

Public Document Pack

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2 October 2019

West Sussex Health and Wellbeing Board

A meeting of the committee will be held at **10.00 am on Thursday, 10 October 2019 at Horsham District Council, Goodwood Room, County Hall North, Parkside, Chart Way, Horsham, RH12 1XH.**

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Agenda

10.00 am 1. **Chairman's Welcome**

10.05 am 2. **Declaration of Interests**

Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it; if in doubt contact Democratic Services before the meeting.

10.10 am 3. **Urgent Matters**

Items not on the agenda that the Chairman of the Board is of the opinion should be considered as a matter of urgency by reason of special circumstances.

10.15 am 4. **Minutes** (Pages 5 - 14)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held on 20 June 2019.

10.20 am 5. **Public Forum**

The Board invites questions and comments from the public observers present at the meeting. Those with more complex issues are asked to submit their question before the meeting (ideally several days) in order to allow a substantive answer to be given. Contact Erica Keegan on 0330 222 6050 (a local call) or via email: erica.keegan@westsussex.gov.uk

- 10.35 am 6. **Health and Wellbeing in Horsham** (Pages 15 - 24)
- A presentation will be given by Horsham District Council on the work this Council has been doing with respect to health issues relevant to Horsham District Council's residents.
- The Board is asked to:
- 1) Note the report/presentation (to be sent under separate cover);
 - 2) Comment and ask questions on the information received; and
 - 3) Provide feedback on how the Board and Local Health and Wellbeing Partnerships could support the Health Priorities in Horsham.
- 11.00 am 7. **Children First Strategy Development** (Pages 25 - 28)
- This report provides an update on the process of co-production and consultation to date and that programmed ahead of the scheduled November 2019 approval by the Cabinet Member.
- The Health and Wellbeing Board is asked to: -
- 1) agree the strategic leads from each organisation to be involved in a monthly partner steering group between October and April at Appendix 1; and
 - 2) consider and respond to the questions for discussion in 2.6
- 11.20 am 8. **Re-invigorating a strategic approach to healthy weight for children in West Sussex** (Pages 29 - 38)
- This paper sets out proposals for the Health and Wellbeing Board to take an active role in supporting a new strategic, whole systems approach to tackling childhood overweight and obesity in West Sussex.
- The Health and Wellbeing Board is asked to: -
- 1) Acknowledge the importance of this topic in West Sussex and endorse the new strategic, whole systems approach being outlined; and
 - 2) Provide feedback on ways in which the Health and Wellbeing Board will support this agenda.
- 11.35 am 9. **Children and Young People's Emotional Wellbeing and Mental Health** (Pages 39 - 52)
- This Report provides an overview of the West Sussex Local Transformation Plan for Children and Young Peoples Emotional Wellbeing and Mental Health Services Refresh and the Sussex wide Review of Emotional Health and Wellbeing Support for Children and Young People

The Health and Wellbeing Board is asked to: -

- 1) agree the recommendation to progress the Local Transformation Plan (LTP); and
- 2) note the information provided about the review.

11.50 am 10. **West Sussex Age Healthy Communications Campaign**
(Pages 53 - 56)

At the launch of the West Sussex Health and Wellbeing Board's Joint Health and Wellbeing Board Strategy 2019-2024: Start Well, Live Well, Age Well, delivery of a healthy ageing campaign was agreed as one of the priority actions for 2019/20.

The Health and Wellbeing Board is asked to: -

- 1) note the delivery of a 6 month Age Healthy campaign commencing on 1st October 2019; and
- 2) support the delivery of the campaign via the Health and Wellbeing Board member organisations

12.05 pm 11. **West Sussex Health Protection Annual Report 2018/2019**
(Pages 57 - 108)

The West Sussex Health Protection Annual Report 2018/2019 details the West Sussex data, and activities carried out by the Council and partner organisations during the period 1st April 2018 to 31st March 2019. The Health and Wellbeing Board is invited to consider this report 2018-2019 and the recommendations made, providing any comment to the Director of Public Health (DPH) prior to publication.

12.20 pm 12. **Healthwatch West Sussex Annual Report 2018-19 and Work Plan for 2019-20** (Pages 109 - 152)

This report is the local Healthwatch Annual Report 2018/19 and the Work Plan going forward 2019/20, based on this year's agreed priorities.

The Board is asked to note these documents and have awareness of the focus Healthwatch West Sussex will have over the remainder of this financial year.

12.35 pm 13. **ICS/STP Place Based Plan**

The Board will receive an update on the Place Based Plan.

12.50 pm 14. **Winter Planning to support the health and care system**
(Pages 153 - 164)

This report provides an update regarding the plans across West Sussex to manage demand in health and social care over the winter period.

The Health and Wellbeing Board is asked to note the plans in place for the health and social care systems across West Sussex.

1.05 pm 15. **Date of next Meeting**

The next meeting of the Board will be held at 10.00am on 30 January 2020 in Adur & Worthing Borough.

To all members of the West Sussex Health and Wellbeing Board

West Sussex Health and Wellbeing Board

20 June 2019 – At a meeting of the West Sussex Health and Wellbeing Board held at 10.15 am at Chichester District Council, Committee Rooms, 1E Pallant House, Chichester, PO19 1TY.

Present: Mrs Jupp (Chairman)

Rachel North	Dominic Wright	Paul McKay
Anna Raleigh	Gill Galliano	John Readman
Alex Bailey	Philippa Thompson	Bryan Turner
Natalie Brahma-Pearl	Frances Russell	Nik Demetriades
Annie Callanan	Mike Jennings	

Apologies: Paul Marshall, Kim Curry, Nigel Lynn, Dr Laura Hill, Katrina Broadhill and Peter Kottlar.

Part I

10. Chairman's Welcome

10.1 In welcoming Board Members, Officers and Members of the public to the meeting, the Chairman made two announcements.

10.2 It was announced that the Beat the Street Coastal West Sussex was launched on 19 June 2019. The launch was incorporated into the Legacy Youth Games at Worthing Leisure Centre. It was noted that 2700 residents were already signed up and playing in the competition. Board Members were informed that this was a six-week competition designed to increase activity in a fun way. Schools, community groups and workplaces in Worthing, Lancing, Shoreham by Sea, Bognor Regis and Littlehampton took part. The Chairman explained that more than 120 special sensors called 'Beat Boxes' were used across parts of West Sussex so that players could tap the Beat Boxes with cards and fobs to track their journey and earn points for themselves and their team. Public Health contributed funding towards this project, alongside Adur and Worthing Councils, Arun District Council and The Conservation Volunteers. It was noted that the project provided an opportunity to promote other work being delivered in West Sussex such as the WOW project (walking once a week) and the Daily Mile in schools.

10.3 It was also announced that in line with Public Health England West Sussex County Council was delivering a Dental Health Toolkit to support dental teams in improving their patient's oral and general health.

11. Declaration of Interests

11.1 None.

12. Urgent Matters

12.1 The Chairman congratulated the Director of Public Health and her team for the West Sussex Annual Health Report 2018/19 that had been shortlisted for an award, finishing 4th out of 68 publications. Board Members were pleased to note this success.

13. Minutes

13.1 Resolved that the minutes of the Health and Wellbeing Board held on 25 April 2019 were agreed and signed as a correct record by the Chairman.

14. OFSTED Inspection Judgement of Children's Services and the County Council's Improvement Plan

14.1 The Director of Children's Services presented the report on the Ofsted Inspection and the County Council's proposed Improvement Plan. The report explained the context for the creation of a Children First Improvement Plan that would demonstrate to the Department for Education that the Council has an effective and deliverable plan to address the areas that need to improve.

14.2 In presenting the report the Director of Children's Services welcomed the Board's involvement and support and requested the Board's oversight on the development of the Improvement Plan. The Director of Children's Services recognised the effectiveness of the Board's principle to work collaboratively and particularly welcomed its commitment and energy to the multi-agency approach.

14.3 The Director of Children's Services highlighted that:

- there was a determination across the system in West Sussex to improve Children's Services and the County Council had committed to raising the standards of Children's Services as its top priority.
- arising from the Ofsted judgement a statutory decision from the Department of Education (DFE) required the County Council to prepare an Improvement Plan. The Council's Children First Practice Improvement Plan would be submitted to the DFE and Ofsted in July 2019.
- the Secretary of State for Education had appointed, from 4 June 2019, a Commissioner for Children's Services in West Sussex to oversee the Council's response to the Statutory Direction. The Commissioner was named as John Coughlan, the Chief Executive of Hampshire County Council. It was noted that Hampshire County Council had achieved an 'Outstanding' Ofsted rating for their Children's Services so their support was valued and welcomed.
- the Commissioner would determine whether the Council's Improvement Plan was likely to be effective and would recommend

to the Secretary of State whether or not the County Council should retain responsibility for the direct provision of Children's Social Care Services.

- The Children First Improvement Plan would be presented to Cabinet at the end of July 2019.

14.4 In receiving the report the Board:

- agreed to support and engage with Children's Services to develop an effective Improvement Plan;
- requested a public, transparent process and offered engagement links with supporting agencies;
- stated that collaborative working would be key and this included data sharing;
- recognised that this was a system wide issue not just at the County level of Local Government but in the Districts and Boroughs where housing, strong communities, emotional support, health and other priorities were key supports to a Child's wellbeing;
- requested that the vital funding for the Integrated Prevention and Early Help (IPHE) be retained.

14.5 The Director of Children's Services stated that the County Council were reviewing investment and should be able to share a revised funding position at the next meeting of the Board.

14.6 The Board discussed ways in which they could offer support. It was agreed that:

- Healthwatch would provide engagement support;
- the Board would facilitate collaborative working;
- the Joint Strategic Needs Assessment (JSNA) as a life-course approach for children and young people would be used to offer valuable insight and learning tools;
- at the launch of the new Joint Health and Wellbeing strategy (JHWS) it was agreed that mental health in children would be prioritised in year 1;
- collaborative working across the Health and Wellbeing Board and Safeguarding Board and Partnerships would be a priority;
- a workshop would be arranged at the end of July to allow the Board to support the development of the Improvement Plan.

14.7 The Chairman thanked the Director of Children's Services for his report.

14.8 Resolved that the Board:

- a) noted the process for the production and delivery of the Children First Practice Improvement Plan, the progress to date and the further actions in hand;
- b) agreed that the Health and Wellbeing Board would contribute to the Children First Improvement Programme; and
- c) would have oversight of the multi-agency activities that relate to the Health and Wellbeing Board within the Children First Practice Improvement Plan

15. Public Forum

15.1 The Chairman reported that a question had been submitted prior to the meeting as the questioners were unable to attend. The Question was asked on behalf of the Charity, reMEMber on service provision for children with ME/Chronic Fatigue Syndrome. It was agreed that this question would be answered by the Head of Children, Families and Working Age Adults Commissioning by responding directly to the questioners outside of the meeting.

15.2 There were no questions from members of the public at the meeting.

16. West Sussex Local Safeguarding Children Partnership (WSSCP) arrangements

17.1 The Board received a report presented by the Director of Children's Services, the Head of Safeguarding and the Head of Safeguarding and Looked After Children from Sussex and East Surrey CCGs on the West Sussex Local Safeguarding Children Partnership (WSSCP) arrangements.

17.2 This report outlined revisions to statutory legislation which would result in the cessation of Local Safeguarding Children Boards (LSCB). The LSCB would be required to publish arrangements describing how they would safeguard children in the local authority area by 29 June 2019 and implement these arrangements within 3 months of this publication date.

17.3 It was noted that under the new legislation the local authority was no longer the lead child safeguarding agency. There would be three lead local safeguarding partners who would hold an equal and joint responsibility; health, police and the local authority.

17.4 Members of the Board were advised that the WSSCP arrangements would be published to the WSSCP website during the week commencing 24 June 2019, simultaneously sharing the arrangements with the Department of Education. The WSSCP Business Plan priorities would be signed off in early August 2019 to inform the partnership's work until March 2021. A Collaborative Working Agreement between the Health and Wellbeing Board, Safeguarding Adults Board, the WSSCP and the Safer West Sussex Partnership would be finalised to ensure effective multi-agency collaboration.

17.5 It was noted that the Chairman of the WSSCP would now undertake a scrutiny role, holding partners to account.

17.6 In discussing the report, the Independent Chair of the Adults Safeguarding Board emphasised the need for the Chairs of the partners to work closely together right across the area to fully understand the pressures and best methodology. The Board welcomed the opportunity for joined up working and shared responsibilities, this included a joint approach and closer working between Adult and Children's Safeguarding.

17.7 Board Members agreed that a focus should be on how to collect data and how to helpfully pass this on. It was noted that people did not always know what to look for and it was suggested that simple pointers should be

developed to encourage confidence and appropriate referrals. The Chief Executive of Adur & Worthing Borough Council offered to pilot this approach. Healthwatch offered engagement as an organisation that could provide links in a non-threatening way.

17.8 Resolved that the Board:

- a) Promotes Child Safeguarding responsibilities as described in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 to harness a coherent and effective approach to work across West and Pan Sussex Safeguarding Partnership areas;
- b) Provided feedback on how best the WSSCP can utilise this opportunity to support the Partnership's ambition to work innovatively across its wider networks via a Collaborative Working Agreement; and
- c) Support the WSSCP's drive to improve services for children and their families across West Sussex following the recent Ofsted Inspection and use the voice of children to inform service improvements, particularly around identification and response to children and young people who are at risk of experiencing neglect.

17. Health and Wellbeing in Chichester

16.1 A presentation on Health and Wellbeing in Chichester was given by Chichester District Council's Wellbeing Manager. This provided an overview of the health and well-being issues and key priorities that were relevant to residents in Chichester. (Presentation tabled at the meeting and available on the website).

16.2 Key points highlighted were:

- Chichester was cited as a stunning area in which to work and live with a good university and college.
- It was noted that there were 'hidden' areas of deprivation that were often overlooked due to the idyllic nature of the district.
- House prices were noted as very high with average salaries not keeping up. A consequence was an ageing population as the area had become unaffordable for the young.
- Board Members were informed that there were public transport issues and Broad Band connectivity could be patchy.
- The ageing population meant a large number of elderly residents living in isolation with 8.5k older people living alone. Residents in the 65+ age group was set to increase by 9%.
- Some of the valued and successful Partnership projects that Chichester District Council delivered were highlighted as:

Choose Work – an employability Programme that develops life skills and work experience to help secure jobs

Young Careers Project – mentoring young people to find the right career paths

5 Ways to Wellbeing – Building mental health resilience in year 5 school children

Chichester Wellbeing and Social Prescribing – a successful Wellbeing hub had been running for 8 years which includes some joint working with Arun District Council and public health partners to deliver support such as tackling fuel poverty for vulnerable residents particularly in rural areas

New Social Prescribing Programme – employed four full time social prescribers that provided more complex support than just signposting

16.3 The Board was informed that Chichester District Council had formed a Public Health Working Group in 2015 which had representation across the Council in terms of ensuring that public health was recognised as the centre of everything the Council does.

16.4 In receiving the presentation the Board:

- praised the work of the Health and Wellbeing Team at Chichester District Council acknowledging the successful projects, social prescribing and public health issues placed at the centre of the council's ethos.
- recognised the rural areas of deprivation and subsequent health inequalities and endorsed the approach of Chichester District Council in tackling this.
- were keen that the Voluntary Sector should engage with and support social prescribing.
- agreed a future item for the Health and Wellbeing Board's agenda that would address Primary Care Networks and how they could be used in tackling issues such as health inequalities and rural deprivation.

16.5 The Wellbeing Manager was thanked for her informative presentation. The Director of Public Health praised the Public Health Working Group as a model of good practice and informed members of the Board that a Newsletter was being developed to capture the minutes of the Health and Wellbeing Board in terms of the positive work being undertaken across the County. This was expected in September 2019.

16.6 Resolved that the Board:

- a) noted the presentation;
- b) commented and asked questions on the information received; and
- c) provided feedback on how the Board and Local Health and Wellbeing partnerships could support the Health priorities in Chichester.

18. Safeguarding Adults Annual Report 2018/19

18.1 The Board received the Safeguarding Adults Board (SAB) Annual Report 2018/19 presented by the Independent Chairman of the

Safeguarding Adults Board and the Head of Safeguarding. It was noted that this report had been presented to the Health and Adult Social Care Select Committee on 12 June 2019.

18.2 It was outlined that the SAB would focus on the establishment of a stronger and more robust partnership by:

- embedding safeguarding practices that are person-led and underpinned by the principles of making safeguarding personal
- strengthening partnership practice for those who may be at risk and are transitioning to adulthood
- working with partners to assist prevention and promote the wellbeing of those who are homeless and experience abuse

18.3 The SAB Independent Chair advised members of the Board that the expert qualitative information received by meeting regularly with the Statutory Agency Chairs of the Subgroups was vital in supporting the SAB work. The Independent Chair gave thanks to Julie Philipps (Head of Safeguarding) and Ru Gunawardana (SAB Manager) for their support.

18.4 In receiving the report Board Members:

- praised the Annual Report for its user friendly, accessible approach
- welcomed the approach to empower frontline service providers by removing barriers and producing simple referral routes
- agreed there was a need for engagement across West Sussex Adults and Children Safeguarding to improve the way partner agencies work together to provide effective local arrangements
- recognised the vital partnership work in preventing homelessness that often resulted in abuse and neglect
- commented on the need for continuous improvement in how partner agencies worked together
- noted that case studies would be used as a source of learning, a communications strategy would be developed and lay members would be appointed to the SAB as a priority

18.5 The Chairman thanked the Independent Chairman of the SAB for her comprehensive report.

18.6 Resolved that the Board:

- a) actively supports the SAB's Strategic Plan to improve prevention services and the experience of adults at risk;
- b) provide feedback on how the Health and Wellbeing Board, as a representative of the partner agencies and within development of the Collaborative Working Agreement would contribute to the SAB's priorities; and
- c) share learning and improvement which crosses over with adult safeguarding.

19. Collaborative Working Agreement

19.1 The Director of Communities presented the report on the Collaborative Working Agreement to the Board. This report was tabled at

the meeting and as such it was recognised that Board Members had received little time in which to form opinion and provide feedback.

19.2 It was noted that as part of the Health and Wellbeing Board's (HWB) development as Systems Leaders and the launch of the Joint Health and Wellbeing Strategy (JHWS) work had been undertaken to draft a Collaborative Working Agreement (CWA) between the following West Sussex multi-agency boards and partnerships:

- Health and Wellbeing Board (HWB),
- West Sussex Safeguarding Children's Partnership (WSSCP),
- West Sussex Safeguarding Adults Board (SAB)
- Safer West Sussex Partnership (SWSP)

19.3 It was advised that the four boards and partnerships were part of a multi organisational system with key interrelationships between them. Consequently, it had been recognised that there was a need to work collaboratively to improve outcomes for the residents of West Sussex, minimise duplication and maximise value for money.

19.4 Board Members were presented with a draft CWA. In receiving this draft, the Board:

- agreed that there should be no barriers to data sharing when dealing with Safeguarding concerns
- requested that a data sharing protocol should be outlined within the CWA citing the need for a cultural change
- emphasised the roles that the District and Boroughs and Voluntary Sector could provide in supporting the CWA
- endorsed the need to work together as a collective
- recognised the CWA as a strategic document, agreeing its principles
- outlined the need for openness and transparency in order to effectively work together and tackle challenges within the communities

19.5 In summing up, the Chairman recognised that as this report was tabled at the meeting Board Members would need more time for consideration of the CWA. It was agreed that further comments/suggestions on the CWA would be e-mailed to the Democratic Services Officer, erica.keegan@westsussex.gov.uk by the end of July 2019.

19.6 Resolved that the Board:

- a) provide feedback on the Collaborative Working Agreement (CWA) with comments and suggestions to be received by the end of July 2019;
- b) endorses the need to work collaboratively to minimise duplication; maximise value for money and deliver effective outcomes for the residents of West Sussex; and
- c) agreed the Collaborative Working Agreement (CWA) in principle.

20. Healthwatch Community Partnership Working

20.1 The Board received a report on Healthwatch Community Partnership Working from the Chairman of Healthwatch. In presenting the report, the Chairman reminded that Healthwatch connected Health and Social Care stakeholders and the Community and Voluntary Sector in partnerships for the benefit of West Sussex.

20.2 It was reported that over the last 15 months Healthwatch West Sussex had targeted reinvestment of all income from Social Enterprise contacts outside of the statutory Healthwatch activities into funding the work to develop community partnerships. Healthwatch's aspiration was noted as the provision of truly integrated care systems – Health, Social Care, Community and Voluntary organisations that worked together in partnership to support individuals and family and friend carers.

