





**Brighton & Hove
City Council**

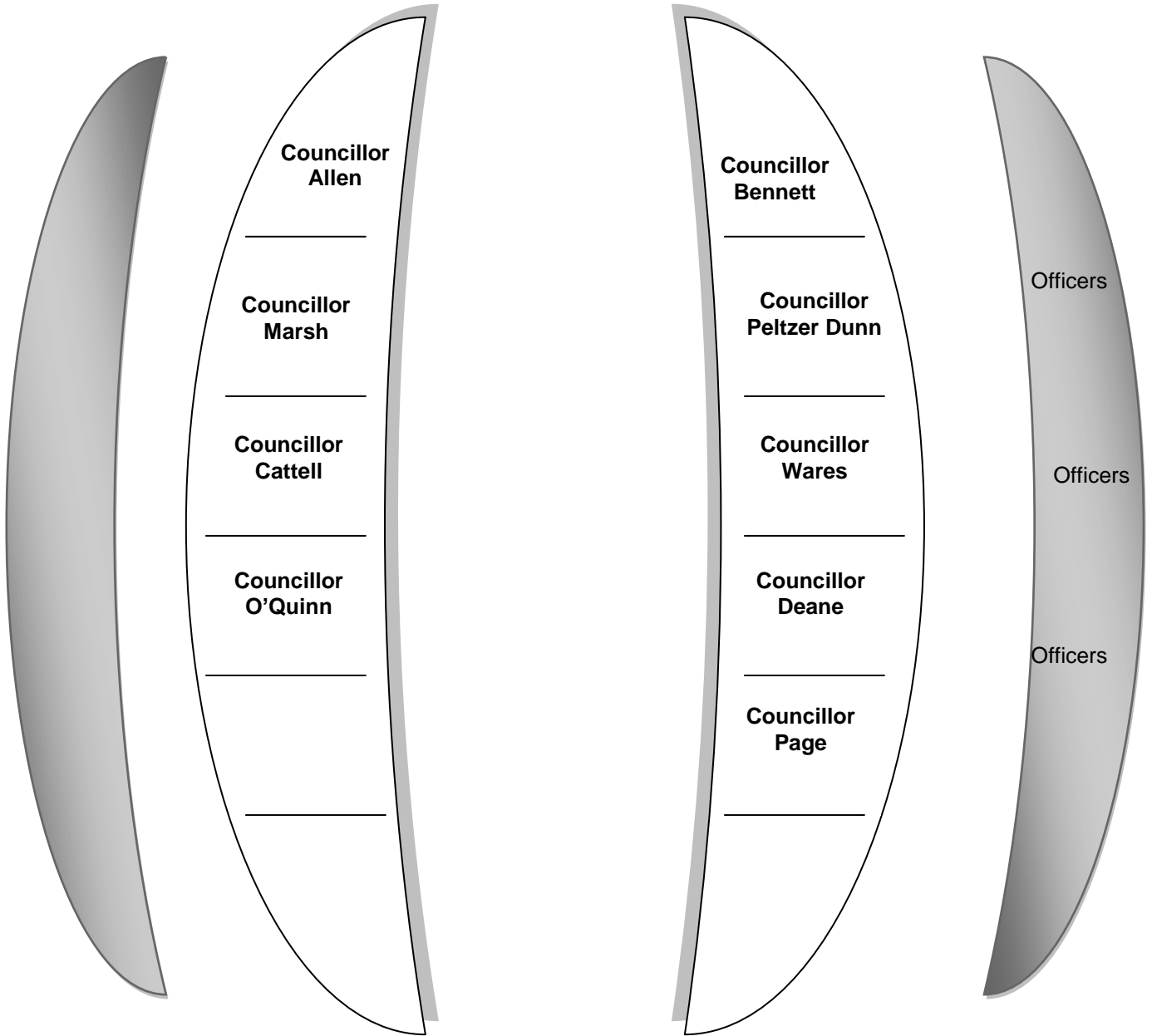
Overview & Scrutiny Committee

Title:	Overview & Scrutiny Committee
Date:	23 March 2016
Time:	4.00pm
Venue	The Ronuk Hall, Portslade Town Hall
Members:	<p>Councillors: Simson (Chair), Allen, Bennett, Cattell, Deane, Marsh, O'Quinn, Page, Peltzer Dunn and Wares</p> <p>Co-opted Members: Nicky Cambridge (Healthwatch), Sally Polanski (Brighton & Hove Community & Voluntary Sector Forum), Colin Vincent (Older People's Council) and Zak Capewell (Youth Council)</p>
Contact:	<p>Cliona May Assistant Democratic Services Officer 01273 291354 cliona.may@brighton-hove.gov.uk</p>

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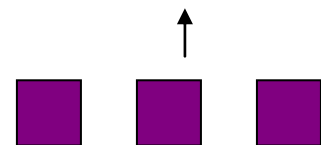
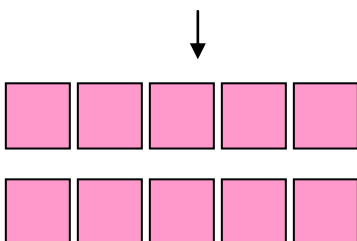
Democratic Services: Overview & Scrutiny Committee

	Councillor Simson Chair	Head of Policy	Democratic Services Officer
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Public Speaker	Councillor Speaking
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Public Seating



Press

AGENDA

PART ONE

Page

54 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.

55 MINUTES

1 - 12

To consider the minutes of the meeting held on 3 February 2016 (copy attached).

Minutes from the GP workshop held on 15 January 2016 for noting (copy

OVERVIEW & SCRUTINY COMMITTEE

attached).

56 CHAIRS COMMUNICATIONS

57 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 16 March 2016.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 16 March 2016.

58 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

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

59 UPDATE FROM CO-OPTees

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

60 PROMENADE (DETOX BEDS) REPORT

13 - 32

Reports from SPFT and Public Health (copies attached).

61 BRUNSWICK WARD - ELIMINATING MIXED SEX ACCOMMODATION

(Report to follow).

62 ADULT SOCIAL CARE PERFORMANCE REPORT

33 - 72

Report of Executive Director Adult Services (copy attached).

Contact Officer: Denise D'Souza

Tel: 01273 295032

Ward Affected: All Wards

63 SOUTH EAST AMBULANCE UPDATE REPORT

73 - 80

OVERVIEW & SCRUTINY COMMITTEE

(Report attached).

Contact Officer: *Kath Vlcek*
Ward Affected: *All Wards*

Tel: 01273 290450

64 UPDATE ON SEAFRONT INFRASTRUCTURE SCRUTINY PANEL RECOMMENDATIONS 81 - 100

Report of the Acting Executive Director Environment, Development & Housing (copy attached).

Contact Officer: *Ian Shurrock*
Ward Affected: *All Wards*

Tel: 01273 292084

65 UPDATE ON GP SUSTAINABILITY WORKSHOP 101 - 104

(Copy attached).

Contact Officer: *Karen Amsden*
Ward Affected: *All Wards*

Tel: 01273 29-1084

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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.

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OVERVIEW & SCRUTINY COMMITTEE

Council Chamber where you can watch the meeting or if you need to take part in the proceedings e.g. because you have submitted a public question.

Date of Publication - Tuesday, 15 March 2016

BRIGHTON & HOVE CITY COUNCIL

OVERVIEW & SCRUTINY COMMITTEE

4.00pm 3 FEBRUARY 2016

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: Zak Capewell (Youth Council representative) and Community Works representative.

PART ONE

41 PROCEDURAL BUSINESS

(a) Declarations of Substitutes

41.1 There were no declarations of substitutes.

(b) Declarations of Interest

41.2 There were no declarations of interest.

(c) Exclusion of Press and Public

41.3 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.

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

42 MINUTES

42.1 **RESOLVED** – That the Chair be authorised to sign the minutes of the meeting held on 25 November 2015 as a correct record.

43 CHAIRS COMMUNICATIONS

43.1 The Chair gave the following communications –

I would like to thank everyone who attended the extra scrutiny meeting last month to look at Brighton & Sussex University Hospitals (BSUH), I think that you have all been invited to the private workshop that officers have arranged to look at GP provision in the city.

I have attended a couple of regional meetings with health scrutiny colleagues recently. The first was at NHS England Southeast, and the second at our local mental health service provider Sussex Partnership Foundation Trust. Both meetings were really interesting and raised a number of items which I think that we all need to be aware of, so I have asked for reports on ambulance handover delays and on the closure of the detox ward at Millview to come to the March OSC.”

43.2 In response to Councillor Wares, the Overview & Scrutiny Support Officer confirmed that the minutes from the special meeting held 15 January 2016 to discuss BSUH were being finalised and would be distributed to all Committee Members and Co-optees.

43.3 The Chair noted that apologies were received from the OPC and from Healthwatch.

44 PUBLIC INVOLVEMENT

44.1 The Chair noted that a written question had been submitted by Mr Kapp; however, he was unable to attend the meeting.

44.2 The Chair read his question to the Committee –

“Why haven't invitations to tender been issued to third sector providers to provide better care for vulnerable patients, despite the Better Care Fund allocation of £20mpa this year, £20 mpa next year, the Childrens Mental Health Transformation Plan Fund of at least £330,000 next year, and the Locally Commissioned Services fund of £2.3 mpa next year?”

44.3 In response to the public question, the Chair read a reply from the Clinical Commissioning Group (CCG) –

“The CCG commission services through competitive procurement processes where appropriate and in line with procurement guidelines. Services funded via the Better Care Fund include a number of services that are provided by third sector providers. Locally Commissioned Services are those services provided directly by primary care, and as they are provided by GP practices for patients on their registered list these are not competitively tendered.”

44.4 **RESOLVED** – That the written question was noted by the Committee.**45 MEMBER INVOLVEMENT**

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

46 UPDATE FROM CO-OPTees

- 46.1 The Community Works representative stated to the Committee that an after school club at City Academy Whitehawk was closing down after the Easter holidays due to funding issues.
- 46.2 Zac Capewell, Youth Council representative, stated to the Committee that the Youth Council ran a PSHE (Personal, social, health and economic education) campaign, involving going to schools and talking to the students about general life skills. The representative added that it had been very successful.

47 ADULT SOCIAL CARE SCRUTINY MONITORING REPORT

- 47.1 Denise D'Souza, Executive Director of Adult Services, explained to the Committee due to Officers hours being reduced and lack of resources, the service had been unable to produce a report. It was added that a report could be brought to a future Overview & Scrutiny Committee.
- 47.2 Brian Doughty, Head of Adults Assessment, introduced the presentation to the Committee and explained that there had been considerable changes made to how performance is monitored. It was stated that service users complete an annual survey and carers complete a biennial survey.
- 47.3 The Head of Adults Assessment stated to the Committee that the results from the recent service users survey was overall above average in most measures. The results from the carers survey were all above average and there was a significant improvement from the previous survey. It was noted that there were some significant issues regarding older peoples care due to the increase demand for residential services.
- 47.4 The positives from the surveys were outlined to the Committee, including; delays within social care are below average, employment within learning disabilities services, above average results for people with a learning disability living within their own homes or with family.
- 47.5 The Executive Director of Adult Services explained to the Committee that Brighton & Hove City Council (BHCC) were part of the Director to Director Challenge alongside other authorities. It was explained that directors from different authorities pair up and look at each other's performance, discuss budgets and undertake learning and challenging activities.
- 47.6 It was stated to the Committee that the Peer Review Programme was a programme where authorities were reviewing each other. The Council was the first to be reviewed on learning disabilities and had begun to review other authorities.
- 47.7 It was stated that Adult Social Care were facing huge budget cuts and had to make a total savings of £43.9m over 2010-2020. Oliver Meadows, Local Government Association (LGA) member and Director had carried out a review of the service and had met with the Executive Director of Adult Services and the Chief Executive and offered savings advice.

- 47.8 The budget for Community Care was detailed to the Committee and it was stated that it was a service that provided services for over 3,500 people and this made up over half of the 2015/16 adults budget at £39.8m.
- 47.9 The Head of Adults Assessment explained the Direction of Travel map of the service, in the presentation. It was stated that the service wished to start with “good signposting”, which included giving users the right, detailed information. The second step of the map was to build stronger communities, which would prevent more services being used. Then the third step was to get people on the right track and offering preventative services that would help people stay independent for longer and get back to health after illness. The final step, which was detailed to the Committee, was that the citizen would become the care manager.
- 47.10 In response to Councillor Allen, the Executive Director of Adult Services confirmed that the next report to OSC would detail what other authorities are doing and how they are benchmarking.
- 47.11 The Head of Adults Assessment stated to Councillor O’Quinn that the response from people on direct payments was very positive and the team are looking into making this easier for people.
- 47.12 Councillor Peltzer-Dunn noted that Adult Services are “on track” to meeting the budget savings; however, they are overspending. In response, it was clarified that the department had set plans to deliver target savings, and they are on track to deliver these. It was added that there was not enough budget for Community Care services at the beginning of the year; however, the department intended to reach the budget savings.
- 47.13 In response to Councillor Page, it was clarified that there was an underspend in the Better Care Fund budget and that this money would be used to enhance other areas and plans and it would offset some budget pressure.
- 47.14 Councillor Deane questioned how workforce challenges were being addressed. The Executive Director of Adult Services explained that they were working with directors and the NHS and were exploring the idea of wages being higher to recruit people with more skills. It was added that they wished to recruit younger staff and retain them in the city; therefore, were exploring the reasons why people are moving out of the city.
- 47.15 Councillor O’Quinn expressed concern that GPs had voted to stop visiting older people in care homes. The Executive Director of Adult Services had not heard this but agreed it was an issue that needed to be explored with the CCG.
- 47.16 **RESOLVED** – The Committee agreed that a full report would be brought back to the next Overview & Scrutiny Committee.

48 RESPONSE TO THE PUBLICLY ACCESSIBLE TOILETS SCRUTINY PANEL REPORT

- 48.1 Jan Jonker, Head of Strategy & Projects, introduced the report and explained that it was the second update report to come to Overview & Scrutiny Committee.

- 48.2 The Head of Strategy & Projects detailed to the Committee that there are 39 dedicated public toilets in the city, as well as public toilets in libraries and public buildings. It was added that the “Use Our Loo” scheme, where businesses open their loos to public members, is being promoted.
- 48.3 It was explained that the public toilets in the city cost £855,000 per annum in staffing, cleaning costs and utilities.
- 48.4 Mr Jonker explained to the Committee that the West Pier Arches public toilets were a new facility and had introduced a charge to contribute to the costs of running. This had been successful.
- 48.5 The Head of Strategy & Projects stated to the Committee that subject to the final budget setting process, they are likely to have make budget cuts of £170,000. He explained that they would be looking at utilities costs, closure of toilets, reducing provision; in addition, also analysing the footfall on the sites and seasonal variation.
- 48.6 In response to the Youth Council representative, it was explained that the public toilets on the seafront were the busiest in the city and they were exploring the idea of having one toilet attendant monitoring all the seafront toilets.
- 48.7 Mr Jonker explained to Councillor Peltzer Dunn that they had been speaking to local businesses and encouraged them to join “Use Our Loo” scheme; however, the response was not positive as businesses wanted to keep the toilets for customer use only or they were not insured for the public to use the staff toilets.
- 48.8 In response to Councillor Allen, it was detailed that they had inquired into encouraging café toilets to be open to the public. Mr Jonker explained that Preston Park in Brighton had two sets of public toilets and it could be possible to make one set of toilets part of the café, which would still be open to the public, but they would be the café’s responsibility. Councillor Wares added that he was unhappy that the toilets in Preston Park were refurbished with the money from the parking scheme and that the toilets could be closed.
- 48.9 The Chair stated that she was aware that in some authorities, they issued toilet tokens to rough sleepers or other people who might be disadvantaged by any toilet charges being introduced. This had helped reduce any potential increase in street fouling. The Head of Strategy and Projects said that he would include the suggestion in his final report.
- 48.9 Councillor Page requested that the Committee received a third monitoring report. The Committee agreed.
- 48.10 **RESOLVED** – That the report be noted and a further update report to come to Overview & Scrutiny Committee in twelve months.

49 MUSCULOSKELETAL CONTRACT UPDATE

- 49.1 Alison Dean, Commissioning Manager for Planned Care from the CCG, introduced the report and noted to the Committee that there was a misleading sentence in the report; in section 2, it should mention secondary services as well as community services.
- 49.2 The Commissioning Manager told the Committee that a new musculoskeletal service started in October 2014, which was procured by Brighton and Hove, Horsham and Mid Sussex and Crawley CCGs. It was explained to the Committee that there were delays due to problems that were out of their control.
- 49.3 Ms Dean explained to the Committee that it was a fairly expensive project plan; however, having the facilities on one site meant that patients wouldn't have to travel to Haywards Heath hospital and that it would speed up the treatment for patients.
- 49.4 In response to the Committee, Ms Dean stated that it was a five year contract; however, they were hoping to extend this.
- 49.5 In response to Councillor Wares, Ms Dean reassured the Committee that despite the work on new models of care being delayed, there had been a continuation in services and patients had not been affected by the delays.
- 49.6 **RESOLVED** – That the Committee agreed to note the report.

50 UPDATE ON SUSSEXWIDE STROKE SERVICES

- 50.1 Lisa Forward, Senior Programme Manager for Sussex Collaborative, NHS, introduced the report and explained that seven Sussex CCGs had worked together to improve stroke services.
- 50.2 Ms Forward explained to the Committee that there are two service types for dealing with strokes. These are; hyper-acute; the patient needing to get to the hospital within the first 72 hours, and acute; the care after the first 72 hours, including rehabilitation and discharge. It was detailed to the Committee that there were workforce issues; therefore, the services were not open seven days a week. The Senior Programme Manager explained to the Committee that the CCGs were exploring the option of having the two services co-located, although this could increase travel time for ambulances, it would ensure the patient had better care.
- 50.3 It was noted to the Committee that the CCG Governing Bodies were looking at how this could be achieved, the timeframe and the size of the workforce needed. Ms Forward added that a patient and service user consultation had been completed but required further work and discussions to happen.
- 50.4 In response to Councillor Marsh, Ms Forward explained that they had more current figures from the next quarter performance; however, these were not available when the agenda was published.
- 50.5 **RESOLVED** – That the Committee noted the report and agreed for an update report later in 2016/17.

51 TRANS EQUALITIES SCRUTINY PANEL MONITORING

- 51.1 Sarah Tighe-Ford, Equalities Co-ordinator, introduced and explained to the Committee that it was the third monitoring report to come to a Scrutiny Committee.
- 51.2 The Equalities Co-ordinator stated to the Committee that a full trans needs assessment had been completed and published in 2015, with a further 62 recommendations, which had strengthened the communication and relationship between the Council and the Trans community.
- 51.3 It was explained to the Committee that a sub-group of the city-wide Equality & Inclusion Partnership (Equip) had been formed and the members of this group would continue to work on making Brighton & Hove a fairer place for the Trans community.
- 51.4 Councillor Deane commented that she had been alerted by the Trans community that there were intermittent problems in Palmeira Square due to the language schools in the area. Ms Tighe-Ford agreed to look into it.
- 51.5 The Councillors thanked Ms Tighe-Ford for all the work her and her team had done.
- 51.6 **RESOLVED** – The Committee agreed the recommendations and discharged scrutiny's role in any further monitoring.

52 ADULTS & CHILDREN WITH AUTISM SCRUTINY PANEL MONITORING

- 52.1 Natalya Garzon, Commissioning & Performance Manager and Jenny Brickell, Head of Integrated Children's Development & Disability Service, introduced the report and outlined the four main topics to review and improve. These were; joint children's and adult's priorities, mental health diagnosis pathways, carers, and training and awareness raising.
- 52.2 The Commissioning & Performance Manager outlined three key areas within all the main topics; transition between children and adult services, pathways to services and raising awareness. It was stated that a clearer diagnostic pathway for adults had been introduced and the CCG were looking into funding it further and training for Primary Care is being explored.
- 52.3 The Head of Integrated Children's Development & Disability Service added that they wish to reduce the diagnosing waiting time for children with autism.
- 52.4 The Commissioning & Performance Manager clarified to the Committee that their team have established training on autism and have been delivering this training to all areas whilst providing ongoing support to individuals with autism and their employers.
- 52.5 In response to Councillor Wares, the Commissioning & Performance Manager explained that the Autism Champions Network is an opportunity for Champions to meet, share experiences together and be able to go back to where they work/live and raise awareness.

52.6 In response to Councillor Page, Ms Brickell clarified that children may not meet the criteria for help from services, however; the team were exploring what learning support services provide and the current support services available for children in school.

52.7 **RESOLVED** – That the Committee –

- 1) Noted the content of the update
- 2) That a further update is provided on progress in developing a joint strategy in February 2017.

53 OVERVIEW & SCRUTINY COMMITTEE DRAFT WORK PLAN/SCRUTINY UPDATE

53.1 **RESOLVED** – The Committee agreed to note the workplan.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

BRIGHTON & HOVE CITY COUNCIL

OVERVIEW & SCRUTINY COMMITTEE

11.00am 15 JANUARY 2016

FRIENDS MEETING HOUSE, SHIP STREET, BRIGHTON

MINUTES

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

Also in attendance: Older People's Council; Councillor Michael Ensor, East Sussex County Council; Catherine Galvin, West Sussex Health and Adult Social Care Commissioner

PART ONE

42 PROCEDURAL BUSINESS

(c) Exclusion of Press and Public

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.

43 CHAIRS COMMUNICATIONS

43.1 The Chair said that she was really pleased that so many OSC members had been able to make this special meeting focussing on the Emergency Department (ED) at Royal Sussex County Hospital (RSCH).

The Chair welcomed Councillor Michael Ensor from East Sussex County Council; both East and West Sussex scrutiny committees had been invited to send a representative as the issues at RSCH affected their residents too. Apologies had been received from the lead West Sussex County Council members but the West Sussex Health and Adult Social Care Commissioner, Catherine Galvin, was at the committee meeting

As this was an extra meeting, the committee would be skipping the usual standing items, and move straight on to the main item.

The Chair welcomed Amanda Fadero, Interim Chief Executive, Sherree Fagge, Chief Nurse, Dr Mark Smith, Chief Operating Officer, Dr Martin Duff and Dr Sarah Doffman, all from Brighton and Sussex Universities Hospitals Trust (BSUH) and thanked them all for attending.

44 CQC FOCUSED INSPECTION REPORT INTO URGENT AND EMERGENCY CARE AT THE ROYAL SUSSEX COUNTY HOSPITAL

44.1 The BSUH officers gave a presentation to OSC and answered questions afterwards.

Key points from the presentation included:

- There is a clear patient focus for all of the improvements that are being made, combined with a strong clinical lead; the clinicians are the drivers of change.
- One of the changes in the current approach is to look at all of Level 5 as one area, rather than ED as a sub section. Level 5 also includes intensive care and short stay wards. Most patients spend less than 48 hours in hospital and they should be able to be accommodated and treated within Level 5.
- There has also been a system change by introducing 'single clerking' across the hospital, for patients who stay on Level 5 and for those who move into other areas. The doctors on Level 5 will be more interchangeable as 'acute floor' doctors, rather than having to wait for a specific speciality. For patients who are moving to a different ward or floor, there will be a junior doctor whose role it will be to identify the appropriate senior clinician. This will reduce the time waiting for treatment by approximately two hours each time and get patients to the most appropriate setting as quickly as possible. This has not been introduced in many hospitals to date, but it is already helping the flow through the hospital.
- There are plans to make better use of the 'minors' side; it currently peaks at about 7pm, when GPs are closed, and takes a lot of senior resource.
- The cohort area is used because it is safer than leaving patients in ambulances; they can visually assess the patients and prioritise the most ill. If more than 5 people are in the cohort area the hospital has to keep hold of a paramedic crew to care for additional patients. One paramedic can look after up to five more patients in the cohort area. This is not ideal though, and they would prefer not to use the cohort area at all.
- The 'Right Care, Right Place' programme has given a challenge to all clinicians to make sure tests, treatments and therapies are carried out quickly, reducing the time patients spend in hospital and freeing up space for other patients who need to be admitted. Clinicians focus every day on how to make positive changes for patients to help their recovery journey. There has been an immediate drop in the length of stay in those teams which are trialling the new approach. For example in the respiratory ward, people are staying on average 3.5 days less. Changes can be as straightforward as changing the handover paperwork, which used to take 30 minutes to complete, and now takes 2 minutes.

- The next CQC inspection will be in April 2016, it will be a comprehensive inspection of all services.
- 44.2 The Chair thanked everyone for their presentation, and invited questions.
- 44.3 Members asked what would happen if the CQC's 'inadequate' rating was not improved; Ms Fadero said that the entire hospital was focussed on change and improvements, and it would be disappointing if this was not reflected in future assessments. If assessed today, she anticipated the results would be less 'red' overall, but it would still be 'requires improvement' in the ED.
- 44.4 Members asked why there was a dip in performance over Christmas. The clinicians said that this has been a national issue. This year's performance was better than previous years, and it had been a quicker recovery, as there had been some capacity in the hospital this year compared to previous years.
- 44.5 Members asked about the impact of 3Ts. They heard that there were two elements, improvements in emergency care, and the wider improvements to the cohort area. They need to vacate the office space behind the emergency department during the decant process in order to expand the available cohort area space. The EmergencyDept is not part of the 3T scheme but there needs to be connection between the two.
- 44.6 Members asked about staffing levels. Ms Fagge said that staffing levels were reviewed annually. They had had a very successful recruitment drive with 300 new nurses, and by the end of March 2016 they would have a full staffing complement.
- 44.7 Members asked about resourcing the new assessment cubicles that were planned. Ms Fadero said that they capital investment for these works had already been identified; it is one of the top areas to be improved. The cubicles will be used to help the flow in the ED, by separating the clinical space and the waiting room.
- 44.8 The Chair of East Sussex HOSC thanked members for allowing him to attend and to speak, he was there to represent the East Sussex residents who used BSUH services. Cllr Ensor asked for more information about an action plan to address the problems identified; Ms Fadero said that there were comprehensive action plans overseen by the Systems Resilience Group. Dr Mark Smith had oversight of the unscheduled care components. NHS/ TDA and Monitor have all asked for a five year transformation plan by summer 2016.
- 44.9 Members asked why there was not a GP carrying out triage in the cohort area? They heard that GPs were there from 9am-7pm, but there was also a navigator role, prior to triage, this was not a GP position. There are limited numbers of GPs so they need to be used effectively.
- 44.10 Members asked about the effect of alcohol on the demand for services. They heard that intoxication was a significant issue, and that its effects could be felt across a range of services including digestive diseases. There is always a challenge to keep people safe from harm. Legal highs are an increasing problem in the ED.

44.11 Members closed by commenting that there was a noticeably more positive approach from the senior staff who were present to making changes, this was to be commended.

44.12 The Chair thanked everyone for attending and speaking so freely.

The meeting concluded at 1pm.

Signed

Chair

Dated this

day of

Promenade Ward – Tier Four Substance Misuse Inpatient Unit

Introduction and purpose

Sussex Partnership NHS Foundation Trust will close Promenade Ward at Mill View Hospital on the 31st March 2016.

This paper sets out for the Brighton & Hove OSC the background and the reasons why the decision was made and the provision for the Brighton & Hove population going forward.

Background

Sussex Partnership NHS Foundation Trust provides the tier four inpatient substance misuse services on Promenade Ward as part of the mental health block contract for Brighton & Hove and East Sussex. The Brighton & Hove apportionment of contract equates to five beds and East Sussex equates to three beds at any one time.

The four tier system operates in substance misuse services to delineate the levels of care and treatment and the types of interventions provided. Tier four is the upper level and refers to specialist inpatient or residential rehabilitation treatment services for people who experience substance misuse problems.

Sussex Partnership NHS Foundation Trust has also been the provider of tier four inpatient substance misuse services for the populations of four south west London boroughs (Wandsworth, Richmond, Sutton and Merton) since January 2011. The contract term was an initial three year block term with opportunities for extensions. Twelve of the contracted beds have been provided on Dove Ward, a stand-alone ward within Crawley Community Hospital. Three of the contracted beds have been provided for on Promenade Ward as part of the contract.

