by a workshop where two schools shared their practice. This was positively evaluated.

3.3.5 The trans/queer swimming sessions have continued to take place at St Luke's Swimming Pool. Officers from the Active For Life team and Sports Facilities team attended an LGBT Roadshow hosted by the Amateur Swimming Association in March 2015 to help raise awareness of the sessions and it was actively promoted at Trans Pride.

3.3.6 The council's LGBT Workers' Forum are theming their meetings to encourage more members to attend. The November 2015 Workers Forum meeting was trans led, with a local trans activist and filmmaker speaker, plus a discussion of the council's Trans Toolkit, as part of the consultation on this.

3.3.7 The provision of trans inclusive advice services has been built into the Moneyworks Brighton & Hove service. An audit of the partners in terms of the staff and volunteers working on the project knowledge of working with Trans people and trans inclusive approaches is in progress.

3.3.8 A comprehensive Trans Needs Assessment has been completed: more details below (3.4)

3.4 The Trans Needs Assessment (TNA) was a central recommendation of the TES, recognising that more information was needed to better understand the barriers and opportunities for trans people living in, working in and visiting the city. Jointly led by the council's Public Health team and members of the local trans community, the TNA gathered quantitative and qualitative information from data, focus groups, questionnaires and interviews.

3.5 A summary of the TNA was produced for Trans Pride in July 2015 (see Appendix B) and the full report was published in September (link: <https://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove>)

[ve%20Trans%20Needs%20Assessment%202015.pdf](#)). Its 62 recommendations are for public sector providers and commissioners, community and voluntary organisations and businesses across the city and also for NHS England and providers of gender identity services nationally. The recommendations are enclosed as Appendix C.

3.6 Development of the actions based on the recommendations is through a sub-group of the city-wide Equality & Inclusion Partnership (Equip, under B&H Connected, the Local Strategic Partnership). Progress against agreed actions will be monitored by the subgroup.

3.7 Members of the Equip Trans Sub-Group comprise:

- Representatives of the trans community
- Brighton & Hove City Council
- Brighton & Sussex University Hospitals Foundation Trust
- Clinical Commissioning Group
- HealthWatch Brighton & Hove
- LGBT Health & Inclusion Project
- Sussex Community NHS Trust
- Sussex Partnership NHS Foundation Trust
- Sussex Police
- University of Brighton
- University of Sussex

3.8 The trans champion role has been taken on by Cllr Emma Daniel, in her role as Lead Member for Communities and Equality. Members of the council's Executive Leadership Team (ELT) have also taken on equality champion roles, to ensure attention to this work at all levels and in all services across the organisation.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 No alternatives are identified. The TES action plan is concluded and reporting against the TNA recommendations now most appropriately sits with Equip. This ensures city-wide accountability and avoids duplication of reporting.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The TNA process was one of engagement throughout, in the joint leadership of community representatives, the centrality of trans people's voices and experiences in the report, in their involvement in the development of the recommendations, and in the monitoring of their implementation. This built on the initial work in the TES which set the foundation of an improved relationship between the council and trans people in the city.

6. CONCLUSION

6.1 The TES was a national recognised example of best practice which acted as a catalyst, locally and nationally, for improvements in service provision for trans

people. Building on its approach and findings, the TNA broadens and deepens the opportunities to better address the discrimination experienced by trans people, to improve their experiences of services, and to develop a culture of respect and inclusion across the city.

- 6.2 This report is recommended as the last progress report to OSC, but members of the committee should be assured that this work continues across the city and beyond and will be effectively monitored by the Equality & Inclusion Partnership.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are no financial implications arising from the recommendations of the report.

Finance Officer Consulted: Anne Silley

Date: 06/01/16

Legal Implications:

- 7.2 There are no legal implications arising from the report.

Lawyer Consulted: Elizabeth Culbert

Date: 06/01/16

Equalities Implications:

- 7.3 The original Trans Equality Scrutiny and subsequent Trans Needs Assessment were intended to address the vulnerability and exclusion of people protected under the Equality Act 2010. Actions recommended following these initiatives remove barriers and advance equality.

Sustainability Implications:

- 7.4 None with regard to this monitoring report

Any Other Significant Implications:

- 7.5 None with regard to this monitoring report

SUPPORTING DOCUMENTATION

Appendices:

1. Final Update on Trans Equality Scrutiny recommendations (Jan 2016)
2. Trans Needs Assessment Community Summary
3. Trans Needs Assessment Recommendations

Documents in Members' Rooms

1. Final Update on Trans Equality Scrutiny recommendations (Jan 2016)

Background Documents

1. Scrutiny Report on Trans Equality (2012)

Crime & Disorder Implications:

- 1.1 None with regard to this monitoring report

Risk and Opportunity Management Implications:

- 1.2 None with regard to this monitoring report

Public Health Implications:

- 1.3 None with regard to this monitoring report

Corporate / Citywide Implications:

- 1.4 None with regard to this monitoring report

Trans Living in Brighton & Hove

Key findings from the Brighton & Hove Trans Needs Assessment, 2015

The Brighton & Hove Trans Equality Scrutiny Panel wanted to know:



“How many trans people are there in the city?”

“What are their needs?”

What we did:

Services and trans groups jointly led the project

University of Brighton and Brighton & Hove LGBT Switchboard conducted community research, including a survey and focus groups, involving 150 trans people

We reviewed local data and national research

We interviewed stakeholders who work with trans people

A group including services and trans community representatives will consider the recommendations and develop an action plan.

Brighton & Hove - a trans friendly city...

... but discrimination, abuse and social isolation is still experienced...

“I can walk the streets in Brighton and not worry about getting crap for being trans because people are chilled out about it here.”

“People haven’t understood. They still use the wrong pronouns. In the street I get stared at all the time.”

Our research suggests that **at least 2,760 trans adults** live in the city. Many more study, work or socialise here.



What is Brighton & Hove doing well?

- Trans* Pride
- Schools Trans Inclusion Toolkit
- Trans Equality Scrutiny Panel
- Trans swimming sessions

Brighton & Hove’s trans community...

Covers a **wide range of gender identities**, including female, male, gender queer, trans, non-binary and others

Spans all age groups but our ‘out’ trans community has a younger age distribution than all residents

Is **more diverse** than the general population in terms of **sexual orientation**

Is represented across **different ethnic groups**

Has more people with a **long term health problem or who are disabled** than the general population

Lives across **all parts of the city**

Is more likely to live in **private rented housing**

Health and Wellbeing

Percentage of survey respondents saying they are in good health
(Health Counts, 2012)



- Trans people:**
- have **more limiting long term illnesses** or **are disabled** (trans 44%; all 26%)
 - may **smoke more** (trans 39%; all 23%)
 - may be **less physically active**

Mental health

"It's not surprising that so many of us have mental health issues. It's because of what we have to deal with on a day to day basis."

Gender dysphoria
Discrimination
Negative reactions
Treatment delays

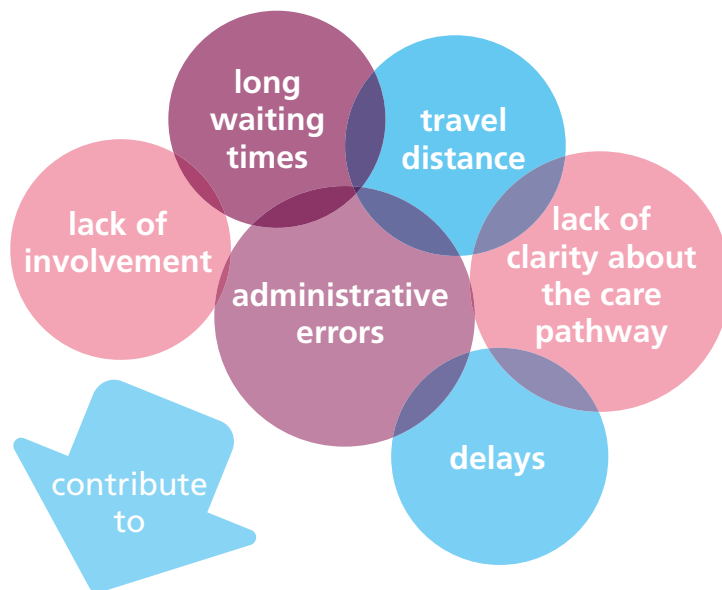
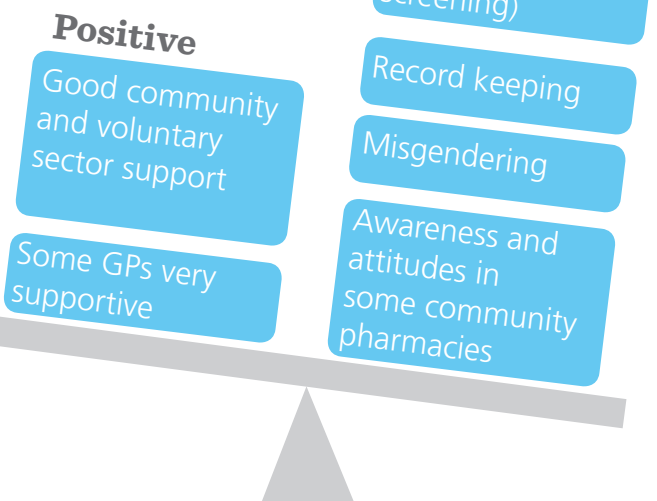
High level of mental health need



- The trans community survey found that in the last five years:
- nearly **four out of five** respondents had **experienced depression**
 - one in three **respondents** had **self-harmed**

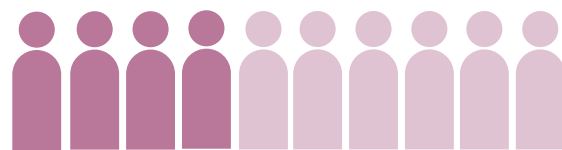
Counselling support is limited.

Health services



Four in ten Specialist Gender Identity Service users feeling dissatisfied.

(Trans Community Survey, 2014)

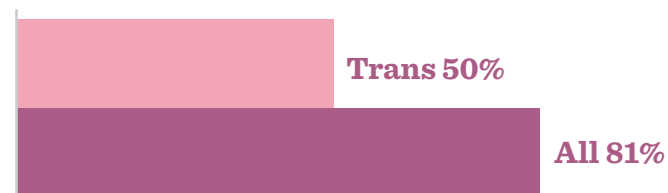


Community Safety

"I am on high alert all the time."

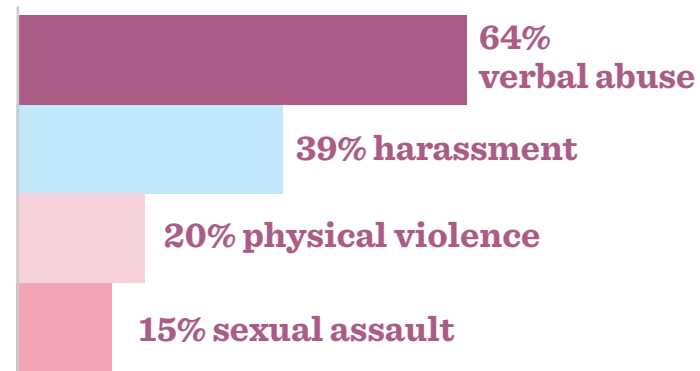
Feeling safe

Percentage of people feeling safe after dark in their local area in Brighton & Hove
(City Tracker, 2013)



Hate incidents

Survey respondents' experience of incidents due to their gender identity in the last five years
(Trans Community Survey, 2014)



At some point in the past, over **six in ten** had **experienced domestic violence**.

What could help?

- Trans people having greater visibility in the city
- More gender neutral options, eg. toilets
- Improved police presence
- Further increase in safe spaces

"I know it doesn't make everyone feel safe, [but] just to know that there's trans-friendly police on the beat would be a godsend."

Housing & Homelessness

Brighton & Hove has a reputation which attracts trans people, **but**

- Limited affordable housing in the city
- Family isolation
- Financial vulnerability
- Harassment and discrimination

contribute to

One in three community survey respondents **having experienced homelessness**

What could help?