20.3 The Chairman of Healthwatch outlined the following key points:

- a key priority was to connect care systems and bridge gaps between organisations
- Healthwatch had micro funded amounts of money (up to £500) to small organisations that produced a big impact. This included tea/coffee mornings that provided powerful networking opportunities, connecting and sharing ideas
- Healthwatch was noted as committed to supporting the need for integrated care systems
- Health watch linked systems at low level to assist with the exchange of knowledge and skills and provide a stronger voice/platform for smaller groups

20.4 In receiving the report, the Board:

- endorsed the integrated care systems approach
- recognised the important work undertaken by Healthwatch in working with Commissioners and Leaders across the NHS, public health and social care, local authority elected Members, representatives of the voluntary sector in order to support integrated working to improve the health and wellbeing of the residents of West Sussex
- Sussex Community Trust welcomed the opportunity to work with Healthwatch for the effective use of link workers
- Voluntary Sector representatives praised the work of Healthwatch as recipients of their valued service explaining that the information provided assisted in learning and their ability to grow as voluntary organisations
- agreed that the links Healthwatch provided at grass roots level were invaluable and of considerable benefit to local residents

20.5 The Chairman thanked Healthwatch for the comprehensive report.

20.6 Resolved that the Board noted the report.

21. West Sussex Health and Wellbeing Board Terms of Reference

21.1 The Board received a revised Terms of Reference for consideration. It was explained that the Terms of Reference was last updated a few years ago and as such needed realignment with the Board's working arrangements and aspirations. The Terms of Reference was necessary to inform Governance arrangements so that the Board could undertake its duties in line with West Sussex County Council's Constitution.

21.2 In considering the terms of reference the Board:

- welcomed the increase from two voluntary sector representatives to three in recognition of the valuable work undertaken by the 3rd Sector
- suggestion was made that accountability should be made clearer within the Terms of Reference and this was agreed
- endorsed the revised Terms of Reference with the addition of accountability

21.3 It was noted that the Terms of Reference would be revised and presented to West Sussex County Council's Governance Committee on 9 September 2019 for recommendation and formal agreement at the following full meeting of the County Council.

21.4 Resolved that the Board:

- a) provided feedback on the suggested revisions; and
- b) endorsed the Terms of Reference, as amended, for recommendation to the County Council's Governance Committee.

22. West Sussex Better Care Fund Programme

22.1 The Board received the regular updated report on the West Sussex Better Care Fund Programme. (Copy of the report appended to the agenda and available on the website).

23. Date of next Meeting

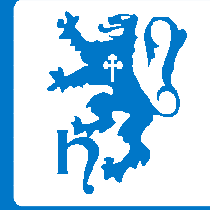
23.1 The next meeting of the Board was confirmed as 10 October 2019 at 10.30am at Horsham District Council.

23.2 It was noted that a special meeting of the Board may be arranged towards the end of July 2019 for consideration of the Children First Improvement Plan. Board Members would be notified.

23.3 In closing the meeting, the Chairman thanked Chichester District Council for hosting this meeting of the Health and Wellbeing Board.

(The meeting closed at 12.45pm)

Chairman



Horsham
District
Council

Health and Wellbeing

Proudly doing 'our bit' for local people

People and Places

West Sussex JSNA 2018

Residents (2017)

141,100

There has been a 8.6% increase in the last 10 years, in the main due to inward migration from elsewhere in the country.



Births
1,303



Deaths
1,342

Best Quartile



Horsham, overall, is a healthy place to live and grow! Frequently in the best 25% of all areas on a range of childhood measures known to have an impact on longer term health and wellbeing, including...



One of the lowest child poverty rates in the country at 7% compared with a national rate of 17% and regional rate of 13%.



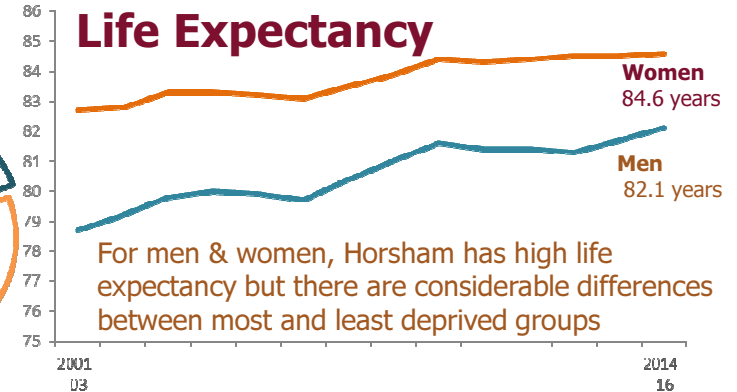
Low rate of children with excess weight 6th lowest (24%) of all LAs in the country in relation to 10/11 year olds (England rate of 34%)

Age Structure

Horsham has an older age structure compared with England, 22% of residents are aged 65+ yrs (England 18%)



Life Expectancy



Great improvements



Teenage conceptions
In 2016 Horsham has one of the lowest teenage pregnancy rates in England (15 conceptions in 2016)



Deaths (under 75 years) from cardiovascular disease (including heart disease and stroke) the rate of deaths has almost halved since the early 2000s.



Top Places to Live, Work & Retire



Towns in West Sussex, including Horsham, are frequently featured in national surveys and rated as top places to live, retire or work....and the county has some of the sunniest places in the UK!

Greetings from...

Horsham is rich in natural, cultural and historical assets

Beautiful countryside, gardens, parks, leisure facilities, vibrant towns and villages, theatres, cinemas, museums, historic houses, a wide range of employers, lots of groups, associations and organisations.....



Ageing Population & Pressures on Working Age Group

31,000 people aged 65+ & rising ...additional 9,000+ projected in the next ten years (with static working age)

Inequalities....

The difference in life expectancy between people in most and least deprived areas of Horsham is high - 8.1 years for men and 6.6 years for women (and high compared with CIPFA neighbours) and has increased for men.

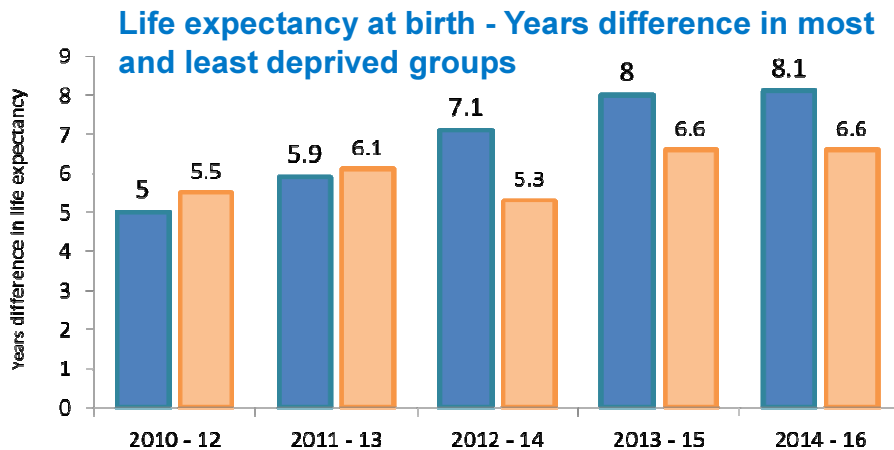
Increasing numbers of people with one (or more) long term health conditions and..



Over 15,000 carers...and over 4,000 aged 65+over



Large number of older people live alone (approx. 7,500 65+ in 2011)



Horsham healthy but still....

- Estimated 10,000 smokers
- Estimated 62% of adults overweight or obese
- 19% adults physically inactive*

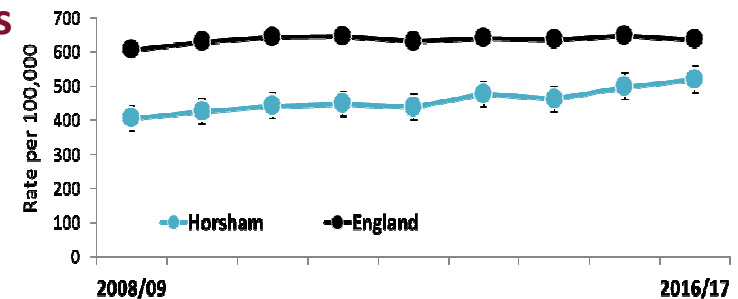
*(<30 mins moderate exercise a week)

Accidents

....consistently higher rate of people Killed and Seriously Injured compared with England (272 in 2014-2016)

Alcohol related admissions – risen over last 5 years

....still well below England rate but rising in recent years (728 admissions in 2016/17)



We don't do health but we do!

- HDC Corporate plan priorities/values
- Increasing healthy life expectancy is a fundamental local authority objectives not just a measure for the NHS
- Reacting to customer/partner demand
- Inclusion to address social inequality
- Contribute to local economy
- Reduce crime and disorder
- Recognising how Health and Wellbeing fits with other services



Health and Wellbeing Service

- An adult integrated lifestyle programme
- Great example of partnership forged between WSCC and D&B's now in year 7
- Initially CVD and health inequalities but now concerned with wider determinants
- One stop support shop locally designed to meet local needs
- Safe space, non-clinical, person centred



18 October, 2019

4

HDC and Health

- Sports Development
- Community Link Service
- Neighbourhood Wardens
- Parks and Countryside
- Community Safety
- Leisure Services



HDC and Health

- Community Development
- Events Team
- Environmental Health
- Housing Services
- Waste and Cleansing



New Safe and Well Partnership

Outputs from the previous H&W Partnership

- Hospital Insights Project
- Dementia Programme
- Falls Prevention
- Older Drivers Awareness
- Winter Wellness Conference



Safe and Well Partnership Vision

The HDSWP seeks to build on the District's already strong position for safety and health, creating happy and healthy communities where everyone enjoys a good quality of life - environmentally, economically and socially, and importantly where inequalities are addressed.

The Aims

1. Identify the current major issues and concerns that will benefit from collective intervention.
2. Engage and empower partners and communities to take action through time limited task and finish groups.
3. Evaluate and publicise outcomes to inform future responses to issues and concerns.

What's Next?

Key Areas of Focus:

- Ageing Population
- Health and Deprivation
- Middle Age Health
- Health and Planning



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Children First Strategy Development

10 October 2019

Report by John Readman, Director of Children's Services

Executive Summary

The Children First Strategy is a multi-agency Strategy sponsored by the Director of Public Health, the Director of Education and the Director of Children's Services. This report provides an update on the process of co-production and consultation to date and that programmed ahead of the scheduled November 2019 approval by the Cabinet member.

The Health and Wellbeing Board is asked to:

- 1) Agree the strategic leads from each organisation to be involved in a monthly partner steering group between October and April. (Appendix 1).
- 2) Consider and respond to the questions for discussion in 2.6

1. Background

- 1.1 The Children First Strategy will set out our ambition as a partnership of local public, community and voluntary sector services describing what it means to put children first in West Sussex (strategic intent) and how we will all work together to ensure that children really do come first (culture or behaviours).
- 1.2 The strategy builds upon several strategies that exist across West Sussex (including for example Health and Well-Being Strategy; Special Educational Needs and Disability Strategy; Children's Services Performance Improvement Plan etc.) Significant work has been carried out across the partnership since the strategy was last discussed at Health and Wellbeing Board.

2. Proposals

Proposed Scope

2.1 West Sussex County Council has committed to coordinate work across a broad partnership to develop a new Children First Strategy.

2.2 The Children First Strategy will not supersede existing more detailed pieces of partnership work (e.g. the Health and Wellbeing Strategy, Special Educational Needs and Disabilities Strategy, Community Safety, Practice Improvement Plan etc.). Rather, it is intended to act as an overarching and accessible coordination of that more detailed work, speaking to all the different strategies and plans and describing how we will put children and the heart of our approach across everything that we do.

2.3 The Children First Strategy is broad in scope. It will relate to all children. The complex issues our children, families and carers face cannot be tackled by any single organisation or strategy. As a partnership we will commit to putting children first.

2.4 The strategy will set out our ambition as a partnership of local public, community and voluntary sector services describing what it means to put children first in West Sussex (we call this our strategic intent) and how we will all work together to ensure that children really do come first (we call this our culture or behaviours). The first step in developing the strategy is to work together to define our strategic intent and the behaviours that will help us to deliver it.

2.5 At the last Health and wellbeing Board priorities of the Children First strategy were discussed. Since this time a wider set of partners have been engaged through a series of meetings and workshops. Building on the work of the Health and Wellbeing Board galvanising support, developing and iterating these priorities.

2.6 To help develop the strategic intent and behaviours it would be helpful for members of the Health and Wellbeing Board to provide a steer on the following questions:

- What would be different if Children and Families came first in West Sussex across our organisations? Do you think they already come first?
- Where are the opportunities to work better together for children and families and their carers?
- What are the barriers and how can we overcome them?
- Why do you think previous strategies haven't worked in the ways we hoped?
- What can you/your organisation bring to this agenda? What can you commit?

3. Next Steps

Proposed timeline

- **October** Strategic intent and behaviours developed with partners drawing on the data, evidence and the insights we have from what children and families tell us. This document will be short and developed through partner workshops and conversations (c. 4 pages).
- **October** West Sussex County Council Select Committee receive an update on the consultation work undertaken to date.
- **November** Cabinet decision to endorse strategic direction and culture / behaviours described.
- **November** Partner launch of the strategic direction and culture / behaviours and start of development of the fuller strategy.
- **December – January** Further work across the partnership/s to map strategies and plans, identify gaps, work with children families and carers, define priorities and outcome measures
- **February – March:** Draft full partnership strategy together with partners and local children, families and carers
- **April** – launch strategy

John Readman

Director of Children's Services

Contact: AnnMarie Dodds
Assistant Director – Early Help
Children's Services
033022 29331 or AnnMarie.Dodds@westsussex.gov.uk

Appendix 1: Proposed attendees at Partnership Steering Group

West Sussex County Council – Early Help	Becca Randell	Children & Families Commissioning Lead
West Sussex County Council - Public Health	Jenny Hacker	Consultant in Public Health - Starting Well
NHS Crawley, Horsham & Mid-Sussex CCGs	Patience Okorie	GP and Clinical Director, Crawley CCG
NHS Crawley, Horsham & Mid-Sussex CCGs	Veryan Nicholls	Children’s & Maternity Lead Commissioning Manager, Alliance Planned Care Team
Sussex Community NHS Foundation Trust	Kate Pilcher	Director of Operations
Sussex Partnership NHS Foundation Trust	Ruth Hillman	Executive Director, Children & Young People's Service (CHYPS)
Western Sussex Hospitals NHS Foundation Trust	Marianne Griffiths	Chief Executive
Crawley Borough Council	Kate Wilson / Victoria Wise	Head of Community Services
Adur & Worthing Councils	Mary D'Arcy	Director for Communities
Horsham District Council	Adam Chalmers	Director of Communities
HealthWatch West Sussex	Katrina Broadhill	Consumer Champion & Healthwatcher (Locality Manager)
West Sussex Parent Carer Forum	Grainne Saunders	Parent Carer Forum
Sussex Police	Mark Eyre	Detective Chief Inspector
Arun	Philip Dart	
MIND, Coastal West Sussex	Katie Glover	Chief Executive
Crawley Borough Council	Natalie Brahma-Pearl	Chief Executive
Community Works	Emma Baars	Relationship and Development Manager
West Sussex County Council	Paul Marshall	Cabinet Member for Children and Young People
Sussex Police	Chief Inspector Miles Ockwell	Chief Inspector
Sussex Clubs for Young People	Chris Cook	Chief Executive Officer



Reinvigorating a strategic approach to healthy weight for children in West Sussex

10th October 2019

Report by: Jenny Hacker

Executive Summary

This paper sets out proposals for the Health and Wellbeing Board to take an active role in supporting a new strategic, whole systems approach to tackling childhood overweight and obesity in West Sussex.

The Health and Wellbeing Board is asked to:

- 1) Acknowledge the importance of this topic in West Sussex and endorse the new strategic, whole systems approach being outlined;
- 2) Provide feedback on ways in which the Health and Wellbeing Board will support this agenda, including:
 - identification of key leads to join the new Healthy Weight Steering group and the place based subgroups to drive this agenda forward;
 - agreement of governance arrangements;
 - commitment to taking appropriate actions within members' own organisations to influence the wider environment in relation to access to healthy food and opportunities for physical activity and active travel.

1. Background

Childhood obesity is a complex, multifactorial and persistent problem which shows no signs of abating. Beginning to turn the tide in West Sussex will involve all partners working together as a whole system, identifying and implementing sustainable actions, rather than short term initiatives.

The Public Health Board has recently endorsed a paper outlining a new, strategic approach to children's healthy weight in West Sussex, beginning with the launch of a Healthy Weight Steering Group in January 2020. Districts and boroughs are being asked to do the same through the Chief Executives' Group. The Health and Wellbeing Board, as a wider strategic grouping of the key partners involved in influencing this agenda, is key to the success of this new approach and is now being asked to do the same.

Why is this an issue?

West Sussex compares favourably with national averages for childhood obesity (see **appendix 1**), although there are variations within the county (**appendix 2**). However, there are numerous reasons for strengthening the strategic response to obesity across the County as a whole. Healthy weight in year 6 children has been highlighted by the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. There are clear moral and ethical considerations involved in taking action to help reduce this problem, and tackling it on a 'population' basis rather than one individual at a time also reduces the stigma that continues to be associated with weight. Crucially, weight is closely linked to emotional health and wellbeing, a key priority of the 'Start Well' section of the Health and Wellbeing strategy: being overweight or obese is associated with bullying and low esteem and was highlighted in recent local research on happiness in year 6 children as a key factor for those with the lowest wellbeing scores.¹ Action on obesity supports a range of other agendas, such as climate change and sustainability, supporting children with special educational needs (where weight problems are more prevalent) and tackling inequalities.

Perhaps the most compelling reason for prioritising healthy weight despite our relatively healthy statistics is that childhood obesity is at epidemic levels in this and many countries. In the context of a national epidemic, being similar to the national average is no cause for celebration or inaction. **Even in the best performing areas there are many, many obese or overweight children.** Excess weight is an issue in each of our schools, as it is in every community across the country.

The proportion of local children who are overweight or obese as they start primary school in West Sussex is substantial. At reception, **one in every five children are overweight or obese.** By the time they are next measured, as they leave primary school in year 6, the proportion has **risen to one in three.** This represents around 4,000 of our children with a weight problem **in these two school years alone.** Other sources estimate that taking all children aged 2 to 15, there could be **around 40,000 children who are overweight or obese in West Sussex.** These children invariably go on to become overweight and obese adults and Public Health England estimates that the NHS spends more than £6 billion a year treating obesity related disease

2. Proposals

There are **no quick wins** or magic bullets to reduce childhood obesity. This will require concerted national and local action. The government has launched a national child obesity plan and started to take action on issues such as the marketing of junk food to children. As a recent parliamentary Select Committee report² concluded, what is needed is a "joined-up, 'whole systems', collaborative approach.

Traditional approaches to obesity have tended to focus primarily on 're-educating' the individual or family, with weight management programmes being offered to 'solve' the problem, one individual (or family) at a time. Recruitment to these (generally free) classes is difficult, drop-out rates are high, follow up is difficult, and evidence of the long term (and often short term) impact of such programmes on all but a handful of participants is hard to find, and has little impact on overall prevalence.

¹ <https://jsna.westsussex.gov.uk/assets/core/health-and-happiness-survey-live-report-final.pdf>

²

https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/88213.htm#_id=TextAnchor079

A strategic, whole systems approach to preventing and managing childhood obesity needs to include but go beyond individual/family based weight management interventions (which will be considered below) and prioritise actions that prevent excess weight gain in the first place, normalising physical activity and healthy eating for all, not just a handful who have reached crisis point. Schools are clearly a key setting in this agenda, and progress is being made locally with the Daily Mile. The paper recently endorsed by the Public Health Board made the case for the engagement of key staff such as school nurses, alongside the district and borough councils. There are a wide range of additional partners represented by the Health and Wellbeing Board who have a key role in this agenda, not least the NHS and the community and voluntary sector. Local businesses also have a role to play.

Examples of the types of interventions that are needed from partners are included in **Box 1** below.

Box 1: Examples of interventions at the level of individual, community and environment

Individual level

Support to mothers planning pregnancy/who are pregnant to be active, to eat healthily (including appropriate vitamin supplementation), be active and achieve a healthy weight

Promotion of breastfeeding

Infant feeding advice and support

Support to those children identified as obese or overweight by the National Child Measurement Programme

Community level

Breastfeeding support groups

Sustainable school based initiatives such as the Daily Mile

Community based initiatives e.g. to promote healthy cooking skills or family activities

Environmental

Prioritisation of pedestrians/cyclists/public transport in design or adaptation of the environment eg cycle lanes, dropped kerbs, routes to schools

Healthy food policies in all settings ie early years, schools, hubs, community centres

Action to ensure fast food outlets are not concentrated around schools

Implementation of Government Buying Standards for Food through all relevant contracts including leisure centres

Provision of safe places that attract children of all ages to play in all weathers

Clarifying our weight management offer to children in West Sussex

In some parts of West Sussex, children have had access to a family weight management programme called **Family Wellbeing** for approximately the last seven years. In the absence of a clear weight management offer across the county, the Arun and Chichester Wellbeing Hubs have commissioned this service. Unlike many weight management programmes which deliver a standard weekly package of interventions and activities to families, the programme is completely tailored to the needs of the family, and prioritises complex families. Latest figures show that **97% of children seen by the service have additional services** (such as social services or YES) involved and that **70% have a special educational need**. Although by their nature such intensive programmes do

not work with high numbers, the programme regularly exceeds its targets and achieves impressive results, with an average of 82% of children having stabilised their weight at three months across the two programmes, compared to a target of 75%, 100% having improved their cardio fitness, and an additional 86% of adults accompanying the children having lost more than 5% of their weight at three month follow up as a result of the changes achieved (see **Appendix 3**). The programme also achieves additional outcomes such as improved school attendance, improved school achievements, and reduction in self harm.