Community Substance Misuse Services in Brighton & Hove

In 2014 the Brighton & Hove Public Health Department awarded the provision of tier three community substance misuse services to the third sector provider. Cranstoun were commissioned to deliver the services over the next three years in Brighton & Hove with their clinical provider partners, Surrey and Borders NHS Trust.

Therefore Sussex Partnership NHS Foundation Trust (Trust) has not been providing the tier 3 community substance misuse services in Brighton & Hove since April 2015. A consequence of the community service re-commissioning is the impact on the whole care pathway. Sussex Partnership NHS Foundation Trust are no longer responsible for the complete care pathway for substance misuse services in Brighton & Hove.

As part of the transition to the new providers the Trust transferred over all staff working in the community to the new provider. This transfer included the Consultant Psychiatrist, and medical team, for Promenade Ward who worked across both the community and inpatient services.

South West London Re-Commissioning

The three year contract to provide the inpatient tier four services for the four south west London boroughs ended in January 2015. The four boroughs agreed to extend the contract and service provision on Dove and Promenade Ward until the 31st March 2016.

During 2015/16 the four boroughs decided to dissolve their commissioning partnership and agreed to re-commission services as separate boroughs. As a result all four boroughs have taken a different approach to the re-commissioning of tier four substance misuse services; with most returning to either more local solutions or committing to community detoxification packages.

The net result is that Sussex Partnership NHS Foundation Trust will close Dove ward on the 31st March 2016 as they are no longer commissioned to provide services beyond this date. The ceasing of the contract also means that Promenade ward will have three less commissioned beds as from the 31st March 2016.

Brighton & Hove and East Sussex Re-Commissioning

The substance misuse contract with Sussex Partnership NHS Foundation Trust has been on a roll over basis for a number of years. Since losing the contract to provide community substance misuse services in Brighton & Hove and East Sussex the Trust has been in regular dialogue about the commissioning intentions for the tier four services.

To date East Sussex commissioners have not communicated their intentions for the ongoing provision.

In Brighton & Hove the commissioners have articulated that they were not in a position to confirm their intentions for 2016/17 until the financial year commenced. However they have indicated that if they were to re-commission tier four beds there would be a strong likelihood that they would require fewer than the currently commissioned five beds. The commissioners informed the Trust that they would like to roll over the current contract for the 2016/17 year pending further re-commissioning decisions.

Therefore, going into the 2016/17 year, the only contract the Trust would have in place is the rolled over contract for Brighton & Hove, amounting to five beds. This would mark a considerable decline in commissioned beds across the Trust's portfolio, dropping from twenty three beds in 2015/16 to five in 2016/17.

This situation would not be sustainable for the Trust; both from a quality and financial perspective. Therefore the decision was taken to terminate the contract for the provision of tier four substance misuse services.

It is important to note that the Trust did not take this decision lightly. Promenade ward has provided high quality specialist services to the population of Brighton & Hove for many years. The ward had developed a reputation for its innovation and has gathered together a staff cohort who were highly skilled and dedicated specialists within this field.

Financial

From a financial perspective Promenade Ward is incurring a significant cost pressure. Without secured future business any configuration of services would have meant that the trust would commence the new financial year in a deficit situation.

A significant cost is attributable to the use of an agency Consultant on Promenade Ward. When the Trust transferred community services in Brighton & Hove they lost the services of the Consultant for Promenade Ward. The Trust has not been able to attract a replacement through recruitment as there was no certainty of a contract beyond March 2016.

Quality

There are a number of factors that have had a negative impact on the quality of the service provision on Promenade Ward in recent months. These are:

- Imminent closure of Dove Ward and loss of bed provision on Promenade ward
- Unfunded and vacant Consultant post on Promenade Ward (covered by agency)
- Departure of key nursing staff from ward due to uncertainty of ward future
- General uncertainty and increased staff anxiety of staff around future of service

It is important to note that the Trust have maintained the high standards of service provision during this uncertain period. The Trust has remained fully compliant with all CQC standards and continues to receive high levels of patient satisfaction feedback; both directly and via NHS Choices.

Future Provision for Population of Brighton & Hove

The Trust gave notice of contract termination to the commissioners in December 2015. Further dialogue ensued to confirm the closure date and potential solutions for the ongoing provision of tier four services for the population of Brighton & Hove.

The Trust understands that the commissioners have secured interim provision through Cranstoun, the provider of the community substance misuse services.

It is our experience, from delivering tier four inpatient services for the four south west London boroughs, that there is potential value in treating people in a different geographical situation to their home. Regular patient and worker feedback suggests that receiving inpatient treatment for substance misuse problems away from home area improves the chances of recovery. Patients are removed for the duration of the admission from a range of influences that have the potential to have a negative impact on the treatment and onward recovery.

Addendum 1
March 11th 2016

Future of Promenade Ward

The trust has proposed that Promenade Ward will be considered as the long term re-provision solution for the inpatient dementia treatment services, which is currently provided on Brunswick Ward in Brighton & Hove. This solution will address CQC compliance matters around eliminating mixed sex accommodation.

The trust is preparing an OSC paper for this re-provision (57a) which will be titled:

Brunswick Ward – Eliminating Mixed Sex Accommodation.

Subject:	Substance Misuse Inpatient Detoxification Beds		
Date of Meeting:	23rd March 2016		
Report of:	Director of Public Health		
Contact Officer:	Kathy Caley, Lead		
	Name:	Commissioner for	Tel: 29-6557
		Substance Misuse	
	Email:	Kathy.caley@brighton-hove.gov.uk	
Ward(s) affected:	All		

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

- 1.1 In December 2015 SPFT gave notification that they would be terminating the substance misuse inpatient detoxification service from 31st March 2016. This report sets out the actions taken to ensure the ongoing provision of the service for Brighton and Hove residents.

2. RECOMMENDATIONS:

- 2.1 That the Committee notes the information regarding the provision of Substance Misuse Inpatient Detoxification Beds as set out in the report.
- 2.2 That the Committee notes the reasons for urgent action to re-provide Substance Misuse Inpatient Detoxification Beds as set out at paragraph 3.4 of the report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Adult community based substance misuse (drug and alcohol) services are provided by Pavilions, a partnership of organisations led by Cranstoun, which began providing services locally on the 1st April 2015. A range of treatment interventions are offered to support services users to work towards recovery in a community setting. Each person entering treatment services is allocated a 'care co-ordinator' to work specifically with them around their needs.
- 3.2 Sussex Partnership Foundation Trust (SPFT) currently provides inpatient detoxification services to individuals in Brighton and Hove who require this service. SPFT provide this service from Promenade Ward, which is part of Mill View Hospital in Hove. Contractual responsibility for this service sits with the Clinical Commissioning Group (CCG), and is part of the wider mental health block contract that the CCG has with SPFT.
- 3.3 The majority of service users who need to detoxify from a substance will do so in a community setting. In 2014/15 a total 2,391 individuals accessed substance

misuse treatment services¹. Of these individuals, 145, or 6% of all people accessing treatment services were admitted to inpatient detoxification services at some point². N.B. an individual may access services on more than one occasion.

- 3.4 In December 2015 SPFT provided formal notification that they would be terminating the contract for the provision of substance misuse inpatient detoxification beds from the 31st March 2016. Therefore it has been necessary to secure alternative provision from the 1st April 2016 onwards. The official notice period given by SPFT was three months, which is a relatively limited timeframe given the steps required to secure alternative provision. BHCC have therefore opted to work with Cranstoun, the lead provider in the Pavilions Community Substance Misuse Services partnership, and use a detoxification unit they have elsewhere. From the 1st April 2016, any Brighton and Hove resident with a clinical indication for an inpatient detoxification will be referred to 'City Roads' residential detoxification service based in Islington, north London. City Roads is a 21 bed unit that is staffed 24/7 by a clinical and social care team. Cranstoun have been providing this service from the City Roads location for a significant period of time, and current patients come from many areas of the country. Recently successful completion rates for patients attending City Roads has increased to 74%. A local key performance indicator will be included in the service specification to ensure this continues.
- 3.5 Service users from Brighton and Hove will now have to travel outside of the city to access inpatient detoxification services. However, this is generally in keeping with what happens in other areas of the country, as local availability of this type of service is limited. The average length of stay will be ten days. Contact with the outside world is usually restricted when a person is undergoing detoxification, and therefore being situated in an area that is not their home city may make detoxification more successful. After detoxification a service user will return to Brighton and Hove, and be supported to continue their recovery by linking to the existing local recovery community.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 For a small minority of service users, inpatient detoxification plays a vital part in their recovery from substance addiction. Inpatient detoxification is a fundamental element of the substance misuse care pathway, and it has been essential to ensure that services continue to be available for this very complex and vulnerable client group. The decision to use City Roads in Islington was based on the short time frame available to set up an alternative solution, and the fact that there is extremely limited, value for money, alternative provision in Brighton and Hove, and the surrounding area.
- 4.2 East Sussex County Council (ESCC) currently commission SPFT to provide inpatient detoxification services, and so are also seeking to put alternative provision in place from April 2016. East Sussex commissioners are taking a similar approach to BHCC and working with their existing community services provider to secure inpatient detoxification services outside of their geographical area.

¹ Public Health England Diagnostic Outcomes Monitoring Executive Summary (DOMES) Q4 2014/15

² Data taken from the Commissioning Support Unit commissioned by Brighton and Hove CCG, which is taken from the Secondary User Service (SuS) data system, and from the Nebula Data System.

- 4.3 Historically West Sussex County Council have spot purchased inpatient detoxification services from a number of providers. Their existing contractual arrangements expire in May 2016, and given the more lengthy timeframe, West Sussex are undertaking a procurement process for a new Framework Agreement for inpatient detoxification services.
- 4.4 One alternative to the Brighton and Hove approach would have been to undertake a procurement exercise with a view to developing a similar framework agreement. The limited timeframe between formal notification and service termination made this very challenging. In addition, given the limited NHS/Voluntary sector provision of inpatient detoxification services BHCC would have been required to use providers in areas such as Bognor, Portsmouth and Southampton. Any of these providers would also involve travelling outside of the Brighton and Hove local area. There is added value in one provider being responsible for both the community and the inpatient pathway, and Cranstoun will now oversee both elements of delivery. It is expected that this will have a positive impact on the outcomes for the service user.
- 4.5 Re-establishing a local, Brighton and Hove based, detoxification unit would be extremely costly and potentially unviable given the current financial climate. It would mean undertaking a procurement exercise with a view to leasing or purchasing a building, in partnership with a provider, to set the service up entirely.
- 4.6 As with any service change, an Equalities Impact Assessment has been undertaken to ensure that the impact of the changes are considered. BHCC are working with service users and partners, including SPFT, to ensure that the new inpatient detoxification model adequately considers the needs of those using the services. BHCC will set up a transition plan with current and new providers to make sure that the handover is comprehensive, and that services are clinically appropriate.
- 4.7 This option is seen as a short to medium term option. It will be reviewed and evaluated, and if it is not considered to be the best way to provide this service, alternative options will be considered.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 There has been extensive consultation with service users, partners and other providers regarding the development of the City Roads service. In early February 2016 a consultation event was facilitated by Cascade Creative Recovery, a peer-led organisation. It was attended by individuals with lived experience of addiction, and past service users of the SPFT service. It was also attended by a number of provider organisations with a vested interest in substance misuse service provision. The outcome was the development of a list of key points to be considered as the patient pathway was developed.
- 5.2 Following on from this, a pathway development meeting was held in mid-February. Managers from City Roads attended this meeting, as did individuals from the initial consultation session. Case studies were used to highlight how the complex needs of Brighton and Hove residents requiring the inpatient

detoxification service would be met. Of particular focus were the transportation needs of service users between Brighton and Hove and Islington. A number of options are being drawn up to support patients in travelling, and these will be tailored based on individual need.

6. CONCLUSION

- 6.1 Inpatient detoxification from substances is a vital part of the substance misuse treatment pathway. Taking the approach outlined above will ensure that this essential part of the pathway can continue. Delivery of the service will be monitored in the short to medium term, to allow evaluation of the outcomes. Should this approach not meet expectation a review can be undertaken and alternative solutions considered.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 From April 2016 the budget allocated to substance misuse detoxification from the ring-fenced Public Health grant will be approximately £0.250m, which equates to a funding reduction of approximately 40% from 2015/16.

Finance Officer Consulted: Mike Bentley

Date: 21/01/16

Legal Implications:

- 7.2 There are no legal implications arising from this report which is for noting.

Lawyer Consulted: Elizabeth Culbert

Date: 080316

Equalities Implications:

- 7.3 Equalities, and the reduction of health inequalities, are considered in the service specification development of any Public Health service. Services will be developed to ensure that all individuals have equal access. SPFT have confirmed that there are no TUPE considerations.

Sustainability Implications:

- 7.4 The approach outlined above ensures that substance misuse inpatient detoxification services can continue to be provided.

Any Other Significant Implications:

- 7.5 None

SUPPORTING DOCUMENTATION

Appendices:

1. Health and Wellbeing Board (15th March 2016) paper on Substance Misuse Inpatient Detoxification
2. Appendix to Health and Wellbeing Board (15th March 2016) paper on Substance Misuse Inpatient Detoxification



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

1. Substance Misuse Inpatient Detoxification Beds

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the on 15th March 2016.
- 1.3 Author of the Paper and contact details
Kathy Caley, Lead Commissioner for Substance Misuse, Brighton and Hove City Council. 01273 296557.
Kathy.caley@brighton-hove.gov.uk

2. Summary

- 2.1 Substance misuse inpatient detoxification beds are currently provided by Sussex Partnership Foundation Trust (SPFT). In December 2015, SPFT gave notice on the contract, and will cease to provide the service from the 31st March 2016.
- 2.2 As this element of the patient pathway is essential to the successful recovery of some individuals with addiction issues, it is vital that the service continues in some form. This paper sets out the approach that has been taken, for the short to medium term, to ensure inpatient detoxification is still available for residents of Brighton and Hove from 1st April 2016.

3. Decisions, recommendations and any options

- 3.1 This paper is presented for information.

4. Relevant information

Substance Misuse Services in Brighton and Hove

- 4.1 Adult community based substance misuse (drug and alcohol) services are provided by Pavilions, a partnership of organisations led by Cranstoun, which began providing services locally on the 1st April 2015. A range of treatment interventions are offered to support service users to work towards recovery in a community setting. Each person entering treatment services is allocated a 'care co-ordinator' to work specifically with them around their needs.

Current Provision for Substance Misuse Detoxification

- 4.2 A high percentage of individuals will be suitable for community assisted detoxification, which will include psychosocial support from community treatment services, prescribing of standard relapse prevention pharmacotherapies if relevant/necessary and possible vitamin replacement therapy. If an individual is not suitable for a community assisted detoxification they are referred to the inpatient detoxification beds currently provided by Sussex Partnership Foundation Trust (SPFT). In 2014/15 a total of 2,391 individuals accessed substance misuse treatment services¹. Of these individuals, 145, or 6% of all people accessing treatment services, were admitted to inpatient detoxification services² at some point. N.B. an individual may access services on more than one occasion.
- 4.3 Currently, SPFT are funded approximately £400,000 per year to provide 1421 'bed nights' on Promenade Ward, which is part of Mill View Hospital, in Hove. Contractual responsibility for this service sits with the Clinical Commissioning Group (CCG), and is part of the wider mental health block contract that the CCG has with SPFT.
- 4.4 Data for 2014/15 indicates that 145 Brighton and Hove patients used Promenade Ward, for a total of 1349 bed days. The length of stay varied, but the majority of patients stayed for between six to 14

¹ Public Health England Diagnostic Outcomes Monitoring Executive Summary (DOMES) Q4 2014/15

² Data taken from the Commissioning Support Unit commissioned by Brighton and Hove CCG, which is taken from the Secondary User Service (SuS) data system, and from Nebula Data System.



days. Approximately 70% of patients were admitted for an alcohol detoxification, and 30% for a drug detoxification. Almost 80% of patients 'successfully completed' their inpatient admission, meaning that when they were discharged they had successfully detoxified from their substance/s.

- 4.5 Referrals to the inpatient ward are managed by the community service provider, who has overall responsibility for the care co-ordination of the patient pathway. Once a service user is discharged from the inpatient ward they will receive follow up care in the community, or may enter into residential rehabilitation services.

Evidence of Effective Practice

- 4.6 The National Institute for Health and Care Excellence (NICE) publish support documents for commissioners and providers, to ensure that the most clinically appropriate treatment is available for patients. Separate NICE clinical guidelines are available for opiate detoxification³ and for alcohol detoxification⁴. In addition to these documents, the Novel Psychoactive Treatment UK Network (NEPTUNE) has recently produced a guidance document for the clinical management of acute and chronic harms of club drugs and novel psychoactive substances, which cover the various detoxification options for these emerging drugs⁵. See appendix one for more information.

Position from April 2016

- 4.7 In December 2015 SPFT provided formal notification that they would be terminating the contract for the provision of Substance Misuse Inpatient Detoxification beds from the 31st March 2016. Therefore it has been necessary to secure alternative provision for the 1st April 2016 onwards. BHCC has worked with the CCG to ensure that detoxification services continue to be available to those patients with a clinical indication for a referral. The initial budget allocated for inpatient detoxification beds for 2016/17 will be £250,000.

³ Drug Misuse in over 16s: opioid detoxification. NICE Clinical Guideline. Published: 25th July 2007. Nice.org.uk/guidance/cg52

⁴ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline. Published: 23rd February 2011. Nice.org.uk/guidance/cg115

⁵ Novel Psychoactive Treatment UK Network (NEPTUNE). Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances. The Health Foundation Inspiring Improvement. March 2015 <http://www.neptune-clinical-guidance.co.uk/>



- 4.8 Currently there are no other NHS or Voluntary Sector providers of inpatient detoxification in Brighton and Hove. Given the timeframe available to secure alternative provision, the most suitable approach has been to work with the current providers of community substance misuse treatment services to put a short to medium term solution in place. From the 1st April 2016, any Brighton and Hove resident with a clinical indication for an inpatient detoxification will be referred to the 'City Roads' residential detoxification, crisis intervention and stabilisation service provided by Cranstoun. City Roads is based in Islington, north London. City roads is a 21 bed unit that is staffed 24/7 by a clinical and social care team. As Cranstoun also oversee community services they will be responsible for both elements of the patient pathway.
- 4.9 The decision to take this approach was based on the short time frame available to set up an alternative solution, and the fact that there is extremely limited, value for money, alternative provision in Brighton and Hove, and the surrounding area. East Sussex County Council (ESCC) currently commission SPFT to provide inpatient detoxification services, and so are also seeking to put alternative provision in place from April 2016. East Sussex commissioners of substance misuse services are taking a similar approach to BHCC and working with their existing community services provider to secure inpatient detoxification services. Historically West Sussex County Council have spot purchased inpatient detoxification services from a number of providers. Their existing contractual arrangements expire in May 2016, and given the more lengthy timeframe, West Sussex are undertaking a procurement process for a new Framework Agreement for inpatient detoxification services.
- 4.10 The option taken in Brighton and Hove does mean that service users will have to travel outside of the city for their inpatient detoxification. The average length of stay is likely to be ten days. Whilst detoxifying, clients are usually required to restrict contact with the outside world, and therefore the expectation is that being situated in an area that is not their home city may make this easier. Once the person has detoxified they will return to their home city and be supported to continue their recovery by linking in to the existing recovery community within Brighton and Hove. Cranstoun have been providing this service from the City Roads location for a significant period of time. Current patients come from many areas of the south east. Therefore Cranstoun are experienced in meeting their needs and providing the support required. Where necessary a member of Cranstoun community staff will travel with the patient.

Alternatively when a patient's needs are greater, Cranstoun City Roads can send a car to pick up the client.

- 4.11 The change of provider of this service offers an opportunity to review the overall care pathway and the budget allocation. As both community and inpatient detoxification services will be provided by the same provider, it is timely to review the referral pathways to ensure that the most appropriate patients are referred to inpatient detoxification. It is anticipated that this will help to reduce the number of patients who are currently unsuccessful in their inpatient detoxification episode.
- 4.12 In parallel to this, community based detoxification services will be reviewed to ensure that they offer the appropriate support to individuals to enable them to successfully complete detoxification in the community.
- 4.13 Should a situation arise where it is not tenable for an individual to attend the City Roads detoxification unit, alternative arrangements can be considered. However, it is highly unlikely that this will be necessary.

Community Engagement and Consultation

- 4.14 As with any change in service provision, consultation is key to successful implementation. Existing service users, the recovery community of Brighton and Hove, partners and other providers will be actively engaged with at each stage of the development. This will ensure that all factors, particularly those associated with the travel expectations this approach will bring, are considered.
- 4.15 An Equalities Impact Assessment will be undertaken to support the delivery of this service.

Conclusion

- 4.16 Inpatient and residential detoxification from substances is a vital part of the substance misuse treatment pathway. Taking the approach outlined above will allow this essential part of the pathway to continue. Delivery of the service will be monitored in the short to medium term, to allow evaluation of the outcomes. Should this approach not meet expectations a review can be undertaken, and alternative solutions considered.



5. Important considerations and implications

Legal:

- 5.1 The Service falls within Schedule 3 (Social and Other Specific Services) of the Public Contract Regulations 2015 and as such is subject to the 'light touch regime'. The threshold for mandatory advertising of the light touch regime contracts is £ 589,148.00. The service wishes to review its future provision and intends to consult with users. If following review that service value over the life of a proposed contract will exceed the threshold the service should at that time be procured in accordance with the applicable Public Contract Regulations.

Lawyer consulted: Judith Fisher

Date:26.01.2016

Finance:

- 5.2 From April 2016 the budget allocated for substance misuse detoxification from the ring-fenced Public Health grant will be approximately £0.250m, which equates to a funding reduction of approximately 40% from 2015/16.

Finance Officer consulted: Mike Bentley

Date: 21/01/16

Equalities:

- 5.3 Equalities, and the reduction of health inequalities, are considered in the service specification development of any Public Health service. Services will be developed to ensure that all individuals have equal access.

Sustainability:

- 5.4 The continued provision of an inpatient detoxification services is vital to the overall patient pathway. Reducing the overall budget in line with known budget reductions to the Public Health ring-fenced grant should allow the service to be provided in a sustainable way.

Health, social care, children's services and public health:

- 5.5 This is covered in the body of the report.

6. Supporting documents and information



6.1 Appendix 1 – Supporting Clinical Guidelines

Substance Misuse Inpatient Detoxification Appendix 1 – Supporting clinical guidelines

For patients detoxifying from opiates the guideline recommends that community based programmes should be routinely offered to service users considering detoxification. Exceptions to this may include service users whoⁱ:

- Have not benefited from previous formal community based detoxification
- Need medical and/or nursing care because of significant comorbid physical to mental health problems
- Require complex poly drug detoxification, for example concurrent detoxification from alcohol or benzodiazepines
- Are experiencing significant social problems that will limit the benefit of community based detoxification.

Residential detoxification is available as an option to appropriate individuals detoxifying from opiates via the in-city providers of residential rehabilitation. Usually service users would attend the residential rehabilitation unit for both the initial detoxification, and the ongoing 'recovery' based support programme. Inpatient, rather than residential, detoxification should normally only be considered for people who need a high level of medical and/or nursing support because of significant and severe comorbid physical or mental health problems, or who need concurrent detoxification from alcohol or other drugs that require a high level of medical and nursing experience.

Patients detoxifying from alcohol should usually be offered a community based programme, which should vary in intensity according to the severity of the dependence, available social support and the presence of comorbidities. Outpatient based assisted withdrawal programmes should be offered toⁱⁱ:

- People with mild to moderate dependence. Contact between staff and the service user will average between 2 to 4 meetings over the first week
- People with mild to moderate dependence and complex needs, or severe dependence. An intensive community programme should be offered following assisted withdrawal in which the service user may attend a day programme lasting between 4 and 7 days per week over a three week period.

Inpatient or residential assisted withdrawal should be considered if a service user meets one or more of the following criteria:

- Drink over 30 units of alcohol per day
- Have a score of more than 30 on the Severity of Alcohol Dependence Questionnaire (SADQ)
- Have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes
- Need concurrent withdrawal from alcohol and benzodiazepines
- Regularly drink between 15 and 30 units of alcohol per day and have:
 - Significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina chronic liver disease) or
 - A significant learning disability or cognitive impairment

The evidence base is relatively limited for novel psychoactive substances, as treatment of these drugs is much newer, and there is currently no consensus on the best setting for detoxification.ⁱⁱⁱ

ⁱ Drug Misuse in over 16s: opioid detoxification. NICE Clinical Guideline. Published: 25th July 2007. Nice.org.uk/guidance/cg52

ⁱⁱ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline. Published: 23rd February 2011. Nice.org.uk/guidance/cg115

ⁱⁱⁱ Novel Psychoactive Treatment UK Network (NEPTUNE). Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances. The Health Foundation Inspiring Improvement. March 2015 <http://www.neptune-clinical-guidance.co.uk/>

Subject:	Adult Care Performance		
Date of Meeting:	23 March 2016		
Report of:	Executive Director of Adult Services		
Contact Officer:	Name:	Philip Letchfield	Tel: 29-5078
	Email:	Philip.letchfield@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of the report is to provide a summary of the adult care performance framework and specific benchmarked information against national performance indicators in 2014-15.
- 1.2 The report is intended to support the Committee in its overview and scrutiny functions.

2. RECOMMENDATIONS:

- 2.1 That the Committee considers any recommendations it would wish to make in relation to the performance of adult care services.
- 2.2 That the Committee considers any recommendations it would wish to make regarding the local arrangements to implement the national performance framework.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The national performance framework in adult social care continues to go through a period of significant change. The previous framework was characterised by Inspections and Annual Reviews by the national regulator, extensive self-assessment, 'star ratings' for Councils and 'league tables' for each performance indicator. This has been replaced by a model of sector led improvement outlined from 3.2 below onwards. This period of change will continue in the coming years, driven by the requirements of the Care Act and the Better Care Programme. In addition a 'zero based review' of all national data reporting has been completed and a new data reporting framework introduced in 2014/15.
- 3.2 The Adult Social Care Outcomes Framework (ASCOF) is a national set of indicators grouped under 4 outcome headings. Several of these indicators are derived from a standard annual survey of people using services and a biennial survey of informal carers with a focus on outcomes for people. The Health &

Social Care Information Centre (HSCIC) collect and validate all the data returns from Councils. They also provide annual public reports on the benchmarked performance of individual Councils. A copy of the most recent ASCOF report (2014/15) for the city is appended at appendix 1. Some of the indicators are also included in NHS related performance frameworks and some drawn from NHS sources. This report also includes information about in year performance (2015/16), where this is available, but it is important to note this data is not yet validated by HSCIC and benchmarked data will not be available until later in 2016.