- Trans inclusive practice by letting agents
- Improve trans people and support organisations' knowledge of housing rights and services
- Homeless services including safer hostel accommodation

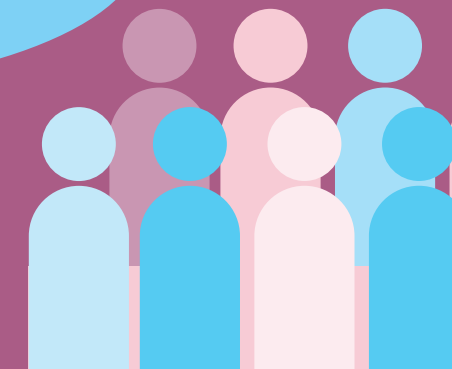
"[It's] not just a place where I can sleep at night, but also a place where I feel comfortable being open about my gender."

Community and voluntary sector

Highly valued community and voluntary sector services for trans people include:

- safe space
- drop-ins
- peer support
- volunteering opportunities

However, available resources limit what can be achieved.



Daily Life and Inclusion

“Application forms are binary...
Toilets are binary...
Sport teams are binary...”

Social support

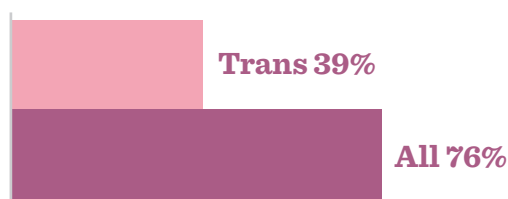
A lack of family acceptance and support



- being left out of family events
- a need to move away
- relationship breakdown

Percentage of people who could ask someone for help if ill in bed

(Health Counts, 2012)



Education

School years and higher education are important stages for trans and gender questioning children and young people. However, they are more likely than others to:

- experience bullying and feel less safe at school
- take time out of higher education because of trans-related issues, bullying or harassment

Finding and keeping work

Gaining and maintaining employment can be a challenge for trans people.
Not being in work



- social isolation
- financial isolation
- difficulties in accessing housing

At work



Good experiences:

- supportive employers
- planned transition
- staff forums and mentoring schemes
- supportive colleagues



Poor experiences:

- exclusion and isolation
- gossip
- fear of transitioning at work

Becoming older

Community research participants were concerned about:

- The quality of care to be expected in a care home or hospital
- Whether staff and other users of older people's services would understand the needs of trans people

Further information

The full needs assessment, along with the community research and other related reports are available from autumn 2015 at www.bhconnected.org.uk/content/needs-assessments.

For more information email:
publichealth@brighton-hove.gov.uk

July 2015



FINAL Update on Trans Equality Scrutiny Recommendations (January 2016)

Progress against all the recommendations from the 2013 Trans Equality Scrutiny report has been reported annually to OSC. The last update was in January 2015. This document accompanies a final 'close-down' report to OSC, updating progress and indicating where actions are completed or ongoing. It also highlights where scrutiny recommendations have been picked up by the recommendations from the Trans Needs Assessment completed in 2015.

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status / update
1	BHCC	Public service providers (including those contracted by the council) need to ensure that they have, as far as possible, relevant and up to date information on the number of trans people using their services and what they require of that service.	The Stage 3 Pre Tender Assessment now includes the question: "Consider the request for relevant and up to date information of the number of transgender people using the service and what they require of that service". This means that the prompt is now included in corporate guidance for all tenders and each includes the requirement to monitor service use by trans customers. In addition, work is underway with various contract managers throughout the council to improve equalities monitoring	Completed
2	BHCC	There is an obvious need for specific trans awareness training for front line staff both in the council and in partner organisations. The council should take the lead in both providing specific training for its own staff, including senior officers, and encouraging other local agencies to do so.	<p>Training has been delivered to a limited range of front line staff to largely positive feedback, often using services own training budgets due to the council wide training budget of £70,000 being fully committed.</p> <p>The helpful addition of informal 'bitesize' sessions has in many cases highlighted a need for more targeted training for each service. But these informal sessions have a resource requirement which will need to be considered in the future given the potential size of the audience.</p> <p>The subject of equality and diversity is being imbedded across all the council's training with the support of the Communities and Equality team using an inclusive approach and this remains work in progress.</p> <p>We are proposing to seek renewed expressions of interest from trainers in the specific subject of Trans awareness to widen the available pool of trainers.</p>	<p>The Workforce Development Team (WDT) have recently concluded an open procurement process across the city for a local equalities trainer that can deliver effective 'Trans awareness' training. The WDT would commission additional awareness training using this provider. However, the recent financial controls have required all training spend to be scrutinised and a prioritisation exercise is being completed with reductions to training budgets already discussed.</p> <p>The Head of Workforce Development will discuss with the Head of HR and OD the possibility of upskilling key HR staff to help support managers with staff who may be transitioning.</p> <p>This action will continue to be monitored by the EquiP Trans sub-group.</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			We welcome the development of Trans Awareness Training led by the local Trans Alliance and believe that the model of investment back into the community is to be commended. Any commissioned training would however need to be through the standard procurement process and expression of interest outlined above.	
3	BHCC	The council should ensure that all Councillors undertake trans awareness training.	See update for recommendation 2	<p>See TNA recommendation 11 (Trans groups to do briefings)</p> <p>As part of a comprehensive Councillor induction programme several briefings were dedicated to equalities, with two specific sessions focusing on LGBT topics.</p> <p>If further awareness sessions are required this could be progressed through the Member Development Working Group or Democratic Services using a local provider who has recently been commissioned through open procurement.</p>
4	NHS England	Given the state of uncertainty around the future commissioning of gender identity services, it is imperative that there is a local Brighton & Hove professional within the Local Area Team (LAT) of the NHS Commissioning Board to ensure the views of the local trans population are fed into those who commission services. This named individual should be	<p>Following the NHS restructure, there are a number of ways in which the trans community are able to feed into the design and delivery of specialist gender identity services as follows:</p> <ul style="list-style-type: none"> • Through the Gender Identity Service - Clinical Reference Group (CRG) – which is national in remit. A local trans rep has applied to join this. • Through patient feedback of commissioned services, (this is made directly to the provider and monitored by the commissioner). • Through Healthwatch, (although this needs further clarification as well as consideration of links to Healthwatch England) 	<p>B&H HealthWatch linked with other HealthWatch organisations to escalate this issue to HealthWatch England, who have discussed the matter with NHS England. NHSE are considering their next steps.</p> <p>HealthWatch locally will continue to monitor and update.</p> <p>Following the publication of the TNA the Neighbourhoods, Communities and Equalities Committee requested that issues around access and waiting times for specialist gender identity services be</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		experienced in working with the trans community and be given explicit responsibility for ongoing engagement between the LAT and the trans community.	<p>Work to build a bridge between these mechanisms and the local Brighton and Hove trans community has been taken forward facilitated by the local CCG.</p> <p>Local Trans people have applied to join the Clinical Reference Group and continue to feed in as and when appropriate. LGBT HIP continues to be a funded engagement mechanism for voice and influence.</p> <p>Influencing national priority, process and commissioning from a local perspective is always likely to be difficult but the community consider this to be an important ongoing focus.</p>	raised at the Health and Wellbeing Board. At the Dec 2015 Board the NHS England representative responded that they were aware of these concerns and would bring a report to the Board in 2016. It was also highlighted that NHS England has recently invited Brighton & Hove CCG to be represented on the national task and finish group redesigning the pathway.
5	NHS Commissioning Board Local Area Team	The NHS Commissioning Board Local Area Team should review current practices on how personal information is gathered and stored and, through the CCG, offer guidance on the correct procedures.	No update	See TNA recommendation 29 (best practice guidance on storing information)
6	CCG	The Clinical Commissioning Group (CCG) needs to mandate a rolling programme of trans awareness training for all CCG and GP practice staff and specifically improve the trans patient experience on the scorecard for GP surgeries. As part of this, the Panel recommend that an action plan must be put in place to ensure that real change occurs.	<p>A training event for CCG clinicians and Governing Body members took place in May 2014.</p> <p>A session on transgender awareness was included at the Locality Meeting in April (attended by all Practices in the City) and three bespoke training sessions open to all GPs and Practice staff in the City took place in June 2014.</p> <p>The Balance Scorecard for GPs is still in development.</p> <p>A lead Commissioner for Excluded Groups was established although due to an extended period of sick</p>	<p>Following the focus on trans awareness in 2015, a session for GPs on clinical issues and trans health is being developed to be delivered in 2016.</p> <p>See TNA recommendation 33 and 38 (training re: general awareness and clinical issues)</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			leave this post was not filled for most of the year. Responsibilities for this area have been picked up by the Head of Planning and additional Clinician time has been funded to pick up the Transgender work programme.	
7	CCG	The GP electronic check-in should be changed to remove the need to identify as Male or Female on arrival at the surgery, using alternatively surname and date of birth. In addition, patients should be provided with the option to use a non-gender specific honorific or to decline to provide one on NHS systems.	<p>Whilst this specific recommendation is not within the ability of the CCG to mandate, it will be raised at the training events for GPs for consideration. In addition Paul Savage, NHS England, will identify the relevant GP commissioning lead for Surrey and Sussex as this will enable further support and action.</p> <p>Note: Each GP Practice commissions bespoke IT systems and manages its own approach – it is therefore up to each practice to individually make this change. This could therefore be raised directly through Patient Participation Groups or by patients themselves and/or Healthwatch. It is also worth noting that some practices have already removed this requirement.</p> <p>This was raised at the Locality meeting with GPs and within training sessions.</p>	There are two main GP IT systems in use locally: EMIS and System 1. Practices using EMIS will be contacted very soon to advise them on how to remove the gender filter. System 1 does not have the gender filter
8	CCG	Given the importance of GPs as the first point of contact for trans or gender-questioning people, the Clinical Commissioning Group needs to ensure that all GPs in the city are fully aware of the appropriate care pathways for gender identity services and health needs of trans individuals. As part of this, GPs must ensure all their staff are trans aware and	<p>The CCG's intranet has been updated with links to support services in general including LGBT Switchboard and LGBT HIP and an explanation of the trans care pathway and GP role within this. A bespoke app is being developed for GPs which will help them search for support services by condition/health issue.</p> <p>In January 2014, the CCG agreed to commission LGBT HIP to provide further targeted and clear supporting information to GPs on the trans care pathway – this will be provided as a leaflet but also electronically and on the CCG website. This will also be reproduced for the community so that it can be used at appointments.</p>	<p>Following the focus on trans awareness in 2015, a session for GPs on clinical issues and trans health is being developed for 2016.</p> <p>A guide for GPs on the care of patients accessing NHS Specialist Gender Identity Services (SGIS) has been developed locally and published on the CCG website.</p> <p>See TNA recommendation 33 and 38 (training re: general awareness and clinical issues)</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		understand their role in supporting patients on the care pathway.	<p>There has been some slippage to this plan because of personnel changes within LGBT HIP. The CCG is committed to getting this resource on-line asap.</p> <p>The pathway will also be covered in the various GP training sessions described in recommendation 6. Critical to this work is to ensure that GPs are aware that (as a result of the new NHS Interim Protocol for Gender Identity Services) they can now send patients directly to a gender identity clinic rather than request a psychiatric assessment first. This should significantly speed up referrals and reduce mental distress.</p> <p>Furthermore, the half day's training event will contain broader information on the health needs of the community.</p>	Opportunities to take part in training will be and have been taken up by local Trans groups and individuals and this will continue.
9	CCG	Patients and others will need access to information about the gender identity care pathway. The Panel recommend that the Clinical Commissioning Group commissions an online resource and print resource to provide information for patients	As described in Recommendation 8 above, the CCG have commissioned LGBT HIP to provide supporting information to GPs on the trans care pathway – this will be provided electronically and on the CCG website. This will also be covered in the various GP training sessions described in recommendation 6. Critical to this work is to ensure that GPs are aware that (as a result of the NHS Interim Protocol for Gender Identity Services) they can now send patients directly to a gender identity clinic rather than request a psychiatric assessment first.	Completed
10	CCG	The Clinical Commissioning Group should set up a feasibility study and pilot to develop a central Brighton practice as a centre for GPs with special interest in gender identity healthcare. This should ensure best practice	The CCG has discussed the concept of a centre for GPs with special interest in gender identity healthcare. Changes to GP practice boundaries and increased patient choice may make this recommendation difficult to implement. More important is to ensure as many GPs as possible are given basic training and awareness information as in recommendation 6.	As above for 8: training for GPs.