The programme, which is commissioned to see around fifty families a year in Arun and another thirty in Chichester has a waiting list and is a real asset for the local area. The engagement forms a contrast to the school nursing offer, with nurses reporting that they have struggled to engage parents in responding to the results of the National Child Measurement Programme and have supported only a handful across the County. Several hubs outside of Arun and Chichester (such as Adur and Worthing, Crawley and Horsham) have expressed a keen interest in the Family Wellbeing programme, which is not currently commissioned to see families from other areas. It is now time to reconsider the pathways that are available for children who are overweight or obese and the first step is engaging key partners around this complex problem.

Conclusions

Healthy weight is highlighted in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy and links closely with the first priority of Start Well which concerns emotional health and wellbeing of our children. However, West Sussex has yet to commit to taking a coordinated, systematic approach to tackling this complex, multifactorial issue.

This paper recommends to the Board that they acknowledge the importance of this issue to children's outcomes and endorse a new strategic, whole systems approach, beginning with the establishment of a Healthy Weight Steering Group which is intended to report into the Health and Wellbeing Board. The group will consider the available evidence and work collectively to develop sustainable, universal approaches to prevent obesity in all children, ensuring there are pathways in place to support those who are obese or overweight. The proposed structure and membership are included in **Appendix 4** for comment.

3. Next Steps

The Health and Wellbeing Board is asked to

- 1) Acknowledge the importance of this topic in West Sussex and endorse the new strategic, whole systems approach being outlined;
- 2) Provide feedback on ways in which the Health and Wellbeing Board will support this agenda, including:
 - identification of key leads to join the new Healthy Weight Steering group and the place based subgroups to drive this agenda forward;
 - governance arrangements;
 - commitment to taking appropriate actions within members' own organisations to influence the wider environment in relation to access to healthy food and opportunities for physical activity and active travel.

Appendix 1: Healthy weight in West Sussex

Appendix 2: Local Inequalities in overweight and obesity

Appendix 3: Outcomes of Family Wellbeing Programme

Appendix 4: Proposed structure and membership of Healthy Weight steering group

Contact: jenny.hacker@westsussex.gov.uk

Appendix 1 Healthy Weight in West Sussex

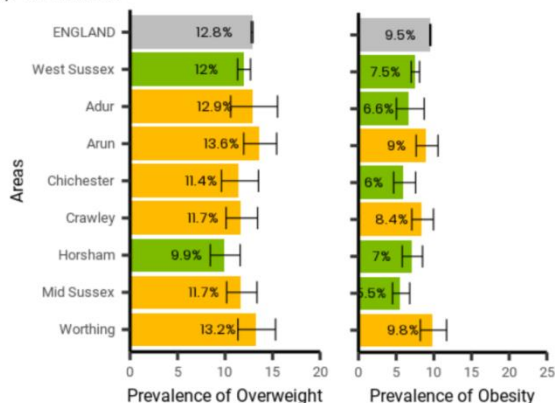
The [National Child Measurement Programme \(NCMP\)](#) for England is an annual record of height and weight of children in state-maintained schools in reception (aged 4-5) and year 6 (age 10-11).

The most frequently reported measure from the NCMP is prevalence of 'excess weight'. This includes children measured as:

- Overweight: 85th to 95th BMI centile on UK growth charts
- Obese: at or above the 95th BMI centile

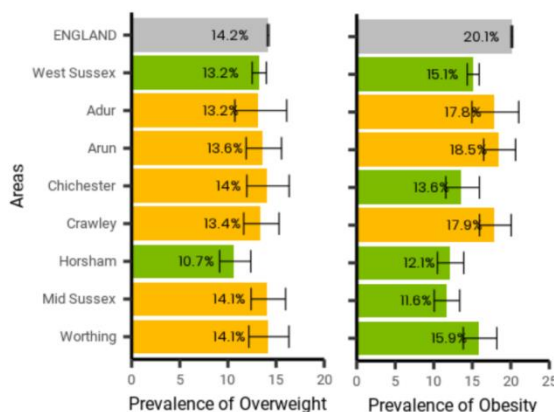
Reception (4-5 years)

Whilst prevalence of excess weight is generally lower than England, **a fifth of reception children were overweight or obese** in West Sussex in 2017/18 (19.5%), equating to around 1,700 children.



Year 6 (10-11 years)

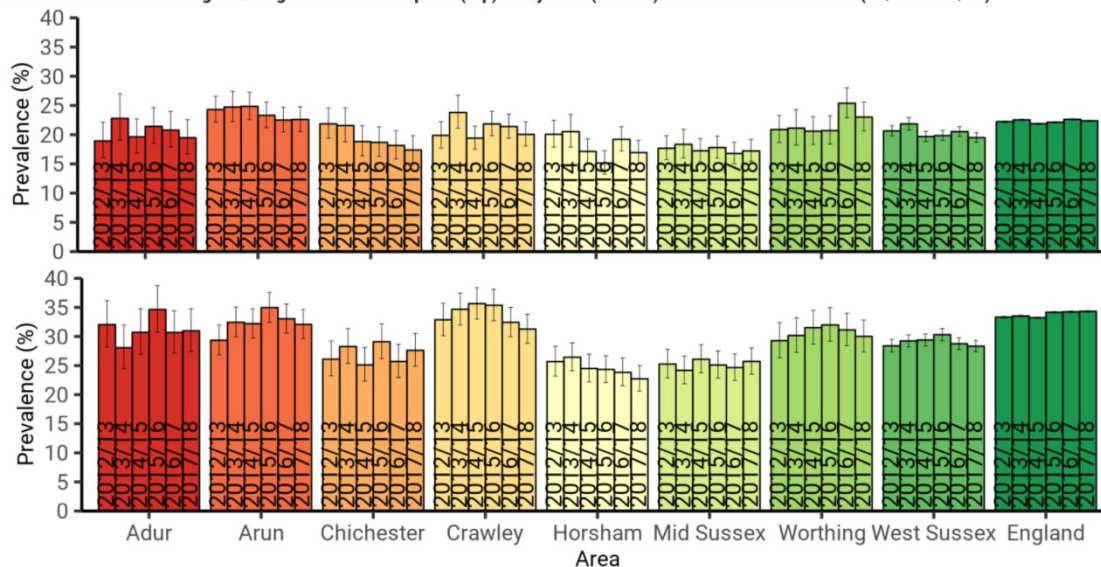
In 2017/18, 28.3% of year 6 children were overweight or obese in West Sussex. This equates to 2,300 children aged 10-11 years.



Trends over time

Trend data suggests that in most areas of West Sussex, there has been **little change in the prevalence of excess weight** among reception or year 6 children.

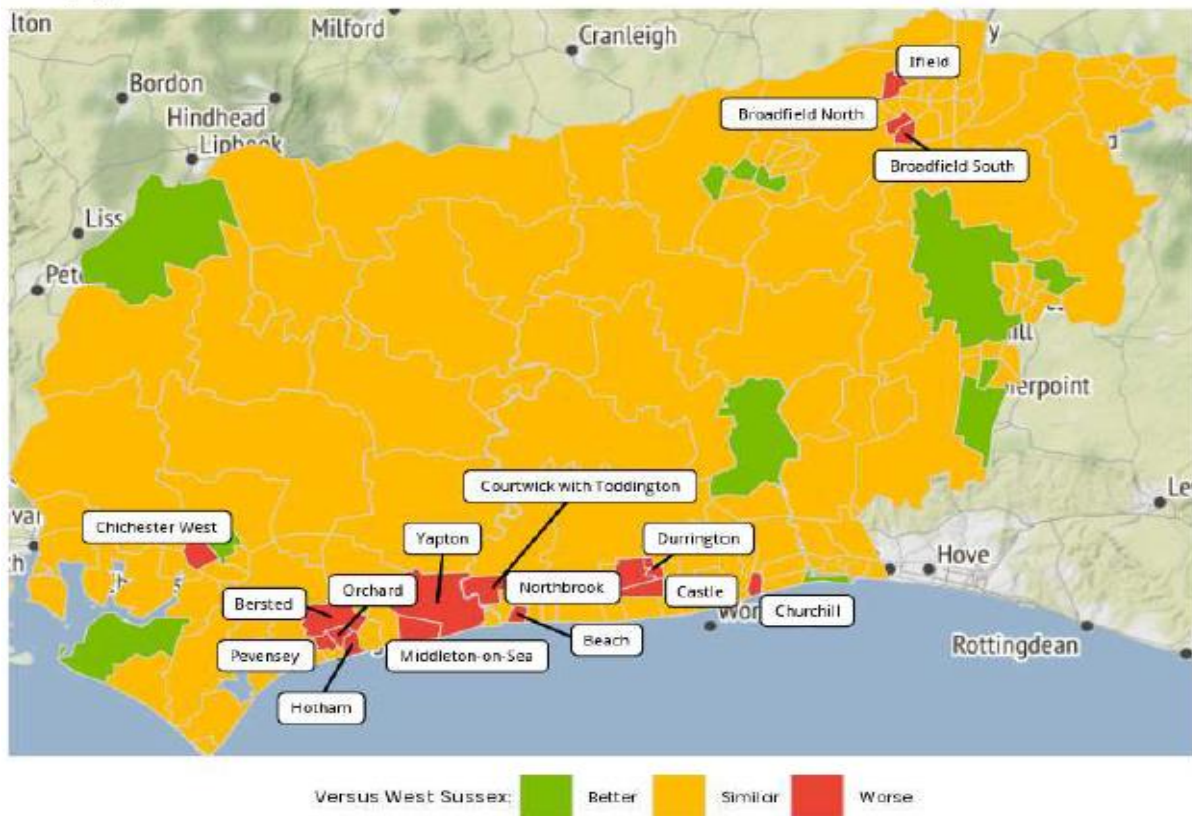
Prevalence of excess weight among children in reception (top) and year 6 (bottom) resident in West Sussex (12/13 to 17/18)



Appendix 2: Local inequalities in overweight and obesity

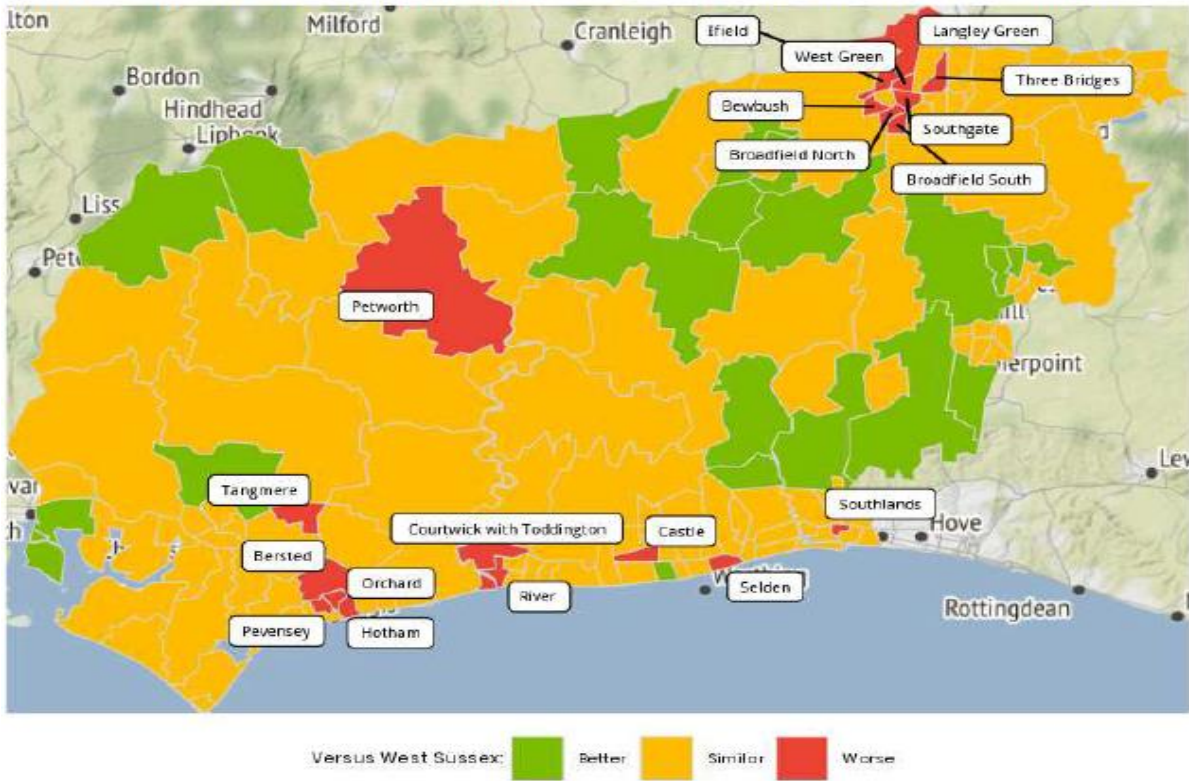
The maps below highlight the local differences at ward level for reception and year 6 children. At **reception age**, rates of excess weight range from less than 10% in Rogate ward (Chichester) to 31% in Hotham ward (Arun). Half of the 16 wards which have a figure higher the West Sussex average are in **Arun**.

Wards in West Sussex with a significantly higher/lower prevalence of excess weight among resident reception children than West Sussex average (2013/14 to 2017/18)



For **year 6** children, the majority of the wards with excess weight are in **Crawley** or **Arun**. In Arun, almost one in three year 6 children (32%) are overweight or obese, compared to 'only' about one in four (23%) in Horsham. The ward with the highest prevalence in West Sussex is in Chichester District (Tangmere ward) at 43% and lowest in Lindfield ward in Mid Sussex.

Wards in West Sussex with a significantly higher/lower prevalence of excess weight among resident year 6 children than West Sussex average (2013/14 to 2017/18)

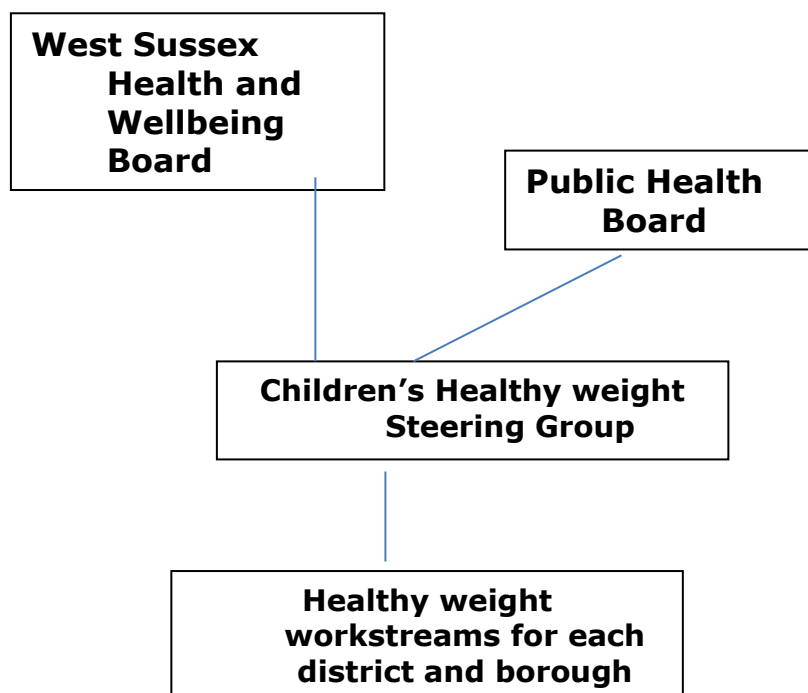


Appendix 3: Outcomes of Family Wellbeing programme**Current Statistics relevant to Arun and Chichester District (2017-present)**

Arun and Chichester	%
Families who have additional services involved (social worker, IPEH, young carers, YES)	97%
Children who receive additional support in schools	97%
Children with Special Education Needs	70%
Children not attending school	25%
Children who attend alternative provision school, home schooled and behavioural schools	20%

2018/19	Target	Chichester	Arun
Number families recruited		35	38
Completers whose weight had stabilised at end of programme	50%	82.8% (24/29)	85.5% (31/38)
Completers whose weight had stabilised at 3 months follow on	75%	79.2% (19/24)	85% (32/38)
Self reported improvement in emotional wellbeing	75%	93.1% (27/29)	Not reported
Improvement in cardio fitness	75%	100% (29/29)	Not reported
Adults accompanying child experiencing 5%+ weight loss at 3 month follow up	75%	85.7% (18/21)	Not reported
Increased activity levels at the end of intervention	80%	Not reported	85.5% (31/38)
Self reported improvement in family eating and behaviour	75%	93.1% (27/29)	Not reported
Total spend		£30,000	£40,000

Appendix 4: *Proposed structure and membership of Healthy Weight Steering Group (revised with input from Public Health Board)*



Proposed membership of steering group to include

- Public Health (chair)
- Head of Early Help
- Heads of midwifery, health visiting, school nursing, paediatric dietetics
- Commissioner of Healthy Child Programme
- Head of school catering
- Head of Educational psychology
- Active travel representation
- Community and voluntary sector representation
- Voice and Participation team manager

Proposed members of placebased workstreams to include

- Public health
- District and borough health and wellbeing leads
- School nurse
- PSHE lead
- Mental health lead
- Wellbeing hub lead
- Planning lead
- Leisure provider representative
- Parks and Open spaces
- Environmental Health
- Primary care lead



Children and Young People's Emotional Wellbeing and Mental Health

Date: September 2019

Report by: Alison Nuttall and Lizzie Izzard

Executive Summary

This paper provides an overview of:

1. The West Sussex Local Transformation Plan for Children and Young Peoples Emotional Wellbeing and Mental Health Services Refresh
2. The Sussex wide Review of Emotional Health and Wellbeing Support for Children and Young People

The Health and Wellbeing Board is asked to:

1. Agree the recommendation to progress the Local Transformation Plan (LTP) to sign off by the chair
2. Note the information provided about the review

1. Background

Children and young people's emotional wellbeing and mental health is a key local and national priority. Data indicates that there are greater numbers of children and young people seeking support with their emotional wellbeing and mental health and there are many and varied drivers for this increase.

The NHS has used the vehicle of local transformation plans to additionally invest in children and young people's services with an emphasis on increasing access to services, reducing waiting times and ensuring services are appropriate to need.

Although progress has been made an independent Sussex wide review of Emotional Health and Wellbeing Support for Children and Young People is underway. It will report in the new year and will inform our plans going forward.

2. West Sussex Local Transformation Plan

The West Sussex Local Transformation Plan (LTP) is our plan for improving children and young people's mental health and emotional wellbeing services across the county. The LTP outlines an integrated, multi-agency system-wide approach which builds resilience, improves access to services and supports children and young people along pathways of care whatever their needs. The Clinical Commissioning Groups (CCGs) in West Sussex (Coastal West Sussex, Horsham and Mid Sussex and Crawley) and West

Sussex County Council are responsible for the joint commissioning of services and have worked together to develop the plan.

Following the publication of Future in Mind (2015), the plan was developed during 2015 in partnership with children and young people (CYP), parents, carers and key stakeholders. Since publishing our first version of the plan, we have been required by NHS England (NHSE) to produce an annual refresh by 31st October each year. During the refresh process we have engaged stakeholders and incorporated feedback from NHSE.

Each year, the LTP has been refreshed rather than re-written. We have built upon the work already being carried out, and refined our plans to take into account any lessons learnt so far and changes in the policy and financial framework. We continue to focus on 9 key priority workstreams:

- Eating Disorders
- Early intervention, prevention and targeted services and support
- Crisis Care and Urgent Help
- Health and Justice Pathway
- Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)
- Workforce Transformation
- Most vulnerable children and young people
- Redesigning the neurodevelopmental pathway
- Transition - Services for 16-25 year olds

Since the last publication of the Local Transformation plan, key achievements include:

- Increased access for CYP to emotional wellbeing and mental health services, exceeding the NHSE target of 32%. This is due to more capacity and greater choice of support for CYP, GPs, children's social care and schools.
 - Crawley CCG – 45.5%
 - Coastal West Sussex CCG – 46.6%
 - Horsham and Mid Sussex CCG – 44.8%
- The launch of a new face to face and online counselling service provided by YMCA Dialogue. YMCA are continuing to develop the online digital offer and have engaged children and young people in this work.
- A successful application to become a trailblazer site, and the implementation of 2 Mental Health Support Teams in West Sussex is in train.
- Progressing our youth support project focused on enhancing the 14-25 offer.
- Continued partnership working with East Sussex and Brighton and Hove CAMHS commissioners to achieve greater impact – examples include the Eating Disorder Service and workforce planning.

We have placed a strong emphasis on regular evaluation and monitoring within the LTP, as this informs the development of our plans and ensures effective prioritisation of funding. Our monitoring and evaluation data shows:

- The range of services to support CYP emotional wellbeing and mental health has expanded, and we have therefore significantly improved access to services.
- The majority of CYP emotional wellbeing and mental health services have seen an increase in referrals over time.
- Levels of CYP satisfaction with services are good, where reported. This is an area of reporting we need to develop with providers.
- Smaller services (often our targeted services) are generally performing well, with waiting time KPIs being met.

- Our core contracts – Specialist CAMHS, YES, Counselling (YMCA Dialogue) – are all reporting increased demand and increased waiting times / lists. Waiting list initiatives are now in place and being monitored.
- We have received feedback from parents / carers and CYP, referrers and providers of services that the pathway into services is still not clear. This can be demonstrated by the number of signposted referrals from CAMHS.