- 3.3 Those indicators which are drawn from the user survey focus on outcomes for those people, such as control over daily life(1B), social contact (1L part 1), satisfaction (3a) , feeling safe (4a and b) and accessing advice and information (3d part1). The quality of life score (1A) is an overarching composite measure which draws on the responses to 8 questions in the survey. The maximum possible score is 24 for this specific indicator. With the exception of the social contact measure, the Council is broadly above average in performance and scores relatively highly on the composite quality of life measure. Performance in 14/15 did dip on some measures from its previous high in 2013/14. The national framework within which the survey is undertaken does enable the Council to identify and make contact with people whose responses to specific questions raise high levels of concern about their welfare. For example when people respond negatively to questions about their safety the Council will follow up directly with those individuals. The annual survey for 2015/16 is currently underway and performance data will be available later in the year.
- 3.4 It is of note that the range of possible responses to each question varies and the actual numerator for each question will be at a different response threshold. For example there are 4 possible responses to the question regarding social contact; the actual measure included in the ASCOF report only includes those people who responded 'I have as much contact as I want', which was 42% in Brighton & Hove. However a further 40% responded 'I have adequate social contact with people'. By comparison 2% of people reported 'I have little social contact with people and feel socially isolated'. This can be contrasted with the satisfaction measure where there are 7 possible responses to the question and the 'top' two responses are the actual reported performance ; that is people who are 'extremely' and 'very' satisfied, it does not include those who are 'quite' satisfied for example. The survey asks a range of questions which are not reported in the ASCOF and so cannot be benchmarked and allows for a limited number of local questions to be asked. The Council for example asks a 'local' question asking people to rate services out of 10 and gives an opportunity for people to comment on what would make the service a 10 for those who scored lower than this. In 2014/15 37% of people who responded to this question rated services as a 10 and 24 people provided comments where they did not rate services a 10.
- 3.5 There is a similar survey, though on a bi-ennial basis, for carers. This has a similar set of indicators that relate to carers outcomes focused on social contact (part1L part2), satisfaction (3b), inclusion in discussions about the person they care for (3c) and access to information and advice (3D part2). Again there is a composite quality of life score, this time out of 12 (1D). Committee members may recall from last year's performance report that the results from the first survey were disappointing. It is encouraging therefore the performance in the second

survey in 14/15 showed notable improvement and performance is now above average across all measures. The next carer's survey will be in 2016/17.

- 3.6 The ASCOF includes some key indicators in relation to the personalisation of care services, these focus on self-directed support (1c; 1a and 1b)) and direct payments (1c part 2a and 2b). It is clear from these indicators that our performance in relation to carers is excellent and this has been sustained as at quarter 3 in 15/16. However performance in relation to people using services, although improving, has now fallen behind our comparator group. In 2015/16 performance in relation to direct payments for people using services has continued to improve and as at quarter 3 had reached just over 21%, however it is unlikely we will achieve our target of 30% by year end. Performance in relation to these indicators may well be linked to the outcomes from the user and carer survey, for example in relation to control and satisfaction.
- 3.7 The ASCOF includes indicators which measure the admission rates to long term residential and nursing home care (2a part 1 and 2). Performance in relation to people aged 18 -64 remains excellent and is in fact the best performance in our comparator group. However performance in relation to people aged 65 and over is of concern. These numbers have been steadily declining for many years in line with our strategic aims but in 14/15 they increased significantly for the first time. The indications at quarter 2 in 15/16 are that whilst the performance in relation to people aged 18 -64 may slightly increase , it will remain comparatively excellent, however the numbers of older people admitted continues to increase. We have been analysing the reasons for this to inform improvement planning.
- 3.8 Indicator 2B in the ASCOF is focused on reablement services for older people being discharged from hospital and it is important to consider both parts of the indicator. It is clear that within Brighton & Hove the offer of reablement is high, the second highest in our comparator group. Within this context the number of people still at home after 91 days (as a measure of success) is comparatively average. Analysis indicated that of those people not at home most were either deceased or in a care home. The indicator is only taken from one quarter's performance so we have no available data for this year. A new indicator (2D), focused on the success of short term services, was included for the first time in 14/15. Clearly our performance here was significantly below average; we need to better understand the pathways and resources linked to this measure.
- 3.9 In relation to delayed transfers of care (2c) where performance is just above average (i.e. fewer delays), it is of note that most delays in relation to social care in the city are in the non-acute sector and relate to a lack of capacity particularly for older people with mental health needs.
- 3.10 Performance in relation to people with a learning disability in employment (1E) remains excellent and in relation to settled accommodation (1G) is above average.
- 3.11 The Council has been actively and fully involved in the other elements of sector led improvement as reported in previous years. These elements are all on a voluntary basis. This has included annual City Summits, the publication of a Local Account each year, engagement in Peer Reviews and active involvement with the national Think Local Act Personal programme. We have drawn on

national best practice that has emerged from the sector led improvement programme.

- 3.12 In 2015/16 we have scaled back our local involvement, in part linked to issues of capacity and competing priorities, and partly to review our approach and explore opportunities. There will be no City Summit event in 15/16 for example and we will be publishing an updated Local Account based on the 14/15 publication. We remain actively involved in peer review and the regional improvement opportunities through the Association of Directors of Adult Social Services and the Local Government Association.
- 3.13 Looking forward we are looking at developing a local framework that better reflects our direction of travel and draws together a broader range of other 'local' indicators.
- 3.14 The performance activity identified above is used within adult care to support business and improvement planning.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The report is essentially providing the Committee with information to support its overview and scrutiny function. Adult Care is subject to a national performance framework (ASCOF) and local performance arrangements need to take account of this. However as there is local flexibility in relation to the overall sector led improvement programme as outlined in 3.11 and 3.12 above.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The report provides information regarding community engagement through the mechanisms of the user and carer surveys, City Summit and Local Account

6. CONCLUSION

- 6.1 Overview and scrutiny of adult care services performance is a key function of the Committee and this report is seeking to support the Committee in carrying out that function

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 Adult Social care performance informs Value for Money and influences budget strategy and resourcing priorities within the Council and in joint arrangements with Health (Better Care Fund).

Finance Officer Consulted: Anne Silley

Date: 15/02/16

Legal Implications:

- 7.2 Both the rationale and national requirement for adherence to ASCOF are described in detail in the body of this report. The local outcomes relating to Adult Social Care performance are relevant to the function of Overview and Scrutiny Committee.

Lawyer Consulted:

Name Sandra O'Brien

Date: 22/2/2016

Equalities Implications:

- 7.3 The information gathered through the performance arrangements described within this report is used to inform business planning and equalities impact assessments in adult care.

Sustainability Implications:

- 7.4 There are no specific sustainability implications in the report.

Any Other Significant Implications:

- 7.5 There are no other significant implications.

SUPPORTING DOCUMENTATION

Appendices:

1. ASCOF Comparator Report 2014/15

Documents in Members' Rooms

1. None

Background Documents

1. None.



Health & Social Care
Information Centre

National Adult Social Care Intelligence Service (NASCIS)


Measures from the Adult Social Care Outcomes Framework (ASCOF): Comparator Report 2014-15

Brighton and Hove (816)

**NASCIS Standard Report 8
This report is based on the final release of data**

Published 6th October 2015

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Author: Adult Social Care Statistics team,
Health and Social Care Information Centre

Version: V1.0

Date of publication: 6th October 2015

Report based on final data

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3D part 1 - The proportion of people who use services who find it easy to find information about support

3D part 2 - The proportion of carers who find it easy to find information about support

Domain 4 measures - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

4A - The proportion of people who use services who feel safe

4B - The proportion of people who use services who say that those services have made them feel safe and secure

ASCOF Comparator Report 2014-15 Brighton and Hove (816)

Introduction

This report shows measures from the 2014-15 Adult Social Care Outcomes Framework (ASCOF) for Brighton and Hove (816) in the context of data for 15 comparable councils.

Comparator groups

The comparator group average is based on this council plus the 15 comparator councils. Comparator groups are not available for the Isles of Scilly (906).

Comparable councils are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between authorities based upon a range of socio-economic indicators. Further information about the Nearest Neighbour Model can be found on the CIPFA web site at:

<http://www.cipfastats.net/resources/nearestneighbours>

Sources

This report is based on final 2014-15 data. Chart sources include:

Short and Long-Term Support collection (SALT) - charts 1C, 1E, 1G, 2A, 2B

Personal Social Services Adult Social Care Survey (Adult Social Care Survey (ASCS))
- charts 1A, 1B, 1I part1, 3A, 3D part 1, 4A, 4B

Personal Social Services Survey of Adult Carers (Carers' Survey (CS)) - charts 1D, 1I part 2, 3B, 3C, 3D part 2

Delayed Transfers of Care (DToC) - charts 2C

Hospital Episode Statistics (HES) - chart 2B part 2

Mental Health and Learning Disabilities Dataset (MHLDS) - charts 1F, 1H

Mid-year population estimates, Office for National Statistics (ONS) - charts 2A, 2C

References

Adult Social Care Outcomes Framework (ASCOF)

More information and the Handbook of Definitions (Aug-14) are available from:

<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015>

Adult Social Care Outcomes Toolkit (ASCOT)

The ASCOT measure (1A) is designed to capture information about an individual's social care-related quality of life (SCRQoL). ASCOT is the source for the questions in the ASCS. Users wishing to make commercial use of ASCOT materials should contact the ASCOT team (ascot@kent.ac.uk) who will be put in touch with Kent Innovation and Enterprise, as registration is required.

<http://www.pssru.ac.uk/ascot/>

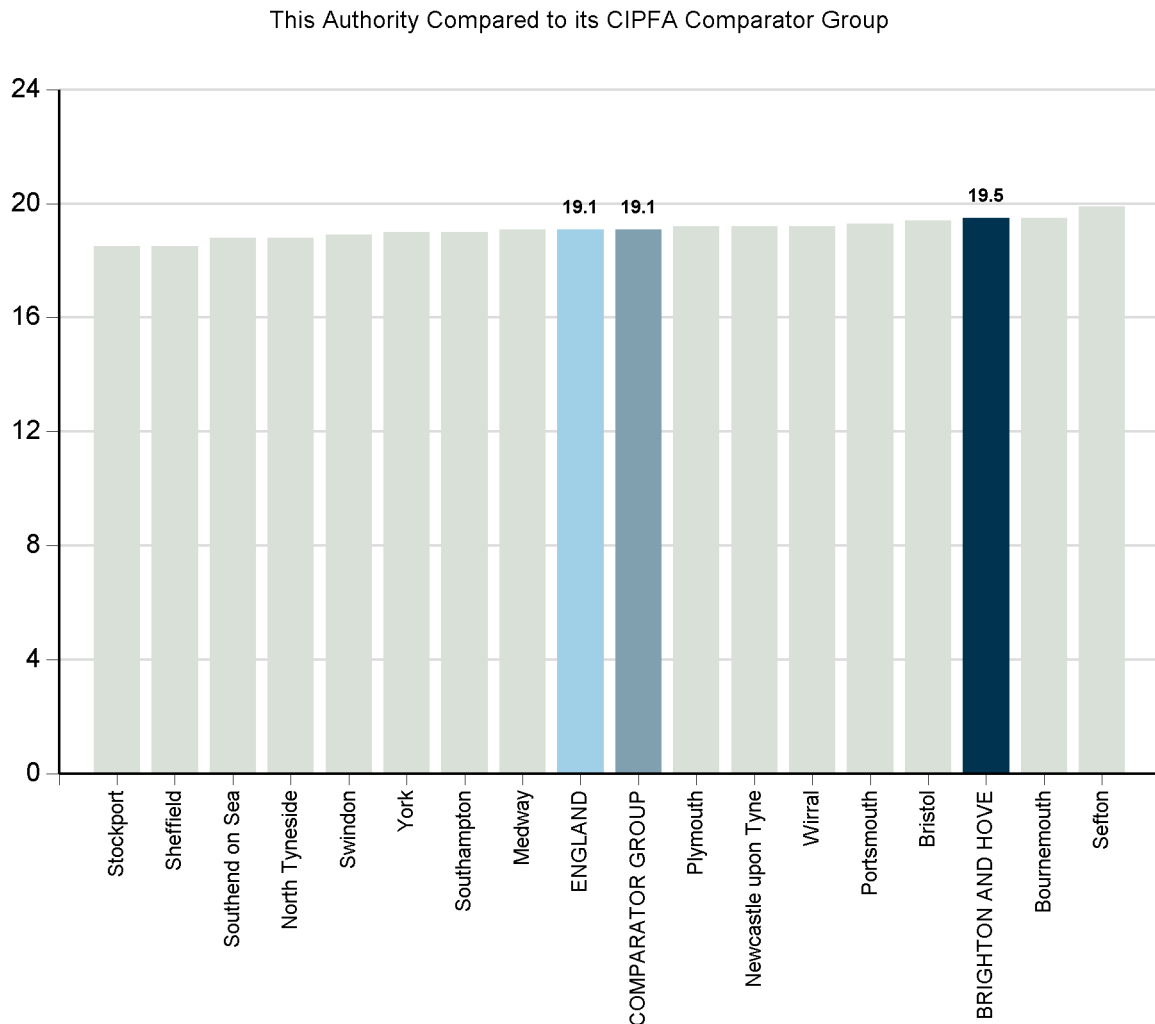
ASCOF Comparator Report 2014-15 Brighton and Hove (816)

Summary of ASCOF 2014-15 Outcomes

Indicator	BRIGHTON AND HOVE	COMPARATOR GROUP	ENGLAND
1A	19.5	19.1	19.1
1B	78.7	78.2	77.3
1C1A	83.3	86.5	83.7
1C1B	100.0	80.5	77.4
1C2A	19.4	25.1	26.3
1C2B	93.5	55.1	66.9
1D	8.2	8.1	7.9
1E	12.3	5.7	6.0
1F	5.6	5.5	6.8
1G	79.7	77.9	73.3
1H	44.7	53.7	59.7
1I1	41.9	44.6	44.8
1I2	42.6	41.3	38.5
2A1_1415	5.2	17.4	14.2
2A2_1415	835.1	786.2	668.8
2B1	81.8	82.5	82.1
2B2	6.6	3.8	3.1
2C1	11.3	11.5	11.1
2C2	3.5	4.0	3.7
2D	52.1	78.6	74.6
3A	65.8	64.3	64.7
3B	45.7	41.4	41.2
3C	74.0	70.8	72.3
3D1	77.3	75.3	74.5
3D2	68.7	65.2	65.5
4A	69.4	67.9	68.5
4B	83.1	84.0	84.5

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

1A - Social care related quality of life score (out of 24), 2014-15

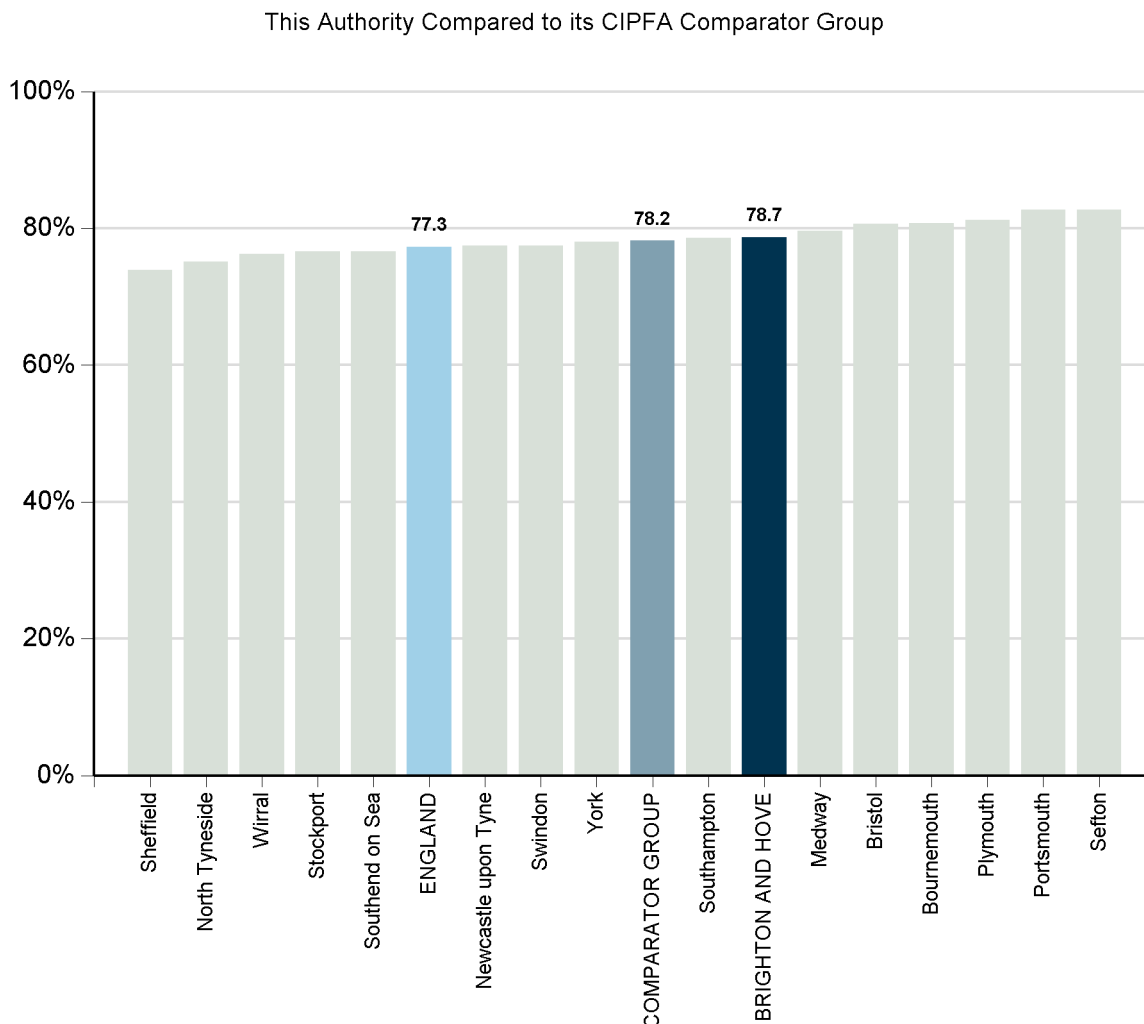


This indicator gives an overarching view of the quality of life of users of social care. It is a composite measure based on responses to eight questions in the ASCS.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources
 Numerator and denominator: ASCS.

1B - The proportion of people who use services who have control over their daily life, expressed as a percentage, 2014-15



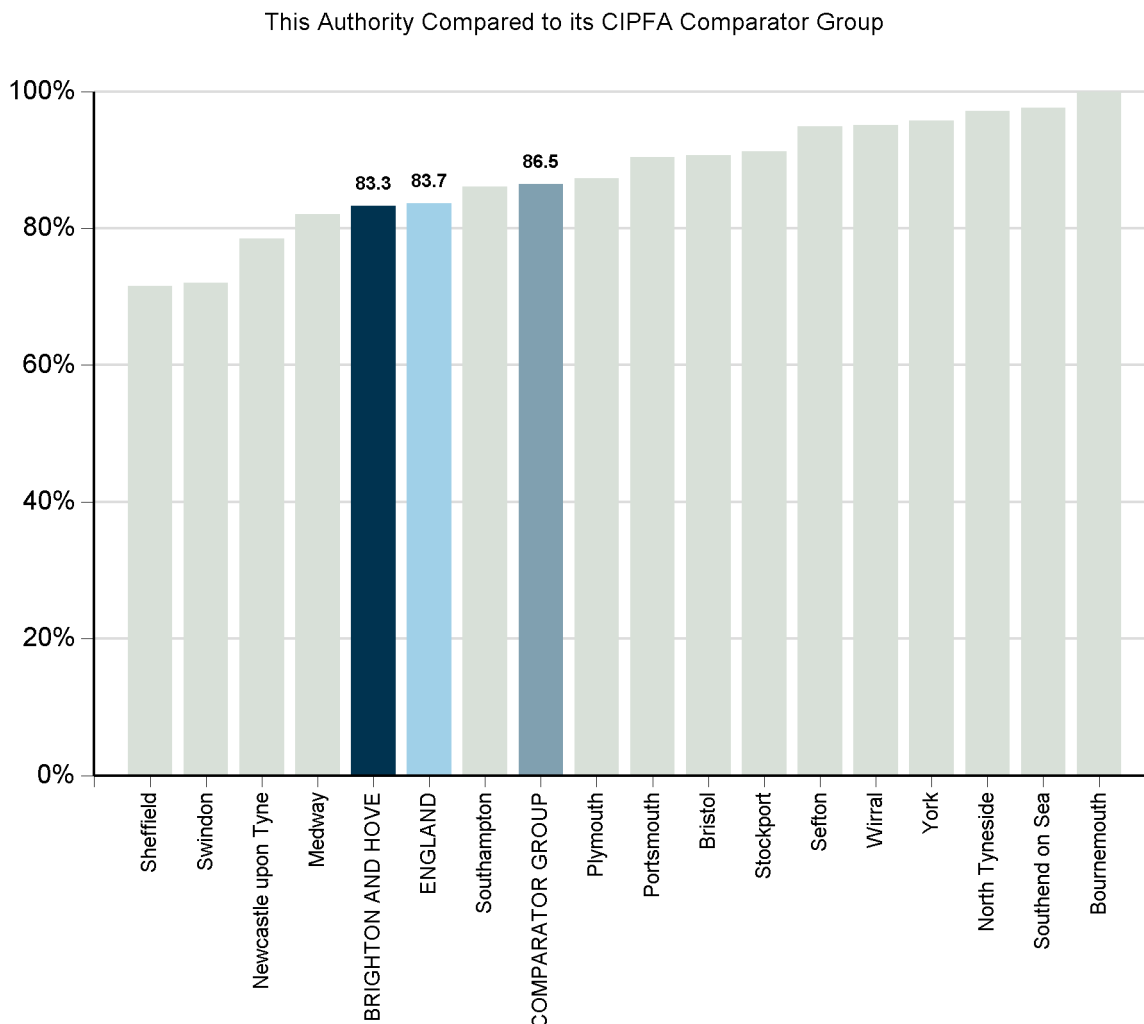
A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources
 Numerator and Denominator: ASCS.

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

1C part 1A - Proportion of users receiving long-term community support in the year ending 31 March who received self-directed support, 2014-15



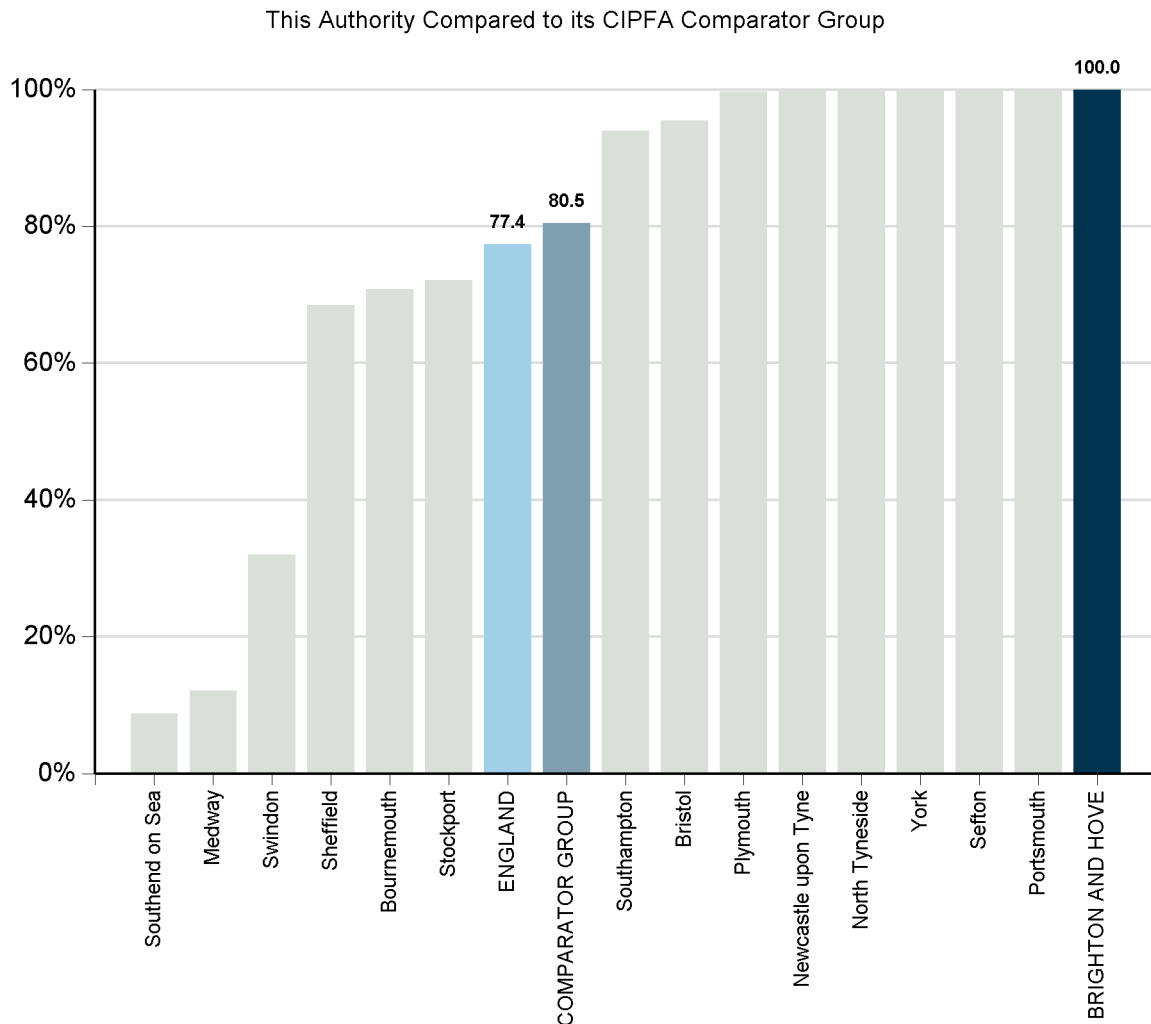
This measure reflects the progress made in delivering personalised services through self-directed support.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: SALT

1C part 1B - Proportion of carers receiving carer specific services in the year ending 31 March who received self-directed support, 2014-15



This measure reflects the progress made in delivering personalised services through self-directed support.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

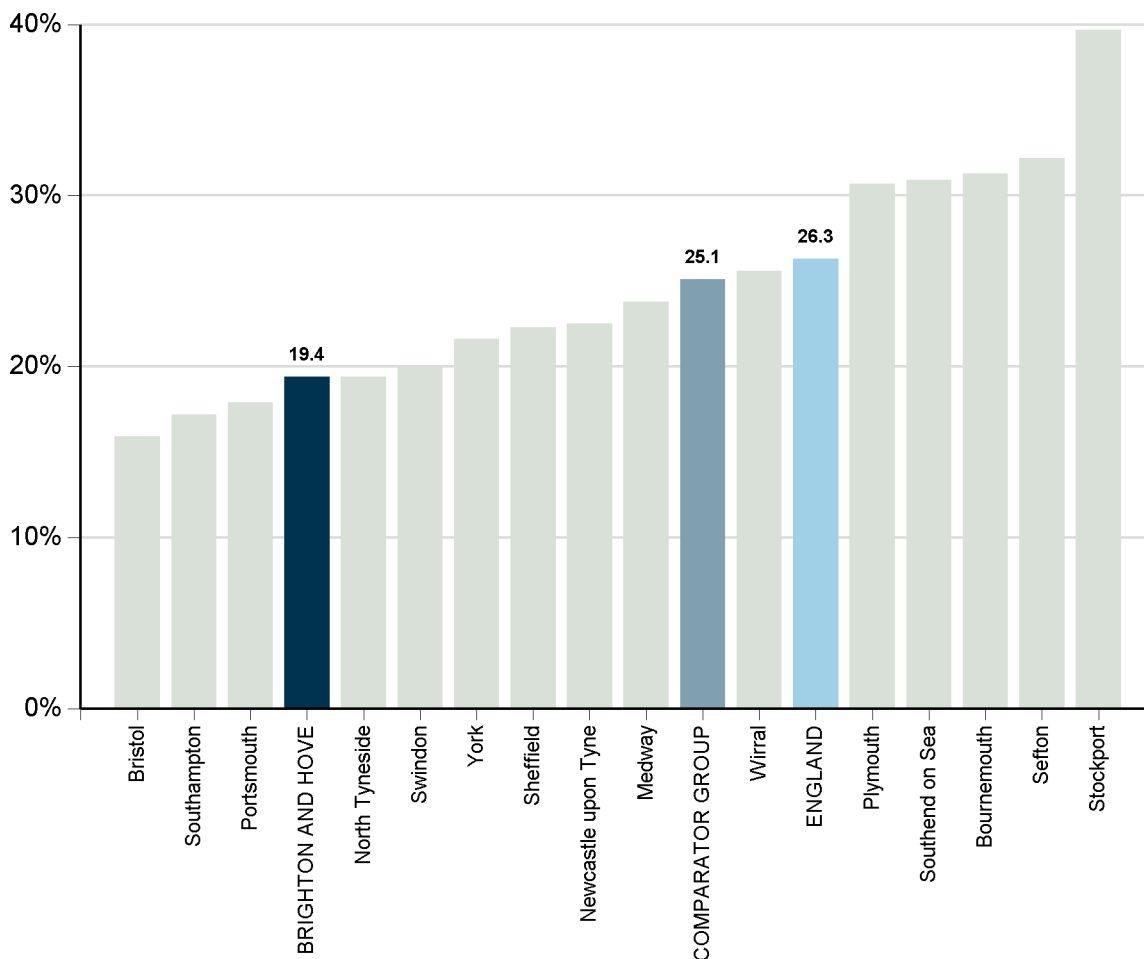
Sources

Numerator and denominator: SALT

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

1C part 2A - Proportion of users receiving long-term support in the year to 31 March who received direct-payments or part direct-payments, 2014-15

This Authority Compared to its CIPFA Comparator Group



This measure reflects the progress made in delivering personalised services through direct payments.