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		is developed and meets the needs of patients undergoing gender identity transition.	<p>The CCG therefore does not see this as the way forward currently, but has given the go ahead to the investigation of a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove (see below) which is seen as a more positive way forward.</p> <p>In addition to the above actions, this recommendation will be discussed with the GP commissioning lead for NHS England Surrey and Sussex.</p> <p>As the community would prefer a 'specialist GP' there is work to be done on building understanding and dialogue. Furthermore, it is likely that the community will choose to go to GPs they consider to be 'trans friendly' and this will be more possible with the changes to GP registration processes</p>	
11	BHCC	The Joint Strategic Needs Assessment (JSNA) should more accurately reflect the needs of trans people, particularly regarding suicide prevention. As part of this, health bodies in the city need to clarify what mental health support there is for people both on the trans care pathway and people who are not on the pathway but need support.	<p>The JSNA summary has included a section on the needs of trans people since 2013.</p> <p>A comprehensive Trans needs assessment is underway (see recommendation 13). Mental health issues are included in its scope. The JSNA summary will be updated later in 2015 to reflect the needs assessment recommendations. Happiness: the Brighton and Hove Wellbeing Strategy, published 2014, highlighted the mental health needs of trans people.</p>	Completed
12	National Commissioning Board LAT and CCG	Given the concerns of the trans community over the lack of local gender identity services, a feasibility exercise should be conducted by the National Commissioning	The CCG has given the go ahead to the investigation of a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove	See update for recommendation 4.

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		Board LAT and CCG to commission a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove on a regular basis. This must be informed by consultation with the trans community. In addition, the CCG needs also to show it is being pro-active in bringing influence to bear on the NCB to ensure improvements are made in Gender Identity Clinics.		
13	CCG	The Panel welcome the Clinical Commissioning Group's commitment to work with the council on commissioning a trans needs assessment for the city. The Panel recommend that as a matter of some urgency a needs assessment needs to be undertaken to identify the size of the trans community and its needs. Trans people must be involved at every stage of this process from design, commissioning, implementation, analysis, reporting and influencing in order to inspire the trust of the trans community. The current public health Joint Strategic Needs Assessment	<p>A steering group was set up in late 2013, including community representatives (including the co-chair) and main statutory partners. The group has overseen the production of the following:</p> <ul style="list-style-type: none"> • a review of national research • a data snapshot of local information • detailed analysis of the views of local stakeholders (primarily statutory and community and voluntary sector including specialist health providers) • primary research into the needs of the trans community conducted by LGBT Switchboard and University of Brighton • review all of the findings to produce a final report, including recommendations. <p>The sub-group of the Equality & Inclusion Partnership which has been monitoring progress against the Scrutiny recommendations has been remodelled to enable it to oversee these new recommendations.</p>	Completed

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		(JSNA) must be updated to reflect this information.	(More details in the fill OSC report.)	
14	BHCC	The Panel recommend that the public health team take action to identify the health status of the trans population, and put in place a robust plan for reducing any health inequalities for trans people in the city. As part of this the Joint Strategic Needs Assessment (JSNA) needs to be updated to address the health inequalities noted in this report	Health inequalities will be included in the scope of the Trans Needs Assessment as described in Action No 13. above.	Completed
15	BHCC	During the upcoming revision of housing strategies (homelessness, LGBT housing) the views of the trans community should be actively sought. Specifically, the Housing Options service should be reviewed to ensure that it is widely known about and used by trans people in housing need. A programme of outreach to the trans community to publicise the assistance available from the housing department should be undertaken	<p>1. Housing Strategy Review: As part of the development of the new Housing Strategy 2015 the council engaged LGBT HIP and the LGBT Network (including groups such as Switchboard, Allsorts and MindOut) to ensure the views of Trans* people helped shape the priorities and actions of the new housing strategy. The draft strategy was approved for final consultation in Housing Committee on 12 November 2014 with the final strategy expected to be approved in January 2015. LGBT HIP welcome the LGBT theme in the draft strategy and associated actions and have nothing to add at this point. We will be carrying out further work with LGBT HIP early in 2015 as part of their 2015/16 work planning to identify opportunities to work together to take forward the strategy actions and scrutiny recommendations</p> <p>2. Homeless Strategy: The Homelessness Strategy 2014 was agreed by the Housing Committee in June 2014. As part of the development of this strategy the Housing Department</p>	<p>See TNA recommendation 5 and 53 (guidance and an event; engagement in housing allocation policy review)</p> <p>Stonewall Housing Association are in the process of training all our seniors housing staff on LGBT awareness, with a final session arranged for October 2015.</p> <p>LGBT Switchboard have formed a housing group for the older LGBT community and the seniors housing service has contributed and presented at each of the sessions. As a result of feedback, an article has been written for the council's 'Homing In' magazine promoting LGBT staff and residents within seniors housing and a support group established to meet in November 2015. The chair of the Seniors Housing Action Group has said how the</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>embarked on a consultation exercise, including a Homelessness conference in December 2013 and the lead officer meet with members of the Trans Alliance an umbrella organisation for the Trans Community. The Homelessness Strategy includes a number of groups and issues to be a priority and the Trans community are included as one such group.</p> <p>3. The Housing department is currently engaging with the Trans community to develop information on harassment and illegal eviction, anti discrimination in lettings in the private sector under the goods and services act to ensure that the Trans community can have access to safe accommodation in the city this is expected to be produced in 2015.</p> <p>4. Housing Options Review: Discussions were held in relation to the Housing options officer post during the development of the Homelessness Strategy. The role of the options officer is to offer a case work service to individuals that the Council would owe a duty to provide accommodation. The issues of accessibility have been raised with the possibility of placing this post to deal with more front line advice. This would however be at the expense of being able to offer a case work service. It is considered that service needs to ensure that all advice and assessment officer who deal with front line advice should have an understanding of trans related housing issues and be able to refer individuals to the case work service to support individuals to either resolve their housing issues or source alternative accommodation. There is a growing problem on the availability of accommodation in the City that is within the reach of people on receipt of welfare support. This issue does not just affect the Trans community but is a growing issues for all groups in receipt of welfare support for</p>	<p>seniors housing offer was positive for LGBT elders.</p> <p>The views of LGBT elders will be considered throughout the development of the new Brookmead project (extra care scheme working group).</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>housing costs.</p> <p>5. Housing Options outreach programme: The LGBT Housing Options officer post embarked on a programme of outreach sessions in the community. These sessions while initially well received became less and less relevant with poor attendance. Servicing outreach sessions to deal with individual problems is resource intensive and is not considered to be the best use of time. The options officer post continues to meet with individual organisations on request to discuss service specific issues on housing. The Options service will look to hold further meetings in 2015 to discuss issues of concern to the Trans community and ensure that the service remains accessible to local residents in housing need.</p>	
16	BHCC	The Housing department should also commence a programme of awareness raising about the legal protections for trans people in housing provision and promote good practice within social and private landlords	Initial discussions have taken place and Housing Options have identified key areas in which an increased awareness of trans housing rights would benefit their transgender clients and the community as a whole. It is envisaged that at first this will involve the private sector landlords that Options work with before taking this out to a wider forum. This will be taken up and progressed in the New Year when the views of the transgender community will be sought.	<p>See TNA recommendation 52, 55 and 5 (guidance on neighbour behaviour; guidance for lettings agents, general guidance)</p> <p>A first draft of a Trans Housing guide has been written and a consultation meeting held with representatives of the trans community to look at content and language used. A second draft will now be written and consulted on with the Trans community. The first draft was well received at the consultation meeting.</p>
17	BHCC	Further work should be undertaken to address the transphobia and discrimination faced by older trans people such as in accessing adult social care	<p>As of the beginning of January 2015 trans-awareness briefings have taken place with senior managers, Access staff, social workers and care managers.</p> <p>See also response to recommendation no.2</p>	<p>See TNA recommendation 19 (ASC training)</p> <p>We are currently working with the LGBT Switchboard and Stonewall Housing Association to improve our service offer to</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		services, supported housing and care homes (for example, personal care). As part of this, training on trans awareness and the needs of older trans people needs to be put in place for care homes and sheltered housing providers contracting with the council		the older LGBT community.
18	Police & BHCC	The robust recording of police and community safety data on trans-related crimes and incidents should be developed and used to inform preventative measures. Further work needs to be undertaken to encourage reporting of hate crime. Building on existing relationships, an action plan needs to be put in place by the community safety team in conjunction with Sussex Police to address low levels of hate crime reporting including trans related incidents.	Sussex Police and the council's casework team now record all trans incidents, crimes and cases, this is reflected in reports and data sharing. A snapshot of progress is detailed below: Trans incidents and casework is reported in both the Community Safety Partnership quarterly report and the quarterly case report. Updating of online third party reporting forms to ensure questions and monitoring are presented in respectful and relative ways. All front line case work staff and management have completed the Sussex Police training regarding 'Trans people and the law'. The casework team continues to be promoted to the Trans community and organisations supporting the Trans community. The LGBT officer works in the casework team and briefs and supports caseworkers (and the wider partnership team) on trans issues as necessary The LGBT coordinator and Hate Crime Team work with Trans groups to develop capacity and support community events and actions. Work continues within the Trans communities both in the city and in Sussex to encourage reporting.	See TNA recommendation 44 (increased reporting) Work continues to ensure as many avenues are open as possible to enable Trans people to report hate incidents and to ensure where incidents are reported they are dealt with appropriately and sensitively. Most recently the police and council have worked with the Police and Crime Commissioner to launch a reporting app that enables users to record information and then decide whether to simply hold it or report it to police or the Community Safety Casework Team. The launch has targeted hate incident victims and is being promoted in communities including the Trans community. The number of Trans hate incidents reported remain low, 22 in 2014/15 and 18 so far in 2015/16. The police are now more accurately identifying and recording incidents, this is likely to result in more cases receiving an appropriate outcome in

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>Front line surgeries and direct engagements with the various Trans Groups in Sussex have taken place including officer presence at trans events. Hate Crime officers from the community safety team and Sussex Police attended and supported Trans Pride.</p> <p>The casework Team & LGBT Safety officer has assisted in the promotion and development of and attended the Hate Crime Vigil, Transgendered Day of Remembrance and other events of significance to the Trans community to build relationships and trust.</p> <p>On -line reporting has been developed via the Police Social media sites and direct drop in sessions with front line staff.</p> <p>The Community Safety Website hosts specific Transphobic reporting avenues and Transgender support and related information.</p> <p>Third party reporting has been encouraged through direct meetings & training with Trans groups in the city and officer attendance at support groups.</p> <p>The Casework team offer support to Transgendered victims and/or perpetrators of ASB & Hate incidents and work closely with housing providers to ensure appropriate outcomes are reached for all LGB& T victims.</p> <p>Scoping work to harness the capacity of social media to challenge under-reporting from the LGB and Trans community is underway.</p> <p>Regular reporting of Hate Crime statistics from the PCST undertaken to the BHCC LGBT Safety Forum, work progresses with the Safety Forum to develop a community agreed performance indicator regarding all LGB&T hate crime.</p>	<p>line with victims' wishes. Work will continue to encourage reporting and increase trust and confidence.</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>Work with younger Trans people and Trans people living in Sussex but working or socialising in the City has been developed through contacts with Sussex wide Trans supports groups, online outreach and work with Victim Support who have developed an LGB&T casework team to support victims in West Sussex</p> <p>In addition, Sussex Police report:</p> <p>Hate incidents as well as crime are all being recorded in NICHE crime management system. Risk assessments are kept with the person record. Parts of the risk assessment can be shared with other statutory partners as required. Since the introduction of Niche police have improved recording of transphobic hate.</p> <p>Ongoing work relating to how Suspol deal with hate in general, which includes transphobic incidents and crime.</p> <p>Ongoing engagement work with the trans community - LGBT liaison team attending Clare Project, FTMB and Transformers, as well as active participation in Trans community events and projects.</p> <p>As a result of these actions, there have been improvements in the recording of transphobic incidents and crimes reported to Sussex Police. The data and selected case studies is now being shared with the Safe in the City Partnership on a quarterly basis at Community Safety Forum meetings and other meetings where the information has been requested</p>	