Priorities 2019 – 2021

We will continue to focus on our 9 priority work streams highlighted above, with specific attention on:

- Clarity of pathways and integration with local authority services
- Communication between services and primary care and schools
- Managing increases in demand for services
- Workforce planning and delivery
- Further training and skills development for those professionals in primary care and other universal children's services;
- Improving transition of young people from CYP mental health services to adult services, and the development of the 0-25 offer.

3. Sussex wide Review of Emotional Health and Wellbeing Support for Children and Young People

Partners across Sussex have agreed to engage in a review of children's emotional wellbeing and mental health. There is an oversight group which includes senior officers from CCGs, the local authorities and the mental health trust. There is then a review panel with an independent chair consisting of key local professionals representing, public health education, health and social care and parent carers. The scope of the review is all aspects of emotional wellbeing and mental health services and to date there has been wide stakeholder engagement including via surveys and focus groups and attendance at community events. The engagement phase is drawing to a close and the next step is to consider the feedback alongside a review of data, finances, service mapping, literature and the evidence base to develop conclusions and recommendations. A report is due to be published in the new year and the HWB will be a key audience for this.

4. Next Steps

The Local Transformation Plan Refresh will be completed by 31st October 2019. NHS England will provide feedback and assurance. In order to progress the LTP, the board is asked to accept the recommendation that the final report be signed off by the chair.

The Sussex wide Review of Emotional Health and Wellbeing Support for Children and Young People will continue, and will publish findings in the new year.

Appendices: Sussex wide review bulletin number 12

Contact: Alison Nuttall and Lizzie Izzard

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EMOTIONAL HEALTH AND WELLBEING SUPPORT

for children and young people

Upcoming Events September 2019

Open Space events

The open space events will provide members of the public and key stakeholders across Sussex an opportunity to share ideas, experiences and insights to help us shape the future of emotional health and wellbeing services for children and young people in Sussex.

The events will look at the following question as a starting point – **what needs to happen, to make sure that children and young people with emotional health and wellbeing needs, are supported well?**

Date: Wednesday 4th September

Time: 18:00-21:00

Venue: Stade Halls: 20 Rock-A-Nore Road, Hastings, England, TN34 3DW

Link to event: <https://www.eventbrite.co.uk/e/emotional-health-wellbeing-support-for-children-young-people-in-sussex-tickets-65517636013?aff=affiliate1>

Date: Thursday 5th September

Time: 09:30 – 13:00

Venue: Civic Centre: Civic Approach, Uckfield, England, TN22 1AE

Link to event: <https://www.eventbrite.co.uk/e/emotional-health-wellbeing-support-for-children-young-people-in-sussex-tickets-67510759499?aff=affiliate1>

Date: Thursday 5th September

Time: 18:00-21:00

Venue: Varley Park Conference Centre, Varley Park Halls of Residence, University of Brighton: Coldean Lane, Brighton, East Sussex, BN1 9EN

Link to event: <https://www.eventbrite.co.uk/e/emotional-health-wellbeing-support-for-children-young-people-in-sussex-tickets-67515912913?aff=affiliate1>

Focus groups (Max capacity 15 attendees per group)

The focus groups will discuss the following three themes across different service areas (Community, Education, and Primary Care):

- **Theme 1:** Pathways
- **Theme 2:** Integrated working
- **Theme 3:** Resource and capacity

Each day will consist of three one hour sessions (times below include registration).

Date	Location	Focus area, times and link
<p>Thursday 16th September</p>	<p>Friends Meeting House (Lecture Room) Ship Street, Brighton, England, BN1 1AF</p>	<p>Community Time: 09:00-10:30 Link: https://www.eventbrite.co.uk/e/focus-group-1-community-tickets-68472287455?aff=affiliate1</p>
		<p>Education Time: 10:30-12:00 Link: https://www.eventbrite.co.uk/e/focus-group-2-education-tickets-68473904291?aff=affiliate1</p>
		<p>Primary Care Time: 12:00-13:30 Link: https://www.eventbrite.co.uk/e/focus-group-3-primary-care-tickets-68474197167?aff=affiliate1</p>

Surveys

The surveys will be an opportunity for members of the public and key stakeholders to provide their views, opinions and ideas for improvement about the current emotional health and wellbeing services for children and young people.

The surveys are targeted for each of the groups below.

Please complete the survey that best describes you

Children and Young Peoples: <https://www.surveymonkey.co.uk/r/RMHR6DM>



Parents and Carers: <https://www.surveymonkey.co.uk/r/JZ3JDJC>



Health and Care Professionals: <https://www.surveymonkey.co.uk/r/J5F8VSZ>



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**EMOTIONAL HEALTH AND
WELLBEING SUPPORT***for children and young people*

Stakeholder bulletin - 12

Chair's Update

Welcome to the twelfth bulletin of the Sussex-wide review of emotional health and wellbeing support for children and young people. As we move towards autumn and the end of our engagement phase, I want to thank everyone who has been involved in the review so far. We've still got a lot of work to do, but we've made great headway over the summer, engaging with more than 260 stakeholder organisations, talking to children and young people and building a robust evidence base through data collection and analysis.

Engagement is still underway, and I'd encourage you to check out the update that accompanies this bulletin for the latest information on how you can get involved. I'll be attending a series of events and meetings over the coming weeks including local strategic and planning forums. The review team and I are planning service visits where we can hear first-hand from children and young people, and our hardworking staff and professionals on the front line - these are the voices that will ensure our recommendations are based on lived experiences which are at the very heart of this review.

I wrote to local MPs and councillors in August, inviting them to talk to me directly with their views and feedback as well as giving them the opportunity to engage by attending events or completing our surveys. We're making good progress with data collection and analysis as the NHS Benchmarking Network is looking at performance, finance and quality data from NHS, local authorities and other organisations and will present a full report to the Review Panel over the next few weeks.

Review Panel update

The Panel held meetings in July and August. At the July meeting we were fortunate enough to be joined by two members of the East Sussex Youth Cabinet who gave an excellent and insightful presentation on work they've been doing to promote mental health within schools, including developing a guide for teachers which can be [found here](#). I know I speak for my colleagues on the Review Panel when I say this is exactly the sort of input that the review is all about; hearing about initiatives and solutions that have been designed by young people, for young people.

Next steps – developing the report and recommendations

The Oversight Group has proposed a ‘meeting in common’ with the Review Panel in October to better understand the issues, challenges and ideas that the panel are encountering as the review progresses. We’re delighted that this meeting will be taking place and we’re confident that this meeting in common will stimulate collective ownership of the report and recommendations.

We’re planning some **evidence sessions** to test proof of concept once the engagement period is over and will bring you more details about these sessions in future editions of the bulletin. The sessions will be designed to help the Review Panel work through the rich tapestry of information gathered during the review, revisit emerging themes and issues and test the elements that will make up the final report and recommendations.

We’re planning **reflective sessions** with health, care and education professionals where we can present our initial findings, understand if these resonate and look at priority areas and recommendations that should come out of the review’s evidence base. More information on these sessions will be released soon.

Engagement update - more opportunities to get involved

We want to hear from as many people as possible during the review process and have created a variety of ways for people to have their say. You can find a full update on engagement opportunities along with this bulletin, including links to surveys, dates for focus groups and details of our remaining open space events. Please do complete the surveys, book on to one of the events or groups and share this information with your peers, contacts and networks.

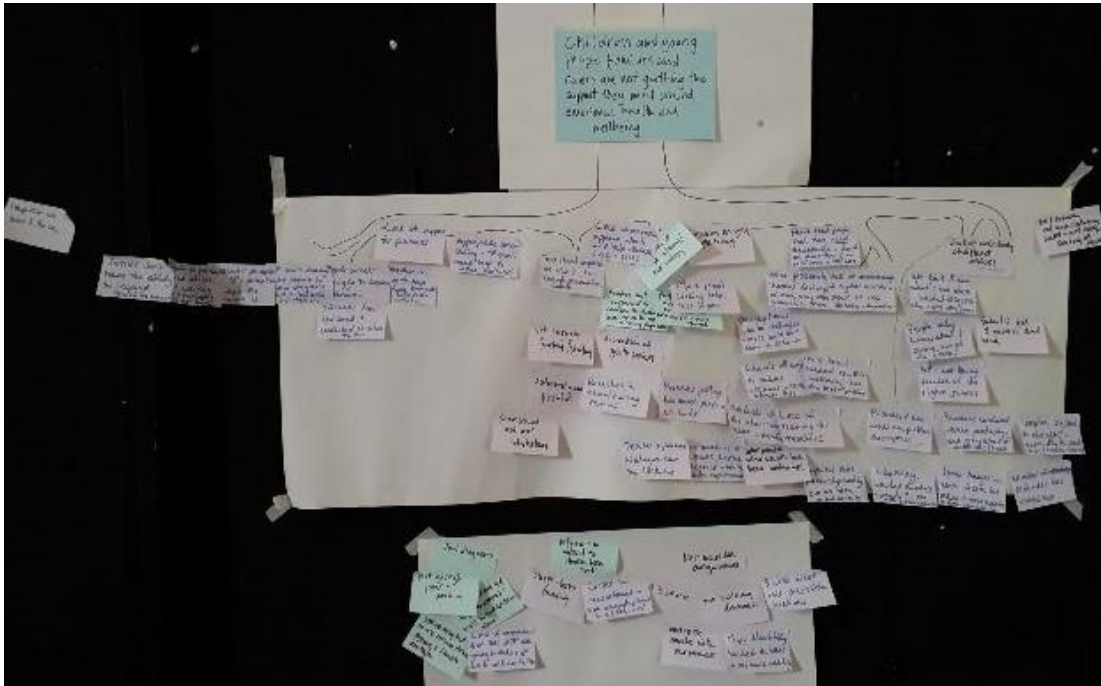
Other ways for people to tell us what they think

People can give us their views by:

- writing to us: Freepost SEA2474, BN8 2ZZ (please mark any correspondence ‘CYP Review’)
- emailing us: s.lofts@nhs.net
- calling us: 01273 403561

Open space events – what we’ve heard so far

We’ve held two open space events this summer, at venues in Haywards Heath and Worthing. Both events produced helpful and rich discussions and drew out some key issues. Attendees included parents and carers, representatives from the voluntary sector including Youth Emotional Support (YES), staff from the Sussex Partnership NHS Foundation Trust and local authorities. The events started with a ‘problem tree’ exercise where attendees identified current issues with existing services or pathways for children and young people before detailed group discussion to look at potential solutions.



Here are some of the areas that attendees recommended we look at further:

- A greater focus on **prevention**, stressing the importance of mental wellbeing rather than mental health problems
- Improving **understanding and awareness** about the services and support that are available for children and young people
- **Working better together** – better communication, joining up services and support and more partnership working across organisations
- More **support for parents and carers**
- **Improving links** between health and care and colleagues within the education sector and looking at resources and solutions for schools and colleges
- Making **better use of technology** in supporting mental health and wellbeing and improving partnership working
- Improving access to services and support – **creating flexible, appropriate and effective services and support** that meet the needs of children and young people
- **“A space which isn’t home or schools to talk to peers and a youth worker and have fun!”**

Three more events are scheduled for 4th and 5th September in Hastings, Uckfield and Brighton – you can find full details in the engagement summary.

More than 200 GPs give their views on services and support

We’ve had a fantastic response to our GP survey with more than 208 responses

received, equating to around one in four family doctors working in Sussex. There's good representation from all clinical commissioning group areas, demonstrating that emotional health and wellbeing of children and young people is an important issue across the review's catchment area. Detailed analysis of responses is underway but it is clear that GPs feel strongly about this area of work and want to know how they can help address and understand the issues and find ways to improve services and support;

There's more work to be done to establish a clearer pattern of opinion but in the meantime, we'd like to thank our GP colleagues across the system for taking the time to give us their insights.



Who's who on the Review Panel

In this edition of the bulletin, find out more about our Panel member, **Amy Mary Rose Herring**.

Amy is a National Children and Young People's Adviser, representing the views of children and young people for a variety of national organisations, advising and supporting them to make changes and be innovative (such as NHS England Youth Forum, Anna Freud National Centre for Children and Families, Association of Young People's Health). Amy represents lived experience views of mental health from an all age approach (such as NHS Digital and NHS Personalised Care) and is the Lead Governor of Sussex Partnership NHS Foundation Trust.

Currently Amy is also co-chairing the national Standards and Guidelines for Sexual Safety in Mental Health Inpatient Wards. Amy's role as a Review Panel member is to advise on engagement and ensure that the views of children and young people are at the very heart of the review process and are being sought from a wide variety of areas. The review is important to Amy because she knows first-hand how confusing it can be for children and young people to navigate their way through local services and support to get the help they need.

Amy believes the review can have a really positive impact on children and young people's emotional and wellbeing services in Sussex because it will provide clarity on what is currently available, as well as providing clear direction as to what is missing and what is needed to meet the needs of local children and young people.

I hope you've found this edition of the bulletin useful. Please do get in contact with if you'd like to know more.

Steve Appleton
Independent Chair of the review

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West Sussex Age Healthy Communications Campaign

10 October 2019

Report by Daniel MacIntyre, Acting Consultant in Public Health

Executive Summary

At the launch of the West Sussex Joint Health and Wellbeing Strategy 2019-24, delivery of a healthy ageing campaign was agreed as a priority action for 2019/20. West Sussex Public Health team, working with partners, has led on developing a six month campaign which was launched on 1st October. The campaign has a different theme each month: October – introduction; November – the home and neighbourhood environment; December – social connections; January – finance; February – mental health; March – physical health. Campaign activity includes a survey on older people’s views on ageing in West Sussex, a dedicated campaign page, monthly newsletter, and social marketing campaign.

The Health and Wellbeing Board is asked to:

- 1) Note the delivery of a 6 month Healthy Age campaign commencing on 1st October 2019
- 2) Support the delivery of the campaign via the Health and Wellbeing Board member organisations

1. Background

Ageing Well is one of the three components of the West Sussex Joint Health and Wellbeing strategy 2019-24. Overall, older people in the county are relatively healthy, contributing to the life of their communities and find West Sussex a great place to live. However, with age comes the increased likelihood of living with one or more long term health conditions and / or sensory impairment. Older people have increased risk of dementia, and large numbers of older people suffer from depression. Older people are also have an increased risk of falls and are vulnerable to social isolation and/or loneliness. All of these can result in a reduced quality of life and increased use of health and care services.

At the launch of the West Sussex Health and Wellbeing Board’s Joint Health and Wellbeing Board Strategy 2019-2024: Start Well, Live Well, Age Well, delivery of a healthy ageing campaign was agreed as one of the priority actions for 2019/20. West

Agenda Item 10

Sussex County Council Public Health team has led on developing the campaign, working with partners including Age UK. It was launched on 1st October 2019, International Day of Older Persons, and will run for six months.

The campaign will support the Joint Health and Wellbeing Strategy goals for ageing well through a focus on the positive assets which support healthy ageing in West Sussex and enable people to improve their wellbeing, remain independent and lead lives with meaning and purpose.

The **objectives** of the campaign are to:

- Share practical ideas for action and signpost local resources and best practice which will support prevention and enable people to improve their health and wellbeing
- Raise awareness of positive approaches to healthy ageing which help people to live well as they age
- Celebrate the contribution which older people make to our communities, and the skills, knowledge and experience which they bring
- Tackle ageism and present a positive narrative of ageing well, demonstrating that West Sussex is a good place to grow old

The **audience** for the campaign is the public - including (but not limited to) older people, their friends and families, carers - as well as health and care professionals and others working to improve health and wellbeing across the county, such as leisure centres and community and voluntary groups.

Approach: The campaign will be delivered over six months, with a different focus each month:

October: Introducing the campaign including a survey for older people on what it means to Age Well in West Sussex.

November: Environmental – living in a home and community which improves wellbeing and enables independence.

December: Social – being socially connected with enhanced friendships and support, and engaging in social activities.

January: Financial – the ability to be financially secure, including through work, building resources and planning for the future

February: Mental – improving mental health and wellbeing and building resilience to adversity

March: Physical – enjoying life in good health and improving health and wellbeing

Activity: Campaign activity includes a survey on older people's views on ageing in West Sussex, a dedicated campaign page, monthly newsletter, and social marketing campaign. Engagement with Health and Wellbeing Board member organisations and other stakeholders will be ongoing to ensure that relevant activities, services and resources are promoted for the different months / themes.

2. Proposals

The Health and Wellbeing Board are asked to:

- i. Note the delivery of the Age Well campaign as a priority action agreed at the Joint Health and Wellbeing Board Strategy 2019-2024
- ii. Support member organisation communications leads in promoting the campaign to customers, staff and other organisations

3. Next Steps

1. Deliver the November component of the campaign focussing on a safe home environment.
2. Prepare resources and material for the December component of the campaign focussing on social connections

Director for Public Health

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Date of meeting:	10th October 2019
Item Title:	Health Protection Annual Report
Executive Summary:	<p>The County Council holds key statutory health protection responsibilities as outlined in this report. To ensure robust delivery of these statutory responsibilities, the Director of Public Health chairs a multi-agency West Sussex Health Protection Committee bringing together organisations across the county that contribute to protecting the health of the West Sussex population. The group produces an Annual Report to provide assurance that all parts of the system are working together effectively towards various targets and outcomes.</p> <p>The West Sussex Health Protection Annual Report 2018/2019, details the West Sussex data, and activities carried out by the Council and partner organisations during the period 1 April 2018 to 31 March 2019 in relation to:</p> <ul style="list-style-type: none"> • Health Protection and Screening Assurance Group • Infectious diseases including outbreaks • Environmental Health • Sexual Health • Health Care Associated Infections • Infection Prevention and Control Champions Programme • Air Quality • Screening Programmes (both cancer and non-cancer) • Immunisation Programmes including influenza • Emergency Preparedness, Resilience and Response <p>For 2019-20, the key areas to focus on include:</p> <ul style="list-style-type: none"> • To continue to seek system wide assurance through partnership working via the Health Protection Assurance Group • To continue the timely and effective identification of and response to, cases and outbreaks of infectious diseases in order to reduce the public health risk to the population of West Sussex

	<ul style="list-style-type: none"> • Supporting and further developing robust TB pathways in Crawley and Mid Sussex areas • To identify primary focus of HCAI through continued collaboration with provider organisations and implement focused reduction strategies in line with the STP HCAI reduction Strategy • To support screening programmes to increase uptake and reduce inequalities • Continuing the Infection Prevention and Control Champions programme to support care homes and domiciliary providers to help reduce the incidence of HCAI and outbreak • To support screening programmes to increase uptake and reduce inequalities • Supporting the immunisation programmes promotional activities focusing on seasonal Flu, MMR, prenatal Pertussis, and Shingles vaccinations • Working with internal and external partners to improve air quality • Supporting the EPRR planning and delivery of multiagency exercises
<p>Recommendations for the Board:</p>	<p>The Health and Wellbeing Board is invited to consider the West Sussex Health Protection Annual Report 2018-2019 and the subsequent recommendations made, providing any comment to the Director of Public Health (DPH) prior to publication.</p>
<p>Relevance to Joint Health and Wellbeing Strategy:</p>	<ul style="list-style-type: none"> • Starting well • Living and working well • Ageing well.
<p>Financial implications (if any):</p>	<p>no</p>
<p>Consultation (undertaken or planned):</p>	<p>External – the following external partner organisations were contributors to the annual report:</p> <ul style="list-style-type: none"> • Public Health England South East – Health Protection Team Surrey and Sussex • Public Health England South East – Screening and Immunisation Team Kent, Surrey and Sussex • Coastal West Sussex CCG - Quality • Central Sussex and East Surrey Commissioning Alliance <p>Internal - the following internal partner teams were contributors to the annual report:</p> <ul style="list-style-type: none"> • Public Health – Health Protection

	<ul style="list-style-type: none"> • Children, Families and Working Age Adults Commissioning - Sexual Health • Communities and Public Protection – Emergency Resilience • Economy, Infrastructure and Environment – Sustainability <p>This report was presented to the Health and Social Committee in September 2019 and comments received by the Director of Public Health on the subsequent recommendations made.</p>
Item author and contact details:	<p>Anna Raleigh Director of Public Health Rachel Loveday rachel.loveday@westsussex.gov.uk</p>

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Health and Adult Social Care Select Committee
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26 September 2019

West Sussex Health Protection Annual Report 2018/2019
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Report by Anna Raleigh, Director of Public Health
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Summary

The County Council holds key statutory health protection responsibilities as outlined in this report. To ensure robust delivery of these statutory responsibilities, the Director of Public Health chairs a multi-agency West Sussex Health Protection Group bringing together organisations across the county that contribute to protecting the health of the West Sussex population. This produces an Annual Report to provide assurance that all parts of the system are working together effectively towards various targets and outcomes.

The focus for scrutiny

The Health and Adult Social Care Select Committee is invited to consider the West Sussex Health Protection Annual Report 2018-2019 and the subsequent recommendations made, providing any comment to the Director of Public Health (DPH) prior to publication.

The Chairman will summarise the output of the debate for consideration by the Committee.