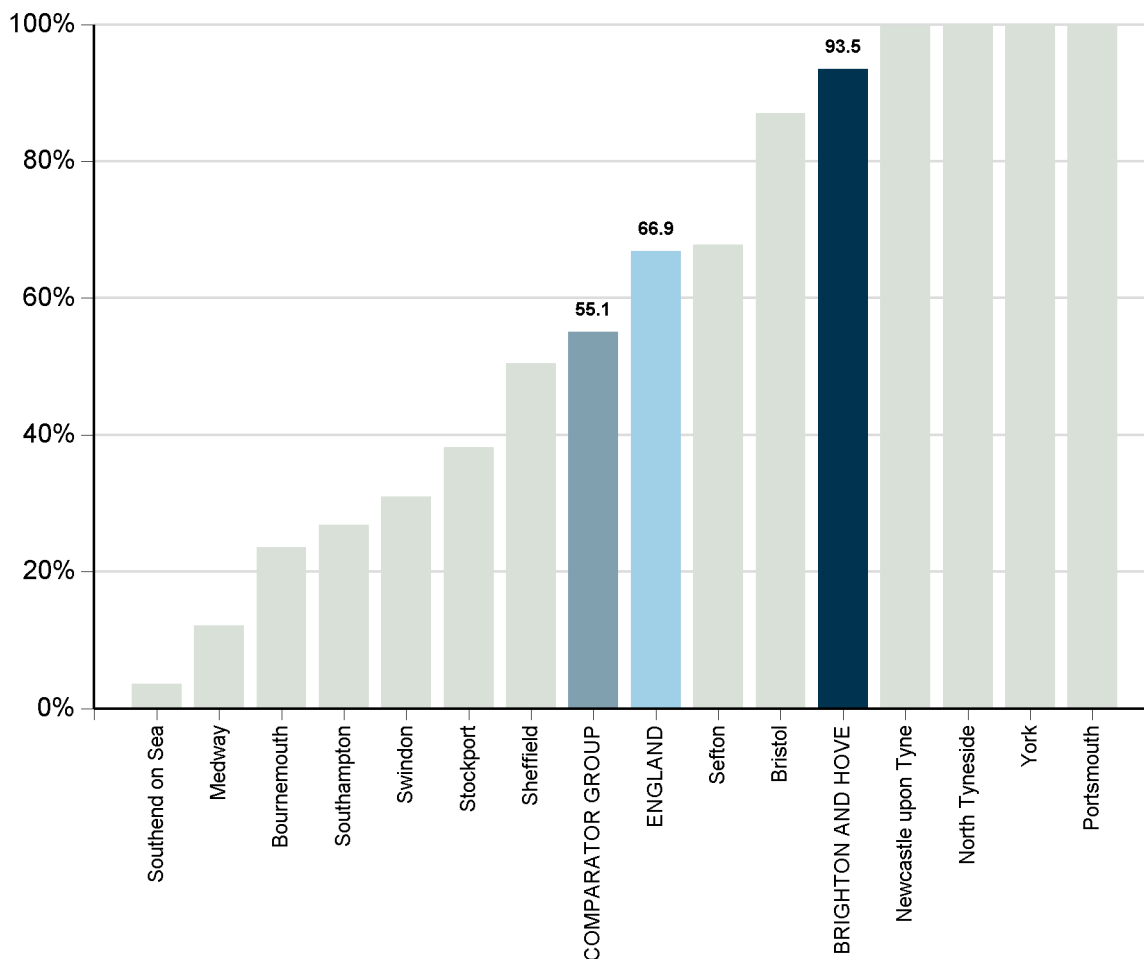
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: SALT

1C part 2B - Proportion of carers receiving carer specific services in the year to 31 March who received direct-payments or part direct-payments, 2014-15

This Authority Compared to its CIPFA Comparator Group



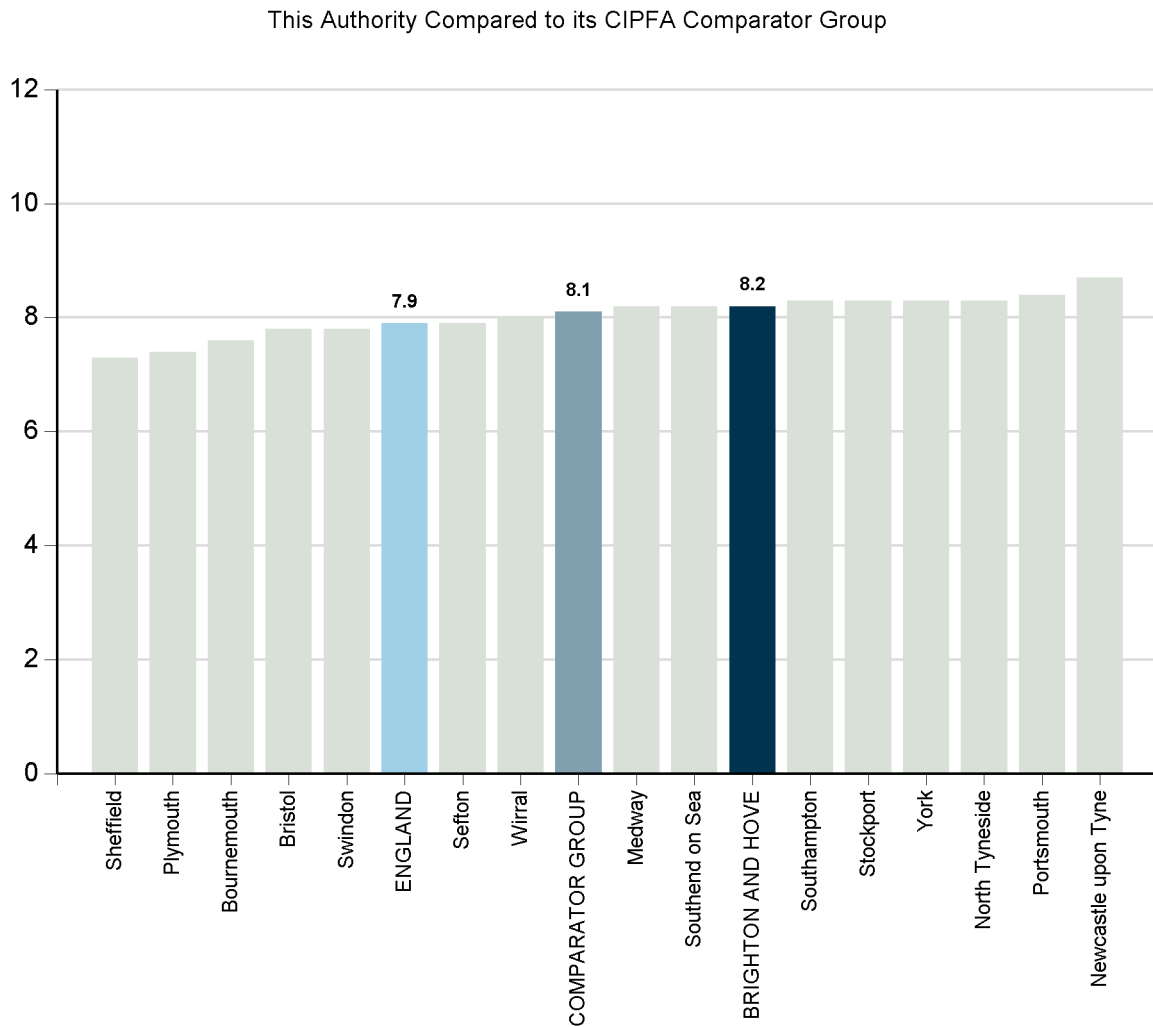
This measure reflects the progress made in delivering personalised services through direct payments.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: SALT

1D - Carer-reported quality of life score (out of 12), 2014-15



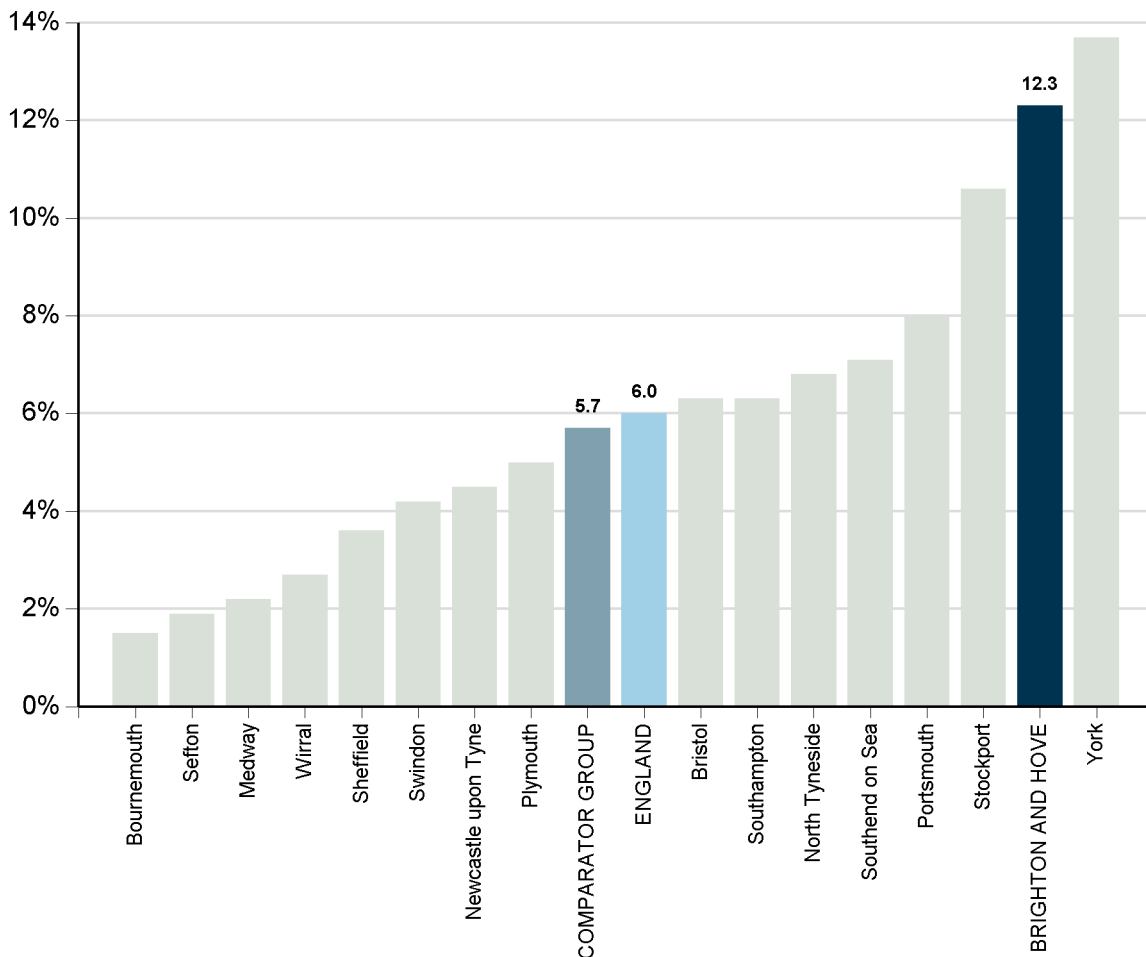
This measure gives an overarching view of the quality of life of carers. It is a composite measure based on responses to six questions in the CS.

Sources

Numerator and denominator: CS

1E - Adults with a learning disability in paid employment, expressed as a percentage, 2014-15

This Authority Compared to its CIPFA Comparator Group



This measure is intended to improve the employment outcomes for adults with a learning disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

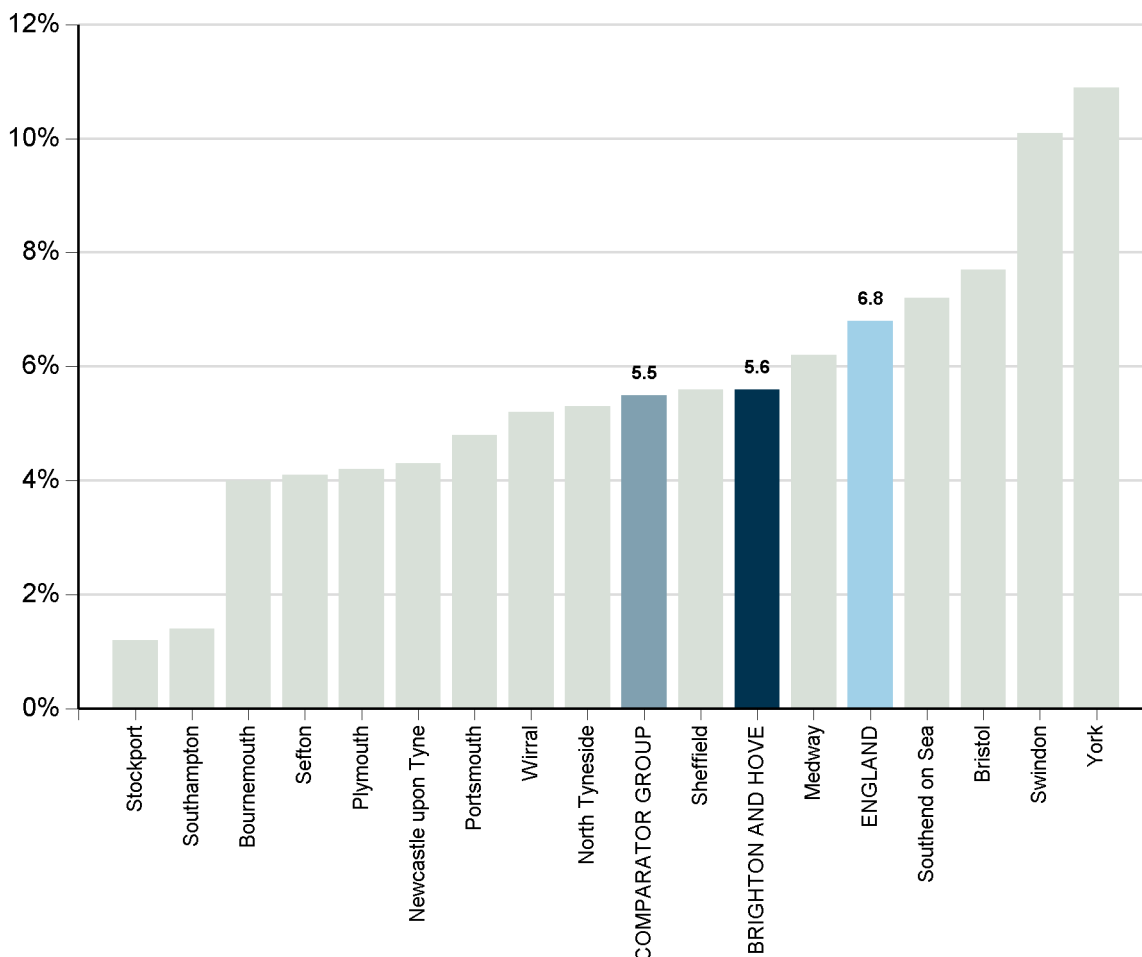
Sources

Numerator and denominator: SALT

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

1F - Adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2014-15

This Authority Compared to its CIPFA Comparator Group



This measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support are personalised. Employment is a wider determinant of health and social inequalities.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

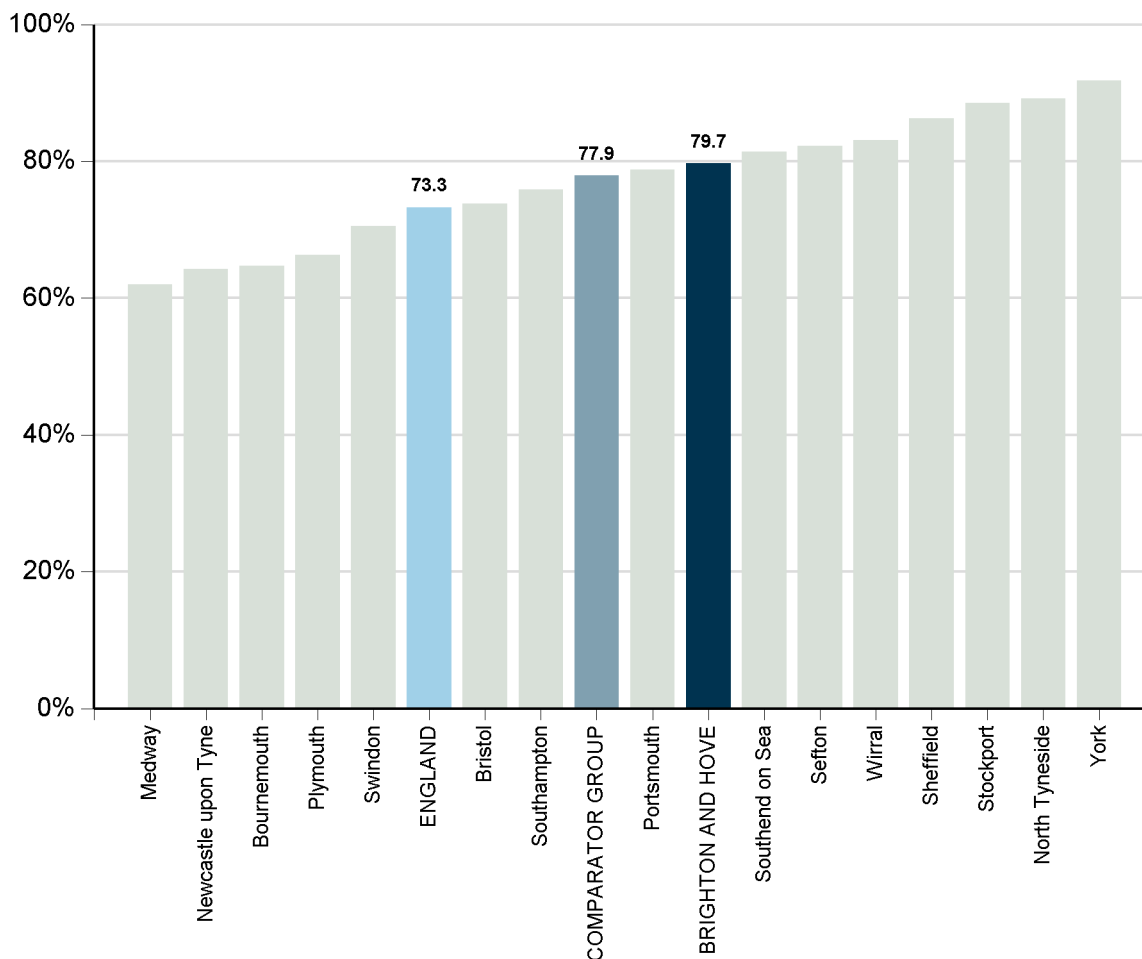
Sources

Numerator and denominator: MHMDS / MHLDS

ASCOF Comparator Report 2014-15 Brighton and Hove (816)

1G - Adults with a learning disability who live in their own home or with family, expressed as a percentage, 2014-15

This Authority Compared to its CIPFA Comparator Group



This measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life, and the risk of social exclusion.

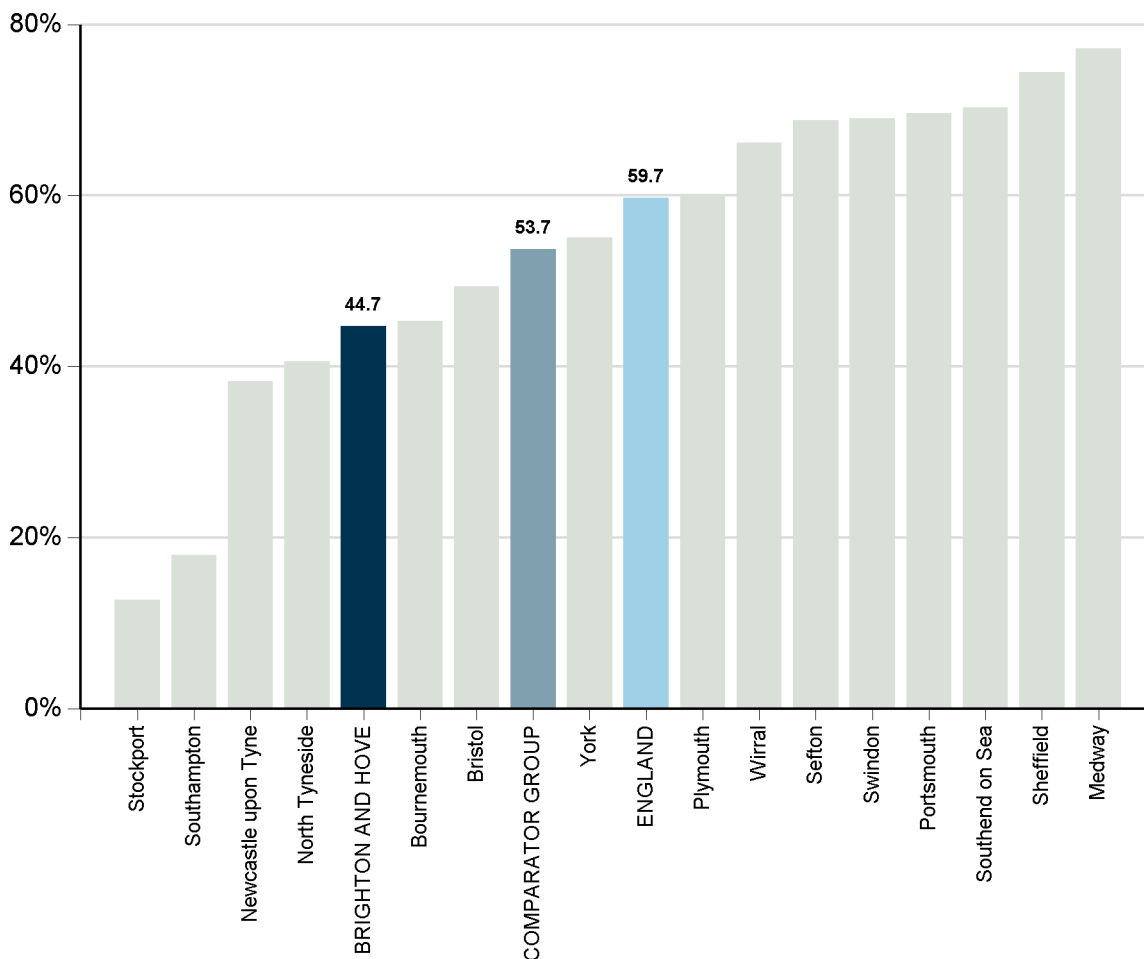
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: SALT

1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2014-15

This Authority Compared to its CIPFA Comparator Group



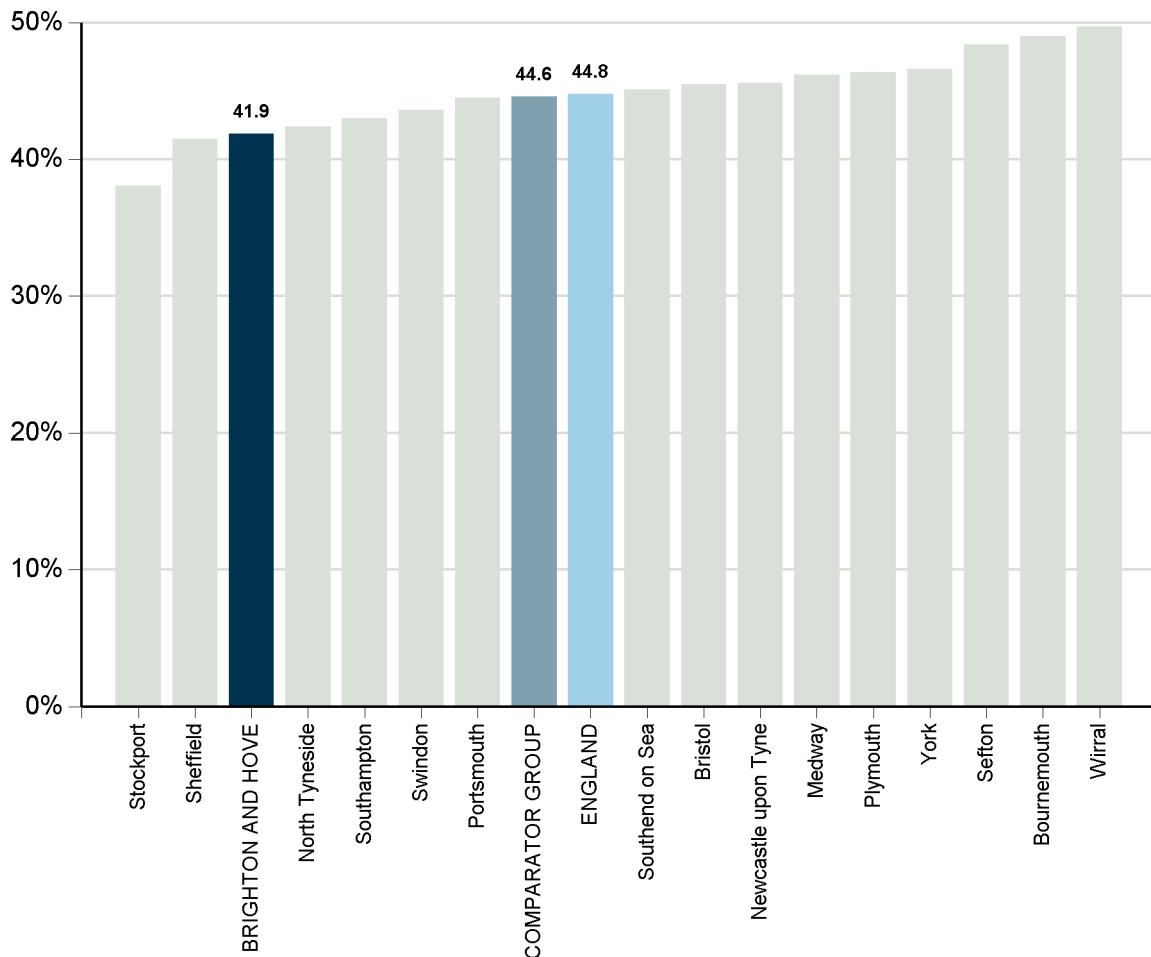
This measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources
 Numerator and denominator: MHMDS / MHLDS

11 part 1 - The proportion of people who use services who reported that they had as much social contact as they would like, 2014-15

This Authority Compared to its CIPFA Comparator Group



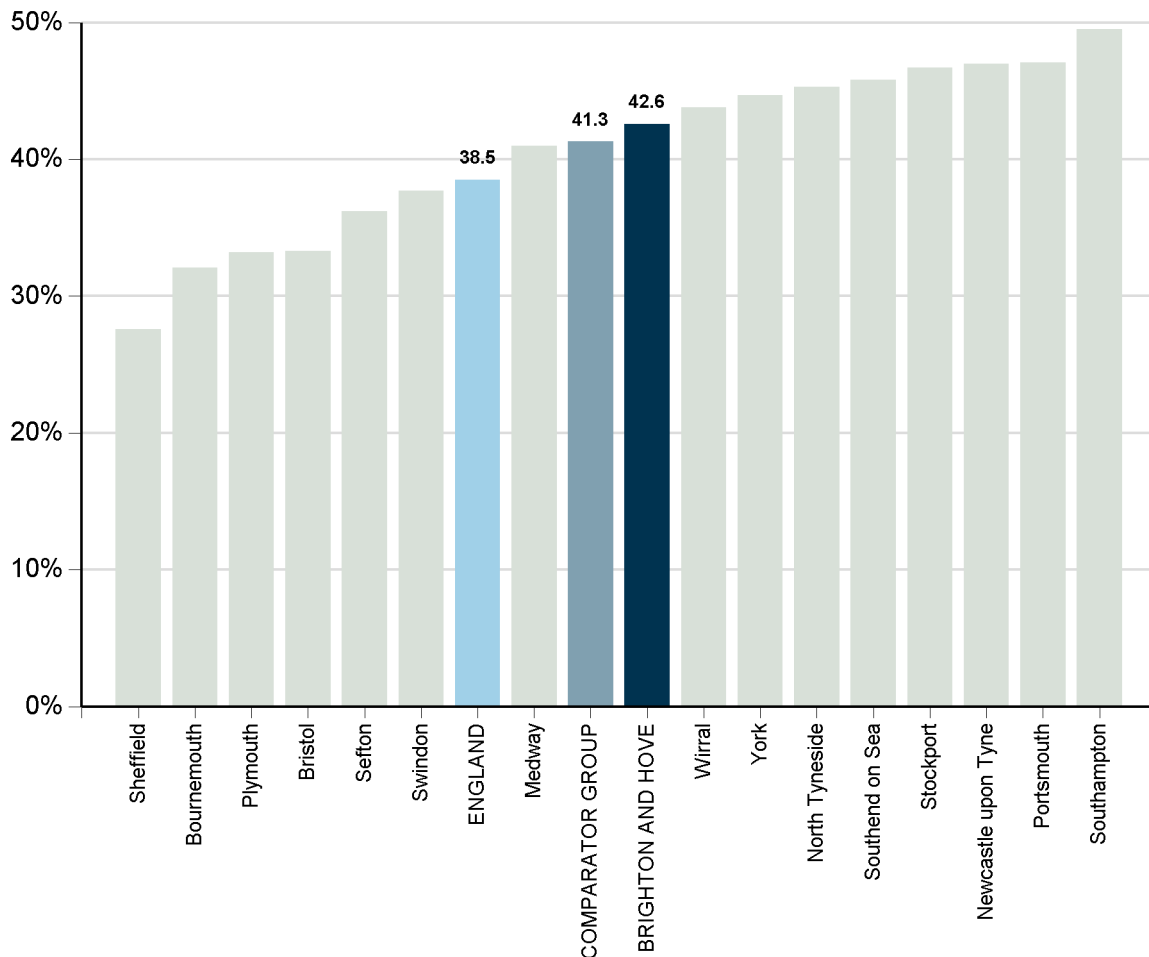
There is a clear link between loneliness and poor mental and physical health. This measure draws on self-reported levels of social contact as an indicator of social isolation for users of social care.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources
 Numerator and denominator: ASCS

11 part 2 - The proportion of carers who reported that they had as much social contact as they would like, 2014-15

This Authority Compared to its CIPFA Comparator Group



There is a clear link between loneliness and poor mental and physical health. This measure draws on self-reported levels of social contact as an indicator of social isolation for carers.