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>All of this work has been well received by the community who feel that the response from the council and Sussex Police has been excellent.</p>	
19	Police & BHCC	<p>The Panel recommend that Sussex Police provide trans awareness training for its staff, in conjunction with the community safety team.</p>	<p>In January 2014, the integrated Community Safety Delivery Unit and Neighbourhood Policing Teams developed two video training aids to address issues of working with the Trans communities. One video is about trans awareness generally whilst the other focuses on legal issues for trans communities.</p> <p>Attended Trans Pride as a means of engagement. BHCC Casework team joined Sussex Police on the stall.</p> <p>Brighton central neighbourhood police team (NPT) supported Trans Pride by providing police escort to the first Trans Pride march, from Marlborough public house to New Steine Gardens via St James Street. Officers we briefed beforehand and wore trans pride ribbons for visible display of support during their shift.</p> <p>Classroom based training input is being delivered to new custody assistants at Brighton Custody Suite, provided by the LGBT Liaison officer.</p> <p>Increased participation from the trans community in the LGBT external reference group.</p> <p>New activity is occurring in the Police Contact Centre to provide guidance and training to contact handlers.</p>	<p>Trans awareness has been delivered to the Communications Dept during spring 2015. This includes contact handlers (emergency and non-emergency), controllers, and staff from front office.</p> <p>LGBT Liaison Officers are now Force wide and have had an input on trans awareness in their initial LGBT training session.</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
20	BHCC	<p>The council must continue to actively support the work of the Standards and Achievement Team and Allsorts to provide guidance and support to trans children and young people. As part of this, the resources given to this work should reflect the demands on the service. In addition, specific trans awareness training should be provided in schools, as well to general LGBT training.</p>	<p>There has been very good progress with regard to this recommendation. Highlights are:</p> <ul style="list-style-type: none"> • The Trans Inclusion Schools Toolkit was launched on the 4th July 2013 and posted on a schools bulletin with a training offer. This toolkit has been positively received by schools and has considerable interest nationally. • Lesson plans for PSHE Education have been developed for primary schools to support children to understand about trans identities. Secondary school lesson plans are under review • In addition to the schools bulletin pdf of the Trans Inclusion Schools Toolkit has been disseminated to PSHE co-ordinators, Special Educational Needs and Inclusions Co-ordinators, Engagement Providers, FE Colleges and independent schools • Schools without trans pupils are being targeted for training; 2 whole staff school-based training has been delivered since September 2013 in secondary schools and in 6 primary schools. • A central training on supporting trans children and young people and combating transphobia was delivered in anti-bullying week 2013 and attended by 10 people (mix of school and youth service staff) • Learning related to trans awareness is on the PSHE Education Programme of Study, launched in February 2014. The Relationships and Sex Education curriculum frameworks for Primary and Secondary Schools also include outcomes related to gender identity and trans awareness. • The Safe and Well School Survey has been amended to include a gender identity monitoring question for key stages 3 and 4 (11-16s). • Training is being delivered to schools on identifying, 	<p>See TNA recommendation 16 (extend work in B&H education settings)</p> <ul style="list-style-type: none"> • Trans Inclusion Schools Toolkit: Updates to the Toolkit, including how to change gender on SIMS have been circulated to schools. This toolkit has been positively received by schools and has considerable interest nationally. It will be reviewed following the release of national guidance that is expected in the next few months. • Secondary school lesson plans will signpost to those we have developed in partnership with national organisations. • School-based trans awareness training is provided to schools on request with schools regularly reminded to access this training. Training is being delivered to schools on identifying, challenging and recording bullying and prejudiced based incidents (including transphobia). Schools return bullying data related to gender identity. • On the 9th June 2015 two trans students spoke to a School and Business Leaders Meeting about their experiences of school and what supported them to feeling included and to achieve in the school setting. This was followed by a workshop in which two schools shared their practice. This was positively evaluated.

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			challenging and recording bullying and prejudiced based incidents (including transphobia). Schools return bullying data related to gender identity.	
21	BHCC	<p>The Panel welcomes the commitment from the sports facilities team that they will engage with the trans community. The Panel recommends that trans individuals are consulted in future facilities planning, and are also consulted and involved in helping to develop trans safe and trans only exercise sessions.</p>	<p>The sessions in the mainstream timetable at St Luke's are believed to be the first local authority mainstreamed trans swimming sessions in the UK (as reported by Jamie Hooper, the Equalities officer at the Amateur Swimming Association).</p> <p>Following the success of the trans-awareness training delivered to pool staff by LGBT HIP, a training programme was delivered to officers from the Sports development, sports facilities and museums teams.</p> <p>In October 2014 the project was shortlisted for a Brighton and Hove Sport and Physical Activity Award and received a highly commended certificate in the Participation Award category. Members of the group were presented with a certificate at the ceremony held at the Brighton Pavilion.</p> <p>Evaluation of the sessions has indicated that a small but significant number of swimmers have reported now having the confidence to access general public swimming as a result of participating in these sessions.</p> <p>Officers from the Active For Life team and the facilities team continue to support members of the trans community in the development of this work. A meeting has been planned for late January in order to consider a promotional plan to raise awareness and increase participation. Members of the community and representatives from the LGBT HIP and the Amateur Swimming Association are expected to attend.</p>	<p>See TNA recommendations 57, 58 and 59 (profile of Trans people, gyms, uptake of swimming)</p> <p>The trans/queer swimming sessions have continued to take place at St Luke's Swimming Pool. Officers from the Active For Life team and Sports Facilities team have continued to meet with and support members of the trans community in the delivery of these sessions. They attended an LGBT Roadshow hosted by the Amateur Swimming Association in March 2015 to help raise awareness of the sessions and it was actively promoted at Trans Pride.</p> <p>Numbers of attendees at the sessions have been relatively low and through consultation with the trans community, the sessions were changed from weekly on Friday evenings to fortnightly on Wednesday evenings. The community felt that Friday was not a good evening as it conflicted with other events/activities.</p> <p>Since the change of evening, numbers of attendees have remained low and so officers will soon meet with LGBT HIP and trans people to consider ways of better promoting the sessions to raise awareness within the community. It has been added</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>The outline specification for the King Alfred redevelopment project has taken account of the needs of the trans community by specifying the need for a separate teaching pool which has the capability of being screened. This will allow exclusive sessions to be programmed like those at St Luke's.</p>	<p>to the new BHCC Active For Life brochure.</p> <p>Recent anecdotal evidence (in addition to the evaluation referred to in the previous update) suggests that many of those who previously attended the sessions now have the confidence to access general public sessions and therefore no longer attend the exclusive sessions. This is a positive possible reason as to why the numbers have reduced.</p> <p>Regarding the redevelopment of the King Alfred Leisure Centre referred to in the last update, the council are currently evaluating proposals from developers and hope to appoint a preferred developer in January 2016. Currently both proposals meet the council's specification to provide a separate pool capable of being screened to allow for exclusive sessions like those at St Luke's Swimming Pool. They also both provide a mixed 'changing village' and unisex accessible changing facilities.</p>
22	BHCC	<p>There should be provision for accessible and gender neutral toilets in all areas. The council should take the first step, with consultation with trans individuals, to ensure gender neutral and accessible toilets are available in public buildings. Where appropriate, this</p>	<p>This recommendation is being progressed as and when new facilities are built or existing refurbished. Some examples of this work include:</p> <ul style="list-style-type: none"> • Recent refurbishments have seen privacy cubicles installed in changing rooms and showers at Withdean Sports Complex and showers at Prince Regent Swimming Complex. • The rolling programme of access improvements to public buildings includes the provision of new 	<p>The completed WC refurbishment on 7 floors at New England House includes self-contained compartments (i.e each containing wc and basin) with full height sound insulated walls suitable for gender neutral designation, as well as gender neutral accessible WC and shower provision.</p> <p>A Changing Places facility (for people with</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		process should involve consultation with other groups affected such as disabled people who may have a view about widening access to toilet facilities designated as accessible for disabled people	<p>accessible WCs or the upgrade of existing accessible provision to meet current standards.</p> <ul style="list-style-type: none"> • The new accessible WCs installed are always gender neutral, and we avoid RADAR key systems wherever possible to ensure the greatest accessibility possible. A gender neutral accessible WC has been installed within Rottingdean Grange for the use of all visitors to the library and museum and will also be made available to passers-by. • Proposed WC refurbishment on 7 floors at New England House includes self-contained compartments (i.e each containing wc and basin) with full height walls suitable for gender neutral designation, as well as accessible provision. • A Changing Places provision is proposed for the Brighton Centre which will be gender neutral. • There is currently no demand for a focus group on accessible toilets from the trans community, however LGBT HIP are able to facilitate potential consultations where specifics require. 	<p>multiple and complex needs) at the Brighton Centre is nearly complete, which will be gender neutral.</p> <p>A new gender neutral accessible WC and shower is also proposed at the Brighton Centre.</p>
23	BHCC	Individual changing rooms should be available in all leisure buildings and the council should actively encourage other organisations to provide changing rooms that are appropriate for all users, whatever their gender identity.	See recommendation no. 21	See Scrutiny recommendation no. 21
24	BHCC	The council's Trans Toolkit is due to be revised. The Panel recommends that the council take advice from experts in trans awareness to ensure	Initially it was thought that the Trans Toolkit required only a relatively light-touch review. However, once the review commenced it became clear that a more fundamental re-write of the toolkit was necessary. However, this more in depth review has regrettably led	A revised Trans toolkit has been drafted. As part of the consultation process, it will be presented to the Workforce Equalities Group at its meeting at the end of October and the LGBT Workers' Forum in

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		the toolkit is fit for purpose. This new Toolkit should then be proactively publicised and promoted to all staff within the council. Managers should be offered training on its use. In addition, guidance should be given for council staff on what to do when a person changes their name and gender marker following a gender transition.	to some slippage in the original timescales set for the completion of this piece of work. It is now anticipated that the review and consultation will be completed by end of March 2015. It is planned to consult trans staff as widely as possible on the updated toolkit and to provide them with the opportunity to feedback their comments anonymously via the council's consultation portal. Also changes in personnel at the LGBT HIP means that there is also a need to identify and secure the services of an expert in trans awareness to act as a critical friend in the review process.	November. It is also planned to consult trans staff more widely by enabling them to feedback their comments anonymously via the council's consultation portal. An external expert in trans awareness has also been identified who will act as a critical friend in the review process. This action will continue to be monitored by the EquIP Trans sub-group.
25	BHCC	B&HCC Human Resources, in partnership with the LGBT Workers' Forum and the Communities and Equalities Team, need to reach out to trans employees to listen to their experiences of working for the council and to make changes accordingly. The B&HCC LGBT Worker' Forum is to be congratulated on their activities on trans inclusion. The Forum must continue to be supported and resourced to develop its work on this.	<ul style="list-style-type: none"> • The LGBT Workers' Forum continues to receive both budget and staff support from the Communities, Equality & Third Sector Team and retains a strong focus on trans staff engagement. The group undertook consultation with LGBT staff in order to understand what types of activities would encourage more people to be involved and has created new work programme. • HR has reviewed and changed the way in which data relating to an employee's gender identity is captured in the council's HR Management Information System, PIER. This information can now be input directly into the system via employee self-service. HR has also carried out a series of exercises to improve the quality of its workforce data, including that relating to gender identity, by encouraging staff to complete/update their personal equality data. • HR has also revised the gender identity question on PIER and on its recruitment monitoring form by substituting the word "sex" for "gender". • HR is also looking to develop an approach to understand better the needs/issues of trans 	Ongoing <ul style="list-style-type: none"> • The LGBTWF are theming their meetings to encourage more members to attend. The November 2015 Workers Forum meeting was trans led, with a local trans activist and filmmaker speaker, plus a discussion of the council's Trans Toolkit. • One of the Steering Group members represents the LGBTWF by sitting on the Trans Alliance group. • Work to improve the council's workforce equality data, including that relating to gender identity, is continuing. • In May 2015 Rory Smith, LGBT Liaison / Hate Crime Co-ordinator, Sussex Police & Co-Chair of Trans Alliance, was invited to speak at the LGBTWF. Rory highlighted the good work carried out by the Forum and Council with regard to the trans community and

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			<p>employees and use this feedback to inform action planning. This work has been prioritised as part of the Year 2 Workforce Equalities Action Plan and it is proposed, as a first step, to consult as many of our trans employees as possible on the revised Trans Toolkit using the council's consultation portal. This approach will enable trans staff, as well as any other employees who are interested, to comment on the draft anonymously.</p> <ul style="list-style-type: none"> In addition, HR will be reviewing the results of the recent Staff Survey, with a view to identifying workplace issues affecting staff by protected characteristic group including those who may identify as trans 	<p>spoke at length about the Trans Equality Scrutiny work and Trans Needs Assessment. Rory also answered questions from attendees on trans related issues.</p> <ul style="list-style-type: none"> Events: <ul style="list-style-type: none"> In May 2015 the LGBTWF organised and hosted an IDAHOBIT Panel Debate, which had a strong focus on trans and gender issues, was attended by a significant number of the trans community and had 2 local trans activist speakers on the Panel. The forum had a presence at Trans Pride this year and helped promote the Council's Trans Needs Assessment work. Assisted the Trans Alliance with the Transgender Remembrance Day and were present at the memorial in November 2015. In April, the council implemented a new online recruitment system. One of the aims was to improve the collection of data relating to the gender identity of applicants. Although there appears to have been an overall improvement in the quality of recruitment monitoring data captured by the new system, the biggest improvement has been seen in relation to gender identity. This should enable the council to start monitoring and reporting on how those individuals identifying as trans fare throughout the recruitment and selection process.