Proposal

1. Background and Context

- 1.1 The Director of Public Health (DPH) role encompasses statutory and non-statutory as set out in the Health and Social Care Act 2012.¹ The DPH is the statutory Chief Officer and Principal Adviser on all health matters to elected members and officers within their local authority, providing leadership for all three domains of public health – health improvement, health protection, and healthcare public health (public health advice to local NHS Commissioners).² The Secretary of State delegates some health protection functions to local authorities. Statutory responsibilities for Public Health functions in West Sussex are set out in the County Council's Constitution.
- 1.2 Health Protection includes infectious disease, extreme weather events, and environmental hazards and contamination, although it is important to note it is not confined to this.³
- 1.3 On 1 April 2013, statutory responsibility to protect the health of the population moved from the Health Protection Agency (HPA) to the Secretary of State for Health. Their responsibility is mainly discharged through Public Health England

(PHE), however, some specific powers are delegated to local authorities.³ These are:

- To provide information and advice within their local area on appropriate health protection arrangements to every relevant body and responsible person, and to provide clinical commissioning groups with health protection advice.³
- The DPH (on behalf of the local authority) has a duty to prepare for and lead the local authority's response to incidents that present a threat to the public's health.³

PHE is responsible for providing specialist health protection functions (formally carried out by the HPA), which includes specialist responses to incidents.³

1.4 To ensure robust delivery of these statutory functions, the DPH chairs a multi-agency Health Protection Group that brings together the organisations across the county that contribute to protecting the health of the population of West Sussex. The Group produces an annual report to provide assurance that all parts of the system are working together effectively toward various targets and outcomes. Publication of the report is a key performance objective within the Public Health Directorate Business Plan 2018-22.

1.5 The West Sussex Health Protection Annual Report 2018/2019, details the West Sussex data, and activities carried out by the Council and partner organisations during the period 1 April 2018 to 31 March 2019 in relation to:

- Health Protection and Screening Assurance Group
- Infectious diseases including outbreaks
- Environmental Health
- Sexual Health
- Health Care Associated Infections
- Infection Prevention and Control Champions Programme
- Air Quality
- Screening Programmes (both cancer and non-cancer)
- Immunisation Programmes including influenza
- Emergency Preparedness, Resilience and Response

1.5 The key themes from 2018-19 are:

- The rate of infections per 100,000 population in West Sussex was below or around the South East rate, with the exception of Cryptosporidium, Pertussis, Measles and TB.
- Notable outbreaks included a large outbreak of Cryptosporidium associated with a farm, and a Measles outbreak amongst school pupils in the Chichester area, however the majority of outbreaks (norovirus and flu) are in care home settings and schools/nurseries/preschools
- There have been difficulties supporting the Enhanced Case Management of complex TB cases and TB incidents requiring large scale screening of contacts. This has been due to the ongoing staff capacity issues and the stopping of the Latent TB infection (LTBI) screening programme in primary care
- For health care associated infections (HCAI) there has been a sustained reduction in incidence, including a significant reduction in E.coli

bloodstream infections (BSI) (Coastal West Sussex (CWS) CCG) and zero MRSA BSI (Horsham and Mid Sussex (HMS) CCG)

- For sexual health, the Chlamydia diagnosis rate for West Sussex is lower than the South East and England rates; and there is a decline in the rate of new HIV diagnosis in West Sussex
- For cancer screening (Bowel, Breast and Cervical) there are good uptake rates for screening, but there are currently significant delays in cervical screening results and breast screening appointments. Cervical screening result delays are due to a shortage of cytologists adversely affecting turnaround times, as staff are redeployed and retrained to implement a new way of analysing samples to test for Human Papillomavirus (HPV), that will be rolled out in late 2019; and an increase in women presenting for screening following the PHE campaign in March 2019 to increase national uptake rates. Breast screening appointment delays is a recent issue due to a national shortage of mammographers and radiologists, which is being managed locally. For all three cancer screening programmes there is more work to do to reach deprived communities and groups
- For non-cancer screening (Aortic Abdominal Aneurysm (AAA), Ante Natal and New Born (ANNB), Diabetic Eye (DE)), all programmes are progressing well and there have been promotional activities focusing on increasing uptake rates and reaching deprived communities
- For adult immunisations (Pneumococcal, Shingles, prenatal Pertussis and seasonal Flu) support is being given to CWS CCG to improve the shingles vaccination uptake rates in its larger population in these age groups, locally commissioned maternity units are delivering around 400 Pertussis vaccinations a month
- For childhood immunisations the uptake rates for routine childhood vaccinations in West Sussex, are higher than the national average and reflects the hard work and commitment of local practices, local Child Health department and the immunisation team at Sussex Community NHS Foundation Trust, however, there is still more to do to meet national targets
- For seasonal flu vaccinations, the uptake rate in children during 2018-19 improved and is higher than the South East rate. For adults aged 65 years or older the uptake rate nearly met the national target of 75%, and reflects the hard work and commitment of local practices and pharmacies. For those under 65 years in risk groups and pregnant the uptake rates generally exceeded that of the South East too, but improvements are needed to increase the uptake rates closer to the national target of 55%.
- Improving air quality is now a corporate priority for the Council with the formation of the West Sussex Inter Authority Air Quality group bringing together members from each local authority. The group will support the continued work of Sussex Air who successfully obtained two Defra grants – the first to raise awareness of air quality issues with schools and businesses working with Sustrans (a charity whos' aims are to make it easier for people to walk and cycle), Living Streets (a charity promoting everyday walking) and Phlorum (air quality consultants); and the second to raise awareness around burning solid fuels in domestic settings (Clean Burn Sussex project)
- Emergency Preparedness Resilience and Response saw the Council sign up to the Sussex LHRP MoU for Health Protection Incidents, lead a review

of the LHRP Pandemic Flu plan, and contribute to the Westhampnet fire response

- 1.6 For 2019-20, the key areas to focus on include:
- Supporting and further developing robust TB pathways in Crawley and Mid Sussex areas
 - to identify primary focus of HCAI through continued collaboration with provider organisations and implement focused reduction strategies in line with the STP HCAI reduction Strategy
 - Continuing the Infection Prevention and Control Champions programme to support care homes and domiciliary providers to help reduce the incidence of HCAI and outbreaks
 - to support screening programmes to increase uptake and reduce inequalities
 - Supporting the immunisation programmes promotional activities focusing on seasonal Flu, Measles, prenatal Pertussis, and Shingles vaccinations
 - Working with internal and external partners to improve air quality
 - Supporting the EPRR planning and delivery of multiagency exercises

2. Proposal

- 2.1 It is proposed that the DPH updates the Health and Adult Social Care Select Committee on the West Sussex Health Protection Annual Report 2018/2019 and health protection activities across the county to provide assurance that all parts of the system are working together effectively towards various targets and outcomes, ensuring the local authority's statutory responsibilities are met. The Committee is invited to scrutinise the annual report prior to publication, providing any comment to the DPH.

3. Resources

- 3.1 None.

Factors taken into account

4. Issues for consideration by the Select Committee

- 4.1 The Health and Adult Social Care Select Committee is invited to consider the West Sussex Health Protection Annual Report 2018-2019 and the subsequent recommendations made, providing any comment to the Director of Public Health (DPH) prior to publication.

5. Consultation

- 5.1 External – the following external partner organisations were contributors to the annual report:
- Public Health England South East – Health Protection Team Surrey and Sussex
 - Public Health England South East – Screening and Immunisation Team Kent, Surrey and Sussex
 - Coastal West Sussex CCG - Quality

- Central Sussex and East Surrey Commissioning Alliance

5.2 Internal - the following internal partner teams were contributors to the annual report:

- Public Health – Health Protection
- Children, Families and Working Age Adults Commissioning - Sexual Health
- Communities and Public Protection – Emergency Resilience
- Economy, Infrastructure and Environment – Sustainability

6. Risk Implications and Mitigations

6.1 Risks and mitigating actions have been set out in the detail of this report and are monitored by the West Sussex Health Protection Group.

7. Other Options Considered

7.1 No other options were considered as this is an annual report on the Health Protection functions and contributions that have taken place during 2018-2019.

8. Equality Duty

8.1 This report is an Annual Report that covers a large number of domains that encompass the Health Protection function. These domains have the potential to impact on all West Sussex residents regardless of any protected characteristics. Where protected characteristics do apply, individual organisations and stakeholders who deliver this function will be responsible for ensuring that any potential impact is managed as part of their equality duty.

9. Social Value

9.1 Not applicable.

10. Crime and Disorder Implications

10.1 None

11. Human Rights Implications

11.1 None

Anna Raleigh

Director of Public Health

Contact: Lisa Harvey-Vince, Tel: 0330 222 3294

Appendices

West Sussex Health Protection Annual Report 2018-2019

Background Papers

None

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West Sussex Health Protection Annual Report 2018/2019

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Glossary

AAA	Abdominal Aortic Aneurysm
ANNB	Ante Natal and New Born
AQMA	Air Quality Management Area
aTIV	Adjuvant Trivalent Influenza Vaccine
BASHH	British Association for Sexual Health and HIV
BSI	Bloodstream Infection
CCG	Clinical Commissioning Group
CDI	Clostridium Difficile Infection
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRCE	Centre for Radiation, Chemicals and Environmental Hazards
DESP	Diabetic Eye Screening Programme
DPH	Director of Public Health
EHO	Environmental Health Officer
EPRR	Emergency Preparedness Resilience and Response
FIT	Faecal Immunochemical Test
HCAI	Health Care Associated Infection
HCW	Health Care Worker
HMS	Horsham Mid Sussex
HPT	Health Protection Team
HPV	Human Papillomavirus
HSE	Health and Safety Executive
IAAQ	Inter Authority Air Quality
ICU/HDU	Intensive care Unit / High Dependency Unit
ILI	Influenza Like Illness
IPC	Infection Prevention and Control
JCVI	Joint Committee for Vaccination and Immunisations
JSNA	Joint Strategic Needs Assessment
LHRP	Local Health Resilience Partnership

LTBI	Latent TB Infection
MMR	Measles Mumps and Rubella
MRSA	Meticillin Resistant Staphylococcus Aureus
MSSA	Meticillin Sensitive Staphylococcus Aureus
NHSE	NHS England
NIEH	Non-infectious Environmental Hazards
NOx	Nitrogen Oxides
PHE	Public Health England
PHOF	Public Health Outcome Framework
PM	Particulate Matter
QA	Quality Assurance
SAQP	Sussex Air Quality Partnership
SCFT	Sussex Community Foundation Trust
SQAS	Screening Quality Assurance Service
SRF	Sussex Resilience Forum
STP	Sustainability and Transformation Partnership
WHO	World Health Organisation
WSCC	West Sussex County Council
WSHT	Western Sussex Hospitals Trust

Introduction

The Director of Public Health (DPH) role encompasses statutory and non-statutory functions in order to deliver an effective public health strategy. The DPH is the lead officer for three domains of public health – health improvement, healthcare public health, and health protection. The Secretary of State delegates some health protection functions to local authorities, namely:

- to prepare and participate in arrangements against threats to health of the local population, including infectious diseases, environmental hazards and extreme weather events
- to provide or secure the provision of open access to sexual health services

Health protection seeks to prevent or reduce the harm caused by infectious diseases and minimise the health impact from environmental hazards. Successful health protection requires strong working relationships with a number of key partners. The DPH led West Sussex Health Protection and Screening Assurance Group fulfils the leadership and assurance responsibilities to provide system wide oversight, working with the following partners

Public Health England (PHE) is responsible for health protection functions including surveillance, incident/outbreak management, national guidance, and strategic policy. PHE is also responsible for commissioning screening and immunisations services. In West Sussex these functions are delivered by PHE South East:

- Health Protection Team (Surrey and Sussex) based at Horsham

- Screening and Immunisations Team (Surrey and Sussex) embedded within NHS England and based at Horley

NHS England (NHSE) is responsible for commissioning HIV and Hepatitis services.

Clinical Commissioning Groups (CCGs) are responsible for commissioning TB services, infection control services in acute trusts and in the community, and for quality of immunisation in primary care services. In West Sussex these functions are delivered by:

- Coastal West Sussex CCG
- Crawley CCG
- Horsham and Mid Sussex CCG

Local Authority Environmental Health teams are responsible for exercising legal powers in relation to investigation of food related outbreaks and those associated with workplaces, to protect the public's health.

The DPH is responsible for the local authority's contribution to health protection matters including:

- planning and responding to incidents/outbreaks that present a threat to the public's health
- commissioning sexual health services
- seeking assurance that all parts of the health system are working together

Health Protection and Screening Assurance Group

The Health Protection and Screening Assurance group is chaired by West Sussex County Council (WSSC) Director of Public Health and meets quarterly. The core organisations include WSSC Public Health, PHE South East Health Protection Team, and CCGs. Other organisations and teams are invited according to the work plan.

The group provides an annual report for the Public Health Board and escalates any concerns to the Local Health Resilience Partnership (LHRP), CCG, PHE, WSSC Public Health Board, and/or to the Chief Executive level of the Local Authority or NHSE as appropriate.

Terms of reference

In March 2019 the terms of reference for the group were reviewed. The aims and purpose were agreed as follows:

- to seek assurance that measures are in place to assess the risks to health protection and screening of the local population, and provide assurance to local authority
- to ensure health protection issues are raised and addressed by the appropriate internal and external fora including the Sussex Resilience Forum (SRF), Sussex LHRP, Programme Boards and Committees and escalate as appropriate
- to seek assurance that Care Quality Commission (CQC) registered care homes and domiciliary care providers have arrangements in place that meet health protection and infection prevention and control standards

- to provide intelligence on health protection and screening issues to inform WSSC Joint Strategic Needs Assessment (JSNA)
- to receive and review information and data quarterly from stakeholders to seek assurance that providers are meeting requirements in relation to health protection and screening
- to review information and make recommendations to the DPH
- to provide horizon scanning for health protection and screening risks to the population of West Sussex

For 2019/20 in scope for the group are:

- healthcare associated infections (HCAI)
- antimicrobial resistance strategy
- communicable diseases
- environmental health issues
- non-infectious environmental hazards (NIEH) including Air Quality
- emergency preparedness in relation to health protection and screening issues
- pandemic flu preparedness
- seasonal influenza
- local delivery of national screening programmes.
- local delivery of national immunisation programmes

Work plan

In March 2019 the work plan was reviewed. Standing items to be covered at each meeting include:

- PHE Health Protection
- Screening general update
- Immunisations general update
- Emergency resilience
- HCAI
- NIEH/Air Quality

Additional items are covered at specific meetings as follows:

- June – annual report, Infection Prevention and Control (IPC) Champions programme, WSCC care home IPC assurance
- September – Environmental Health, seasonal flu campaigns
- December – seasonal flu incidence update
- March – PHE Screening and Immunisations annual update, seasonal flu vaccine update

Infectious Diseases

PHE South East Health Protection Team (Surrey and Sussex)

The PHE South East centre has four Health Protection Teams (HPTs) who provide specialist support to prevent and reduce the effect of infectious diseases, chemical and radiation hazards, and major emergencies. The Surrey and Sussex Health Protection team is based in Horsham, covering the population resident in West Sussex, East Sussex, Brighton and Hove and Surrey.

The HPT provides a 24/7 acute duty room and on call service to respond to any notifications of health protection infections or incidents. There is a legislative list of statutorily [notifiable infectious diseases and causative organisms](#) that registered medical practitioners must report to the proper officer (PHE consultants are appointed by all district and borough councils in West Sussex as proper officers), by phone or notification forms to the acute duty room. The HPT may also be alerted about such cases or outbreaks of communicable diseases through a variety of other sources such as schools, care homes, TB teams or members of the public. Health protection legislation also requires diagnostic laboratories to report specified infections to PHE directly, which are received on a daily basis from microbiologists at local or reference laboratories. Using these information sources, the HPT also undertakes routine surveillance activities to identify any potential clusters or outbreaks of infections that warrant further exploration, and detailed analyses to support outbreak investigations and management.

For each of the above notifications, the HPT uses national PHE guidance and local standard operating procedures to review and determine if, and what, public health actions may be required for both the case, and people that have been in contact with the case, in order to reduce the risk of them either developing or passing on the infection to others in the community.

The HPT also provide advice and support for chemical, radiation, and emergency planning and response queries and incidents, working with colleagues within the national PHE team e.g. Centre for Radiation, Chemical and Environmental Hazards (CRCE). CRCE also provide support to the Local Authority with respect to environmental permits and planning applications.

The HPT relies on good working relationships with a large number of stakeholders to be able to deliver the public health response to a specific case or outbreak; this includes colleagues such as GPs, CCGs, secondary care clinicians, NHSE, Trust Infection Control Teams, TB nurses and Environmental Health Officers (EHOs). Examples of the types of public health actions that might be taken include infection control and exclusion advice to a gastro-intestinal case; vaccinating contacts of a Hepatitis A case; providing antibiotics for contacts of a meningococcal meningitis case; or arranging swabbing and antivirals for residents in a care home setting with a flu outbreak. In addition, the HPT or the EHO from the relevant Borough or District Council may undertake questionnaires with cases to determine the possible source of infection and to identify and implement further measures that may be required to prevent or control a wider outbreak.

West Sussex Data

In West Sussex, during the period 1 April 2018- 31 March 2019, the HPT dealt with:

Enquiries

There were 707 enquiries representing a 42.8% increase on 2017/18 figures. Enquiries come from a variety of sources and range from requests for general topic information through to specific questions relating to a case, outbreak or incident.

Type of enquiry	Number	%
Communicable Disease Control	320	45.3
Community Infection Control	318	45
Immunisations and Vaccinations	42	5.9
Environmental Issues	11	1.6
Non-Clinical and Media related	7	1
Water Contamination	5	0.7
Travel health	3	0.4
Healthcare Associated Infections (HCAI)	1	0.1
Total	707	100

Source of enquiry	Number	%
Public and other	134	19
Care Homes	102	14.4
GPs	93	13.2
EHO (LA)	79	11.2
Schools	78	11
Childcare/preschools	72	10.2
Hospital Health Professionals	67	9.5
Practice Nurses	38	5.3
Laboratories	24	3.4
School Nurses	10	1.4
Community Health Professionals	10	1.4
Total	707	100

Cases

There were 3037 cases (of which 2002 were laboratory confirmed). These can be broken down by type of infection as follows:

Gastro-intestinal infections (confirmed)	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000#
Campylobacter	995	116.7	126.3
Cryptosporidium *	218	25.6	10.6
STEC (all serotypes)	33	3.9	4.2
Giardia	140	16.4	14.5
Hepatitis A	8	0.9	0.6
Salmonella (non-typhoidal)	116	13.6	12.7
Shigella (all species/ serotypes)	22	2.6	3.4
Typhoid and Paratyphoid**	NS	NS	0.5
Total	1536	-	-
*High rate related to open farm outbreak in West Sx			
** NS=numbers suppressed due to low figures and patient confidentiality, but West Sx rate is similar to SE rate			

Blood-borne Viruses (BBVs) (confirmed)	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000 ##
Hepatitis B*	26	3.1	5.7
Hepatitis C**	12	1.4	2.4
Total	38	-	-
*Majority were chronic cases			
**Systematic under reporting of Hep C			

Vaccine Preventable Diseases (confirmed)	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000 ##
Meningococcal	8	0.9	1.0
Pertussis*	102	12.0	7.7
Measles**	38	4.5	1.5
Mumps***	9	1.1	1.4
Total	157	-	-
*Additional 5 probable and 30 possible cases			
** Confirmed high rate is due to Chichester schools outbreak. Additional 10 probable and 39 possible cases			
***Additional 3 probable and 54 possible cases			

Other	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000 ##
Scarlet fever* (All confidences)	333	39.1	40.7
TB**	35	4.1	6.1

***The number of cases has remained high over the last few years within West Sussex and nationally**

****Three year average 2016-2018**
<https://www.gov.uk/government/publications/tuberculosis-in-england-annual-report>

Predicted populations for West Sussex taken from ONS.gov.uk site. 2017 mid-year:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

SE rates do not include the Milton Keynes population as this not covered by the SE PHE Centre

The Public Health Outcome Framework (PHOF) indicators for infectious diseases are shown in Appendix 1

Outbreaks

There were 246 outbreak situations or incidents, of which the key ones include:

Type of setting	Number	%
Care Home*	81	38.6
Schools	62	29.5
Nursery/Preschool	34	16.2
Hospital	29	13.8
Visitor attractions*	4	1.9
Total	210	100

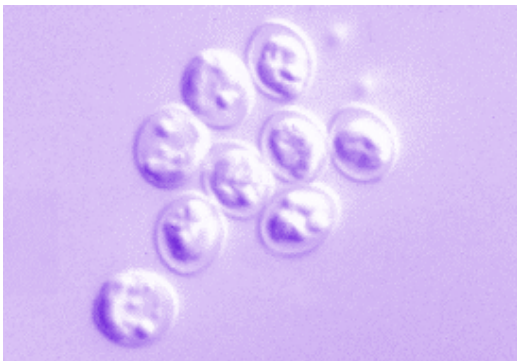
***Includes 60 norovirus, 11 seasonal influenza and 3 scabies outbreaks, which respectively represents 22%, 17% and 17% of the SE total for similar outbreaks**

****Includes 3 norovirus and 1 Cryptosporidium related to an open farm**

Specific cases and/or outbreaks of note within West Sussex include:

- a number of complex TB cases and incidents requiring place-based screening of contacts, including exposures in hospitals, schools and immigration removal centres
- outbreaks of seasonal flu in hospitals and care homes. West Sussex GP Influenza-like illness (ILI) consultation rates in the 2018-19 season peaked during week 6 of Feb at 23.4 per 100000, rather later than the SE and rest of the country which peaked in weeks 1 - 3. Overall rates of ILI in West Sussex and nationally were lower than in the 2017-18 season
- a very large cryptosporidium outbreak related to visits to an open farm in West Sussex during lambing season, with a

multi-agency response to investigate and manage the public health risk. A total of 203 cases with a known link to the farm were recorded (119 confirmed, 82 probable and 2 possible). This was one of four *Cryptosporidium* outbreaks related to open farms during lambing season across the South East in 2018-19.