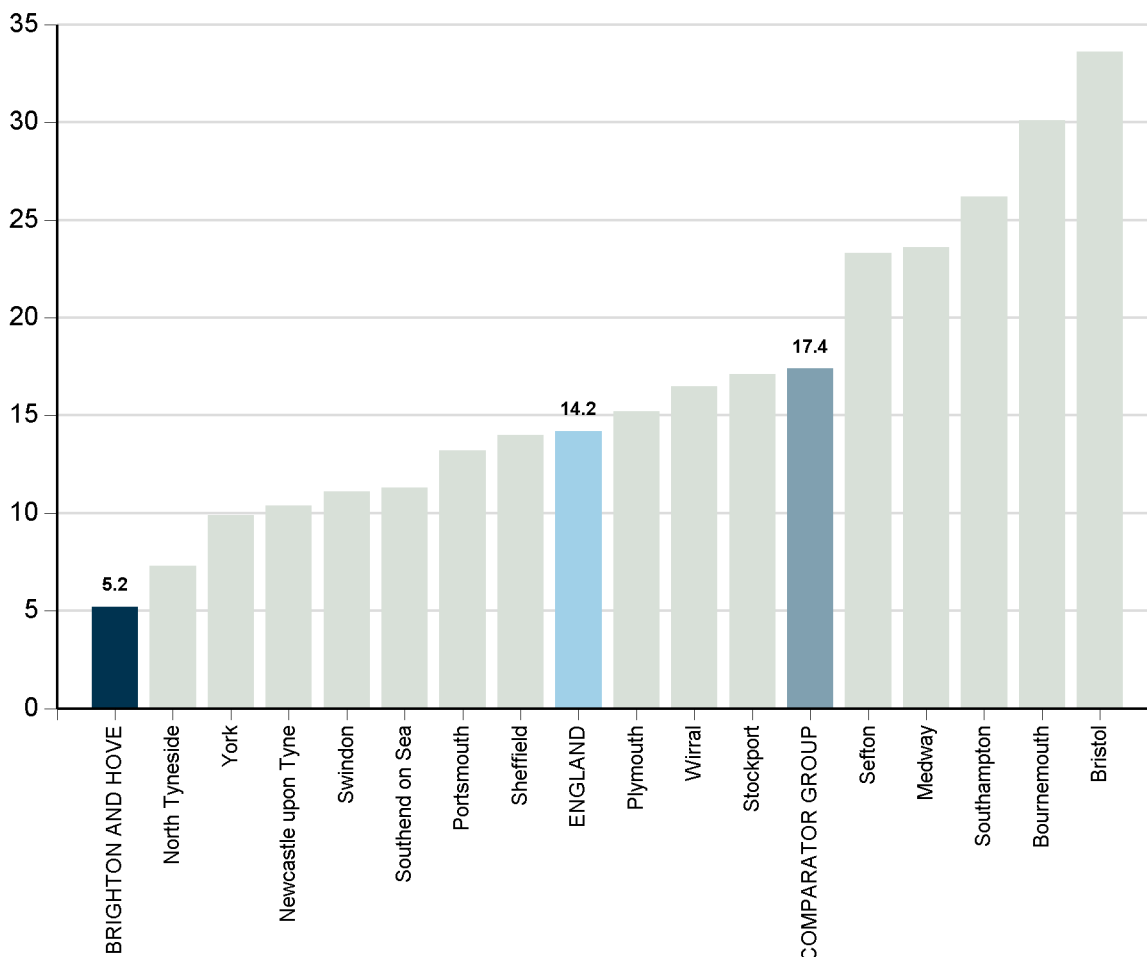
Sources

Numerator and denominator: CS

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

2A part 1- Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population, 2014-15

This Authority Compared to its CIPFA Comparator Group



Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home than move into residential care.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

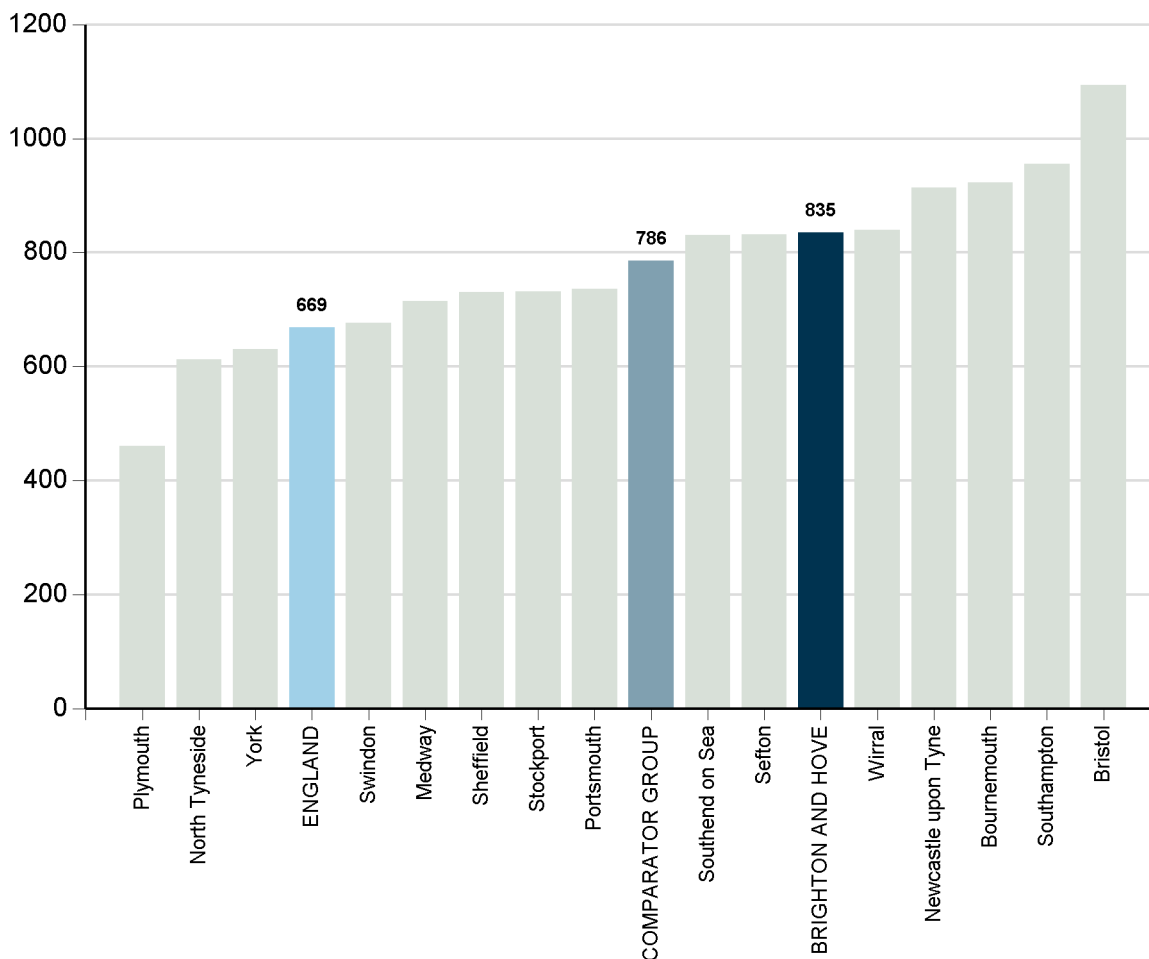
Numerator: SALT

Denominator: ONS 2014 mid-year population estimates (aged 18-64).

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

2A part 2 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population, 2014-15

This Authority Compared to its CIPFA Comparator Group



Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home than move into residential care.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

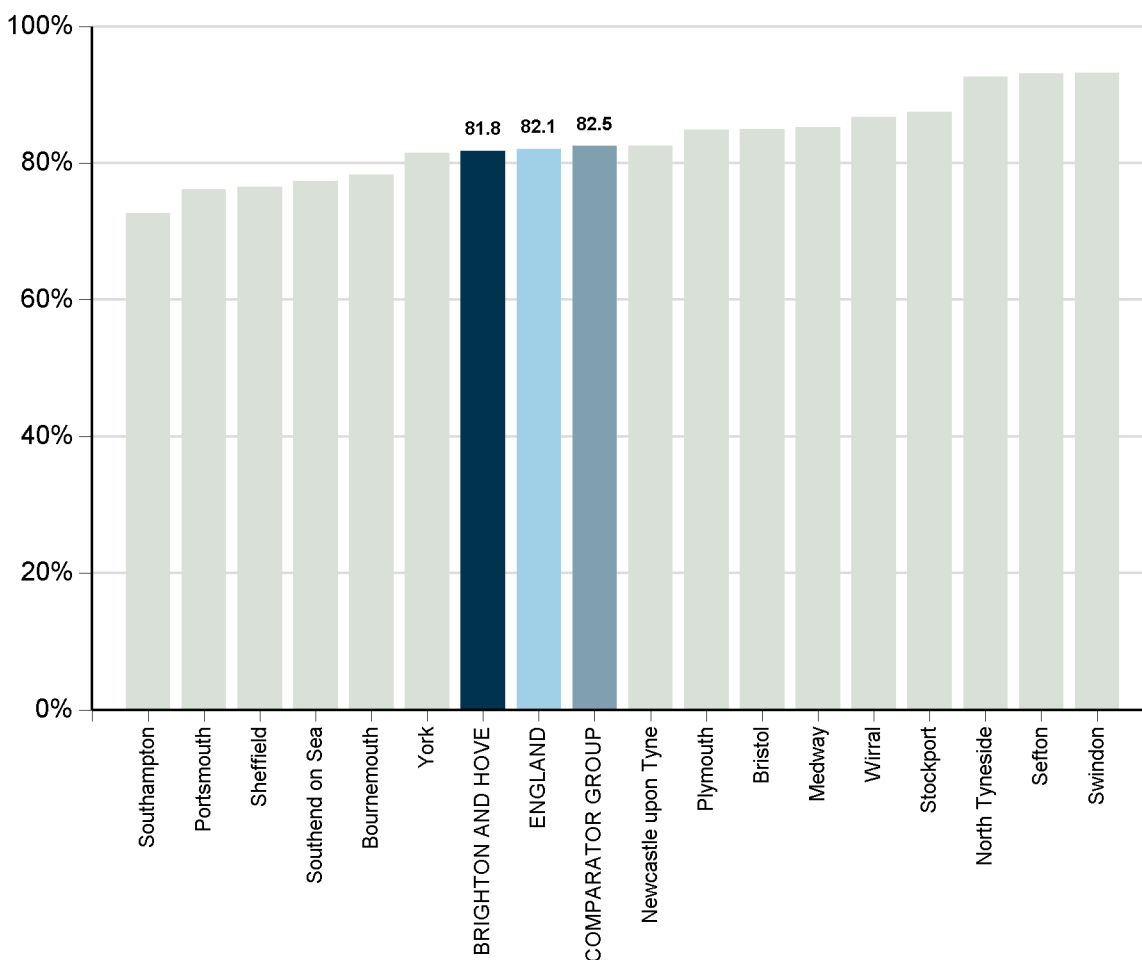
Numerator: SALT

Denominator: ONS 2014 mid-year population estimates (65 and over).

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2014-15

This Authority Compared to its CIPFA Comparator Group



Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

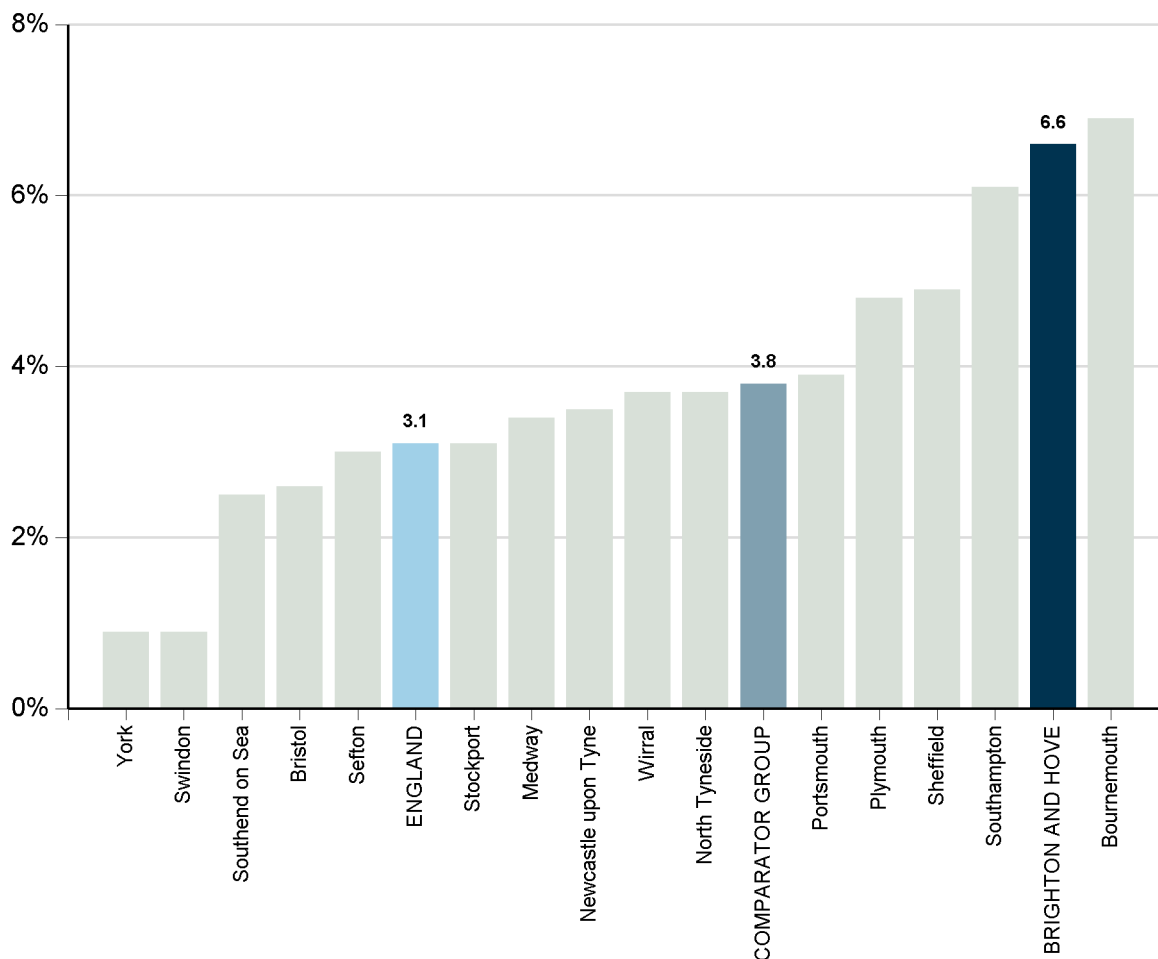
Sources

Numerator and Denominator: SALT

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

2B part 2 - Older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage, 2014-15

This Authority Compared to its CIPFA Comparator Group



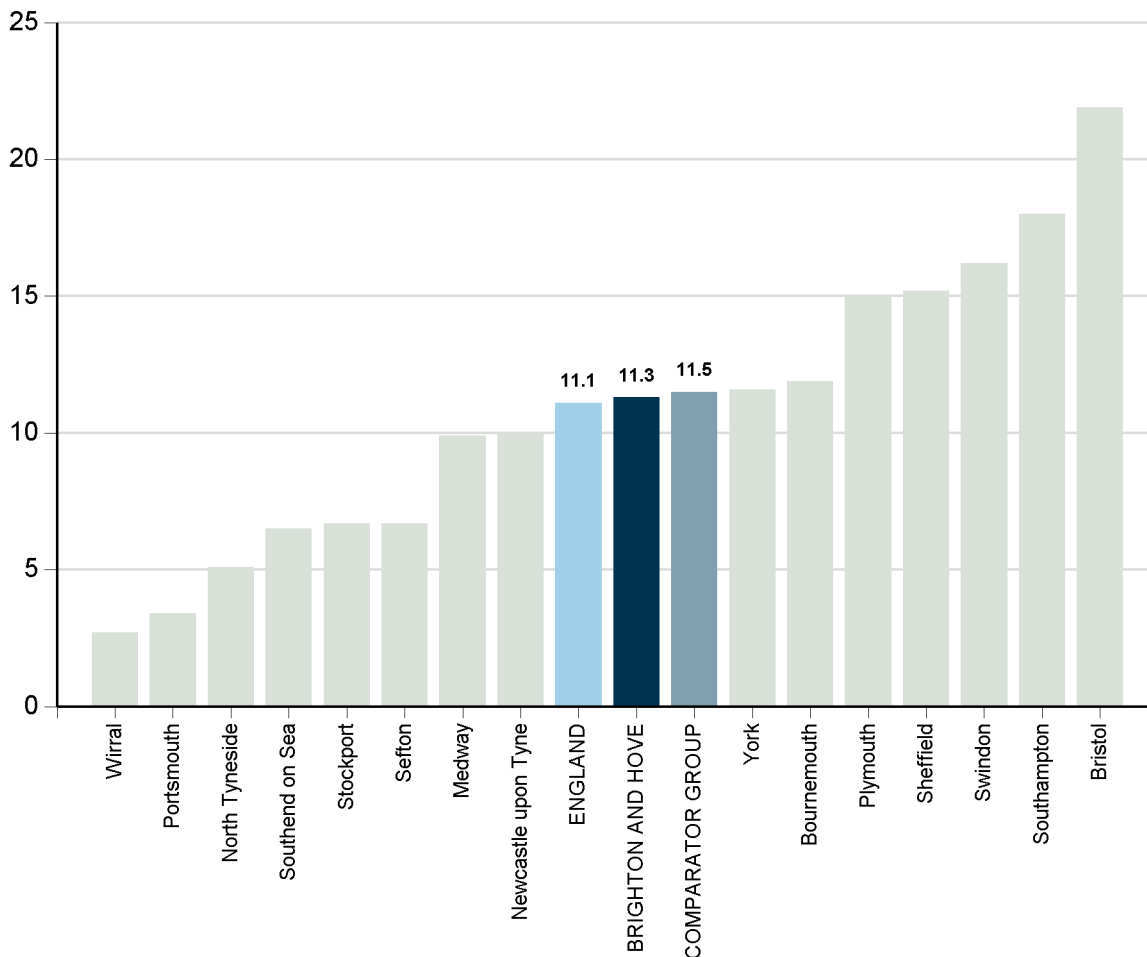
Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services. Remaining living at home 91 days following discharge is the key outcome for many people using reablement services.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources
 Numerator: SALT
 Denominator: HES

2C part 1 - Delayed transfers of care from hospital, per 100,000 population, 2014-15

This Authority Compared to its CIPFA Comparator Group



This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

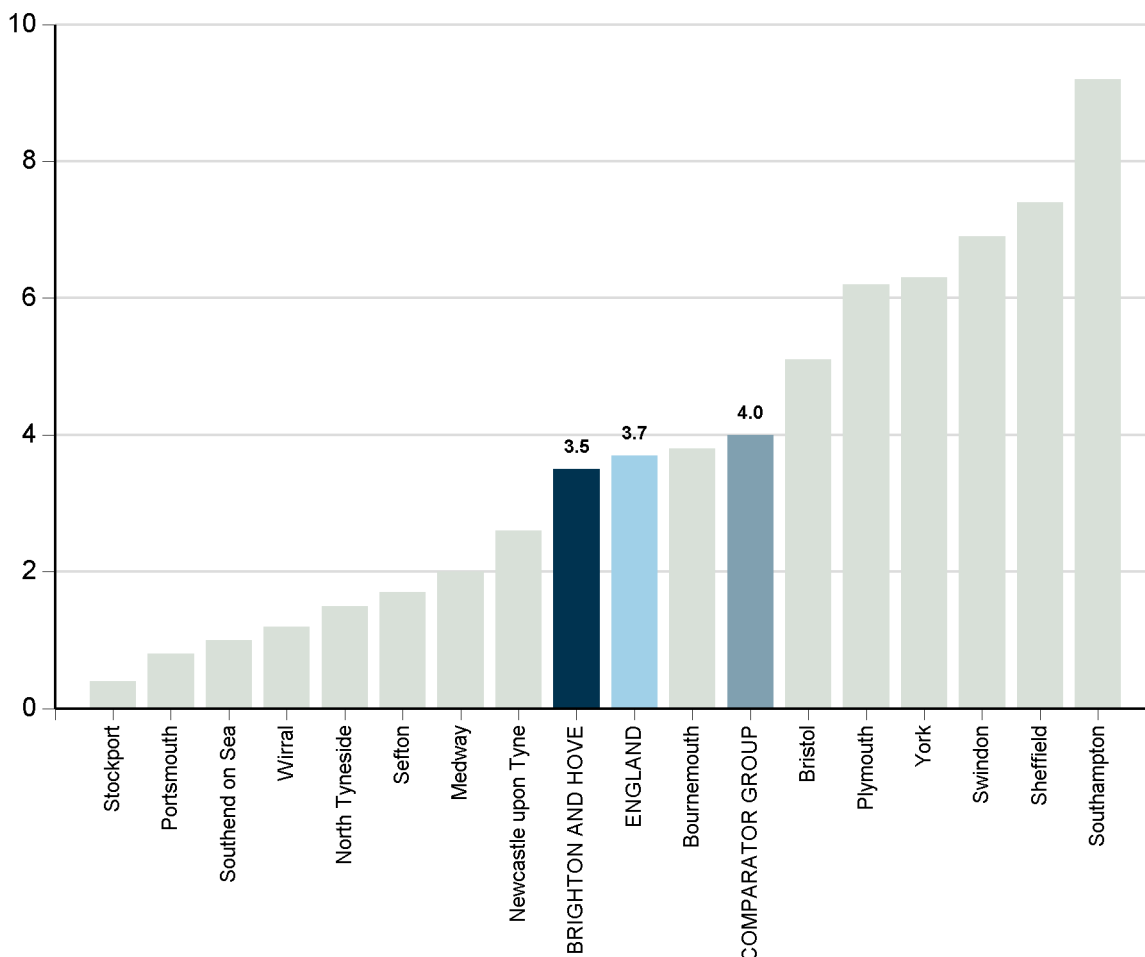
Numerator: DToC

Denominator: ONS 2014 mid-year population estimates (18 and over)

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2014-15

This Authority Compared to its CIPFA Comparator Group



This indicates the ability of the whole system to ensure appropriate transfer from hospital for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

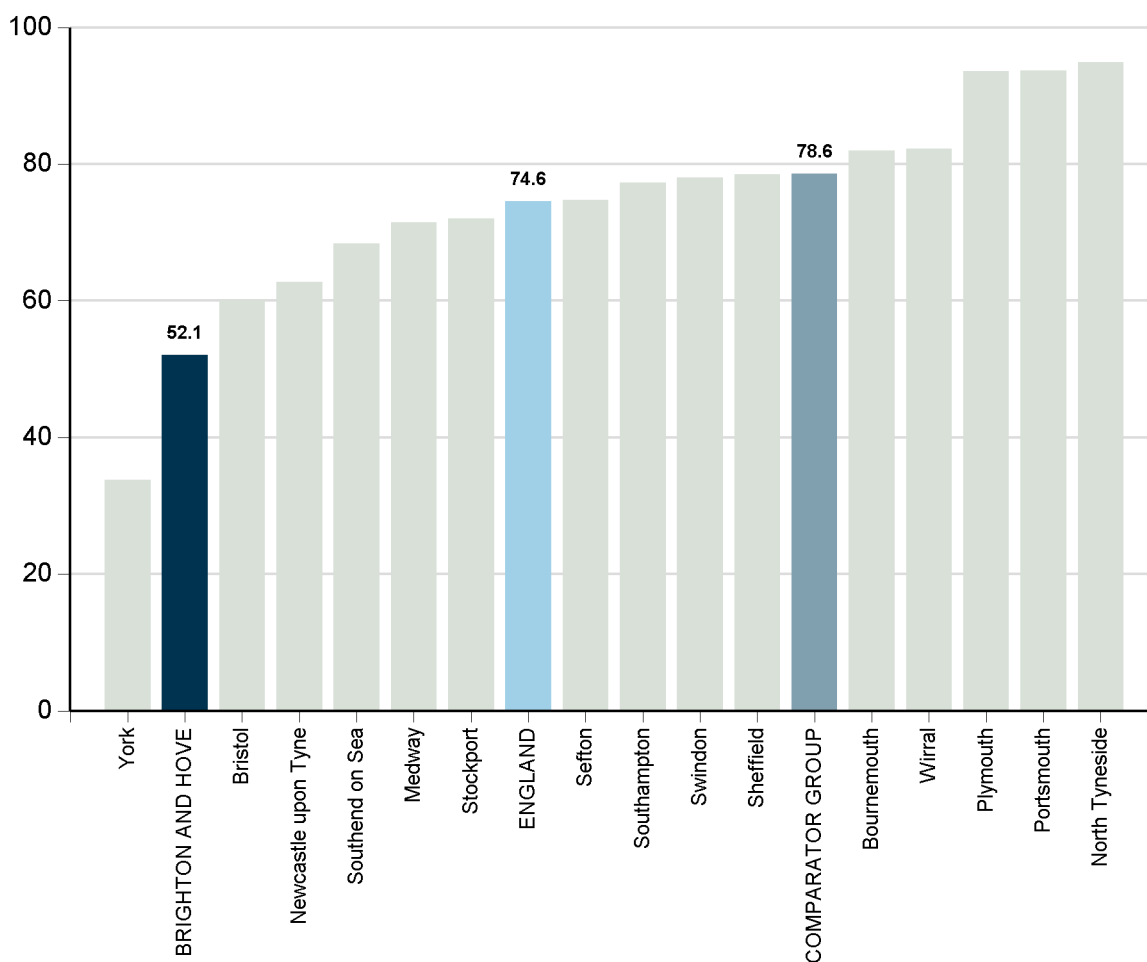
Numerator: DToC

Denominator: ONS 2014 mid-year population estimates (18 and over)

ASCOF Comparator Report 2014-15 Brighton and Hove (816)

2D - proportion of new clients who received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level, 2014-15

This Authority Compared to its CIPFA Comparator Group



The aim of short-term services is to reable people and promote their independence. This measure provides evidence of a good outcome in delaying dependency or supporting recovery - short-term support that results in no further need for services.