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
				<ul style="list-style-type: none"> • A draft policy to support transgender employees at work has been produced. An external contact within Sussex Police who has expertise in this area is acting as a “critical friend” and has given feedback on the draft. Consultation on this includes members of the Workforce Equalities Group, the LGBT Workers’ Forum and trade unions. The council is also very keen to obtain feedback from as trans employees, using the council’s consultation portal (which allows anonymous feedback). • This is intended to be the first step towards engaging with the council’s trans staff with a view to understanding better their needs/ issues and to use this feedback to inform action planning. It is intended to review the results of this year’s Staff Survey with a view to identifying workplace issues affecting staff by protected characteristic group including those who may identify as trans.
26	BHCC	The particular impacts on trans people of the government welfare reform agenda must be taken into account. As part of this, the specific vulnerabilities of trans people as recipients of welfare benefits should be explicitly acknowledged in the council’s strategy on financial	The provision of trans inclusive advice services has been built into the new Moneyworks Brighton and Hove service which is now monitoring take up amongst Trans people. In addition, there will be a focus group looking at specific advice needs of Trans people led by the Advice Plus Project	<p>This action will continue to be monitored by the EquiP Trans sub-group.</p> <p>The provision of trans inclusive advice services has been built into the Moneyworks Brighton & Hove service. An analysis of monitoring data is not showing any detail of Trans people however the commissioner has explored with the providers that there is take up of the</p>

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		inclusion.		service from Trans people. An audit of the partners in terms of the staff and volunteers working on the project knowledge of working with Trans people and trans inclusive approaches is in progress.
27	BHCC	When appointed, the Council's Trans Champion (see recommendation 36) should contact local high street banks, building societies and East Sussex Credit Union to encourage sharing best practice regarding staff training/awareness and bank records procedures for trans customers.	The council has now established a basic banking forum through which it has raised the issue of bank processes for Trans customers. Banks have acknowledged that the procedures are not necessarily clear but most importantly one bank has a project focussed on this issue and there are plans to meet with the Lead and share the practice across the forum.	This action will continue to be monitored by the EquIP Trans sub-group. Direct work with Banks through the Council's Trans Champion has slowed due to changes in staff. A meeting of the basic banking forum is being scheduled to share practice of Trans inclusive work that banks are involved in.
28	EquIP	All public bodies (including NHS bodies and schools) should publish an annual statement on what they have done to meet their public sector equality duty in respect of trans people.	The Equality & Inclusion Partnership Trans sub-group (comprising representatives of the Trans community and statutory organisations in the city) is working on this, to identify a way of appropriately feeding back the range of work and progress against this action plan. Learning from the end of first year engagement event will be considered to enable this to be open and accessible.	Action for EquIP Trans sub-group
29	BHCC	City-wide there needs to be wider recognition of non-binary gender. Further discussion should be undertaken with the trans community to ensure that all monitoring is sensitive, appropriate and properly implemented. Furthermore,	There have been a number of developments in response to this recommendation in order to recognise non binary identity and improve monitoring to capture this: <ul style="list-style-type: none"> Guidance has been provided through the council's corporate Equality Steering Group and Directorate Equality Groups on the use of this form and it continues to be used by council teams and services. Equality Impact Assessments retain a specific focus 	Ongoing

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		the results of this monitoring, appropriately anonymised, should be made publicly available on an annual basis.	<p>on Gender Reassignment as one of the characteristics protected within the Equality Act 2010 and a broad definition of 'Trans' is encouraged for staff completing this process.</p> <ul style="list-style-type: none"> • BHCC HR team has updated its monitoring categories reflect the corporate template. • Equality Impact Assessment training is being provided across the council, with clear explanations on how to gather data to inform service assessments, including equality monitoring. • Work is ongoing to ensure that equality monitoring is used appropriately in all community engagement, to evidence the range of engagement and to identify trends in responses. • Further the Council's Information Governance Manager will support the requirement to use consistent and corporate equalities monitoring through corporate broadcasts/protocols. 	
30	BHCC	The importance of an on-going mechanism for consultation and engagement with trans people in the city should be recognised by the council. The Panel recommend that this should be funded accordingly	LGBT HIP as part of the Community Works Partnership has been commissioned through the council's Communities and Third Sector Commission 2014-2017 to ensure ongoing consultation and engagement activity with Trans people. It continues to support the implementation of the Trans Scrutiny recommendations by providing support to the two Trans community representatives who attend three governance groups for the Trans work. It also communicates progress on the Trans Equality recommendations to the Trans community.	Completed
31	CVS	Infrastructure services and the Transforming Local Infrastructure (TLI) project should continue to consider how to engage the city's trans community groups to	LGBT HIP as part of the Community Works Partnership has been commissioned through the council's Communities and Third Sector Commission 2014-2017 to deliver LGBT inclusion training to community workers in neighbourhoods and staff of Community Works (the city's newly formed lead infrastructure organisation). It	Ongoing

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		ensure they have an active voice in decision making.	will also deliver capacity building support to Trans groups in the city specifically focused on identified needs: governance, planning and financial sustainability.	
32	BHCC	Following the needs assessment (see recommendation 13) a city wide trans equalities strategy should be developed by the council and partner organisations with the full engagement and participation of trans individuals and support groups. This should include an action plan with clear leads and responsibilities. This should be led by the council's Trans Champion.	A decision regarding the need for a specific Trans Equality Strategy will be made following the final report and recommendations of the Trans Needs Assessment.	Action plan being developed – reported on through Equip Trans sub-group
33	BHCC	Any activity commissioned or supported by the council in relation to LGBT activities, and in particular Pride, needs to mandate trans inclusion	<p>The Council has given landlords consent for Pride for the next 3 years. The conditions set out in the report include the requirement that Brighton Pride Community Interest Company (BPCIC) produce an equality statement and action plan that includes appropriate actions to ensure access and inclusion of the Trans Community in Pride as set out and agreed by the council through the Trans Equality Scrutiny process.</p> <p>Meetings have been held between Pride and representatives of the Trans community to review the 2014 event. This was mostly positive with the community feeling that Pride made considerable effort to improve inclusion – for example by placing the Trans float at the start of the parade and changing the name of the St James Street party from 'Gay Village Party' to</p>	See TNA recommendation 6 (Pride should maintain focus on Trans inclusion)

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
			'Pride Village Party'. This will be further developed for the 2015 event and the option for a 'Trans Village' is being considered (funding dependent).	
34	BHCC	B&HCC should take the lead in creating an identity for the city as a trans friendly place that challenges stigma and discrimination. This includes such actions as a public statement on the website, trans branding, vocal support and partnership working with trans support groups, and publicity information including trans individuals as local citizens.	The Council's corporate Communications Team have handled around 40 enquiries relating to Trans issues since the beginning of the scrutiny work with the release of 19 proactive releases and 12 articles including coverage of the Transgender Day of Remembrance and a recent double page spread in the Brighton and Hove Independent regarding the Scrutiny and Schools work. Furthermore the Team have worked with the Policy and Communities Team to respond to any transphobic media portrayals and articles.	Ongoing linked to specific issues and events
35	BHCC	The Panel welcome the addition of the honorific Mx by council benefits staff as giving an alternative option. The Panel recommend that all on-line forms are examined to look at the possibility of additional options, leaving blank or entering the title the individual feels is appropriate to them.	<p>As members will be aware this recommendation received significant media interest so remains sensitive. However, as and when online forms are being developed, the new title is being used where appropriate.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Corporate Recruitment Forms • Adult Social Care Database: CareFirst • City Clean • Revenue and Benefits Service • Customer Services (in development) • Council Tax Forms <p>There has been informal feedback from both staff and community members about how positive this is with staff reporting that it helps them to sensitively consider the access needs of those customers choosing the Mx</p>	Ongoing as forms are reviewed

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
36	BHCC	The implementation of these recommendations is crucial and should be carefully monitored. The Panel recommends that a lead officer is appointed as a 'Trans Champion' within the council. This person should be at Senior Management level (within the Corporate Management Team or Assistant Director level or above) and will be responsible to champion the rights of trans people both inside and outside of the organisation. They will also have responsibility for the commissioning of the trans needs assessment and the lead on the development of a city-wide Trans Equalities Strategy (see recommendation 32). In addition, a councillor should be nominated as the council's Trans-Champion (as distinct from the existing LGBT champion).	<p>honorific.</p> <p>Cllr Emma Daniel is lead member for Neighbourhoods, Communities and Equalities and holds the Trans lead within this.</p> <p>After a review of the lead officer role, all members of the Executive Leadership Team have committed to be equality champions, covering all protected characteristics.</p>	See TNA recommendation 10 (annual reporting by Trans champion)
37	BHCC	The work of this Panel should be forwarded on to the government departments looking at trans equality, specifically in response to the	Actioned by Scrutiny Team following report's endorsement by Overview and Scrutiny Committee in January 2013	Completed

Rec. No.	Lead organisation	Recommendation	Update at Jan15	Status at Dec 15
		expected call for evidence after the Trans Gender Equalities Action Plan.		

Appendix C

Full Trans Needs Assessment Recommendations

1. The Equality and Inclusion Partnership (EQuIP) and other city partnerships should maintain an overview of action on the basis of the needs assessment.

Inclusion and support

2. City leaders should consider how Trans* Pride and the trans community & voluntary sector can be supported to increase the resilience of the trans community.
3. Brighton & Hove City Council (B&HCC) and the Brighton & Hove Clinical Commissioning Group (CCG) and community & voluntary sector (CVS) should consider how the capacity and skills of trans community groups can be increased.
4. B&HCC and the CCG should recognise and support trans organisations, as well as LGBT organisations, in engagement and service provision.
5. B&HCC, the CCG and trans community & voluntary sector groups should:
 - identify how a central information resource for trans people and support organisations can be provided (including specialist information on housing, services for older people, employment and health services)
 - consider holding an event for trans people and community groups to provide information and advice on services and their legal rights.
6. Brighton Pride should maintain a focus on promoting trans inclusion.
7. LGBT organisations should demonstrate how they are promoting trans inclusion (eg. in annual reports).
8. LGBT and trans services to take the needs of people with Autism into account (in line with national and local strategies) and services for people with Autism to ensure they are trans aware.
9. Visit Brighton could consider how it recognises and promotes Brighton & Hove as a trans inclusive destination, including practical information for trans visitors.
10. The B&HCC Trans Champion should report annually to community members on progress in improving the trans inclusion of services.
11. Trans community groups to provide briefing sessions as part of inductions of elected members and other city leaders.

Different stages in life

Children, young people and their families

12. Children and Young People's Services, including Child & Adolescent Mental Health Services (CAMHS), to promote information to support parents of trans and gender questioning children (eg. Allsorts' toolkit for parents of trans children).
13. B&HCC Communities, Equality and Third Sector Team to review the role of mediation in relation to trans people and their families.
14. Children and young people's services to engage with trans community groups about the support needs of a) children and young people with a trans parent, and b) trans children and young people and their families.
15. Children and young people's services should continue to provide trans awareness training for their staff.