Public Health Wales, *Cryptosporidium*

- a measles outbreak in school pupils in the Chichester area (29 cases reported - 22 confirmed (18 by ref lab), 4 probable, 3 possible), with additional MMR vaccination catch-up clinics offered for unvaccinated children in the area
- HPT involvement in the multi-agency response to a large fire at Chichester amenity tip
- public health risk assessment and response to an incident of sick passengers on an inbound flight into Gatwick airport
- a chickenpox cluster in prison and detention setting
- high case numbers of scarlet fever (in line with the national increase)

West Sussex Strategic Projects

The HPT are also involved in a wide variety of strategic projects with multi-agency

partners. Work within West Sussex over the last year has included:

- the preparation and distribution of Winter Readiness packs for Care Homes and Schools, to reduce the impact of Norovirus and Seasonal influenza outbreaks
- provision of monthly surveillance reports on laboratory confirmed cases, notifications and situations for the EHOs and Local Authority Public Health teams
- regular liaison and meetings with EHOs in the District and Borough Councils, to ensure close working relationships for the investigation and management of specified gastro-intestinal disease cases and outbreaks
- attendance at local CCG and acute trust infection control committee meetings and in particular, provision of support to target the reduction of *C.difficile* and *E.coli* bacteraemia infections within Coastal West Sussex CCG
- support for the Screening and Immunisation Teams in ensuring effective delivery of immunisations across the patch, and in the support of flu vaccination promotional campaigns by WSCC
- attendance at the SRF and Sussex LHRP meetings and associated emergency planning exercises, to ensure effective emergency and recovery plans are in place
- close work with Crawley, Horsham and Mid-Sussex CCG and Surrey and Sussex Healthcare NHS Trust to develop a robust and high-quality TB service for the north patch of West Sussex
- on-going work with Gatwick Airport Ltd, Crawley Borough Council and other airport partners to ensure robust port health plans

West Sussex Key Challenges

The key areas of challenge within West Sussex in terms of infectious diseases are:

- higher rates of TB in the Crawley area (ETS data: 23 cases in 2016 (rate of 20.6 per 100,000) and 14 cases in 2017 (rate of 12.5 per 100,000)) compared with the South-East rate of 6.5 per 100,000 and 6.2 per 100,000 for 2016 and 2017 respectively and England rate of 10.1 per 100,000 and 9.1 per 100,000 for 2016 and 2017.

There have been on-going staff capacity issues causing difficulties with supporting Enhanced Case Management for complex cases and the management of numerous incidents requiring large scale screening of contacts, with the Latent TB Infection (LTBI) screening programme in primary care also being stopped due to insufficient resources

- the large numbers of care homes in West Sussex. Although this year's flu season was quieter than previous years, these settings remain at risk of both flu and norovirus outbreaks, with consequent impacts on the wider health economy and individuals within the care system. Care homes are often noted to have no or poorly effective occupational health services, which then results in low flu vaccination uptake rates for their staff
- prison and detention settings tend to have out-sourced occupational health provision, which often leads to delays in provision of public health measures on-site for staff impacting on rapid responses to contain outbreaks

- the on-going resourcing pressures on environmental health teams who hold the legal powers to enforce health protection legislation and implement controls during outbreaks using various statutes, causing potential delays to managing gastro-intestinal cases and outbreaks
- the uptake of 2 MMR vaccines by 5 years old not reaching the 95% target to provide adequate herd immunity, thereby increasing the risk of widespread measles outbreaks
- increasing numbers of open farms providing open days to the public during lambing season, with a need to maintain awareness about the standards required as documented in the Industry Code of Practice, to reduce the risk of spread of gastrointestinal illness

Environmental Health

The HPT rely on close working relationships with EHOs in the District and Borough Councils to deliver public health investigations and response for a number of infectious diseases, (especially gastro-intestinal), and non-infectious environmental hazards. EHOs have the statutory powers of enforcement such as ensuring:

- cases with infectious diseases and/or their close contacts comply with exclusion from work/school
- that premises identified as potential sources of an illness/outbreak undertake relevant remedial actions to improve their infection control or food preparation procedures
- equipment that puts public health at risk is removed from use e.g. unhygienic tattooing equipment

- closure of premises identified as potential ongoing sources of an outbreak where necessary
- long term remediation of pollutants affecting public health e.g. contaminated land remediation; improving local air quality standards; environmental permits
- acute chemical incidents affecting public health are managed e.g. heating oil spillages, spray paint workshops permit condition failures are rectified
- private drinking water supplies are improved to meet the required standards
- substandard private sector housing that puts occupiers at risk of illness or safety is rectified e.g. lead paint implicated in child lead poisoning is removed
- occupational exposures to employees and the public are investigated and resolved

associated with the open farm in West Sussex, where joint site visits and implementation of public health control measures were undertaken in collaboration with the Health and Safety Executive (HSE).

The HPT and Sussex EHOs meet every four months to share learning from cases and incidents, and to raise and resolve any multi-agency issues. Any specific problems identified here can be escalated to the West Sussex Health Protection and Screening Assurance Group. Over the last year there have been no specific issues that required escalation to this group for further action.

The Surrey and Sussex single case plan, a document owned by the HPT and EHOs which clearly details the required evidence-based public health actions by individual infection, responsible organisation and required timescales, remains in place to guide effective and consistent case and incident management in a timely fashion.

One of the key outbreaks this year where the HPT and EHOs worked closely together was the *Cryptosporidium* outbreak

Sexual Health

Two Public Health Outcome Framework (PHOF) indicators address sexual health /health protection issues (Appendix 2):

- Chlamydia diagnoses in young people aged 15-24 years at 2,300 per 100,000 of the population
- reducing the number of late diagnoses in HIV (newly diagnosed with HIV where CD4 count is lower than 350/mm³ blood)

Current progress

In 2018 the chlamydia diagnosis rate for West Sussex was 1,478/100,000 of the target population; lower than the South East regional average of 1,615/100,000 and the England average of 1,975/100,000. Most routine screening occurs through sexual health and primary care services.

Opportunistic screening is carried out by the Integrated Sexual Health Services (ISHS) at outreach events and through the distribution of postal kits. The ISHS have struggled to recruit and retain outreach staff; this is being addressed as part of the re-procurement of the sexual health services.

The effect of HIV treatment in reducing viral load to undetectable, and therefore untransmissible, levels (treatment as prevention¹) and the recent introduction of the Pre-Exposure Prophylaxis IMPACT trial in England² are having an impact on HIV diagnoses. In 2012 there were 70 new diagnoses within the year (a rate of 10.4/100,000 of the population over the age of 15 years), in 2017 there were 38 new diagnoses (5.4/100,000), this decline is mirrored within the South East region and

¹ <https://www.avert.org/professionals/hiv-programming/prevention/treatment-as-prevention>
² <https://www.prepimpacttrial.org.uk/>

across England. The testing coverage for HIV in eligible service users in West Sussex at 73.9% remains above the regional and England average (at 68.4% and 64.5%). The overall prevalence of HIV continues to increase regionally and within England, the prevalence of diagnosed HIV in West Sussex and the South East region is 1.8/1,000 of the population age 15-59 years compared to an England rate of 2.32/1,000. In 2009-11 there were 96 people diagnosed late with HIV in West Sussex representing 50% of the newly diagnosed cohort, in 2015-17 there were 54 late diagnoses accounting for 42.2% of all new diagnoses. In England the late diagnosis rate for 2015-17 was 41.1%. In West Sussex, East Sussex and Brighton all late diagnoses are treated as untoward incidents by the Sussex HIV Network and learning is used for training across all sectors of the health economy.

Emerging issues

Mycoplasma genitalium (MGen) is the smallest known bacterium that can replicate itself; it infects epithelial cells in the genital and urinary tracts and in the rectum. It is thought to affect between 1 and 2% of the general population and between 4-38% of people who attend STI clinics. Infection is usually asymptomatic, but can result in urethral discharge, dysuria with cervicitis and post-coital bleeding in women; it can also lead to Pelvic Inflammatory Disease in women which is a leading factor in infertility. There is increasing research demonstrating antibiotic resistance in MGen. The British Association for Sexual Health and HIV (BASHH) released guidance on testing and treatment regimens for MGen³.

³ <https://www.bashhguidelines.org/current-guidelines/urethritis-and-cervicitis/mycoplasma-genitalium-2018/>

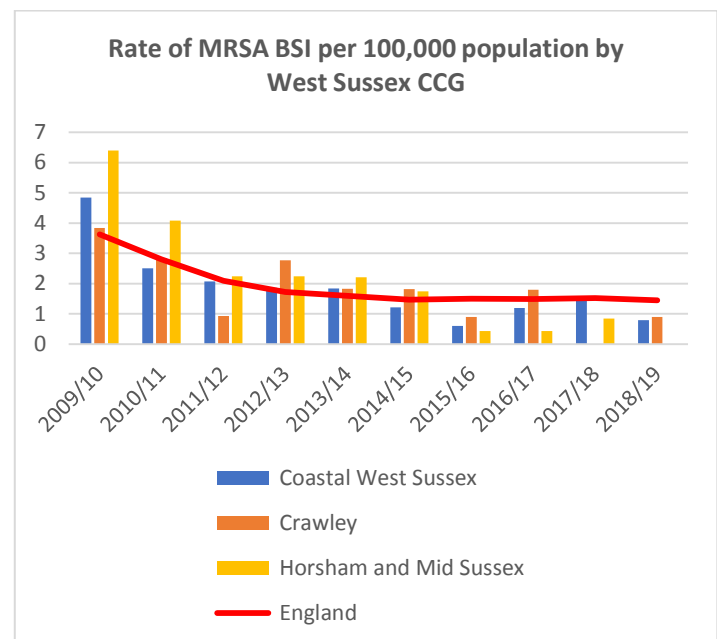
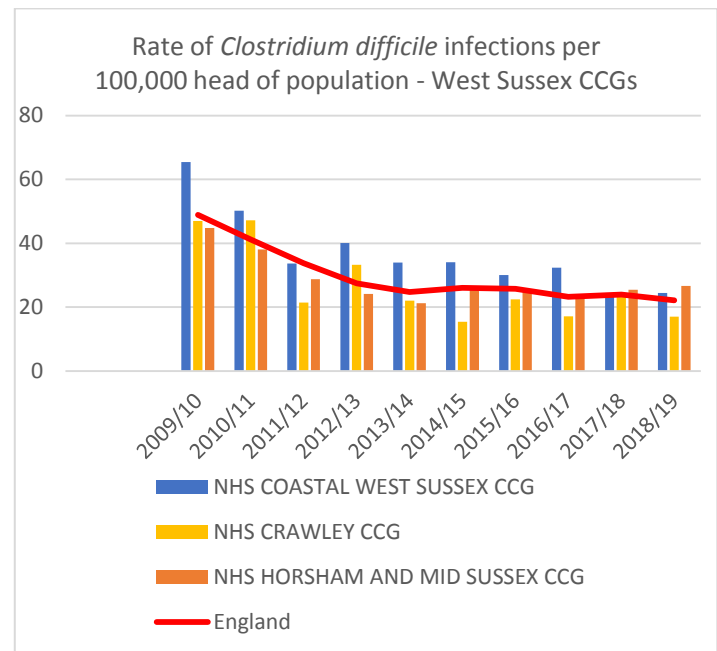
Health Care Associated Infections (HCAI)

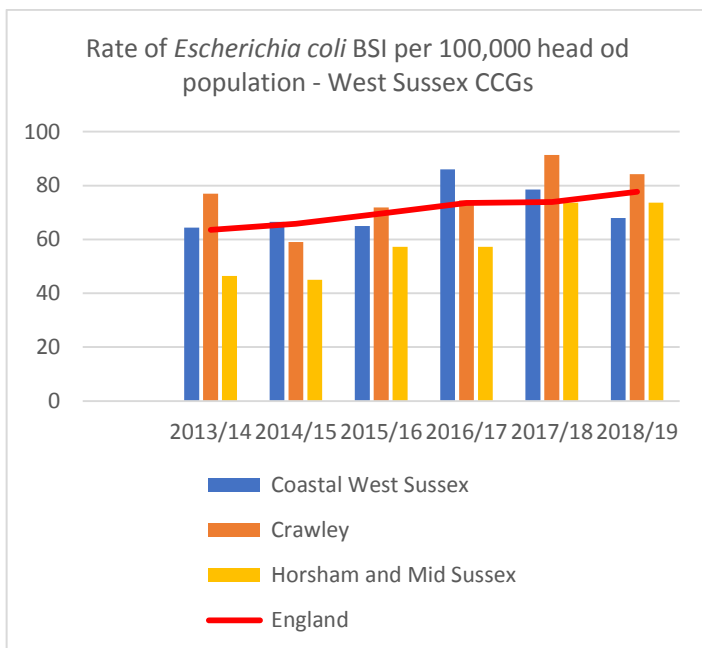
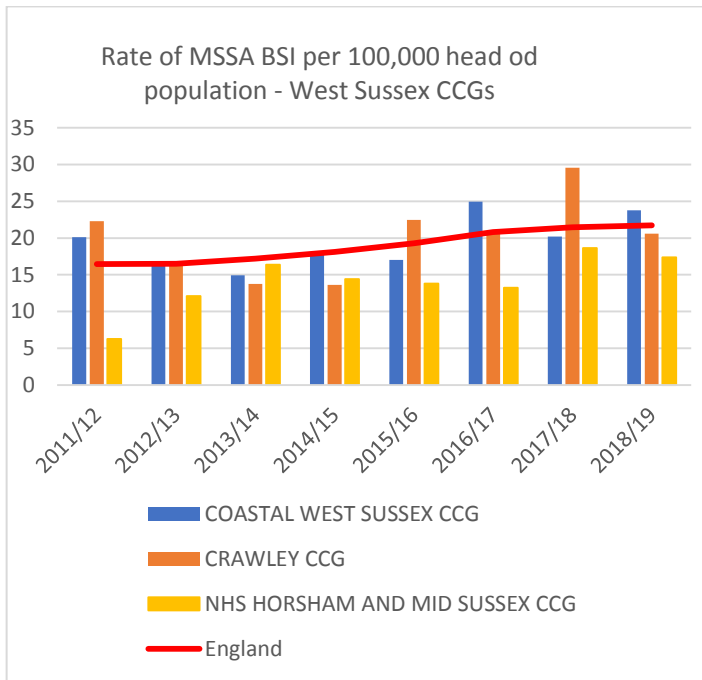
The West Sussex CCGs have joined East Sussex and East Surrey CCGs to agree a Sustainability and Transformation Partnership (STP) approach for the reduction of the following Health Care Associated Infections (HCAI):

- Clostridium difficile infections (CDI)
- Meticillin resistant Staphylococcus aureus (MRSA) bloodstream infection (BSI)
- Meticillin sensitive Staphylococcus aureus (MSSA) BSI
- Escherichia coli (E. coli) BSI

The approach is informed by a STP HCAI strategy and supported by STP wide HCAI surveillance and reporting. The desired outcome is standard recommendations for actions implemented to reduce the variation in rates of HCAI across the CCG populations as well as in the provision of services commissioned.

During 2018/19 Coastal West Sussex CCG has sustained the previous reduction of HCAI including a significant reduction of *E.coli* blood stream infections (BSI) in line with the national average rates of this infection, however a rise was seen in MSSA BSI. Crawley, Horsham and Mid Sussex (HMS) CCGs have also sustained a reduced incidence of HCAI with HMS CCG also reporting zero MRSA BSI. Further progress is required by HMS CCG to reduce the rate of *Clostridium difficile* infections and by Crawley CCG to reduce the rate of *E. coli* BSI in line with the national average rates.





The Public Health Outcome Framework (PHOF) indicator for antibiotic prescribing is shown at Appendix 3.

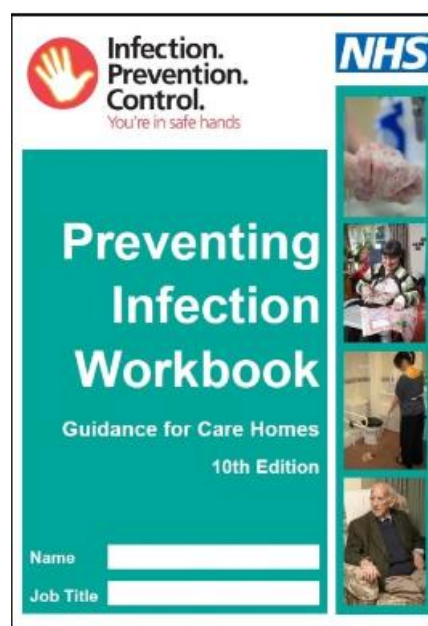
Infection Prevention and Control (IPC) Champions Programme

HCAIs and infectious diseases are a considerable and serious public health issue. Infection prevention and control (IPC) plays a significant role in both health and social care settings, to prevent or at least reduce the incidence of ill health from these avoidable infections and therefore improve outcomes.

The IPC programme aims to support the social care sector in their delivery of infection prevention and control standards through training and audits delivered by Infection Control Consultancy. We work collaboratively with WSCC Contracts Officers, PHE South East Health Protection Team, CCGs and Acute/Community Trusts to identify homes for this support, which has been well received.

Champions Training

This training is to develop IPC Champions in both the independent and WSCC provider social care sector across West Sussex. IPC Champions are the named person 'responsible' for IPC standards within their social care setting, who can influence change, and disseminate the training to colleagues using IPC workbooks.



<https://www.infectionpreventioncontrol.co.uk/resources/preventing-infection-workbook-guidance-for-care-homes/>

The full day training covers:

- microbiology and routes of transmission
- HCAI's
- antimicrobial stewardship
- hand hygiene
- environmental decontamination
- waste management
- outbreak management
- audit process

Following the training, delegates have access to the presentations and audit tool developed for WSCC. They are also encouraged to take up the offer of a free IPC audit within their social care setting.

In 2018/19 four IPC Champions training events were held across the County for 87 delegates, bringing the total since April 2016 to 17 training days and 521 delegates.

IPC Audits

WSCC Public Health fund up to 40 IPC audits each year, with the aim of improving the understanding of the best practice standards, identify gaps in practice, and moving towards best practice. The pre-arranged audit is carried out with the home's IPC Champion to further develop their training on using the audit tool which covers 22 areas of the care home. This enables the IPC Champion to continue to audit using the same scoring and format, so that improvements can be identified. The findings are communicated to the care home team on the day of the audit with a report to follow. There is a mechanism to escalate any significant concerns.

In 2018/19, 39 IPC audits were completed; including 3 re-audits which showed improvements in practices. This brings the total number of audits since April 2016 to 158.

A number of common themes across homes were identified from the audits:

- occupational health provision for staff
- equipment and facilities
- laundry
- cleaning products/equipment and PPE
- waste labelling and storage

The Champions Programme will continue in 2019/20 providing both training and audits. All seven WSCC providers will be audited annually and the lowest scoring 10% of care homes from the 2018/19 programme will be re-audited. In addition:

- a survey will be conducted to assess the impact of audits

- articles on the audit common themes will be included in WSCC newsletters to social care settings

Air Quality

Sussex Air

Sussex Air Quality Partnership (SAQP), known as 'Sussex Air' is an officer led group established in 1995 with a core vision to drive improvements in air quality across East and West Sussex, and Brighton and Hove by:

- helping local authorities to meet their statutory obligations to assess and report on local air quality
- providing information to the public on air quality in their area
- developing and delivering projects to improve local air quality and to reduce people's exposure to poor air quality

Sussex Air work closely with Kings College London Environmental Research Group, who manage the air quality monitoring data to provide 'near real time' results for Sussex on the dedicated website [Sussex Air](#). This website provides public access to air quality information including:

- airAlert, coldAlert, and heatAlert services
- 'near real time' air monitoring readings
- health effects and advice
- national, local and individual actions for improving air quality

WSCC supports Sussex Air through teams from Transport Planning, Sustainability, and Public Health.

During 2018/19, Sussex Air successfully obtained two Defra Grants to deliver the following air quality projects across Sussex:

Schools and Businesses

This project commenced in July 2018 for one year focusing on reduction of nitrogen oxides (NOx) emissions from transport and is being

delivered by three organisations on behalf of Sussex Air.

- Sustrans – delivering walking and cycling initiatives to 25 schools within or close to Air Quality Management Areas (AQMA)
- Living Streets – delivering anti-idling campaigns to 25 schools within or close to AQMAs
- Phlorum – recruiting 25 businesses focusing on staff travel and improving plant/machinery, with grants available towards implementing air quality improvements such as eco driver training and purchase of electric vehicles

While the project is ongoing into 2019/20, the latest figures show:

- Sustrans has recruited 26 schools (13 in West Sussex), delivered 87% of the walking and cycling activities, and are currently on target (May 2019). The number of children now cycling to school has doubled from 3% to 6%, and the number coming to school by car has dropped from 40% to 27%. During project delivery the levels of NOx measured outside the school gates was on average 26% higher than in the classrooms
- Living Streets has recruited 21 schools, delivered 62% of anti-idling activities with the rest booked in for June, and are currently on target (May 2019).
- Phlorum has focused recruiting businesses in Crawley, Gatwick, Chichester, Storrington, and Worthing areas, but this has been challenging. So far they have completed 4 energy audits, organised a Sustainable Transport eVent, and are working with Sussex Transport to increase delivery of eco driver training (May 2019).