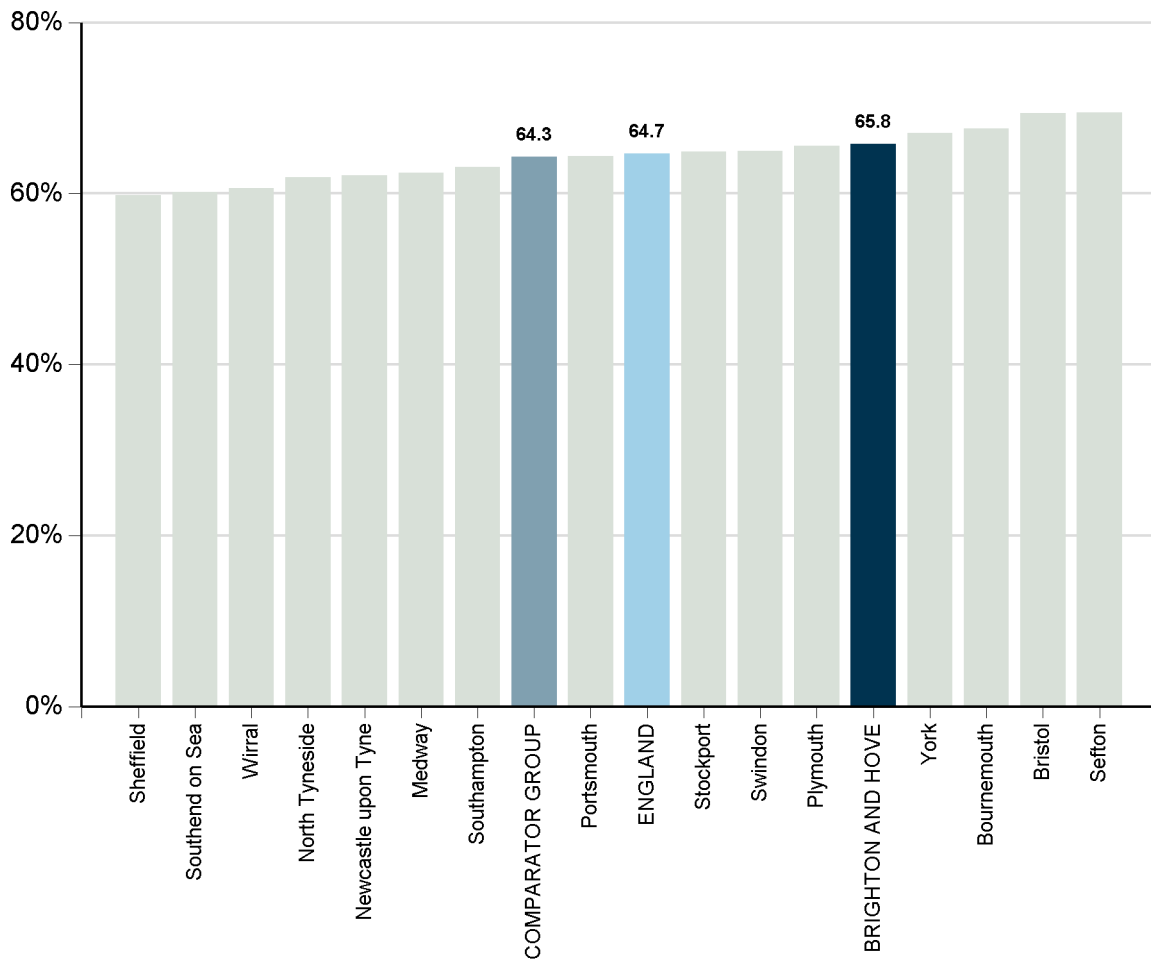
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: SALT

3A - Percentage of adults using services who are satisfied with the care and support they receive, 2014-15

This Authority Compared to its CIPFA Comparator Group



The satisfaction with services of people using adult social care is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services.

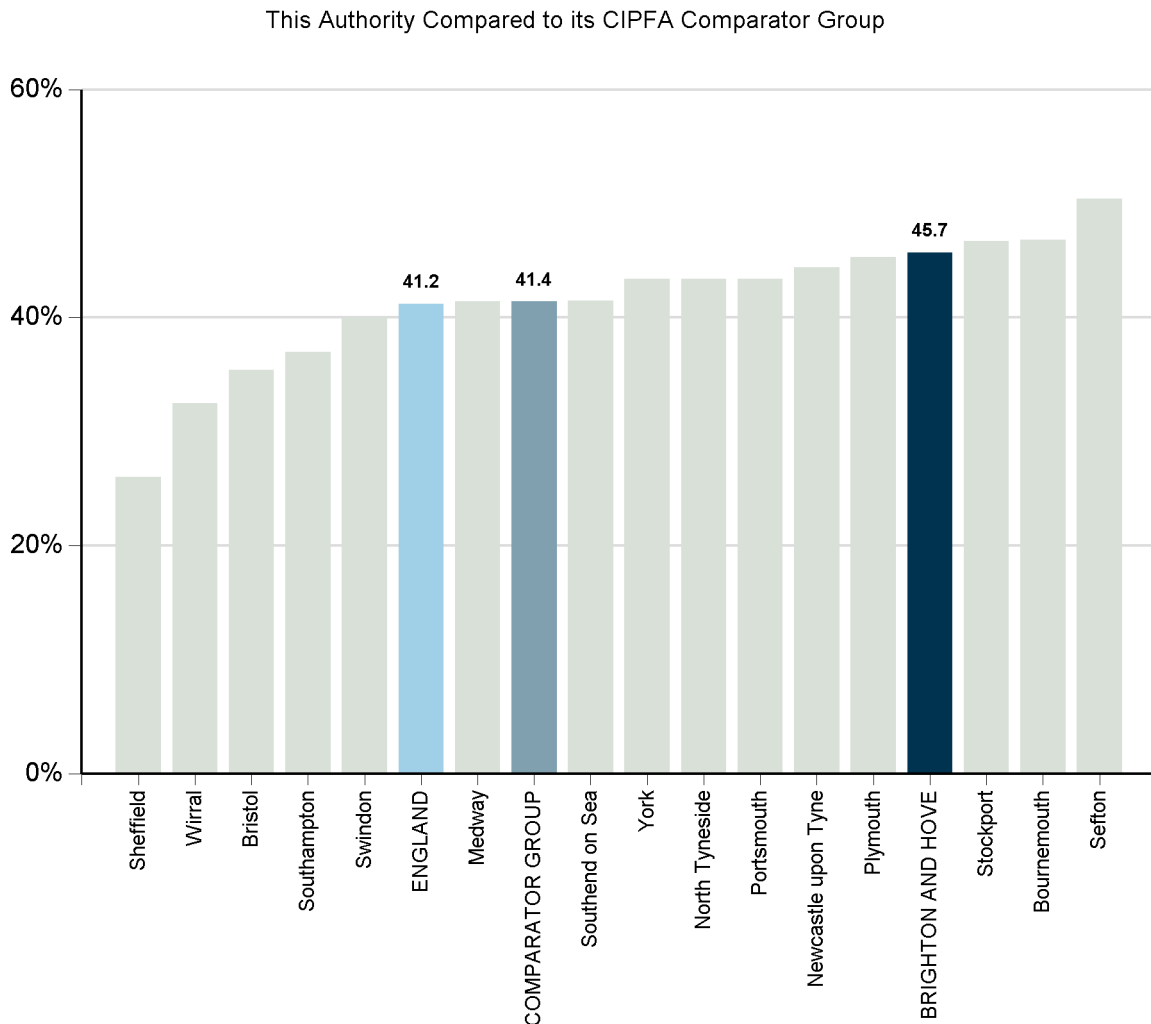
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: ASCS

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

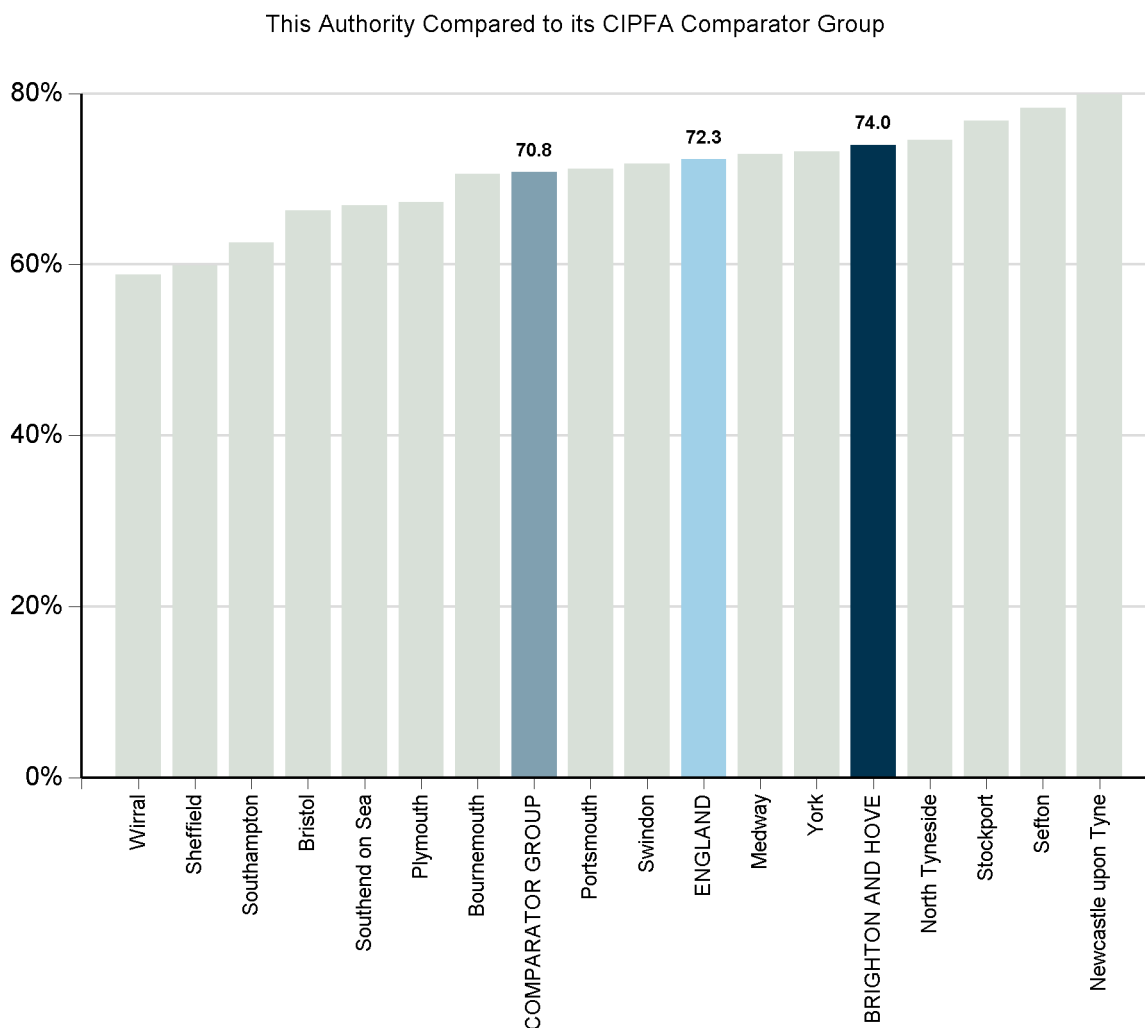
3B - Overall satisfaction of carers with social services, expressed as a percentage, 2014-15



The satisfaction with services of carers of people using adult social care is directly linked to a positive experience of care and support. Analysis of user surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services and quality.

Sources
Numerator and denominator: CS

3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for, 2014-15

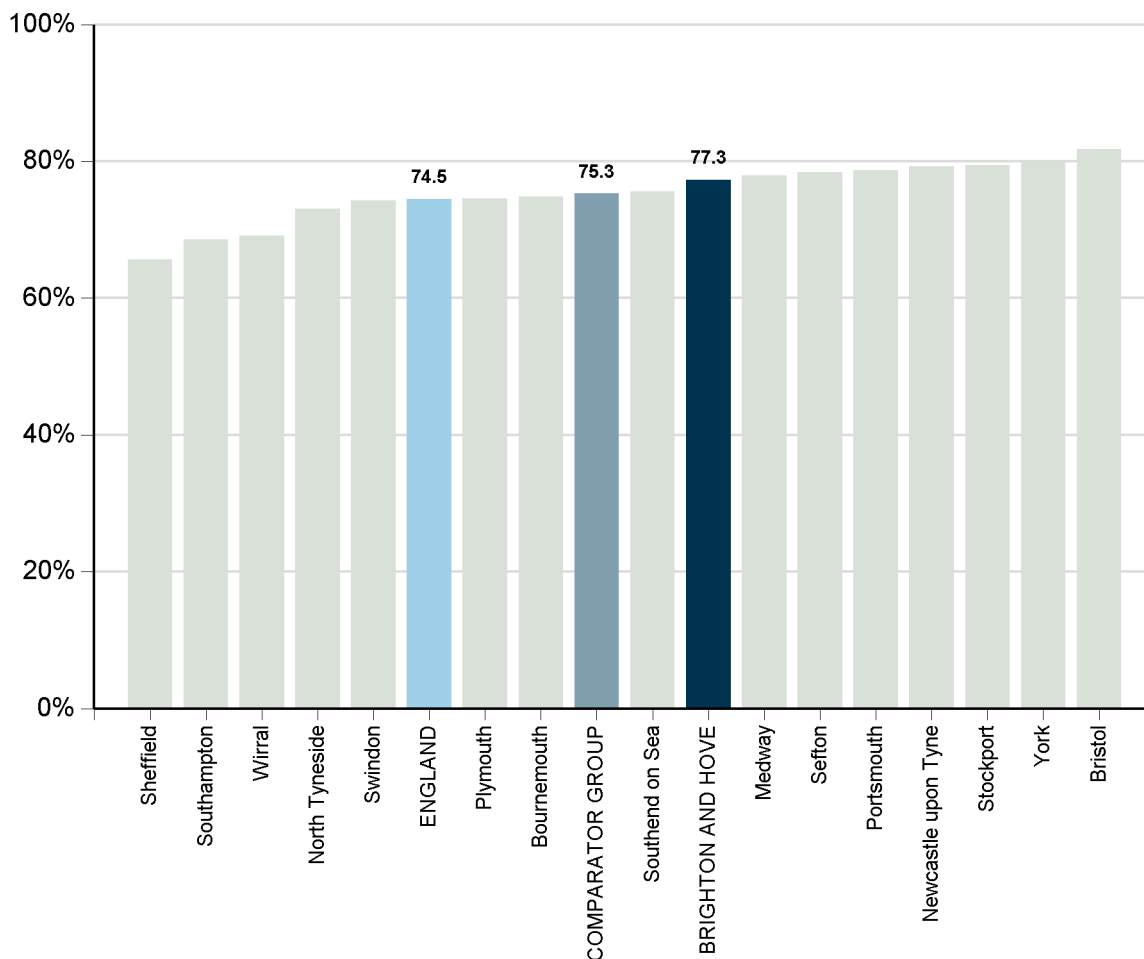


Carers should be respected as equal partners in service design for those individuals for whom they care - this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care. This measure reflects the experience of carers in how they have been consulted by both the NHS and social care.

Sources
 Numerator and denominator: CS

3D part 1 - The proportion of people who use services who find it easy to find information about services, 2014-15

This Authority Compared to its CIPFA Comparator Group



This measure reflects social services users' experience of access to information and advice about social care. Information is a core universal service, and a key factor in early intervention and reducing dependency. Improved and/or more information benefits service users by helping them to have greater choice and control over their lives.

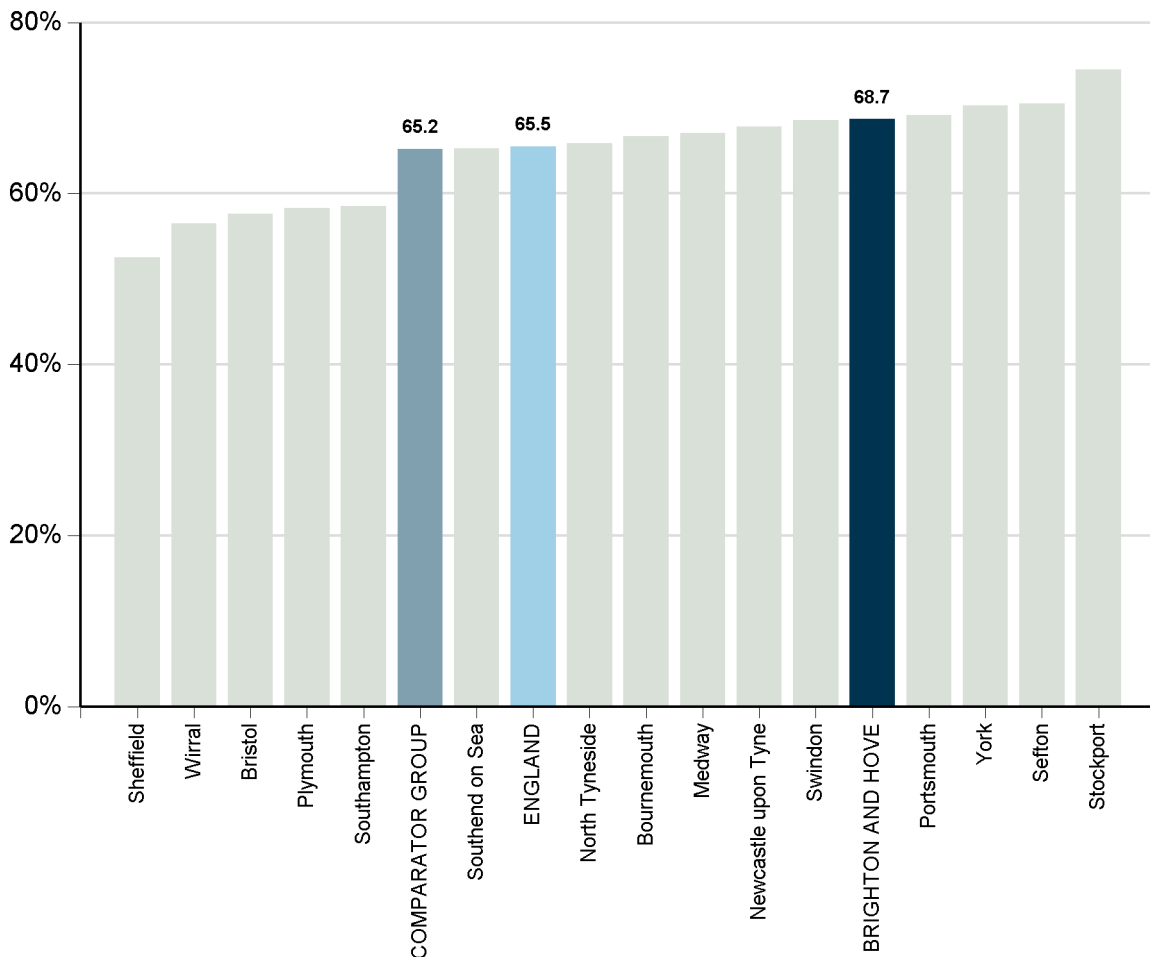
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: ASCS

3D part 2 - The proportion of carers who find it easy to find information about services, 2014-15

This Authority Compared to its CIPFA Comparator Group

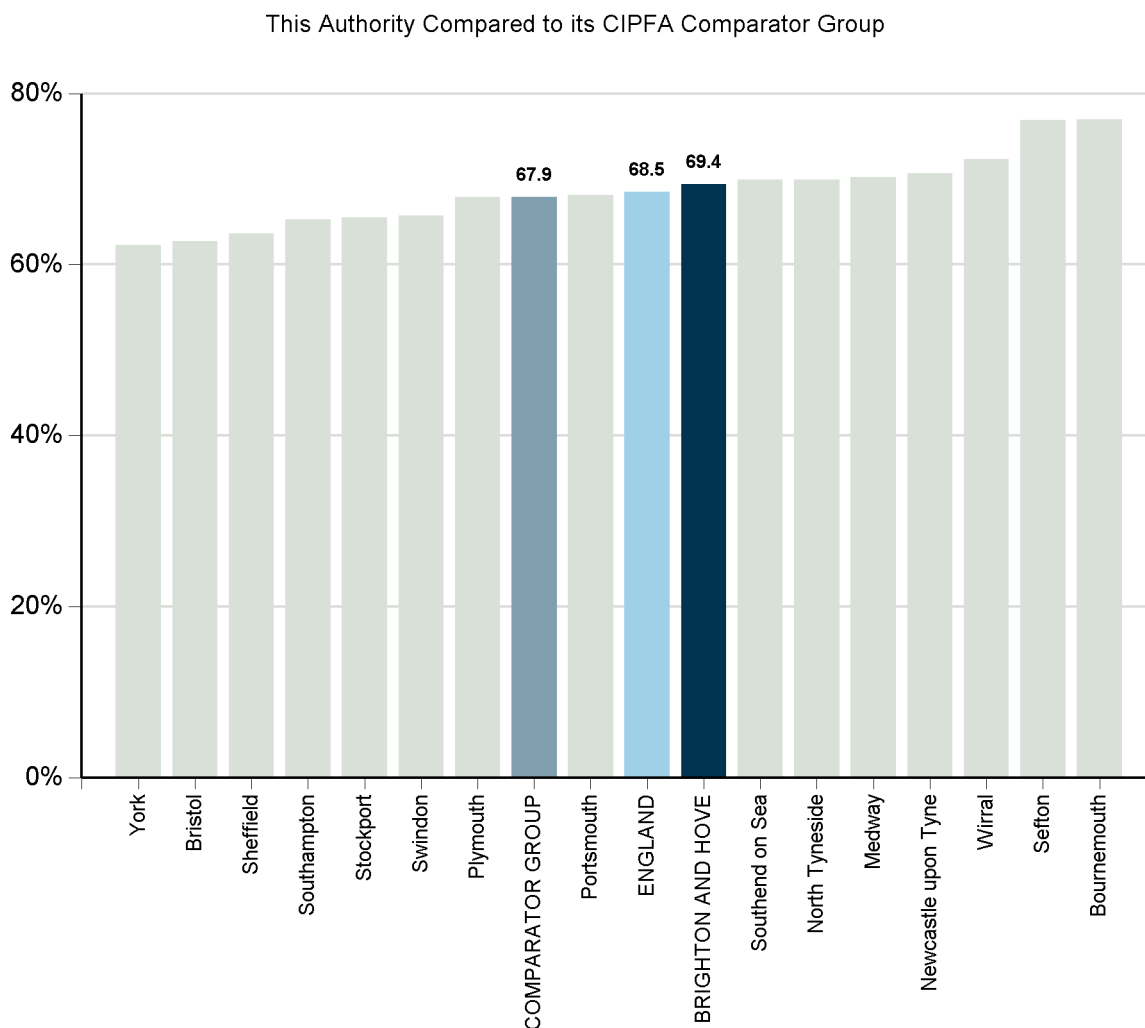


This measure reflects carers' experience of access to information and advice about social care. Improved and/or more information benefits carers by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements.

Sources

Numerator and denominator: CS

4A - The proportion of people who use services who feel safe, 2014-15



Safety is fundamental to the wellbeing and independence of people using social care, and the wider population. Feeling safe is a vital part of users' experience and their care and support. There are legal requirements about safety in the context of service quality, including CQC standards for registered services.

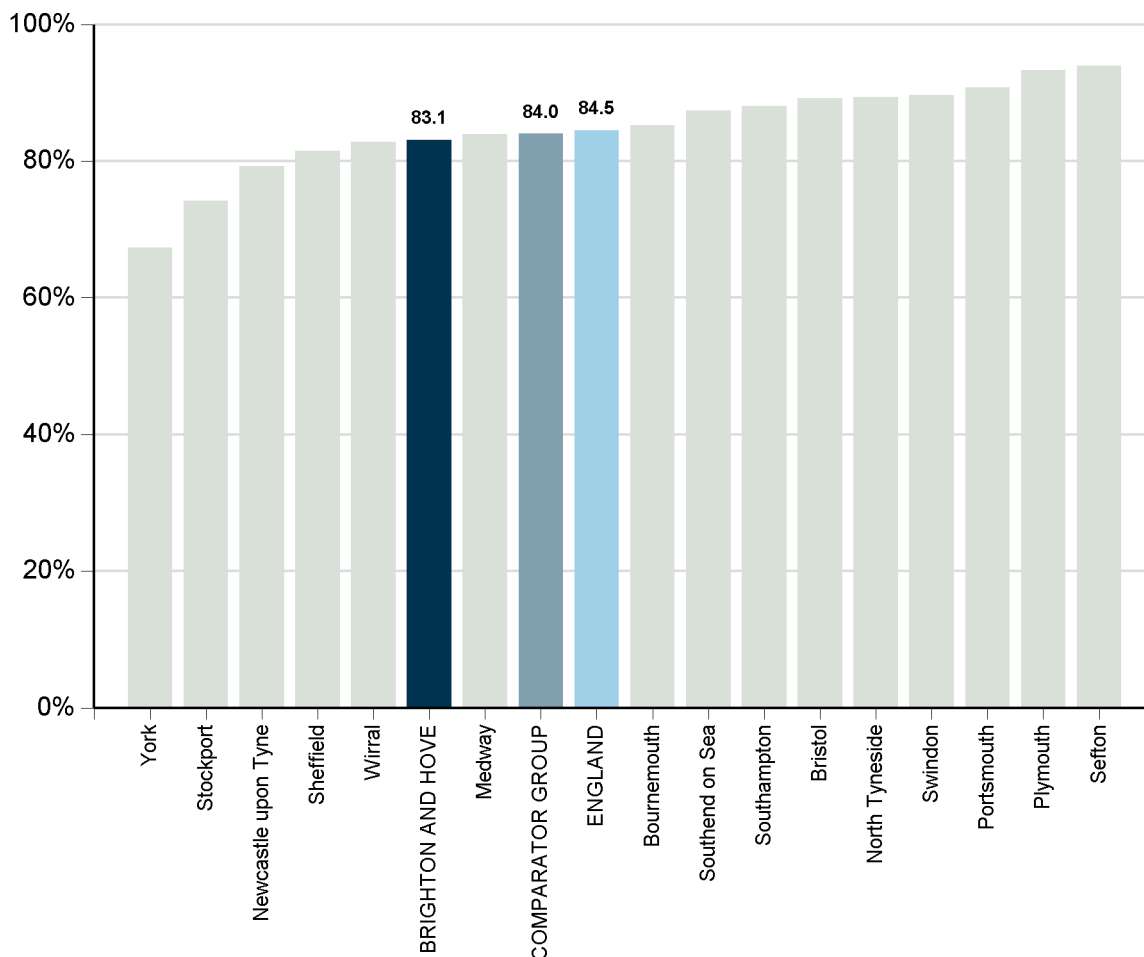
Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources
 Numerator and denominator: ASCS

**ASCOF Comparator Report 2014-15
Brighton and Hove (816)**

4B - The proportion of people who use services who say that those services have made them feel safe and secure, 2014-15

This Authority Compared to its CIPFA Comparator Group



This measure supports measure 4A by reflecting the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources

Numerator and denominator: ASCS

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

Purpose

This document is intended to update committee members following the Sussex Urgent and Emergency Care Network meeting on 16th December 2015.