Schools and higher education

16. Build on and extend the work carried out in schools, colleges and other education settings across Brighton and Hove by B&HCC, Allsorts and schools.
17. Higher education establishments should consider how further progress can be made to tackle transphobia and promote trans equality including:
 - ensuring clear guidance is made available regarding transphobic bullying.
 - ensuring information about local groups and services for trans people is accessible to trans students (also via Students' Unions).
 - ensuring counselling services are trans inclusive/appropriate.
 - considering the role of peer mentoring for trans students.
 - considering how trans people are represented in the curriculum.
18. Student health and related services to ensure information related to trans health issues is made available online and at relevant sites including university GP practices.

Carers

19. B&HCC Adult Social Care should take into account the needs of trans carers in services and initiatives to support carers.

Older people

20. B&HCC Adult Social Care to ensure social care providers receive training in trans awareness.
21. B&HCC Adult Social Care to conduct an equalities audit of residential and other care services.

Also: Ensure information about the rights of older trans people in services is available and accessible (Recommendation 5)

Employment

22. Trans community groups to engage with Job Centre Plus and DWP to ensure awareness and understanding of rights, especially with regard to access and sustaining employment.
23. Employers (both public and private sector) to:
 - to promote and ensure access to apprenticeships for trans people.
 - to develop advocacy and mentoring in the workplace, both whilst in employment and to promote access.

Also: Ensure guidance about employment rights is available and accessible (Recommendation 5).

Health and wellbeing

Health and wellbeing

24. Brighton & Hove Healthy Weight Programme Board (including Sports Development) to consider how trans people's levels of physical activity can be improved.
25. Public Health to ensure Stop Smoking services are targeted at trans people.
26. Public Health and CCG to ensure trans community groups have access to mental health training.
27. Clinic T should review how the sexual health service is promoted to the trans community and data from the service (and other sexual health services) should be used to inform Public Health of the sexual health needs of the trans community.

28. NHS England should produce a resource for trans people and clinicians describing eligibility for health screening services.

Health services

29. NHS England should issue best practice guidance for GPs, including regarding the collection and storage of personal information related to trans people.

30. NHS and CVS mental health services should ensure that they are trans inclusive.

31. The CCG should review:

- access to mental health support in crisis and/or out of hours
- access to counselling and CVS mental health service provision.

32. School nursing, GPs and the A&E Dept. at BSUH should consider implementing the national toolkit for nurses on preventing suicide in young trans people.

33. All General Practices should receive trans awareness training and the CCG should work with the Local Pharmaceutical Committee to improve trans awareness in community pharmacy staff.

34. The CCG and social care commissioners should consider how advocacy to support trans people to access health and social care services can be provided.

Also: A central source of information on health services for trans people should be provided (Recommendation 5).

Specialist gender identity services

35. NHS England should improve the quality and configuration of Specialist Gender Identity Services (SGIS) for the Brighton & Hove population:

- Progress should be reported to the Health and Wellbeing Board.
- Waiting times and achievement against national standards should be reported publically.
- Services should be required to run service user groups.
- Services should take into account the needs of people with non-binary gender identities and from BME groups (see Section **Error! Reference source not found.**).

36. NHS England and the CCG should continue to consider what local action can improve the service pathway, including exploring the development of local specialised gender identity services as well as counselling services following referral.

37. Brighton & Sussex University Hospital and CCG to explore the role of the local transgender endocrinology clinic, including confirming GP referral criteria.

38. CCG to facilitate providing training and guidance for GPs in relation to hormone therapy and other clinical issues.

39. CAMHS providers and commissioners should review the service pathway and ensure it is centred on meeting the needs of children and young people and their families.

40. Healthwatch Brighton & Hove should monitor progress in improving the SGIS pathway and other health services for local trans residents.

Community safety

41. B&HCC Community Safety to determine whether current processes and levels of awareness are sufficient to prevent and manage transphobic incidents in licensed premises. If required, engage with Business Crime Reduction Partnership to

- explore opportunities for improving safety and awareness in licensed premises and amongst security staff.
42. City organisations such as B&HCC, NHS, universities and transport operators to promote visibility, positive representation and inclusion of trans people in publicity materials.
 43. City organisations such as B&HCC, NHS, and universities should promote the introduction of gender neutral facilities (including toilets and changing rooms) in new and refurbished buildings.
 44. Sussex Police, B&HCC (Community Safety), and LGBT Community Safety Forum to encourage increased reporting of transphobic incidents and crime, including raising awareness of the benefits of reporting and exploring innovative online methods.
 45. B&HCC Transport team to advise on liaising with Brighton Area Buswatch and Brighton & Hove Buses over improving feelings of safety on buses.
 46. Sussex Police, victim services and commissioners to ensure that domestic and sexual violence services are trans inclusive and that specific issues for trans people are understood.
 47. B&HCC domestic violence commissioner to evaluate the GBT* refuge project for trans men and ensure all trans people are housed suitably when fleeing domestic violence.
 48. B&HCC Community Safety Team to consider how personal safety for trans people can be promoted.
 49. Sussex Police and B&HCC, in partnership with the trans community and criminal justice agencies, to determine how trans awareness can be increased and needs met within the criminal justice system, including custody/bail hostels and the courts, and support relevant organisations to do so.

Housing and homelessness

50. Housing commissioners to improve the appropriateness and safety of emergency/hostel accommodation for trans people.
51. B&HCC to consider the recommendations of the Stonewall Housing research into LGBT rough sleepers.
52. B&HCC Housing should ensure trans tenants are provided with information explaining what can be done to address unacceptable behaviour by neighbours.
53. B&HCC Housing should take into account the specific needs and vulnerability of trans people in the 2015/16 review of housing allocation policy.
54. The B&HCC Homemove service should update their equal opportunities policy and monitoring data to include gender identity.
55. B&HCC to promote trans inclusive practice by landlords and letting agents.
Also: Ensure guidance about housing and homeless services is available and accessible (including the housing guide for trans people accessing private sector accommodation currently being produced) and consider holding an event to provide information and advice (including regarding local connection policies) (Recommendation 5)

Other services

56. B&HCC and other services should ensure continuing provision of trans awareness training for their respective workforces.

57. B&HCC Sports Development to consider how the profile of trans people in sport and physical activity can be increased.
58. B&HCC Sports Development should liaise with trans community and voluntary sector to discuss how trans inclusivity could be promoted to private gyms/sports providers.
59. B&HCC Sports Development should monitor the uptake and accessibility of the trans swimming sessions
60. Museums and libraries to continue to support inclusion of trans people in permanent and other exhibitions and events.
61. The Brighton & Hove Economic Partnership and the Brighton & Hove Business Forum, with the support of Brighton & Hove Connected and the Communities, Equality and Third Sector Team to consider how local businesses can be supported to be trans inclusive and to meet the requirements of the Equality Act.
62. B&HCC should consider the development of a scheme to identify and promote trans friendly businesses and organisations throughout the city, eg. gyms, clothes shops, night clubs, letting agents etc.

Subject:	Children and Young People and Adults with Autistic Spectrum Conditions: Update on Implementation of Agreed Scrutiny Panel Recommendations 2014	
Date of Meeting:	3 February 2016	
Report of:	Executive Director of Children's Services and Executive Director of Adult services	
Contact Officer:	Natalya Garzon, Commissioning Manager, BHCC	
	Name:	Jenny Brickell, Head of Integrated Child Development and Disability Service, BHCC
		Tel: 29-3071
	Email:	Jenny.brickell@brighton-hove.gov.uk Natalya.garzon@brighton-hove.gov.uk
Ward(s) affected:	All	

SUMMARY AND POLICY CONTEXT:

The purpose of this report is to give an update on action that has been undertaken following the adult services overview and scrutiny process in 2011 and the same that occurred in relation to children's services in 2014. Overall the aim is to demonstrate that there is close collaboration taking place across children's and adult services and we have identified a number of common themes and areas of joint work. The direction of travel is to create one strategic board that oversees the whole pathway for children and adults affected by Autistic spectrum conditions.

1. Overview

- 1.1 In 2011 The Scrutiny Panel on Services for Adults with Autistic Spectrum Condition (ASC) made 15 recommendations (see Appendix 1) to explore ways to improve services to adults with ASC. In 2014 a scrutiny panel made a similar number of recommendations in relation to ASC services for children and young people. The Children and young people specific recommendations will be dealt with in appendix 2, overall the Scrutiny recommendations have been incorporated in to the wider SEND review that has reported to the Children's Committee and the health and wellbeing Board in 2014.
- 1.2 A progress report was provided to the Health and Wellbeing Board in January which is considering the possible benefits of closer working between the Children learning Disability service (CDS) and the Community Learning Disability service (CLDT).

- 1.3 The provision of services for children with autism already has a high profile in the council's **SEN Partnership Strategy 2013 – 2017**. Autism is one of the key areas of focus as the strategy acknowledges that children and young people with autism are one of our key vulnerable groups requiring a specific focus.
- 1.4 There is a specific autism plan sitting below the SEN Partnership Strategy that links directly to the identified priorities within the strategy. An Autistic Spectrum Condition (ASC) Working Group was established in spring 2013, with representation from parents, the voluntary sector and professionals from education, health (including the Child and Adolescent Mental Health Service (CAMHS)) and social work services. This group has been instrumental in taking forward a partnership approach to developing services for ASC.
- 1.5 The recommendations from the adult scrutiny helped inform The Brighton & Hove Joint Commissioning Strategy for Adults with Autistic Spectrum Conditions 2012 – 2015, along with a number of other local and national drivers at the time:
- The recommendations of the Autism Act (2009),
 - 'Fulfilling and Rewarding Lives', the strategy for adults with autism in England (2010)
 - Local recommendations through extensive consultation
 - The Joint Strategic Needs Assessment (JSNA) for Adults with Autism
- 1.6 The strategy set out 25 strategic objectives, each with relevant strategic actions and outcomes, and work has been undertaken during the life of the strategy to achieve those objectives. The Adults Autism Stakeholder Group, which includes representation for people with autism, carers, community groups and professionals from across the public sector, has provided the governance and oversight for that work.
- 1.7 The recommendations from the 2011 Scrutiny Panel and the strategic objectives can be placed into 4 main categories:
- Joint Children's and Adult priorities
 - Mental health services / Diagnosis pathways / Primary Care
 - Carers
 - Training and awareness
- 1.8 The 3 years of the strategy have now come to an end and new national and local drivers are in place, in addition to the drivers listed above, that require a new response. These include:
- The Care Act 2014
 - *Think Autism* 2014 (Review of the 2010 National Autism Strategy)
 - The Children and Family Act 2014
 - The Adult Social Care Direction of Travel 2016 – 2020
 - The local Learning Disability / SEND review (2015)
 - The Joint Children's, Young People and Skills and the Health and Wellbeing Committee report (2015)

- 1.9 The local Learning Disability / SEND review (2015) has recommended that consideration is given to exploring a joint adults and children’s autism work plan for the future.
- 1.10 The agenda for improving the lives of adults and children with autism is wide-ranging and complex, as it implicates services across the city at every level. Consistent and continuous efforts are needed from a range of partners in order to make comprehensive progress.
- 1.11 This paper provides an over view of progress in relation to the 2011 Scrutiny recommendations, identifying key work that has taken place in the 4 main categories identified above.
- 1.12 An update of recommendations made in 2014 to the Children and Young People with Autistic Spectrum Conditions Scrutiny Panel are detailed in Appendix 2.




2. RECOMMENDATIONS:

- 2.1 That the scrutiny panel note the content of this update.
- 2.2 That an update is provided on progress in developing a joint strategy in February 2017.