Domestic burning

This project was approved by Defra in late March 2019 and will run during 2019/20. The project 'Clean Burn Sussex' is an educational campaign focusing on domestic solid fuel (wood, coal) burning to reduce particulate matter (PM) emissions and to change public attitudes to domestic burning.



Project development is in the early stages but will include public information via Sussex-air website, surveys to establish domestic burning habits, promotion of cleaner fuels and stoves working with local suppliers, signposting to alternative energy schemes, and a communications campaign starting in autumn 2019.

West Sussex Inter Authority Air Quality Group (IAAQ)

In Nov 2017 the West Sussex Joint Leaders Board agreed that the County and District/Borough Councils would develop a joint air quality plan. The plan [Breathing Better - a partnership approach to improving air quality in West Sussex](#) was published in May 2018. A new member led West Sussex Inter Authority Air Quality Group (IAAQ) was then set up to oversee governance of the plan.

During 2018/19, IAAQ has met twice and agreed terms of reference and an action plan. Action plan topics include:

- monitoring progress on action plans for individual AQMA
- considering related strategies and policies e.g. Ultra-Low emission vehicle strategy
- identifying project funding streams
- providing smoother driver training for local authority staff
- working with communities, residents, businesses, parish councils
- developing a public information campaign, including anti-idling
- working with developers through planning processes to include electric vehicle charging points
- looking at feasibility of differential parking charges and additional air quality monitoring on pay and display machines
- reviewing scoring mechanisms for infrastructure schemes and Traffic Regulation Orders
- responding to government consultations and provide statements to push for action on air quality

Public Health gave a presentation to IAAQ on the health impacts of poor air quality, to support why joint action is needed to protect the public's health.

Public Health has also developed health messages covering:

- active travel
- public transport
- driving
- anti-idling
- low emission vehicles
- couriers
- wood burning
- indoor air pollution
- health impacts
- financial and health costs
- air pollution sources

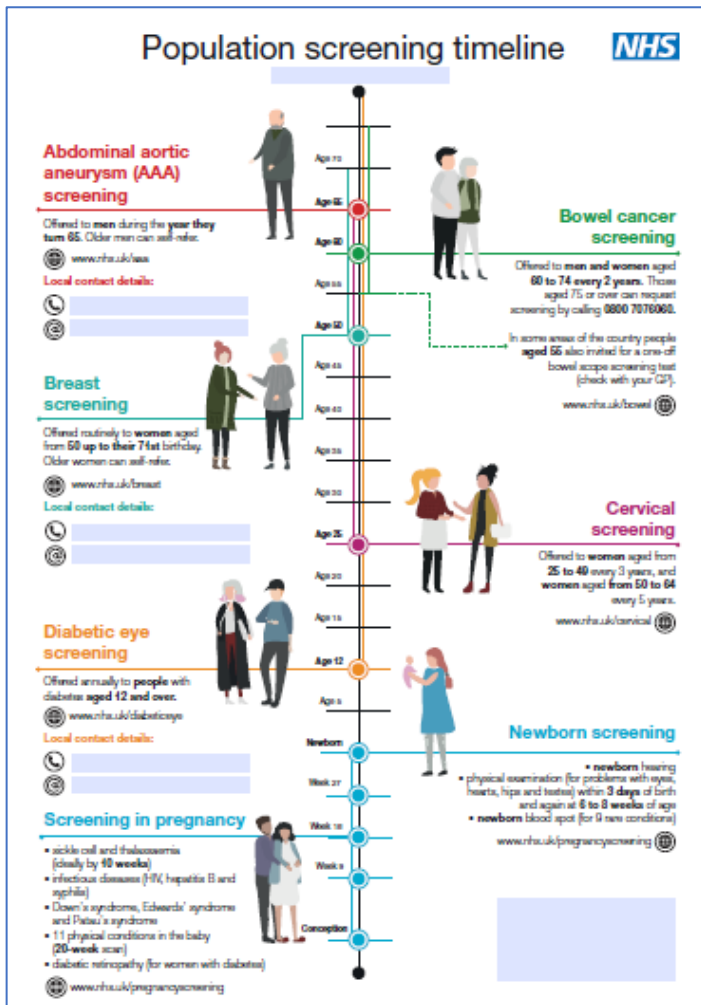
- Sussex airAlert service

Public Health is working closely with the Sustainability and Communications Teams to develop a sustained public information campaign for 2019/20 starting with Breathe Easy Week and Clean Air Day in June 2019, using a brand logo.



The Public Health Outcome Framework (PHOF) indicator for air quality is shown at Appendix 4.

Screening Programmes



<https://www.gov.uk/guidance/nhs-population-screening-explained#printable-screening-information-resource>

Cancer Screening

The Surrey and Sussex Screening and Immunisation team have recently established a cross agency cancer screening forum aiming to improve uptake and decrease inequalities by bringing together agencies involved and sharing good practice and improving multi agency working. WSCC Public Health is a member of this forum.

Bowel Cancer

The offer for bowel screening for West Sussex is spread through three programmes:

- West Sussex Bowel Programme serves the Coastal West Sussex CCG
- Surrey Bowel Programme covers the Crawley population
- East Sussex Bowel Programme serves the Mid Sussex population

Faecal immunochemical test (FIT) is a new screening test that has been rolled out since June from the Southern Bowel Hub. It is a more sensitive test and is likely to impact the bowel screening centres as there is likely to be an increase in the number of diagnostic tests required. This knowledge has impacted the roll out of bowelscope across West Sussex as services have to plan for the potential impact of FIT.

	Bowel West Sussex	SE Region	England
Coverage	63.1	61.2	59.60
Uptake	61.3	59.70	57.70

<https://fingertips.phe.org.uk/profile/general-practice/data#page/0/qid/2000005/pat/152/par/E38000021/ati/7/are/G81090/iid/639/age/28/sex/4>

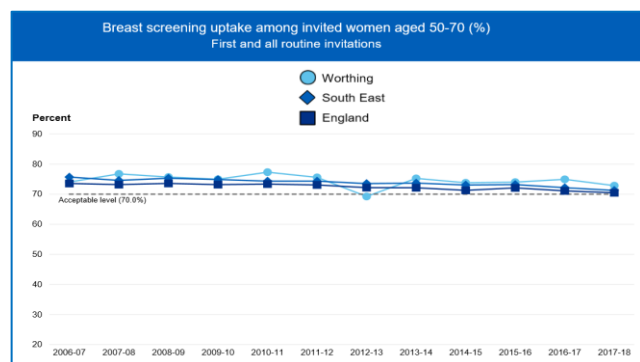
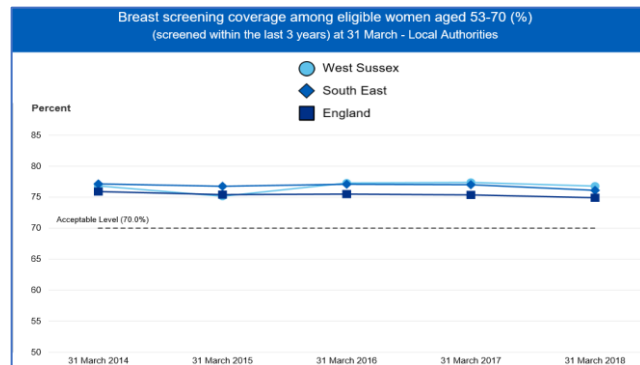
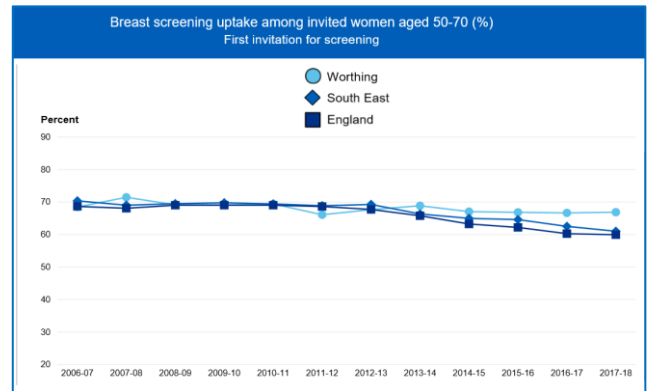
Breast Cancer

West Sussex breast programme has recently had issues with their round length which means about 40% of women are not getting their appointments within the 36 months, this is only a recent issue and is being managed. It is due to a national shortage of mammographers and radiologists.

The programme is proactive in trying to improve uptake and have recently attended community events and are planning how they can work to improve equality for certain hard to reach groups.

Breast	West Sussex	SE Region	England
Coverage	76.8	76.1	74.9
Uptake	72.8	71.3	70.5

<https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england-2017-18>



Cervical Cancer

Women taking up the offer for cervical screening are at a 20 year low and there have been two recent campaigns to promote cervical screening for women and eligible trans people.

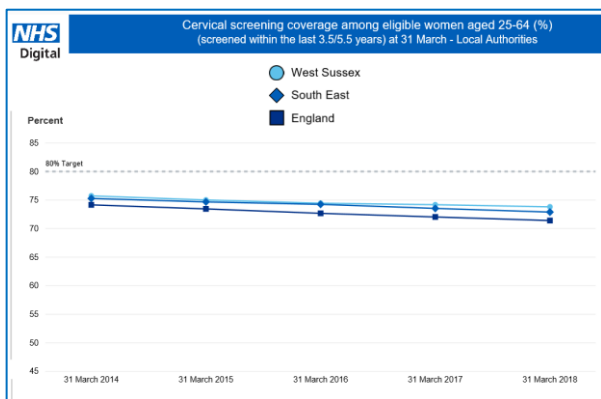
The laboratory serving the West Sussex population is based in Brighton (Frontier lab). The laboratory services for cervical screening are in the process of moving to a new base. This is as part of the national implementation of a new way of analysing samples to test for Human papillomavirus (HPV). This will be rolled out in late 2019. The impact of this is a national shortage of cytologists as staff are redeployed and retrained. This national shortage has adversely affected turnaround times with some women having to wait up to three months for their results. This is a temporary situation and once HPV as a primary test is implemented the turnaround times will improve.

Colposcopy services are provided at Worthing, Chichester, Haywards Heath, Crawley and Brighton. Some of these services have had recent Quality Assurance (QA) visits and the providers are proactively working with Screening Quality Assurance

Service (SQAS) and commissioners to fulfil the recommendations.

Cervical	West Sussex	SE Region	England
Coverage	73.8	72.9	71.4

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/cervical-screening-programme-coverage>



Non-cancer screening

Abdominal Aortic Aneurysm (AAA)

The Abdominal Aortic Aneurysm (AAA) key performance indicators are reported annually for each programme area. The most up to date Sussex AAA coverage for 2017-18 is shown below:

AAA	Sussex	South	England
Coverage	90.5	91.6	92.1

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

For 2018-19 the Sussex AAA programme is progressing well. Uptake is 78.6% for Q3

and most of the acceptable standards have been met for Q4.

Average day attendance for October to December 2018 is good for most of West Sussex but lowest for Crawley and highest for Chichester and Midhurst localities. The trend Did Not Attend (DNA) rates is reducing. This maybe a result of reminder letters which were reinstated at the end of January.

Following the redistribution of screening posters across West Sussex, there has been a significant increase in self-referrals to the service. Specifically the programme has concentrated on pharmacies, which has definitely made a difference.

The correlation between deprivation and attendance by GP surgery is still prevalent. Promotional activities are focused where possible on the more deprived areas, including Crawley.

The AAA service was present at a wellbeing health event in Horsham and whilst the community in attendance had generally already been screened, it was good for networking with other organisations that could pass on information about the programme.

A local GP event in Littlehampton was well attended, though the agenda of those attending was very specific, the feedback was generally positive and the service was photographed and advertised in the local paper.

The programme shared a stand at the South of England Show with the Breast, Bowel and Diabetic Eye Screening Programmes, which

established good partnership working and a joint approach for screening.

Antenatal and Newborn (ANNB)

Some Sussex women may go to Princess Royal Hospital (Haywards Heath) or Brighton and Sussex Universities Hospital (Brighton). Crawley and Horsham women may also go to East Surrey Hospital (Redhill) or Royal Surrey (Guildford). So there are cross border pathways in place.

Sussex Community Trust provides the health visiting service, FNP and 0-19 immunisations.

Western Sussex Hospitals Trust (WSHT) has two maternity units based at Worthing and Chichester. WSHT are meeting all the key performance indicators and there are no concerns. A quality assurance visit was carried out on 4 June 2019 with no immediate concerns. The draft report is awaited. A long standing screening coordinator has just retired but there is good succession planning and a whole public health midwifery team is in place.

Diabetic Eye (DESP)

West Diabetic Eye Screening Programmes (DESP) and Brighton and Sussex DESP recently completed an audit on:

- patients who had not attended screening in the past 3 years
- GPs that had a higher rate of patients that did not attend

Work was undertaken to contact patients and even though initial contact was encouraging, the overall results were disappointing as only 21% of East Sussex patients and one patient from West Sussex then attended screening appointments.

The Commissioning for Quality and Innovation (CQUIN) set for both these programmes for this year are to improve uptake in community engagement.

West Sussex DESP is also looking at work to continue covering prisons, nursing homes and forensic facilities. Brighton and Sussex DESP is currently producing a monthly progress report and there has been an increase in performance.

The West Sussex DESP shared a stand at the South of England Show with the Breast, AAA and Bowel Screening Programmes, which established good partnership working and a joint approach for screening promotion.

DESP	West Sussex	Brighton and Sussex	South	England
Uptake	87.2	80.4	82.6	82.7

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018>

The NHS DESP has recently become aware that published data for uptake may have been calculated incorrectly by one of the software providers. Therefore, this data is to be nationally updated.

The Public Health Outcome Framework (PHOF) indicators for screening are shown at Appendix 5.

Immunisation Programmes

Routine Immunisation schedule

Immunisation of babies, children and adults provides protection against vaccine preventable infections. The NHS routine immunisation schedule (Autumn 2018), based on the advice from the Joint Committee for Vaccination and Immunisation (JCVI), sets down when specific vaccines should be given for optimal protection against the following diseases:

Babies and young children upto age 3 years and 4 months old

- Diphtheria
- Tetanus
- Pertussis (Whooping cough)
- Polio
- Haemophilus influenza type b
- Hepatitis B
- Pneumococcal
- Meningococcal group B
- Rotavirus
- Meningococcal type C
- Measles
- Mumps
- Rubella (German measles)
- Influenza

Children age 12 years and older

- Human papillomavirus (HPV) - girls*
- Diphtheria
- Tetanus
- Polio
- Meningococcal groups A,C,W,Y

Adults age 65 years and older

- Pneumococcal
- Influenza
- Shingles

* 12/13 year old boys will become eligible for the HPV vaccine from September 2019.

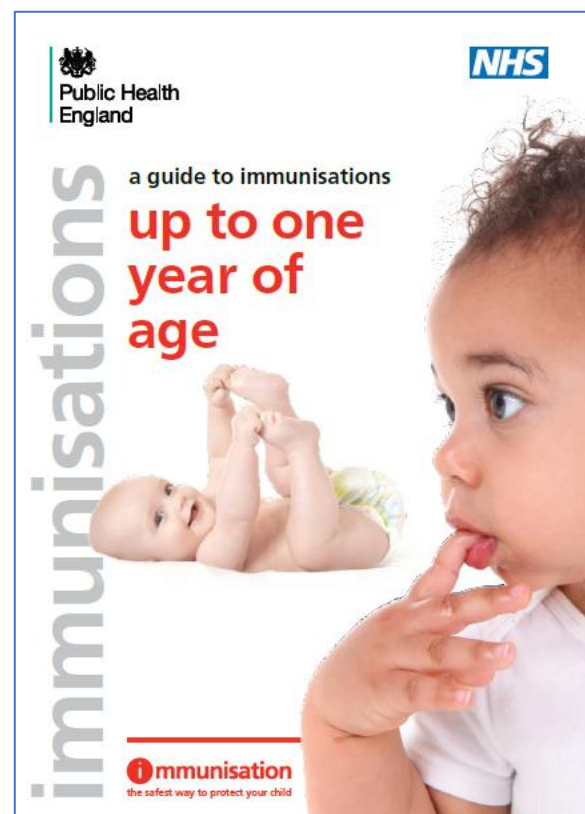
The NHS selective immunisation programme also offers protection against Hepatitis B, Tuberculosis, Influenza and Pertussis to certain target groups; and those with underlying medical conditions are offered additional vaccines.

Both schedules can be found at:

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

The Public Health Outcome Framework (PHOF) indicators for vaccination coverage are shown at Appendix 6.

Childhood Immunisation



<https://www.gov.uk/government/publications/a-guide-to-immunisations-for-babies-up-to-13-months-of-age>

GP practices are responsible for providing vaccinations to children aged under five years old. This includes all vaccinations under the universal programme and the

selective vaccination programmes such as neonatal Hepatitis B and Flu to children from the age of 6 months to 18 years of age in a clinical risk group. Vaccinations for children from Reception to Year 9 are routinely provided in school by the Community School Immunisation team with catch up opportunities available to maximise vaccine uptake rates and to facilitate the targeting of other hard to reach groups. NHSE has commissioned Sussex Community NHS Foundation Trust (SCFT) to offer a school aged vaccination programme to all eligible cohorts as described below:

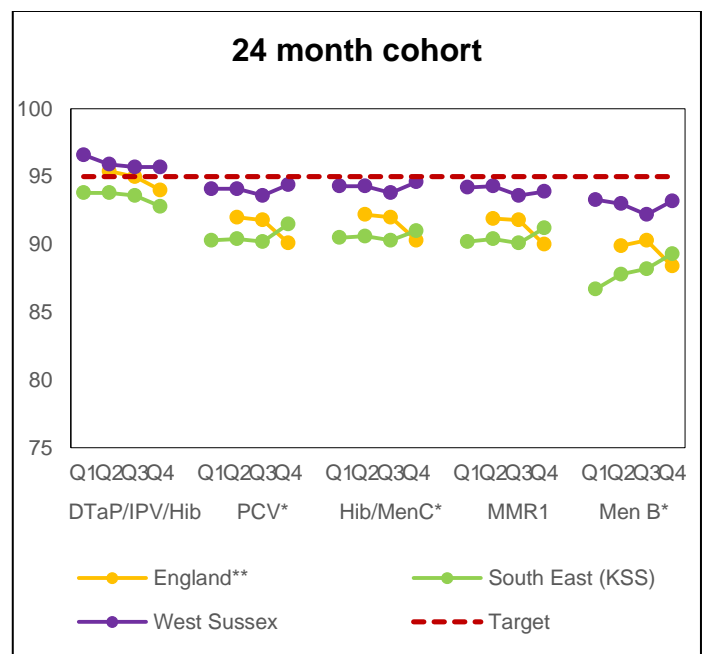
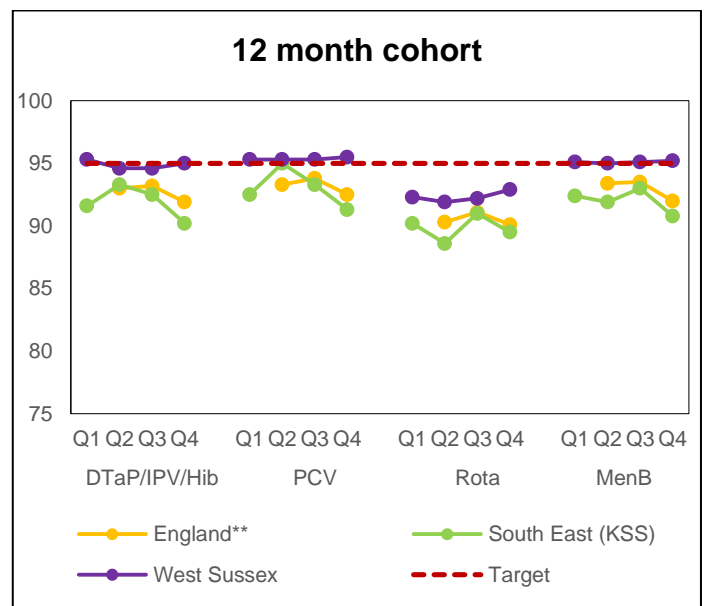
- Childhood Flu Vaccination Programme – Reception to Year 6
- HPV – 12 to 13 year old girls currently, with the vaccination programme being extended to include boys from September 2019
- Teenage Booster Programme (MenACWY and Tetanus boosters) – Year 9

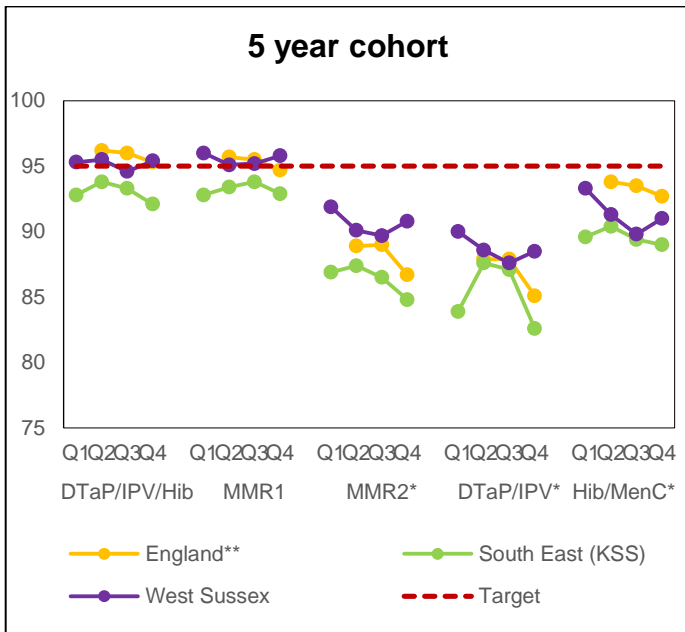
These are school aged vaccination programmes and SCFT provides this service to all children in education (state, independent and special needs schools, pupil referral units, home educated cohorts, and children missing out of education).