Background

Between April 2015 and February 2016, over 15,600 hours have been lost to ambulance handover and turnaround delays at Sussex acute hospitals. Across Sussex the number of hours lost to delays is 41% higher than the equivalent period in 2013/14.

Locally, there have been increases in hours lost of 31% and 93% at the Royal Sussex County and Princess Royal hospital sites respectively. The number of patients conveyed to each site has risen by 7% between 2013/14 and 2015/16.

Delays to patient handover give rise to significant concerns including:

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

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

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

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

Progress To Date

There are two main requirements to ensure delivery of the agreed Sussex standard:

- 1) Acceptance of the standards by each Systems Resilience Group and the setting of a date by which they will be delivered; and
- 2) Agreement of a whole system action plan to bring about the necessary process and quality improvements in each hospital system

To date, none of the Systems Resilience Groups in Sussex have agreed a date by which the standard will be achieved. However, each has committed to joint workshops between SECAmb and the relevant acute trust to review hospital handover processes, identify quality improvement opportunities and agree an improvement action plan.

So far across Sussex the following progress has been achieved:

- The Brighton & Hove Systems Resilience Group has already held a handover process and quality review workshop focusing on Brighton & Sussex University Hospitals Trust (BSUH) (23rd November 2015 and 2nd December 2015)
- The Coastal West Sussex Systems Resilience Group has agreed to facilitate a handover process and quality review workshop focusing on Western Sussex Hospitals Trust (provisional date 11th March)
- The East Sussex Systems Resilience Group has agreed to facilitate a handover process and quality review workshop focusing on East Sussex Hospitals Trust (11th February)

Following the joint quality and process review with Brighton & Sussex University Hospitals Trust, a significant improvement was quickly achieved at both the Royal Sussex County and Princess Royal Hospital sites (in December 2015, the number of hours lost to delays was 40% lower than that seen in December 2014). A joint action plan to deliver improved 'patient flow' throughout the hospital has been agreed and supported by partners across the health and social care system.

Unfortunately, significant whole system challenges meant this level of improvement was not sustained in January and February, with handover delays reverting to their previous levels. A renewed focus is needed to drive the necessary improvements over the coming months.

Conclusions

The graphs and data in Appendix One show that the performance in terms of handover and turnaround delays continues to worsen, and has deteriorated significantly over the past two years.

However, the progress achieved in November and December at the Royal Sussex County Hospital shows there is a realistic prospect of delivering very significant improvements for patients in a short time, assuming sufficient priority and resources are dedicated to the issue.

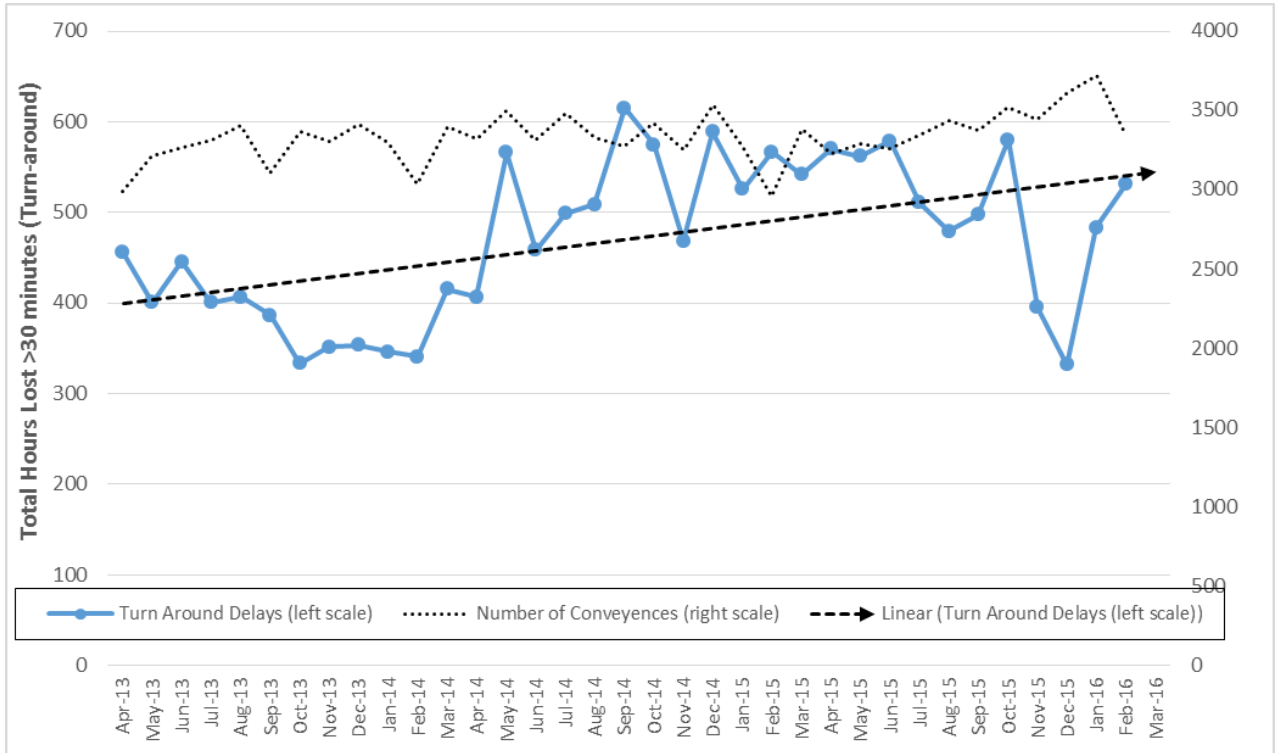
Recommendations

The committee is asked to:

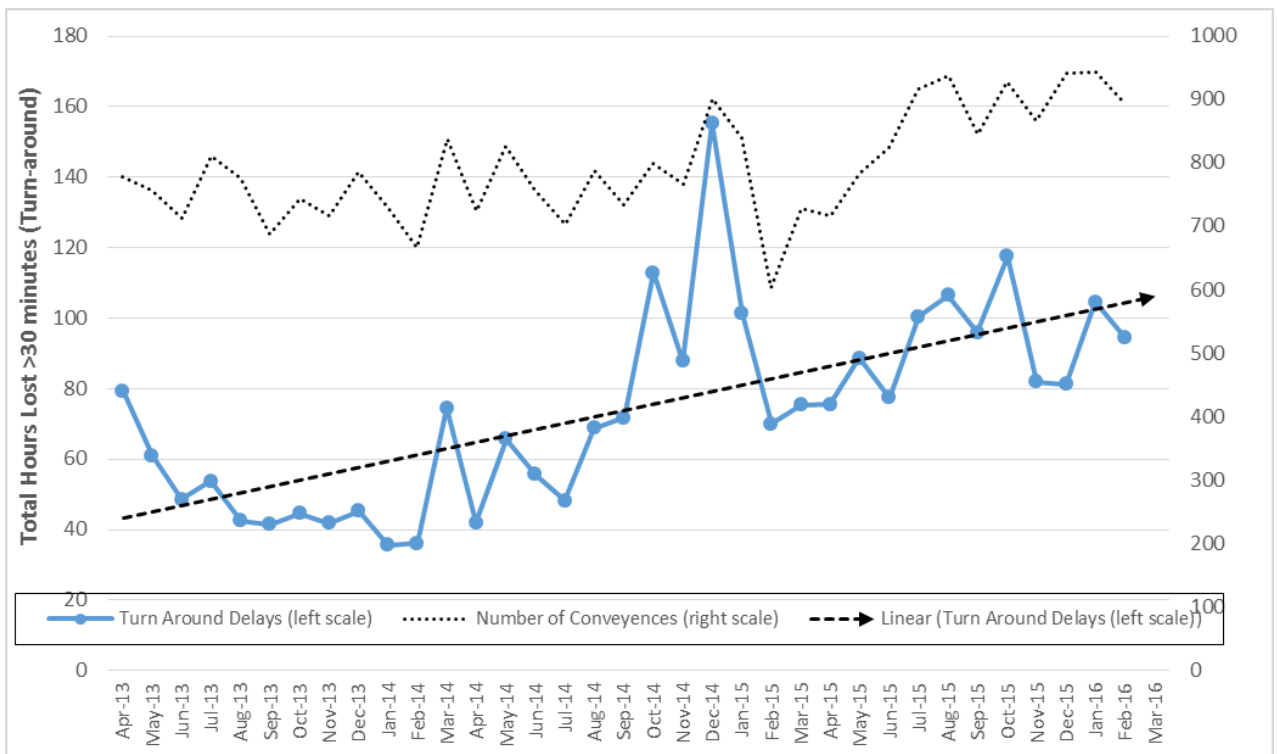
- 1) Note the content of this report in terms of the trend for increasing hospital delays across Sussex and the risk they pose to local patients
- 2) Support SECAmb and Brighton & Sussex University Hospitals Trust in delivering the agreed improvement plan.
- 3) Invite the Systems Resilience Group to share their agreed improvement trajectory and timescale for delivering the Sussex handover standards, and request regular progress updates to the committee.

Appendix One – Hospital Handover and Turnaround Performance

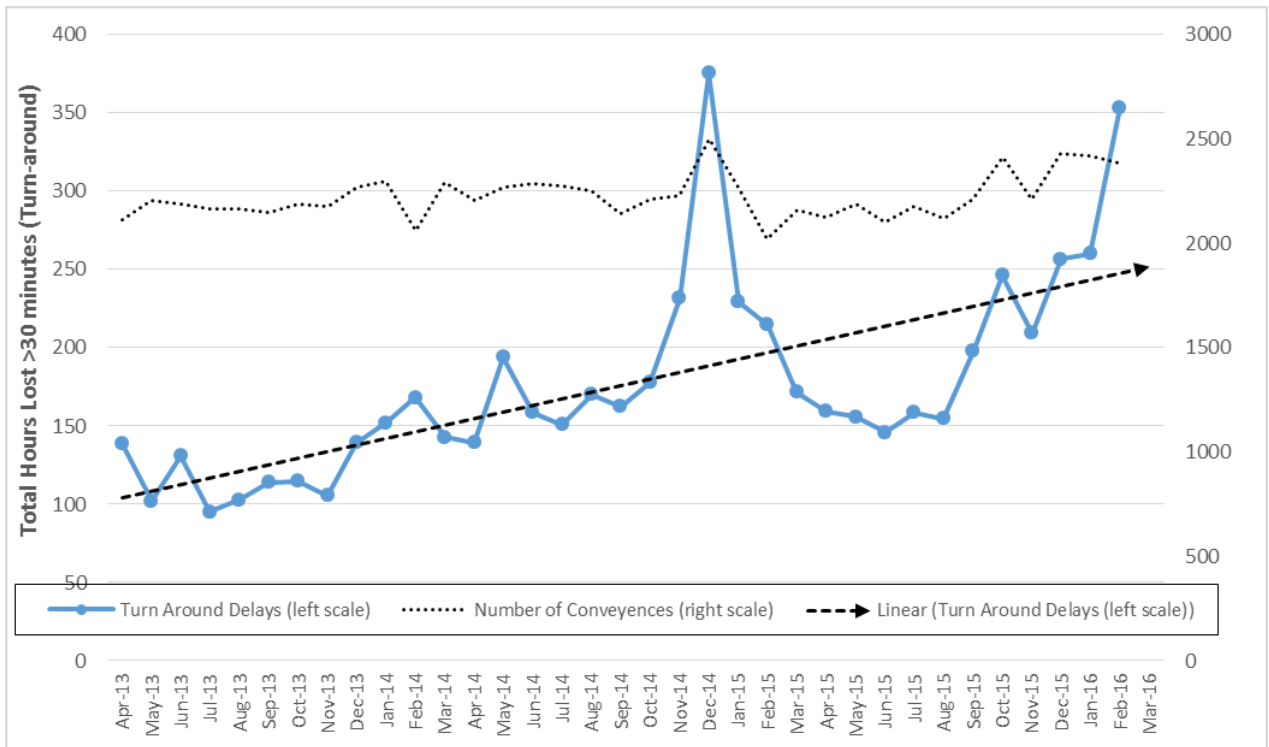
The graphs and table below show the trends in hours lost to delays at key hospital sites across Sussex.



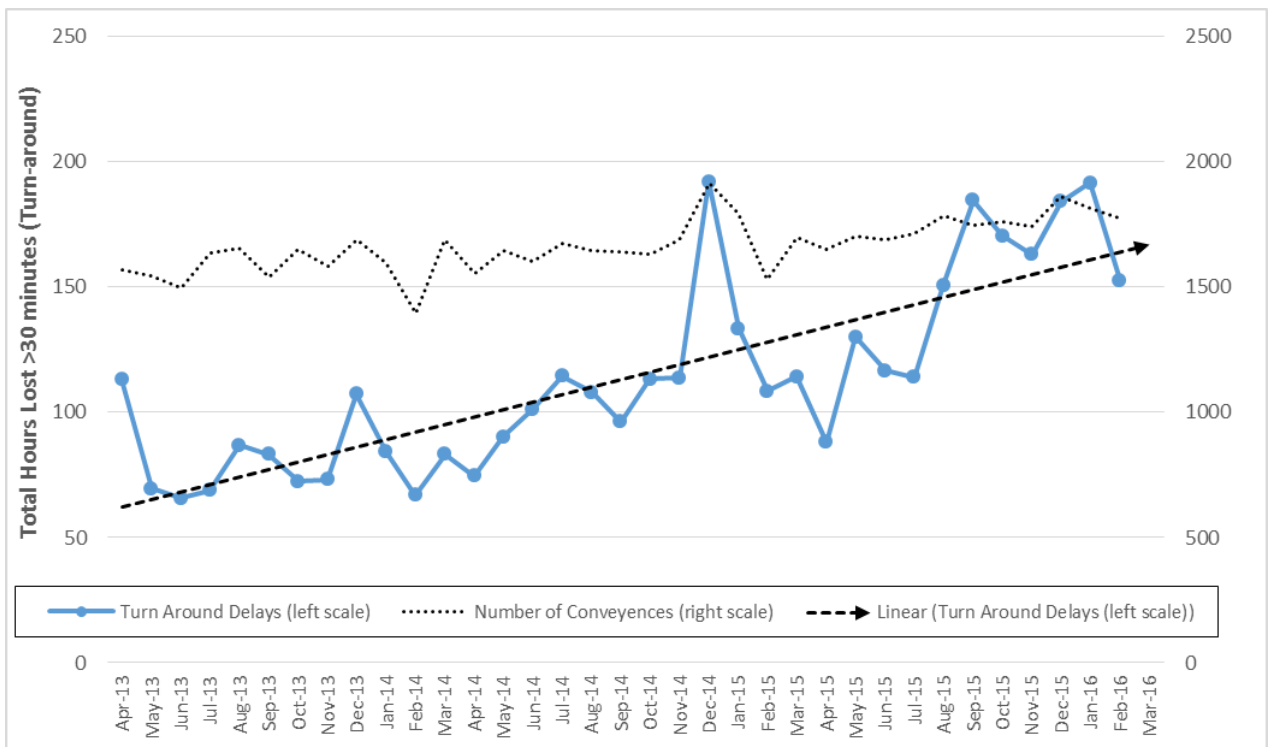
Royal Sussex County Hospital – hours lost to delays by month



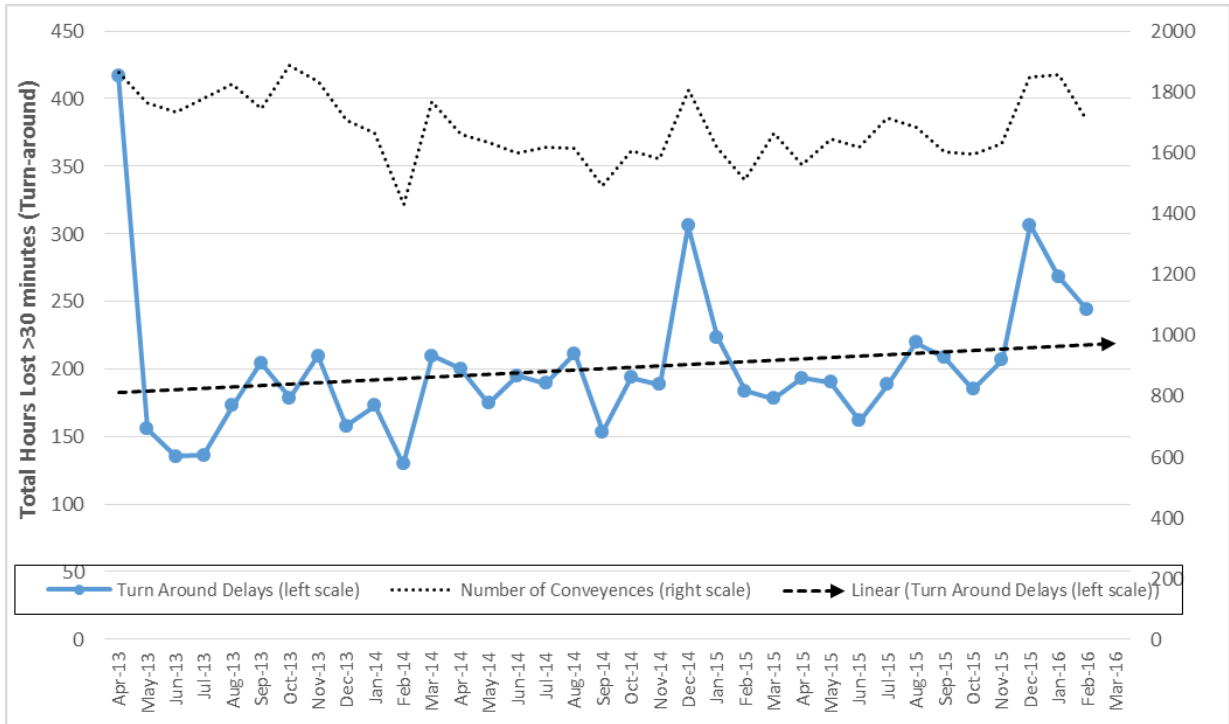
Princess Royal Hospital – hours lost to delays by month



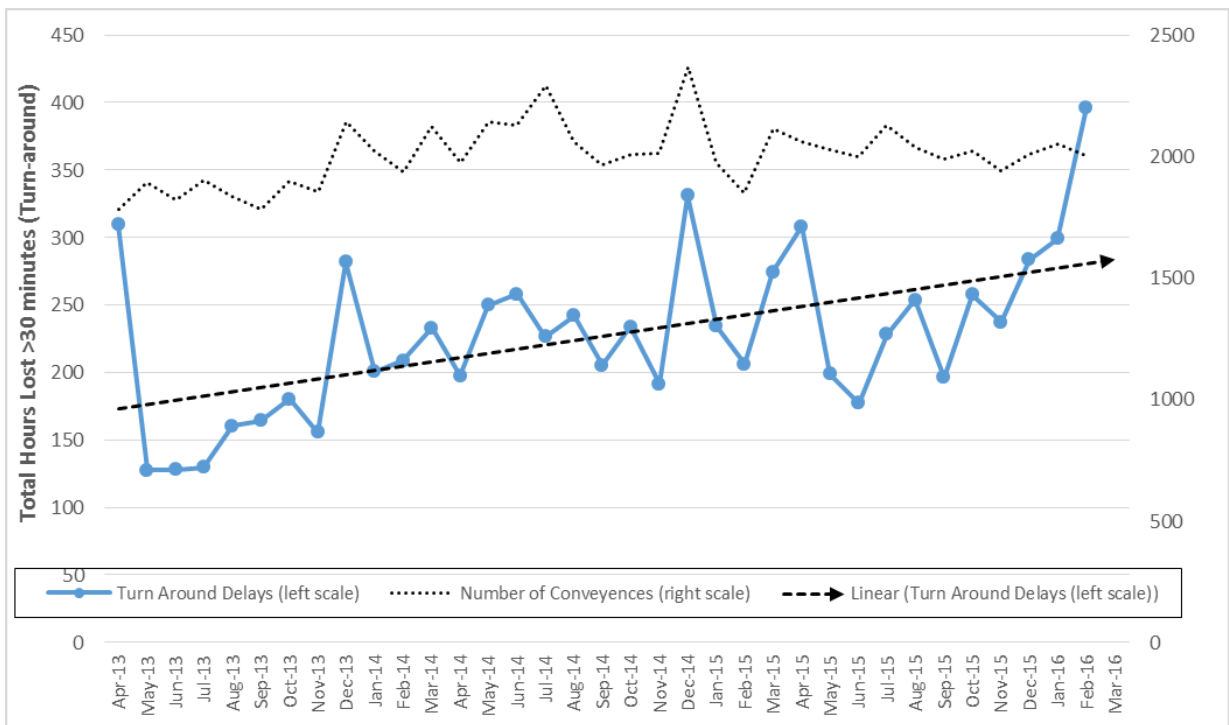
Worthing hospital - hours lost to delays by month



St Richards Hospital – hours lost to delays by month



Eastbourne District General Hospital – hours lost to delays by month



Conquest Hospital – hours lost to delays by month

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

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	26505	37689	41202	9%	55%
Kent Area	8408	11220	12235	9%	46%
Darent Valley Hospital	1608	2057	2881	40%	79%
Kent and Canterbury Hospital	378	582	738	27%	95%
Maidstone Hospital	334	589	569	-3%	70%
Medway Hospital	3329	3813	2642	-31%	-21%
Queen Elizabeth The Queen Mother Hospital	599	967	1339	38%	124%
Tunbridge Wells Hosp	994	1508	1724	14%	74%
William Harvey Hospital (Ashford)	1166	1705	2342	37%	101%
Surrey Area	6981.82	11573.98	13279.32	15%	90%
East Surrey	2013	3357	4634	38%	130%
Epsom General Hospital	528	834	1003	20%	90%
Frimley Park Hospital	1280	2205	2579	17%	102%
Royal Surrey County Hospital	1212	1951	2087	7%	72%
St Peters Hospital, Chertsey	1949	3228	2976	-8%	53%
Sussex Area	11114.76	14894.61	15687.61	5%	41%
Conquest Hospital	2046	2576	2835	10%	39%
Eastbourne DGH	2069	2218	2372	7%	15%
Princess Royal	530	879	1024	16%	93%
Royal Sussex County	4220	5779	5520	-4%	31%
St Richards	889	1244	1643	32%	85%
Worthing	1360	2200	2294	4%	69%

Subject:	Update on Seafront Infrastructure Scrutiny Panel Recommendations		
Date of Meeting:	23 March 2016		
Report of:	Acting Executive Director Environment, Development & Housing		
Contact Officer:	Name:	Ian Shurrock Nick Hibberd	Tel: 29-2084
	Email:	ian.shurrock@brighton-hove.gov.uk nick.hibberd@brighton-hove.gov.uk	
Ward(s) affected:	All		

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

- 1.1 The report of the Seafront Infrastructure Scrutiny Panel was endorsed by the Overview & Scrutiny Committee on 20th October 2014. The response to the Seafront Infrastructure Panel recommendations was approved by Policy & Resources Committee on 22nd January 2015. This report provides an update on the progress made towards meeting those recommendations.
- 1.2 The council's Executive Leadership Team (ELT) had recognised that the heritage structures and infrastructure managed by the council along the seafront require significant investment at a time of a very challenging financial climate. Key issues include the condition of the seafront arches which house many businesses and provide structural support to the A259, and the Madeira Terraces which need extensive renovation. Maintaining seafront infrastructure is currently one of the highest priority issues on the Strategic Risk Register. ELT therefore requested Overview & Scrutiny to consider the issue.
- 1.3 However, maintenance and renovation requires considerable resources, and the council needs to investigate how to fund any renewal programme. The cost of structural works needed for the seafront is estimated to be in the region of £100 million. In addition, the prioritisation of available resources would be necessary to best support the aspirations of the draft Seafront Strategy.

2. RECOMMENDATIONS:

- 2.1 That the committee notes the updates to the recommendations of the Seafront Infrastructure Scrutiny Panel as listed in Appendix 1.

- 2.2 That the committee notes a further report will be considered by the Policy & Resources Committee in June 2016 to consider the key challenges faced by a seafront investment programme and identify potential solutions and resources to meet the challenges.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The seafront is of considerable importance to the city as a much visited recreational resource by both residents and visitors alike. The seafront plays a major part in the tourism offer of the city and therefore contributes significantly to the visitor economy of the city, which is valued at £830 million per year and supports approximately 22,000 jobs (16,000 full time equivalents). Therefore, it is essential that the seafront is well maintained and managed to not only reduce the health and safety risks but also as a very attractive place to visit.
- 3.1 The initial focus of the Scrutiny Panel was to consider the renovation and rebuilding of structures on the seafront. However, the range of evidence that was presented led the panel to widen the remit and look at how the seafront could work towards generating more income, which could be used to fund structural works.
- 3.2 The panel were acutely aware of the financial climate that is facing the council and hence the focus on looking for the seafront to be as self-sustaining as possible. The Chair highlights that the panel wanted “the seafront to retain its unique offer but we have to make the most of every opportunity to raise income while ensuring that the income the seafront generates is used as efficiently as possible to sustain its future”.
- 3.3 The panel acknowledged that the seafront is complex, which was reflected by the wide range of officers and stakeholders that gave evidence. The one key message that the panel gave is for the council to consider the way the seafront is managed to meet the challenges that are faced. In particular, with reference to the need to renovate structures on a substantial scale, the panel recommends that the council manages the seafront as a single, coherent programme – strategically, financially and operationally.
- 3.5 The complexity and scope of the seafront led the panel to define eight key outcomes. The recommendations in appendix 1 are a response to achieving these outcomes. Some outcomes have a single recommendation while others are addressed by several recommendations (pages 18-23 of the report of the Scrutiny Panel). The outcomes identified are:
- The council has a collective understanding of the seafront’s needs and opportunities and who is responsible for it.
 - A seafront which is working towards being financially self-sustaining.
 - Everyone is working together to develop the seafront.
 - The seafront is no longer seen as a major risk.

- An accessible and connected seafront.
 - The council is in the best possible position to develop robust and successful bids for funding when opportunities arise to enable projects on the seafront to succeed.
 - A seafront which offers the best possible experience for visitors, residents and businesses.
 - A greater understanding and appreciation of the seafront and its history.
- 3.6 The recommendations that seek to achieve these outcomes are in appendix 1 together with the responses to the recommendations, and the subsequent update on the progress made for this Scrutiny update.
- 3.7 A Seafront Investment Programme has been established (see report to Policy & Resources on 19th March 2015 – “Seafront Investment Programme – Governance Arrangements”) to respond to the recommendations of the Seafront Infrastructure Scrutiny Panel report with the following objectives:
- Developing a co-ordinated programme of investment that brings together public, private, government, and business expertise to maximise delivery
 - Creating the conditions that the City’s seafront investment is a destination of choice, with all parts of the seafront fulfilling its potential.
 - Ensuring that the City is in a position to unlock seafront development sites, and exploit its assets through identifying all funding opportunities and taking a more commercial investment approach – including the exploration of new models of investment and service delivery.
 - Identifying and prioritising a medium term pipeline of investment opportunities which are attractive to investors and developers which drive investment in priority areas.
 - Overseeing the co-ordination of improvements to infrastructure along the seafront, including transport infrastructure, flood defences and broadband connectivity, whilst protecting heritage assets.
 - Supporting the development of our visitor and tourist economy in relation to the seafront.
 - Developing and overseeing a communication and engagement strategy in relation to the seafront.
- 3.8 As the delivery of the co-ordinated programme progresses and the new Seafront Investment Plan is developed, it is anticipated that there will be opportunities to consider new models of investment. The draft Seafront Investment Plan will be presented to Policy & Resources Committee in June 2016 and will aim to consider a number of investment and delivery options for the future sustainability of the City’s seafront.