3. Overview of Progress

3.1 Joint Children’s and Adults Priorities

- 3.2 The key local and national drivers are contributing to the development of greater integration across children’s and adults disability services.
- 3.2 A number of key priorities have been identified across both adult and children’s autism strategies that indicate a high level of shared priorities that support the development of a joint work plan:

Adults and Children with Autism Key Priorities Compared		
Children	Adults	
People moving through transitions from children to adults		People moving through transitions from children to adults
Pathways: accessing services		Pathways: accessing services
Raising awareness of autism and training		Raising awareness of autism and training
Information, advice and signposting		Joint local offer
Supporting carers		Supporting families

- 3.3 Currently a transitions team is in operation that is based within the CLDT. This team is part funded by, and works closely with, the CDS. This work includes quarterly Transitions Tracker meetings, which includes commissioning, to plan for young people with complex needs. This ensures that those children and young people with complex learning disability and ASC have their needs identified through transition planning in to adult social care.
- 3.4 The Children and Family Act 2014 has created a statutory requirement to develop Education, Health and Care Plans (EHCP) for young people from birth - 25 who require support above that which special educational support can provide. This will address some of the post 19 learning issues identified by the scrutiny panel previously.
- 3.5 For young people who do not require an EHCP, the Adult Social Care Direction of Travel: 2016 – 2020 has 4 key elements, one of which is Signposting. This is to ensure people are able to access preventative support services, before they are in need for formal services. This will help people who may not be eligible for social care services to access community services.
- 3.6 The Learning Disability / SEND review has made further recommendations to explore the possibility of further integration between the CDS and CLDT.
- 3.7 A review of social care functions within the CDS and CLDT will be undertaken between January and March 2016.
- 3.8 This review will consider the options available for closer working between the two services, and will be wide reaching in scope, encompassing areas that overlap with a number of Scrutiny recommendations including: transition from childhood to adulthood, eligibility criteria, and provision of support and learning to the over 19s.

4. Mental Health Services / Diagnosis pathways / Primary Care

- 4.1 The Brighton & Hove Neurobehavioural Service (NBS) was commissioned in September 2013. The NBS provides a specialist clinical assessment and consultation service for adults living in Brighton and Hove with a suspected diagnosis of ASC.
- 4.2 The NBS has worked to establish a clear care pathway for people with suspected ASC. Referrals are taken from GPs into the Assessment & Treatment Service (ATS) who triage referrals into the NBS.
- 4.3 The NBS provides a Monday to Friday service and assessments can be undertaken in a variety of locations, including a person's home, to offer a personalised and flexible service. Families and carers are considered an essential part of the assessment process.
- 4.4 The NBS provides an assessment service and recommendations for future care and support. This can include a follow up session to assist with implementing recommendations.

- 4.5 The Neurobehavioural Clinic (NBC) provides assessment and recommendations for more complex cases.
- 4.6 There has been increased investment by the CCG into the NBS with ongoing high levels of referrals. Between January and July 2015 101 people were referred for an assessment, with 52% receiving a confirmed diagnosis of ASC.
- 4.7 The NBS has provided training at the evening GP Mental Health Seminars and as part of a 2 day Mental Health Update in 2015. They have also provided training to individual GP practices on request.
- 4.8 The referral pathway has been reviewed at, and approved by, the Clinical and Expert Reference Group at the CCG.
- 4.9 The CCG is currently working with Sussex Partnership Foundation Trust to develop a clear all ages pathway for ASC, with equity for diagnosis and support.

5. Carers

- 5.1 The Care Act 2014 has created a statutory duty to provide a Carers Assessment and work has been ongoing on strengthening our offer to carers and incorporating the requirements of the Act.
- 5.2 We will soon be launching the new Carers Strategy – ***THINK CARER, supporting carers through an increasingly Carer Friendly City***. We will be running a campaign of THINK CARER, which will aim to both increase awareness of carers, and encourage carers to access dedicated support available.
- 5.3 We are aiming to increase the partnership working across the City, through the future development of “pop up Carer Support” – weekly and monthly events to support carers within venues across the City, to provide greater information and support within an informal social atmosphere with a number of service providers, and assessment support. This approach will hopefully assist carers to access timely and proportionate information and advice when they need it, and reduce the need for carers to approach a range of provider to seek out what is available to them.
- 5.4 Additionally we are currently working with Public Health to complete a Carers Joint Strategic Needs Assessment to assist the Council and CCG with commissioning services for carers next year.
- 5.5 In addition the work taking place for all carers to access, the NBS has a commitment to working with carers and families at the point of assessment and diagnosis, and to provide signposting to advice and information services as appropriate.

6. Training and awareness raising

- 6.1 The council has increased the autism training offer to provide a more comprehensive training package. Training now offered includes:

- Autism Champions
 - Basic Awareness
 - Autism and Social Interaction
 - Autism, the environment and sensory issues
- 6.2 Plans are in place to increase the offer further with courses aimed at managers of autism specialist providers and staff with responsibility for leading autism practice in their service.
- 6.3 An Autism Champions Network has been established, with Autism Champions being drawn from different sectors across the city. Autism Champion's training is delivered by the workforce development team.
- 6.4 Twice a year an Autism Champions Gathering takes place where Autism Champions can meet to learn more about autism, discuss issues and 'champion' the cause of autism in their work place.
- 6.5 The Autism Champion gathering is facilitated and supported by the council's Workforce Development Team.
- 6.6 The Supported Employment Team (SET) provide support to employers of people with ASC who have been supported into work by the SET.
- 6.7 Brighton Probation have received training for their staff which was delivered by ASSERT, a local specialist Autism organisation. Feedback from this was very positive.

7. FINANCIAL & OTHER IMPLICATIONS:

- 7.1 The actions arising from the recommendations will need to be funded from the 4 year budget proposals. Detailed financial implications will be developed for the joint strategy.

Finance Officer Consulted: Anne Silley/ Louise Hoten Date: 25/01/16

Legal Implications:

- 7.2 The provision of services for adults and children with autism must meet and be developed with regard to the expectations of the statutory and regulatory framework: Specifically the Children and Families Act 2014, the Care Act 2014, and the Autism Act 2009. There is a duty for LAs to act in compliance with the 2015 'Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy'.

Lawyer Consulted: Natasha Watson Date: 26/01/16

SUPPORTING DOCUMENTATION

Appendices:

1. Scrutiny Panel Recommendations 2011
2. Children and Young People with Autistic Spectrum Conditions: Update on Progress - Scrutiny Panel Recommendations 2014

Scrutiny Panel Recommendations 2011

Recommendation 1:

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

Recommendation 2:

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

Recommendation 3:

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

Recommendation 4:

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

Recommendation 5:

The hidden numbers of families caring for adults with ASC must be identified. If these families are appropriately supported now, this will help to minimise the need for potentially resource intensive support at a time when the main carers are no longer able to care for them. As part of this, the Panel recommends exploring the options of extra respite care, both in provision and variety, for parents of adults with ASC.

Recommendation 6:

The panel heard that there were currently two pathways to diagnosis, through Mental Health services and through Learning Disabilities. However, they were not always as well linked as they might be. The panel recommends that there are clear accessible pathways both for diagnosis and for support services for those with ASC

Recommendation 7:

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

Recommendation 8:

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

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

Recommendation 9:

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

Recommendation 10:

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

Recommendation 11:

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

Recommendation 12:

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

Recommendation 13:

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

Recommendation 14:

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

Recommendation 15:

The panel recognises the excellent work carried out by third sector colleagues, supporting people in the city with ASC. The panel recommends that the Council looks at the ASC services that third sector providers deliver on behalf of the council and undertake a review as how to provide appropriate funding accordingly.

Children and Young People with Autistic Spectrum Conditions: Update on Progress - Scrutiny Panel Recommendations 2014

1. Background information and context

1

Recommendation 1:

The Panel recommends that both Seaside View and CAMHS should have a nominated Keyworker specifically to help parents and carers of children and young people with autism. This named person would be the first – and final – point of contact for people using the services of either Seaside View or CAMHS. (p16).

1.1

Resource limitations mean that it is not possible to enable the automatic allocation of a keyworker to help all parents and carers of children with autism. However, alternative options have been identified:

- The keyworking service has extended its eligibility criteria to encompass a wider range of families who need support to coordinate interdisciplinary input
- 15 individual professionals have volunteered to take on a key working role and will undergo training to enable them to fulfil this, in order to enhance our capacity to provide key working to more families, some of which may have children with autism
- Following an ASC diagnosis, where there are mental health or emotional/behavioural difficulties, CAMHS (LD team, tier 2 or tier 3) will allocate a case coordinator who would be a point of contact.

2

Recommendation 2:

A clear pathway needs to be created for children and young people who have autism but neither learning disabilities nor mental health issues. If there is no clear support in place, children and young people run the risk of returning to CAMHS and other services in crisis. (p17)

- 2.1** Creating a clear and coherent pathway can be achieved as a result of the revised joint commissioning arrangements that are a proposed recommendation in the SEND review. Within the SEND review there is a commitment to strengthening home support to all pupils with SEND and this will encompass those with ASC. However there are still times where this group of children can fall between thresholds ie for social work and CAMHS services .

3

Recommendation 3:

The Panel recognises that a key gap in services provided is in the area of home support. The Panel strongly recommends that funding is reconfigured to include home support packages. Parents should be consulted over what they feel would be most beneficial and initiatives put in place to help parents access support at home. (p21)

- 3.1 In response to this, the funding for the Autistic Spectrum Support Service (ASCSS) was increased to employ a family liaison worker. Informal feedback has indicated that families view this post as a welcome addition to the service provided by the team. The need to develop opportunities for home support is a strong message that has emerged from the SEND review and the recommendations cover an extended service for home support. The views of parents have been central to the first stage of the consultation process. How we offer increased access to home support will form part of the next stage of consultation with parents and professionals on the review's proposals.
- 3.2 A Specialist Educational Psychologist was appointed (July 2014) to focus on ASC specifically as a core aspect of the role. This has included increased involvement with pupils with ASC in both home and school contexts.
- 3.3 Additional developments in the area of home support will be further considered when the recommendations from SEND review for an extended specialist family support service are enacted.

4

Recommendation 4:

Current service providers such as Seaside View and CAHMS need to examine the strategies they have in place to ensure parents are at the centre of their services. This should include looking at new ways of getting feedback from service users – particularly parents of children with autism – and reflecting this in their services. This feedback should be open and transparent and externally monitored. (p22)

- 4.1 With effect from January 2015, all parents experiencing the diagnostic process for autism with their children will be given the chance to give feedback via a survey on their experience. Analysis of responses will be discussed by the members of the ASC working group and will inform future improvements to service design and delivery.

New joint commissioning arrangements being planned as part of the DSEN review proposals will ensure all services and provision commissioned and delivered for children with mental health, health and care needs associated with autism are subject to effective monitoring and evaluation systems informed by feedback from all stakeholders.

5

Recommendation 5:

Monitoring is crucial. CAMHS and Seaside View must have robust and publicly available monitoring procedures. Working with parents and children, CAMHS and Seaside View need to review their monitoring

procedures and put in place a transparent, comprehensive feedback system for parents of children with autism. (p24)

- 5.1 Brighton and Hove CCG is currently working with Sussex Partnership NHS Foundation Trust (SPFT) and Seaside View to develop a specification for ASD services for children and young people. This will include capturing data and appropriate key performance indicators. The waiting times for these services are regularly shared and discussed at the ASC Working Group meetings, of which parents representatives are members and contribute to the discussion and agreed actions. At service level, CAMHS have put in place the CHI Experience of Service questionnaire (September 2014) and the Friends and Family Test (December 2014). The feedback gathered will be shared with Commissioners and provided on information boards in waiting areas.

6

Recommendation 6:
The Panel recommends that there is a clear and unambiguous statement of where the responsibility lies for the performance of all tiers of CAMHS and the systems in place for addressing any problem areas. In addition, the Director of Children's Services, after consultation with the CCG who are ultimately accountable for Tier 3 CAMHS, must work to ensure that an Annual Report is produced detailing performance against a clear and relevant set of indicators. Parents and young people should be actively involved in determining key performance indicators and contributing to the assessment and monitoring against them. (p24)

- 6.1 Brighton and Hove CCG is responsible for tier 3 CAMHS services (provided by SPFT) and Child Development and Disability Team at Seaside View (provided by Sussex Community Trust). The CCG continues to work with Children's Services to ensure services are commissioned to meet local needs.
- 6.2 The CCG is currently working on a developing an outline business case to provide more resource across the pathway to ensure there are shorter waiting times for assessment and diagnosis. If this is approved, it will be embedded in the CCG commissioning intentions for 2016/17. This is in the context of the CCG recognising their role in scoping, reviewing and understanding the whole system and pathway for ASD, working with other partners to achieve a transformational change for this service over the next 5 years.

There is internal clarity about the responsibility for the tiers of CAMHS but this should be more clearly articulated and disseminated to all stakeholders as part of a wider and more cohesive 'Local Offer' in relation to mental health services. The CCG will also include this as part of their communications plan around mental health and emotional wellbeing in 2015.

The DCS and the Chief Operating Officer for the CCG, who co-chair the Strategic Commissioning group for Children's Services, report directly to the Health and Wellbeing Board on performance across all children's services, including those for children with autism.

A widely representative Child and Adolescent Mental Health and Wellbeing Partnership Board, which includes parent representatives is now meeting to consider all aspects of mental health provision and progress in relation to services for young people with autism will be on the Board's agenda until the recommendations from the Scrutiny report are embedded.

Future commissioning arrangements referred to in section 4 will require regular reporting from CAMHS and improvements to the transparency of reporting requirements are under discussion.

7

Recommendation 7:

The Panel recommends that any assessment of a child's needs must not be purely clinic-based but also include assessments in the home and social environments. (p25)

- 7.1 The current practice of seeking information from parents (about the home situation) and schools (about that socially demanding environment) is NICE compliant. However, where there is uncertainty, it has been agreed that a home or school visit can be arranged. Increasingly within the SEND review there is a commitment to holistic assessments working across all the environments, however there is a reality that clinical expertise involved within the formal assessment and diagnosis of ASC has capacity pressures .

8

Recommendation 8:

The Panel believe that, where appropriate, private Educational Psychologists reports should be accepted by CAMHS as a valuable source of information, particularly if services are stretched. (p25)

- 8.1 Agreement that where appropriate, private Educational Psychologists reports are accepted by CAMHS as a valuable source of information, particularly if services are stretched however these will need to be only those that are NICE Compliant

9

Recommendation 9:

The Panel recommends that consideration is given to allow for the council's Standards and Complaints team to act as a mediator between service providers such as Seaside View and CAMHS and complainants if appropriate, or refer complainants on to Brighton & Hove Healthwatch who have a statutory role as advocates for those going through the health system. (p26)

- 9.1 Mediation can be provided via both the council and the NHS complaints process The LA now has revised arrangements in place for dispute resolution and mediation in order to fulfil its duties under the SEND reforms. Parents are routinely informed about their entitlement to access these as part of the statutory process.

Whilst the Council's Standards and Complaints team are able to arrange mediation where needed to resolve complaints about council services, it is not appropriate for them to intervene in complaints about the NHS, which has separate procedures. Where the issue is related to a health service provider, this will be forwarded to the appropriate complaints department and the complainant informed.

10

Recommendation 10:

The Panel recommends that the CCG, Public Health and Children's Services work together to put a strategy in place to ensure there are strong and coherent links between Health Visitors and GPs across the city. (p27)

- 10.1** The CCG, Children's Services and Public Health in Brighton and Hove City Council have developed a Joint Commissioning Strategy: Health and Wellbeing of Children, Young People and Families 2015-2020, which will be submitted to The Health and Wellbeing Board in December 2015. Within the Strategy commissioners have identified the need to support and strengthen GP practices across the City and reinforce the holistic family care approach. A programme of work is underway to support collaborative approaches amongst practices in order to improve health outcomes for children and young people. A Locally Commissioned Services Outcomes Framework has been developed to resource local practices to identify the needs of children and families in their practice populations.
- 10.2** The aims are to enable general practice to play a stronger role at the heart of more integrated out-of-hospital services and to provide more personalised and proactive care. This will involve closer working relationships across health, Children's Services, Schools and Public Health.
- 10.3** There is also a parallel programme of work to develop and invest in a model of children's community nurses across the city, supporting primary care, and interfacing with the acute hospital. This will be a key part of more integrated working in the future.

11

Recommendation 11:

It is imperative that all schools in the city are fully signed up to being 'autism-aware'. The Panel recommends that steps are taken to ensure that schools are encouraged to take up training, and to make publicly available a list of what training has been undertaken, by whom and how often it is refreshed. This will also aid parents in choosing schools for their children. (p35)

- 11.1** In response to this, a tiered training offer for parents and professionals has been produced. This training offer is published on the Brighton and Hove website and the AMAZE website. It is updated termly. Training from the Autism Education Trust (AET) will also be on offer.
- 11.2** Some training has been devised and delivered by parents and professionals together.
- 11.3** The 'Autism Aware Award' accredited by Sussex University is being piloted at Downsview Special school and by the Autistic Spectrum Support Service. This award is undertaken over 2 terms to demonstrate awareness of autism and how this may impact on the pupils and families in the school

11.4 The tiered ASC training offer will also be cited on Brighton and Hove's 'Local Offer' (<http://www.brighton-hove.gov.uk/content/children-and-education/brighton-hoves-local-offer/welcome-brighton-hoves-local-offer>)

11.5 Discussions are underway regarding best ways to further publicise this training offer for ASC.

11.6 All schools in the city have published their 'Local Offer' that details what training related to SEN to include ASC has been undertaken by staff. A mechanism will be put in place for schools to update their local offers and they will be requested to review at least annually.

11.7 Close links have been established with Brighton University. The Local Authority has representation on the University SEND steering group and provides information to inform the delivery of SEN specific training on teacher training courses.

11.8 An Awareness raising conference with a focus on ASC – 'Better Outcomes Better Lives - Improving Outcomes for CYP with ASC' was held at the AMEX Stadium on 16th March 2015.

The Event was attended by over 210 delegates well attended (210 delegates) to include health, education, social care, parents, x2 Universities and voluntary Sector. It was positively evaluated and has served as a platform for linking across agencies more effectively

12

Recommendation 12:

All Governing Bodies of Schools must undergo SEN training - which should include autism awareness training - to ensure they are able to fulfil their role in providing effective challenge to the Headteacher and the Senior Leadership Team and be confident that provision is available for all children, including those with SEN, to learn successfully. In addition, the local authority should use its role in approving local authority governors to monitor what training these governors have undertaken. (p38)

12.1 'Autism aware' training for Governors has been delivered as part of SEN training programme for all Governing Bodies (spring 15) . This twilight session was attended by x25 Governors.

12.2 Discussions are in train to further extend training offer for Governors about autism through

13

Recommendation 13:

The Panel recommends that the Director of Children's Services ensures that this report is drawn to the attention of all Governing Bodies of schools in the city. (p38)

13.1 ASC scrutiny report recommendations were circulated to Governing bodies in city through Governors newsletter. Specialist EP appointed

14

Recommendation 14:

The Panel recommends that the Director of Children's Services considers increasing the funding of the ASC Support Service. (p40)

- 14.1 It is felt that the Executive Director of Children's Services is the 'champion' in effect for all vulnerable children within the City and therefore the champion for children with autism.

15

Recommendation 15:

The Panel recommends regular monitoring reports are produced detailing progress on the Transitions Strategy, the Adult ASC Strategy, the Children with Autism Plan, and the work on the Education, Care and Health Plans to ensure there is no duplication or gaps. The committee with responsibility for children's care and health in the city should take an active role in reviewing these reports. (p44)

15.1

Children's and Adult Services are working closely together in relation to strategies for young people particularly around transitions post 16, Proposals resulting from the SEND review seek to smooth the transition by addressing gaps and improving coordination between services and provision.

16

Recommendation 16:

The Panel recommends an Autism Champion is appointed for the city. This named individual will be tasked with monitoring the agreed recommendations and actions from the Panel's report and the action plan resulting from the draft Children with Autism Strategy.

In addition, as there are a number of relevant strategies and documents already in place, (e.g. draft Children with Autism Plan, Adults with Autism Strategy, Early Start, B&H SEN Partnership Strategy) it is imperative that there are clear links between them. The 'Autism Champion' can ensure a coherent approach is taken with strategies dovetailing and not duplicating.

- 16.1 It is felt that the Executive Director of Children's Services is the 'champion' in effect for all vulnerable children within the City and therefore the champion for children with autism.

17

Recommendation 17:

The Panel recommends that the ASC Working Group takes a proactive role in monitoring the implementation of the recommendations in this report. This would feed into the standard monitoring report to the Overview and Scrutiny Committee (OSC) in 12 month's time.

- 17.1 In agreement with this recommendation, the ASC Working Group has been proactive in monitoring the implementation of the recommendations in the ASC Scrutiny report and has informed and updated regularly at the Special Educational needs and Disability (SEND) Partnership Board.

18

Recommendation 18:

In order to fully reflect the needs of children with autism in the city, the Panel recommends that the Joint Strategic Needs Assessment (JSNA) is updated to include a section on what services are currently available for children with autism, where the gaps are, and how they can be filled. (p48)

- 18.1 JSNA has been updated by public Health. The JSNA has been updated.

The LA will be cooperating fully with the CCG in 2015 to achieve a JSNA related to the emotional health and mental wellbeing of children and young people, which will inform the commissioning of services, including those for children with autism

19 **Other issues**

Recommendation 19:

The Panel recommends that the Director of Children's Services draws this report to the attention of the head of the Family Law Courts in the city. (p49)

19.1 This has been actioned

20

Recommendation 20:

The Panel recommends that the Youth Service and/or Youth Collective considers whether there is enough demand to merit the creation of a youth club aimed at young people with autism, and if so, which organisation may provide this. (p50)

Information provided to Youth magistrates re SEND issues in general. Comment re input with Youth magistrates, Offer made for training on ASC to magistrates. A pilot youth club was trailed by the Children's disability service and Autism Sussex and there was almost no take up , the conclusion being that by the very nature of the disability ie social communication difficulties a youth club environment was not necessarily an appropriate service .



Brighton & Hove City Council

Overview & Scrutiny Committee Work Plan

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Ref	Report Details	Decision Maker	Consultation	Lead Director Lead Officer
3 FEBRUARY 2016				
50468	<p>Adult Social Care Update <i>All Committee Decisions</i> All Committee Decisions</p> <p>Wards affected: All Wards</p> <p><i>Wards affected:</i></p>	Overview & Scrutiny Committee		<p>Report of:</p> <p>Report Author:</p>
48431	<p>Public Toilets Scrutiny Panel Monitoring Report <i>All Committee Decisions</i> Second monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Environment, Development & Housing</p> <p>Report Author: Jan Jonker Tel: 01273 294722</p>
49158	<p>Musculoskeletal Contract update <i>All Committee Decisions</i></p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Finance & Resources</p> <p>Report Author: Kath Vlcek Tel: 01273 290450</p>

Brighton & Hove City Council Meeting Work Plan

Ref	Report Details	Decision Maker	Consultation	Lead Director Lead Officer
49587	<p>Update on Sussexwide Stroke Services <i>All Committee Decisions</i></p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Assistant Chief Executive</p> <p>Report Author: Kath Vlcek Tel: 01273 290450</p>
48418	<p>Trans Equalities Scrutiny Panel Monitoring <i>All Committee Decisions</i> Third monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Finance & Resources</p> <p>Report Author: Emma McDermott Tel: 01273 296805</p>
48421	<p>Adults & Children with Autism Scrutiny Panel Monitoring <i>All Committee Decisions</i> Third monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Adult Services</p> <p>Report Author: Anne Hagan Tel: 01273 296370</p>

Ref	Report Details	Decision Maker	Consultation	Lead Director Lead Officer
23 MARCH 2016				
49160	<p>Update on Mental Health Service Provision in Brighton and Hove <i>All Committee Decisions</i></p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Finance & Resources</p> <p>Report Author: Kath Vleck Tel: 01273 290450</p>
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>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Environment, Development & Housing</p> <p>Report Author: Nick Hibberd Tel: 01273 293756, Geoff Raw Tel: 01273 297329</p>
48435	<p>Social Value Scrutiny Panel Monitoring <i>All Committee Decisions</i> First monitoring report</p> <p><i>Wards affected: All Wards</i></p>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Finance & Resources</p> <p>Report Author: Andy Witham Tel: 01273 291498, Cliff Youngman Tel: 01273 291408</p>

Brighton & Hove City Council Meeting Work Plan

Ref	Report Details	Decision Maker	Consultation	Lead Director 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>	Overview & Scrutiny Committee		<p>Report of: Executive Director for Environment, Development & Housing</p> <p>Report Author: Martin Reid Tel: 01273 93321</p>