3.9 The council has commissioned specialist support jointly from Mott MacDonald and Grant Thornton for an options appraisal of potential new investment models. Research has been undertaken into a range of areas in relation to the seafront over recent months to inform the development of a Seafront Investment Plan including:

- Evidence review of current strategy documents, as well as background documents of key development sites
- Economic impact analysis of key development opportunities
- Review of the commercial portfolio review
- Option prioritisation framework – developing a draft prioritisation framework to evaluate the potential of different development projects
- Review of the most appropriate funding mechanisms and delivery models for the specific priorities identified for the seafront by an evidence review and engagement process (see 5.2)

3.10 Significant investment in seafront infrastructure is currently taking place. This includes the following projects:

- **Renewal of Seafront Arches and A259 Infrastructure:** The award winning scheme to reinforce the A259 and restore the historic fishermen’s arches either side of the i360. The arches support the A259 trunk road above. The second phase of restoration of 33 arches east of the i360 is currently taking place and they are due to open in the summer.
- **Redevelopment of the former Shelter Hall:** The works will allow this busy A259 junction to help people move and traffic flow more smoothly. The rebuilt hall will provide a new flagship commercial business location.
- **i360:** The viewing pod for the tower which will provide views from 450ft has recently been completed. The attraction is scheduled to be completed in the summer.
- **King Alfred Redevelopment:** On 21st January 2016, the Policy & Resources Committee approved Crest Nicholson in partnership with the Starr Trust as the preferred bidder. The proposed £200m redevelopment of the King Alfred site includes a new public sports centre valued at around £40m which is primarily funded by 560 flats – 20% of which will be affordable homes.
- **Peter Pan Site:** The Policy & Resources Committee in June will consider granting a lease for the open water swimming centre proposal called “Sea Laine” on the site.
- **Volks Railway:** The £2m project (with £1.6m HLF funding) is scheduled to start in September to provide a new conservation workshop and train storage facility, with a new Aquarium Station including visitor centre, function room and café.

- **Dalton's Bastion site, Madeira Drive.** The Economic Development & Culture Committee agreed on 10 March 2016 to grant Landlord's consent for the development of a new zip wire attraction and café on the Dalton's Bastion site on Madeira Drive.
- **Madeira Terraces:** An investment plan is currently being developed to identify feasible options to improve Madeira Drive from the Palace Pier to the Black Rock site including the currently closed Madeira Terraces.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The council has commissioned specialist support jointly from Mott MacDonald and Grant Thornton for an options appraisal of potential new investment models. The draft Seafront Investment Plan will consider such options.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The Seafront Infrastructure Scrutiny panel interviewed thirty witnesses during panel meetings of which sixteen were external to the council. The panel also held a drop in session for those who wished to give their views to the panel on the seafront and over fifty people attended. A consultation workshop was also held with the Brighton & Hove Tourism Advisory Board in which panel members were provided feedback on the seafront.
- 5.2 Mott MacDonald / Grant Thornton have consulted with stakeholders from both the public and private sector community on key seafront developments. In addition, an online survey setting out the emerging priorities from the evidence review and seeking evidence on ranking these priorities was distributed to over 100 seafront businesses. Further consultation workshops will take place on the draft Seafront Investment Plan

6. CONCLUSION

- 6.1 The seafront is of significant strategic importance to the city. Therefore, it is essential that the seafront is maintained and developed to ensure that the city benefits fully from this primary asset.
- 6.2 The establishment of a Seafront Investment Programme Board and the development of a Seafront Investment Plan will enable investment into the Seafront to be prioritised and the limited resources available to be used effectively.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The recommendations of this report do not directly create financial implications or commitments, however, Appendix 1 details a commitment to bring forward an update of the draft Seafront Investment Plan to Policy & Resources Committee by June 2016. This report will include an update on the funding options to address the requirements of the seafront investment programme.
- 7.2 Specialist advisors Mott Macdonald and Grant Thornton have been appointed to assist with the Seafront Investment Plan and the cost of these appointments have been met from existing budgets and external funding.
- 7.3 A number of seafront related projects have commenced as detailed in paragraph 3.10 above. These have been included within the Council's Capital Investment Programme and have been presented to previous Policy & Resources Committees for approval.

Finance Officer Consulted: Rob Allen

Date: 08/03/16

Legal Implications:

- 7.4 There are no direct legal implications arising from this report.

Lawyer Consulted:

Name Hilary Woodward

Date: 25/2/16

Equalities Implications:

- 7.5 A key outcome identified by the Scrutiny Panel is to provide an accessible and connected seafront. A well maintained and attractive seafront would enhance accessibility to the wider public.

Sustainability Implications:

- 7.6 The sustainability of the Seafront was the focus of the Scrutiny Panel report. While the sustainability of the physical infrastructure was the initial remit, the broader sustainability of the Seafront from other perspectives e.g economic is being considered in the development of a Seafront Investment Plan.

Any Other Significant Implications:

- 7.7 No other significant implications.

SUPPORTING DOCUMENTATION

Appendices:

1. Update on Seafront Infrastructure Scrutiny Panel recommendations and responses.

Documents in Members' Rooms

1. None

Background Documents

1. Report to Policy & Resources on 19th March 2015 – “Seafront Investment Programme – Governance Arrangements”
2. Report to Policy & Resources on 22nd January 2015 – “Response to the Seafront Infrastructure Panel Recommendations”.
3. Report of the Overview and Scrutiny Panel on Seafront Infrastructure – October 2014

No.	Scrutiny Panel Recommendation	Initial Response	Current Update
1.	<p>The panel wants to ensure that the strategic management of the seafront is a coherent, visible and accountable programme.</p> <p>To achieve this, the panel recommends that:</p> <ul style="list-style-type: none"> • The seafront is turned into a coherent programme of work • A single lead for this programme is chosen from the Executive Leadership Team in Brighton & Hove City Council • A group of key officers meet regularly to manage the progress of this programme • This method of managing the seafront is included as an outcome in the council's Corporate Plan. <p>The panel would like a report to come to the Policy & Resources Committee in March 2015 to outline how this programme will be led and managed. A further report should be put to committee in September 2015 to:</p> <ul style="list-style-type: none"> • Outline the key challenges the programme faces • Identify the resources • Describe potential solutions. 	<p>Recommendation Accepted</p> <p>The council has established a Seafront Investment Programme Board with the Executive Director of Environment, Development & Housing, Geoff Raw, as the lead 'Senior Responsible Officer' from the Executive Leadership Team.</p> <p>The key officers identified to meet regularly to manage the progress of the programme include representatives from Sport & Leisure, Major Projects, Planning, Property & Design, Transport and Economic Development, forming a Seafront Investment Programme Board.</p> <p>This method of managing the Seafront will be included in the council's Corporate Plan.</p> <p>A report will be presented to the Policy & Resources Committee in March 2015 to outline how the Seafront Investment Programme will be led and managed. A further report will be presented to committee in September 2015 which will outline the Seafront Investment Plan.</p>	<p>Current Update</p> <p>A Seafront Investment Programme Board has been established with the management arrangements for the Board approved by Policy & Resources in March 2015.</p> <p>The development of a Seafront Investment Plan in conjunction with specialist advisors Mott MacDonald / Grant Thornton is on-going. A draft Seafront Investment Plan is due to be considered by Policy & Resources at the June committee. The development of the Seafront Investment Plan includes:</p> <ul style="list-style-type: none"> • Evidence review of current strategy documents, as well as background documents of key development sites • Economic impact analysis of key development opportunities • Review of the commercial portfolio review

			<ul style="list-style-type: none"> Option prioritisation framework – developing a draft prioritisation framework to evaluate the potential of different development projects <p>Review of the most appropriate funding mechanisms and delivery models for the specific priorities identified for the seafront by an evidence review and engagement process</p> <p>This method of managing the Seafront is reflected in the Corporate Plan and directorate plans.</p>
2.	<p>The panel would like to see the information produced on the seafront collected in a single place, to increase the visibility and accountability of this as a programme. The council can then use this site to share information which is not commercially sensitive with seafront businesses and other stakeholders. This would enable these businesses and organisations to plan more effectively for their future. The process would also seek to make a very complex area of work more accessible and understandable.</p>	<p>Recommendation Accepted in Principle</p> <p>The feasibility of locating all the information on the seafront in a single place, such as through an electronic shared document management system, together with the resource to ensure that the information is kept up to date and accurate will be investigated. An update on the feasibility will be provided in the report to Policy & Resources proposed for March 2015, as</p>	<p>Electronic documents relating to the Seafront Investment Programme and Seafront Investment Plan are being located together centrally on the City Council's ICT system.</p> <p>Consideration has been given to procuring an electronic programme management system for sharing and updating</p>

		part of describing how the Seafront Investment Programme will be led and managed.	documents relates to the city's investment programmes, but this is not being taken forward at this time.
3.	The panel recommends that a 'brand identity' for the seafront is developed for marketing, signage and other purposes. This would be used to promote what the seafront can offer everyone. This project could learn from the work done by Brilliant Brighton and the London Road Portas Pilot.	Recommendation Accepted in Principle See response to Recommendation 5	See recommendation 5.
4.	The panel recommends that an exhibition is held in the city to give residents, visitors and businesses a greater understanding and appreciation of the seafront; its importance, history, conservation needs and the challenges faced. Ongoing displays of information and material for use on social media and websites could then provide a long term source of information on the seafront (see Recommendation Two).	Recommendation Accepted in Principle The Seafront Investment Programme Board will develop a communications plan aligned to the development and delivery of the Seafront Investment Plan with the aim of engaging residents, visitors and businesses and giving them a greater understanding and appreciation of the seafront, it's importance, history and the challenges faced. The plan will include consideration of the use of social media, website information and other forms of communication and engagement such as exhibitions, as resources allow.	This is being considered as part of the launch of the Seafront Investment Plan. Information is being provided through high quality pictorial boards on development sites e.g. i360 and forthcoming Shelter Hall development.
5.	The panel recommends that Brighton & Hove City Council identifies sources of funding and arrange the appointment of an independent Enterprise Officer to offer business support to the seafront enterprises. Where appropriate, this officer could also work with the council and businesses to resolve	Recommendation Accepted in part Any Enterprise Officer would require external funding, given the current financial position of the council. The	No external funding has been identified to fund such a post.

	<p>housekeeping issues on the seafront, such as the siting of bins and rubbish collections. This post holder could also work with traders, and other stakeholders, on the issues which arise around the major projects planned for the seafront.</p> <p>One of their other tasks would be to consult businesses in the seafront area, to see if they would like to find a way of grouping together to become a defined area for business improvement. If the seafront businesses were interested in being involved in this project, the Enterprise Officer could then explore with them the most feasible way to achieve this, which could include either:</p> <ul style="list-style-type: none"> • Becoming a Business Improvement District (BID) • Finding out whether the seafront businesses wanted to, and could, join with an existing or planned BID in the city • Considering a form of Town Centre Management • Connecting this to the work of the Local Economic Partnership (LEP). 	<p>council will investigate with seafront businesses whether they wanted to and could join with an existing or planned Business Improvement District (BID) in the city. It is unlikely that there would be a sufficient critical mass of businesses along the seafront for them to be able to form their own 'Seafront BID' and fund and Enterprise Officer.</p>	<p>An assessment of the financial viability of the seafront businesses forming a "Seafront BID" is being undertaken.</p>
6.	<p>The panel recommend that the council prioritises improving consultation and communication between itself and the seafront businesses to improve business confidence. If a model is adopted to group the seafront into an enterprise area (see Recommendation Five), this also prioritises improving communication and consultation.</p> <p>The proposed Enterprise Officer would have as a key role to regularly communicate with seafront businesses about issues relating to the area and harness the energy, enthusiasm and fund raising abilities of the stakeholders, from sports clubs to traders and conservation groups.</p>	<p>Recommendation Accepted in Principle</p> <p>The council will review communication with seafront businesses to identify areas of improvement – as part of the development of the communications plan that will support the development and delivery of the Seafront Investment Plan.</p> <p>Please see response to Recommendation 5 with regard to the appointment of an Enterprise Officer.</p>	<p>The Seafront attracts significant media interest which is not surprising due to the challenges being faced and the importance to the city. A seafront investment communications plan has been developed and will be integral to the new Seafront Investment Plan.</p> <p>See response to Recommendation 5.</p>

7.	<p>The panel recommends that the council carries out a feasibility study into making a public commitment to ring fencing a proportion of the resources generated by the seafront, to be used for the seafront. This study would look at issues such as the knock on effect of this form of 'ring fencing', for example its impact on the funds which are currently being used for front line services. The aim would be to see if this ring fencing can be agreed in principle and to establish a formula (for example a % of new income generated, or increased income or holding onto a proportion of increasing Business Rates). The council's decision on ring fencing resources for the seafront should be reported to committee and be incorporated into the Investment Strategy for the seafront.</p>	<p>Recommendation Accepted</p> <p>The council will undertake a feasibility study into 'ring fencing' a proportion of the resources generated by the seafront, to be used by the seafront. This approach will be considered through the development of the Seafront Investment Plan that will be reported to Policy & Resources committee in September 2015.</p>	<p>The feasibility will form part of the funding options in the Seafront Investment Plan.</p>
8.	<p>The panel heard that the Corporate Building Maintenance Strategy (CBMS), which forms part of the council's Corporate Asset Management Plan (CAMP), sets out the way the organisation strategically prioritises buildings, based on factors including footfall, condition and need. There is a very limited pot of money for planned maintenance, and it is therefore important that the council has clear processes in place to ensure that available funds are allocated to the most appropriate buildings.</p> <p>Officers have indicated to the panel that the council is proposing to review the prioritisation of the seafront buildings and assets to ensure that it more accurately reflects the corporate strategic priorities for the seafront over the next 5-10</p>	<p>Recommendation Accepted in Principle</p> <p>The Corporate Property Strategy & Asset Management Plan 2014-18 (formerly Corporate AMP) was approved by the December 2014 Policy & Resources Committee.</p> <p>The supporting Corporate Building Maintenance Strategy is being reviewed and redrafted and the target is to finalise a draft for recommendation in February 2015.</p> <p>Part of this process will involve</p>	<p>The Corporate Building Maintenance Strategy 2015-2018 was published in June 2015, although it remains a live document. The Strategic Property Rating groups were reviewed and listed within appendix A of the document. Each property has been allocated a provisional strategic rating based upon this strategy (e.g. listed structures fall under the highest rating of S1 or S2 whilst non-core operational</p>

	<p>years. This process covers the non-highway related structures on the seafront.</p> <p>The panel understands that there will be a report to the October 2014 Policy & Resources Committee on the CAMP. After this the panel recommends that there is further clarification on the proposals for the reprioritisation of the CBMS plans in a report back to the Overview & Scrutiny Committee in January 2015. The panel also recommends that money is set aside by the council for small scale day to day repairs and improvements to significantly improve appearance or facilities on the seafront. The aim would be to target this expenditure to improve the perception of the seafront and encourage more visitors, or repeat visitors. Examples to include painting dilapidated areas, installing more seating and litter bins. This issue could form part of the feasibility study for the ring fencing arrangement for the seafront as suggested in Recommendation Seven.</p>	<p>reviewing the strategic ratings of all individual buildings and structures, rather than the seafront as a whole, and this will relate to council strategic priorities across the portfolio.</p> <p>See response to Recommendation 7.</p>	<p>properties fall under S4). However to provide more flexibility we propose to introduce a new category under S2 to cover 'service priority assets' which will allow us, in conjunction with service managers, to promote individual assets to a S2 rating where they are deemed to be more strategically important to service delivery plans. This would mean for example that strategically important toilets on the seafront can be raised from S4 to S2.</p>
9.	<p>The panel recommends that the council produces an Investment Strategy for the seafront. This strategy will outline how the seafront will work towards a self21 sustaining future and the priority programme for undertaking the work needed to the seafront structures. The strategy would place the seafront in the context of the Greater Brighton City Region area and would take account of any plans being looked at relating to the feasibility of a business improvement zone.</p>	<p>Recommendation Accepted</p> <p>The council will produce a Seafront Investment Plan and this will be a primary objective of the Seafront Investment Programme Board. The draft Seafront Investment Plan will be presented to Policy & Resources Committee in September 2015 in line with recommendation 1.</p>	<p>See response to Recommendation 1.</p>

<p>10.</p>	<p>The panel is aware that there are a number of plans being developed by different council services which relate to the seafront. There appear to be different plans for maintaining the seafront structures which are either highways related or nonhighways related. However the panel was unable to establish whether these plans are currently joined together, have realistic costings or are sufficiently aligned, to form a coherent overarching plan.</p> <p>The panel believes that a coherent plan would help to ensure that the council is maximising the opportunities presented by the seafront. So the panel recommends that a 10 year plan for the seafront, including capital renewal and ongoing maintenance, is produced to run alongside the investment strategy described in Recommendation Nine. This plan will draw on the information and priorities identified in both the council's Highways Action Plan (HAMP) and its Corporate Asset Management Plan (CAMP). The panel hopes that a version of the 10 year plan for the seafront could be made publically available to the stakeholders. This would enable the council to manage its landlord responsibilities, as well as help existing businesses to plan their future and give confidence to potential investors. This 10 year plan and the Investment Strategy would complement the existing Draft Seafront Strategy.</p>	<p>Recommendation Accepted</p> <p>A Seafront Investment Plan will be developed and overseen by Seafront Investment Programme Board to ensure that all plans in relation to the seafront are led and managed in a coherent way.</p> <p>The aim of the Seafront Investment Plan will be to provide a coherent overarching investment strategy which will form the basis for maximizing the opportunities presented by the seafront. This will include a long term (e.g 10-year) plan for capital renewal and ongoing maintenance.</p>	<p>See response to Recommendation 1.</p>
<p>11.</p>	<p>The recommendations of the panel are likely to have a significant impact on the Strategic Risk Register entry for the seafront. In light of the panel's concerns about being able to obtain the full details of the mitigating actions described for the seafront, the panel recommends that the Strategic Risk Register is updated to take full account of the recommendations of this panel and the actions which follow from its findings.</p>	<p>Recommendation Accepted</p> <p>The Strategic Risk Register will be updated to take full account of the recommendations of this panel and the actions which follow from its findings</p>	<p>Strategic Risk Register is updated regularly.</p>

<p>12.</p>	<p>The panel recommends that officer capacity is identified in the council to continue to develop bids for the seafront structures as part of a co-ordinated programme of investment in the seafront that is linked to major regeneration projects. The aim is to place the council and its partners in the best possible position to gain funding from the full range of programmes, such as LEP and European funding. The aim is to ensure that the seafront is 'bid ready' which means ensuring that the council has enough resources to prepare for funding bids, reprioritise existing bids and look for new sources of funding.</p> <p>The intention is to make the council less reliant on the existing means to fund the seafront structures, such as the Local Transport Plan which is also needed to fund other transport related projects in the city.</p>	<p>Recommendation Accepted in Principle</p> <p>The council will investigate the feasibility of officer capacity being identified to continue to develop bids for the seafront structures as part of a co-ordinated programme of investment in the seafront that is linked to major regeneration projects, and the availability of funding such as LEP and European funding. A report will be presented to the Policy & Resources Committee in March 2015 to outline how the Seafront Investment Programme will be led and managed</p>	<p>Brighton & Hove's Seafront is identified as a key investment zone within the Coast to Capital Local Enterprise Partnership's Strategic Economic Plan and Greater Brighton Economic Board's Investment Programme.</p> <p>The Greater Brighton Economic Board agreed a pipeline of projects in October 2015 and January 2016. The project pipeline consists of a 'long-list' of projects located across the City Region for which capital grant funding via the Growth Deal mechanism will be sought. The project pipeline includes the following Seafront projects:</p> <ul style="list-style-type: none"> • 'Gateway to the Sea' – West Street to Shelter Hall • Brighton Waterfront - Madeira Drive and Dukes Mound • Brighton Waterfront - Black Rock Infrastructure • Madeira Terraces <p>Successful funding bids have recently been achieved in relation to the Seafront, This includes:</p>
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			<ul style="list-style-type: none"> • Volks Railway, Heritage Lottery Funding. (£1.6 million) • Coastal Communities Team Funding (£10,000) • Coastal Revival Fund (£50,000) to develop urban design and Investment Plan for Madeira Drive • Shelter Hall redevelopment. Department for Transport's Highways Maintenance Challenge Fund. £9 million
13.	<p>The panel recommends that the programme group for the seafront (described in Recommendation One) looks urgently at innovative ideas to secure monies for areas which do not seem to have the potential to be income generating. Possible methods could include crowd funding or public subscription. The panel would like the council to learn from the success of the public subscription project for Hastings Pier, which has been able to raise money, secure funding from the Heritage Lottery Fund and raise public awareness of the need to renovate this landmark.</p>	<p>Recommendation Accepted</p> <p>The Seafront Investment Programme Board will consider innovative ideas to secure funding as part of the development of the Seafront Investment Plan.</p>	<p>Establishing the co-ordinated approach to Seafront Investment has led to opportunities to secure funding (see 12 above). An options appraisal on potential innovative funding opportunities is at the core of the work being undertaken to develop a Seafront Investment Plan.</p>
14.	<p>The panel recommends that connectivity remains a key feature of the planning for the seafront. The panel also recommends that the seafront programme looks for funding opportunities for transport focussed projects on or near the seafront. The panel believe that the connectivity needs of the seafront need to be a major component of Local Transport Plan 4 and a consideration for the whole city. This should include:</p> <ul style="list-style-type: none"> • Making the seafront accessible to all 	<p>Recommendation Accepted in Part</p> <p>There is potential within the Council's Transport Strategy, encompassed within the Local Transport Plan (LTP) and other funding opportunities, to improve the accessibility and connectivity of the seafront to the wider City that also recognizes the</p>	<p>A successful bid to the Highways Maintenance Challenge Fund has secured £9m matched to a further local contribution will deliver £10.4m in reconstruction of the Shelter Hall and</p>

- The needs of pedestrians and cyclists
- Improving the connections between the seafront and the rest of the city.

seafront arches as important highway structures supporting the A259 carriageway and footways. However, it needs to be acknowledged that whilst the seafront and its structures are important strategic assets and therefore considerations for the Council in preparing its maintenance programme, the LTP maintenance allocation for structures overall is very limited as its main purpose is for the capital renewal of the public highway utilizing asset management principles to further avoid year on year grant reductions. There is greater potential for maintaining and enhancing seafront structures and highway infrastructure from specific bids arising from the emerging LTP Maintenance Challenge Fund, LEP, Regional Growth Fund etc that could be targeted to major seafront structures or highway projects. Guidance on the recently announced Challenge Fund is still being determined by the Department for Transport.

improvement to the West Street junction.

Bid opportunities are also being pursued with the LEP as well as from developers for an emerging Gateway To The Sea Programme in support of the Waterfront and adjacent projects.

<p>15.</p>	<p>The panel recommends that officers reconsider the results of the Visit England destinations report 2012/3 (as well as study the Visitor Survey by Tourism South East which is being carried out in the Summer of 2014): to ensure that the council has sufficient information about the views and needs of visitors and potential visitors to the seafront. The aim is to understand the needs, choices, expectations and experiences relating to the seafront, including the following groups:</p> <ul style="list-style-type: none"> • Day visitors • Overnight visitors • Conference visitors to the city. <p>If the council does not have sufficient information on the needs and experiences of visitors and potential visitors, then the panel recommends that the council commissions a similar survey to those mentioned above specifically for the seafront. One of the aims of this recommendation would be that survey information, and other sources of data, is used to develop a set of standard figures which can then be checked regularly to measure improvements and highlight areas for concern e.g. time taken to let vacant seafront units and occupancy rates in nearby hotels. The purpose is to ensure that the seafront experience continues to improve for visitors, residents and businesses.</p>	<p>Recommendation Accepted</p> <p>The council will review information available on the seafront. This review will look to ensure that good quality information can be obtained that is relevant specifically to the seafront, and not generic to the tourism offer of the city.</p>	<p>The information available is primarily generic to the tourism offer of the city, of which the seafront plays a significant part. To commission specific research into the seafront that could be updated regularly would need significant resources.</p> <p>VisitBrighton commission a visitor survey every 2/3 years and more detailed questions on the Seafront will be included in the next survey.</p>
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Subject:	Update on GP sustainability workshop		
Date of Meeting:	23 March 2016		
Report of:	Paula Murray		
Contact Officer:	Name:	Karen Amsden	Tel: 29-1084
	Email:	Karen.amsden@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The Overview & Scrutiny Committee held a closed workshop on 26th February to look at the issue of GP sustainability in the city.
- 1.2 The purpose of the report is to enable members to consider the potential actions it wishes to take in relation to this issue.

2. RECOMMENDATIONS:

- 2.1 That the Committee agrees the proposed actions it wishes to take next in relation to GP sustainability in the city (see appendix 1 for these proposals).

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Representatives from NHS England, the Clinical Commissioning Group (Brighton and Hove) and the Care Quality Commission came to speak to members of the Overview & Scrutiny Committee on 26th February and answer questions about the current and future situation in Brighton & Hove. This was arranged following a number of discussions at previous OSC committees about GP closures and the sustainability of service provision across the city.
- 3.2 At the end of the workshop, the OSC Councillors present were asked:
 - whether they had sufficient information on this issue
 - in which areas did they wish for further information
 - what further action(s) they wished to pursue

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The appendix describes the information the OSC councillors indicated that they would like to receive from different stakeholder organisations.

- 4.2 Following the workshop OSC councillors were clear that while they wanted to receive further regular updates on this issue, they did not wish to set up a scrutiny panel to look at this issue at this time.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The workshop did not have the patient voice as part of the content. Community consultation has been carried out by Community Works separately on specific issues currently relating to GP sustainability. They gathered a snapshot of the views of patients from the five Brighton and Hove surgeries run by the Practice Group, over a ten day period in February 2016. These views were about the Practice Group giving notice on their contract to manage the surgeries. Please see this for more information - [http://present.brightonhove.gov.uk/Published/C00000826/M00006257/AI00050770/\\$SnapshotofPatientViewsonthePracticeGroupsnoticeontheircontra.pdfA.ps.pdf](http://present.brightonhove.gov.uk/Published/C00000826/M00006257/AI00050770/$SnapshotofPatientViewsonthePracticeGroupsnoticeontheircontra.pdfA.ps.pdf)

6. CONCLUSION

- 6.1 The sustainability of GP practices in the city remains a key issue and this report is seeking to enable councillors to agree how to take this issue forward.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are no financial implications directly resulting from this report.

Legal Implications:

- 7.2 There are no legal implications directly resulting from this report.

Equalities Implications:

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

Sustainability Implications:

- 7.4 There are no sustainability implications arising directly from this report.

Appendix 1: The potential follow up actions from the GP sustainability workshop

1. Information currently available

- Much of the CQC inspection information is already available on their website <http://www.cqc.org.uk/content/doctorsgps>

2. Information has been produced (but to confirm if in public realm)

- The summary of patient views compiled by Healthwatch and Community Voice (tbc if a public document)

3. Information to be requested now for OSC members (and who from)

- a) Briefing to be requested from John Childs (NHS Brighton & Hove) on GP clusters, including size and numbers of registered patients, the impact of delegated commissioning, what would happen if further surgeries close (including contingency plans)
- b) Briefing from Healthwatch about actual service delivery re: clusters, collaboration and patient participation
- c) Briefing from CQC about the monitoring the viability and vulnerability of the GP practices in Brighton & Hove

4. Ongoing updates to be requested for OSC

- a) 6 monthly updates on GP performance and sustainability - from NHSE and CCG
- b) 6 monthly updates on CQC inspections

5. Further actions for OSC

- Repeat the workshop in 12 month's time