Vaccination uptake for the universal childhood vaccination programme is monitored on a quarterly basis by PHE for children reaching their first, second and fifth birthdays. At age twelve months, children should have completed their primary vaccination course. At age two, children should have completed their primary vaccinations and the ones due at age one. At age five, children should have completed all the routine vaccinations (primaries and booster doses) before starting school. Based on the World Health Organisation (WHO)

guidance, in order to achieve herd immunity, an uptake of 95% is required for all the routine childhood vaccinations.

For 2018-19 the annual vaccination coverage rates for children aged upto 12 months, 24 months and 5 years are yet to be published by PHE. However the 2018-19 quarterly coverage rates are published and are shown below:





*Booster dose

**Data quality issues associated with data migration to the NE London CHIS hub has affected many of the LAs resulting in London coverage be significantly under-estimated this quarter. Due to the impact London data has on national figures England and UK estimates have not been calculated for Q1
<https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data>

Adult Immunisation

Pneumococcal vaccination

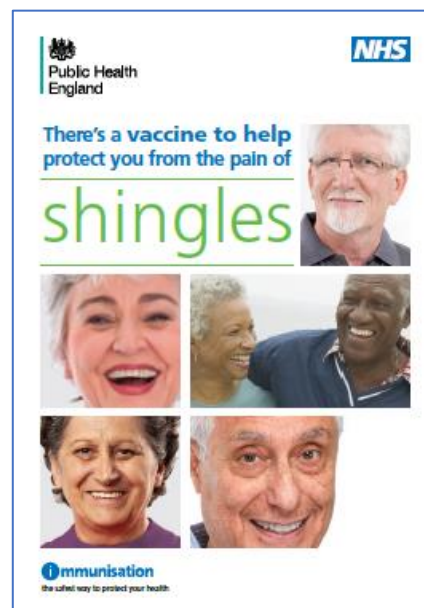
This vaccination programme is for all patients aged 65 and over, as well as for patients from the age of 2 years and over who are in a clinical at risk group. This is a once only vaccination for most patients, apart from specific cohorts of patients who should have a booster every five years. There is an annual uptake survey for patients aged 65 and over. The national coverage target is 75% and the latest published rates for Pneumococcal vaccination coverage in West Sussex (2017-18) are as follows:

Pneumococcal vaccination	Coverage %
England	69.5
Kent, Surrey and Sussex	67.7
West Sussex	68.1
Coastal West Sussex CCG	68.8
Crawley CCG	65.1
Horsham and Mid Sussex CCG	67.4

<https://www.gov.uk/government/publications/pneumococcal-polysaccharide-vaccine-ppv-vaccine-coverage-estimates>

Shingles vaccination

The Shingles vaccination programme commenced in September 2013. The routine cohort is for patients' age 70 years and the catch-up cohort is for patients aged 78 years. Patients remain eligible for the vaccination until their 80th birthday.



<https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>



Shingles - www.healthline.com

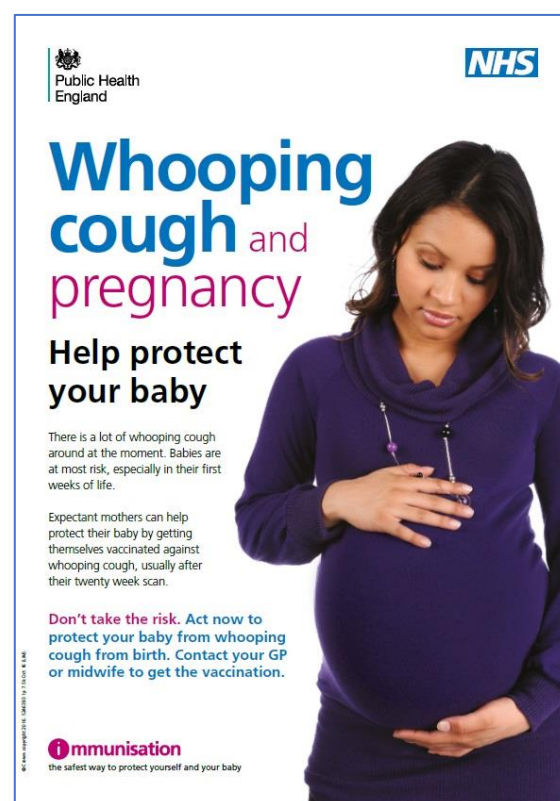
The national coverage target is 60% and the most up to date Shingles vaccination coverage in West Sussex from 1 April 2018 to 31 December 2018 is shown as follows:

Shingles vaccination routine cohort (age 70 years)	Coverage %
England	31.9
Kent, Surrey and Sussex	30.4
West Sussex	34.3
Coastal West Sussex CCG	34.3
Crawley CCG	30.8
Horsham and Mid Sussex CCG	35.8
Shingles vaccination catch up cohort (age 78 years)	Coverage %
England	31.9
Kent, Surrey and Sussex	30.7
West Sussex	34.3
Coastal West Sussex CCG	35.4
Crawley CCG	33.6
Horsham and Mid Sussex CCG	31.5

Shingles Vaccine Coverage by CCG, LT and LA for in England, data to end March 2019 (quarter 3)
Available at : <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data>

Prenatal Pertussis vaccination

This vaccination programme was introduced in October 2012 following a rise in the incidence of Pertussis cases and deaths in young babies. The prenatal Pertussis vaccination programme is aimed at protecting a triad – mother during pregnancy, foetus (through transplacental transfer of antibodies through vaccination) and the newborn up until the age of 8 weeks when the baby will be eligible for their first set of primary immunisations. Pregnant women are eligible for this vaccination from 16 to 32 weeks gestation in order to protect their unborn child.



<https://www.gov.uk/government/publications/resources-to-support-whooping-cough-vaccination>

For 2018-19 the annual coverage of prenatal Pertussis vaccinations for England and NHS England local teams are available, however the annual coverage rates by CCGs are yet to be published by PHE. Monthly published coverage rates for CCGs are published and the latest prenatal Pertussis vaccination monthly coverage rates for March 2019 are shown below:

Prenatal Pertussis vaccination	Coverage %
England (Annual)*	68.8
Kent, Surrey and Sussex (Annual)*	72.1
West Sussex	Not available
Coastal West Sussex CCG (March 2019)**	62.4
Crawley CCG (March 2019)**	74.6
Horsham and Mid Sussex CCG (March 2019)**	80.3
This is based on 99% GP practices who have submitted Prenatal Pertussis monthly data onto ImmForm in March 2019	

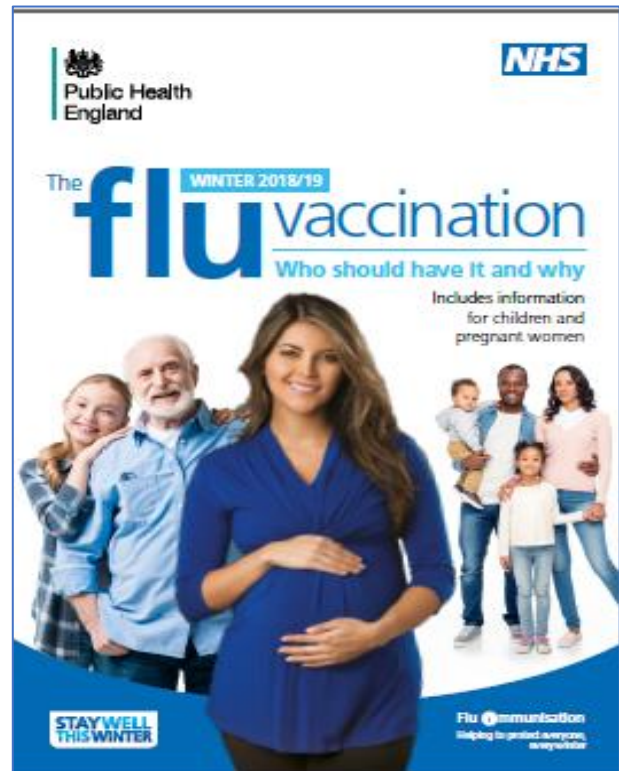
*Pertussis vaccination programme for pregnant women update: vaccine coverage (England) January to March 2019 (and annual coverage update)

**Prenatal pertussis coverage estimates by area team and clinical commissioning group: England, January to March 2019

Source: ImmForm / <https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014>

(Published: 26/4/19)

Seasonal influenza vaccination



<https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>

The flu vaccine is the best protection we have against an unpredictable virus that can cause unpleasant symptoms in most people and severe illness and death among at-risk groups, including older people, pregnant women and those with an underlying medical health condition.¹ Influenza can cause a spectrum of symptoms ranging from mild to severe, even among people who were previously well. The impact on the population varies from year to year, depending on how many people are susceptible to the dominant circulating strain.² The capacity for the virus to mutate/change and the duration of protection from the vaccine (about one season), are the reasons that the vaccine is tailored each year to protect against the most commonly circulating strains and shows why annual vaccination is necessary.²

Vaccination if offered to 'at risk groups', the elderly, the very young, and people with underlying medical conditions who are at a greater risk of suffering severe illness and are more likely to develop serious complications such as pneumonia.¹

These vaccines are provided free of charge by the NHS and delivered in primary care (e.g. GP surgeries, community pharmacies). The children's programme is delivered through schools for children in reception through to year 5.

2018-2019 season

In the 2018 to 2019 season, low to moderate levels of influenza activity were observed in the community with circulation of influenza A (H1N1) pdm09 followed by influenza A (H3N2) in the latter part of the season. Activity started in week 01, with the length and peak of activity in general practice varying across the UK, reaching low levels in England, Scotland and Northern Ireland and medium levels in Wales.³

Influenza transmission resulted in high impact on secondary care for hospitalisations and intensive care unit (ICU)/High dependency unit (HDU) admissions. The impact of influenza A (H1N1) pdm09 was predominantly seen in the younger age groups (15-44 and 45-64 years) in both GP consultations and hospital and ICU/HDU influenza admissions. Peak admission rates of influenza to hospital and ICU were similar or slightly lower than seen in 2017 to 2018 but higher than all other seasons since 2010 to 2011. Levels of excess all-cause mortality were the lowest seen since 2013 to 2014 in England.³

The UK, as with many Northern Hemisphere countries, found that the majority of circulating influenza A (H1N1) pdm09 and influenza A (H3N2) strains that were characterized, were genetically and antigenically similar to the Northern Hemisphere 2018 to 2019 influenza A (H1N1)pdm09 and influenza A (H3N2) vaccine virus strains.³

The 2018 to 2019 season also saw the roll-out of a newly licensed adjuvant trivalent influenza vaccine (aTIV) for all those aged 65 years and over. Provisional vaccine effectiveness for adults including the elderly were encouraging in 2018 to 2019.³ For 2018-19 the uptake of seasonal influenza vaccination in West Sussex is as follows:

	Age >65 %	*Age <65 %	Preg-nant %	Age 2** %	Age 3*** %
South East KSS	71.1	46.4	45	42.4	45.6
Coastal West Sussex CCG	74	49.6	43.9	47.4	49.1
Crawley CCG	70.5	48.2	48.2	43.4	46.2
Horsham and Mid Sussex CCG	73	48.6	48.6	52.4	52.7
Target	75	55	55	48	48
*Age<65 (at risk)					
**Age 2 combined (in a clinical risk group and not in a clinical risk group)					
***Aged 3 combined (in a clinical risk group and not in a clinical risk group)					

For children in the schools programme the national seasonal influenza uptake ambition was 50-60%. For 2018-19 excellent uptake rates were achieved by SCFT across all eligible cohorts in primary schools as shown below:

School Age	Target %	West Sussex %	South East KSS %
Reception	65	73.4	63.2
Year 1	65	71.6	64.3
Year 2	65	68.7	62.2
Year 3	65	67.2	61.0
Year 4	65	63.8	60.8
Year 5	65	61.6	56.5

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019>

Frontline healthcare workers (HCW) involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. The 2018 to 2019 influenza season recorded a seasonal influenza vaccine uptake of 70.3% amongst HCWs in England, an increase in uptake by 1.6%. This is the highest uptake achieved since the start of the programme in the 2002 to 2003 season when the uptake was 14.0%.

For HCW serving the population of West Sussex, the 2018-19 seasonal influenza uptake were as follows:

NHS Foundation Trust	All %	Doctors %	Nurses %	Clinical staff %	Support staff %
BSUH	58	54.1	54.4	74.3	60.4
QEV	61.2	39.1	69.4	67.4	63.9
SASH	67.5	64.3	69.5	77.3	64.1
WSHT	65.8	57.2	66.8	69.8	66.7
Sussex Community	79.4	91.4	67.1	73.7	97.6
Sussex Partnership	78	90.5	67.2	62.9	96.4
SECamb	78.7	N/A	N/A	78.7	N/A
South East KSS	63.2	67.2	65.3	67.3	60.7
Target	75	75	75	75	75

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2018-to-2019>

1. NHS Choices. Seasonal flu vaccination: <http://www.nhs.uk/Conditions/vaccinations/Pages/flu-influenza-vaccine.aspx>
2. Public Health England. Healthcare worker vaccination: clinical evidence. September 2018 <https://www.nhsemployers.org/-/media/Employers/Documents/Flu/flu-fighter-clinical-evidence-1819.pdf>
3. Public Health England. Surveillance of influenza and other respiratory viruses in the United Kingdom: winter 2018 to 2019. May 2019 <https://www.gov.uk/government/statistics/annual-flu-reports>

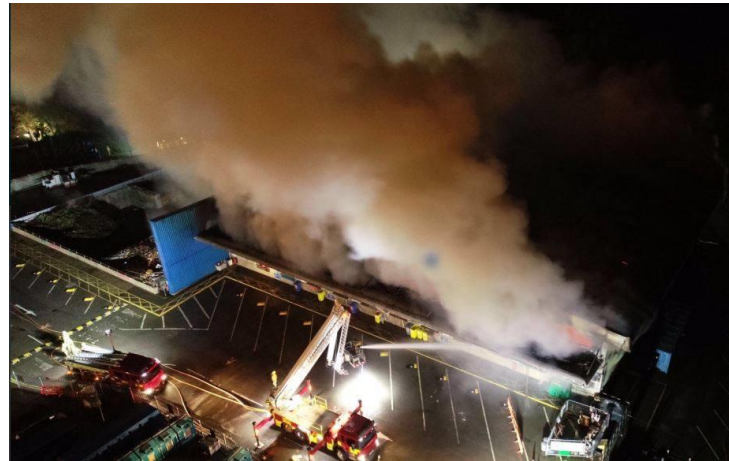
Emergency Preparedness, Resilience and Response (EPRR)

Public Health has a Resilience and Emergency Adviser embedded in the WSCC Resilience and Emergencies Team to:

- ensure public health is considered in all plans for response to emergencies
- support the “What If” programme to
- developing community resilience
- support the Sussex LHRP to plan for the health response
- support the Sussex Resilience Forum (SRF) to plan for all partners response

This year work has included:

- leading the review of the LHRP Pandemic Influenza framework document
- signing up to the Sussex LHRP Memorandum of Understanding for the response to Health Protection Incidents
- as chair of the SRF Emergency Welfare Work Stream Group, developing and delivering psychosocial and psychological support training to staff across the whole of Sussex, who would work with families of victims of major incidents
- working with Community Resilience Team volunteers to deliver over 1000 public health information leaflets to properties affected by the smoke from the Westhampnet Household Recycling Centre fire, in Chichester



Westhampnet Household Recycling Centre fire
Aerial photo supplied by Eddie Mitchell, Photographer

Conclusions

During 2018-19 the main health protection and screening/immunisation issues to note are:

1. Data shows that for the majority of infections the West Sussex rate per 100,000 population was below or around that of the South East rate. Exceptions were:

- Cryptosporidium (due to an outbreak associated with an open farm)
- Pertussis
- Measles (due to an outbreak amongst school pupils in the Chichester area). It should be noted that the 2 MMR vaccines uptake rate by 5 years old is <95% required for herd immunity and therefore increases the risk of outbreaks
- TB (in the Crawley area)

2. The majority of outbreaks in West Sussex are in care home settings (norovirus and flu), followed by schools and nursery/preschools. A number of measures are in place to support these sectors including:

- the Winter Readiness packs for care homes and schools which aims to reduce the impact of norovirus and seasonal flu outbreaks
- IPC Champions Programme for CQC registered care homes and domiciliary care providers, which provides training and audits (including a number of re-audits)

There are often low flu vaccination rates amongst care home staff. While there are few care homes with occupational health services, social care staff do have

access to free flu vaccination through the GPs NHS Programme.

3. There have been difficulties supporting the Enhanced Case Management of complex TB cases and TB incidents requiring large scale screening of contacts due to ongoing staff capacity issues; and the LTBI screening programme in primary care has been stopped.
4. Coastal West Sussex, Crawley, and Horsham and Mid Sussex CCGs have sustained reduced incidence of HCAI. For Coastal West Sussex CCG this includes a significant reduction of *E.coli* bloodstream infections and Horsham and Mid Sussex CCG achieved the government aim of zero MRSA BSI infections. However a rise was seen in MSSA BSI at Coastal West Sussex and further work is needed to support a reduction. Crawley CCG needs to focus on reducing the rate of *E. coli* bloodstream infections and Horsham and Mid Sussex CCG to reduce the *Clostridium difficile* rate further.
5. The Chlamydia diagnosis rate for West Sussex is lower than the South East and England rates. There is a decline in the West Sussex rate of new HIV diagnosis, with 42.2% of these being a late diagnosis (2015-2017).
6. Bowel, Breast and Cervical Cancer screening coverage and uptake rates are good, but there are significant delays for:
 - cervical screening test results for the West Sussex population served by the Brighton Laboratory are taking up to 3

months, due to a national shortage of cytologists. This is expected to be addressed when the primary HPV test is introduced in late 2019, and the laboratory services have been fully mobilised

- Breast screening appointments for around 40% of women in West Sussex are not within the 36 months. This is a recent issue affected by a national shortage of mammographers and radiologists and is being managed locally.

The non-cancer screening programmes (AAA, ANNB and DESP) are progressing well. For AAA and DESP screening programmes, promotional activities are focused on increasing uptake e.g. in prisons and nursing homes; and reaching deprived communities, including Crawley. Brighton and Sussex DESP is currently producing monthly progress reports which show an increase in performance.

7. The Surrey and Sussex Screening and Immunisations (SIT) team have been working on improving the adult vaccination uptake rates for Shingles across the area. CWS CCG has been identified for extra support due the larger population of this age group and a lunchtime learning event for all staff (nursing and admin) involved in the shingles vaccination programme is being hosted by the SIT
8. In order to improve prenatal Pertussis vaccine coverage, NHSE has commissioned maternity units to deliver the prenatal pertussis vaccination at the same time as the fetal anomaly scan to

improve access and offer a flexible service to pregnant women. This locally commissioned service is working well however there are some issues with the data collection which NHSE is trying to resolve locally to reflect an accurate local uptake. There are approximately 400 vaccinations delivered on a monthly basis by the local maternity service which is really good uptake achieved locally.

9. The adult seasonal flu vaccination uptake rates for West Sussex CCGs, were generally higher than the South East (Kent Surrey and Sussex area) rates.

For adults aged 65 years or older the uptake rate nearly met the national target of 75%, reflecting the hard work and commitment from our local practices and pharmacies to promote and deliver the flu vaccine. For those under 65 years in risk groups and pregnant, the uptake rate generally exceeded that of the South East too but improvements are needed to increase the uptake rates closer to the national target of 55%.

10. The childhood seasonal flu vaccination uptake rates for West Sussex CCGs in 2018/19 were better compared to the previous year hence improvement made by many practices locally. The uptake achieved in West Sussex was higher than the South East average (Kent Surrey and Sussex area). Partnership working at local level with NHSE, CCG Quality Leads, STP leads and colleagues from the Primary Care Networks will lead to further improvement in local processes and delivery of a robust flu vaccination programme.

11. In West Sussex, the uptake rates for the routine childhood vaccination programmes are higher than the national average and this reflects the hard work and commitment from our local practices, local Child Health Department, and the immunisation team at SCFT. There are areas for improvement to reach herd immunity level for some of the programmes where the uptake is less than 95%. This is being addressed locally by having a Joint Immunisation Improvement Plan in place to ensure partnership working at local level involving all key stakeholders. NHSE has also commissioned a local CQUIN to improve data quality and access to childhood immunisations. This involves both Child Health and SCFT (School Immunisation Team) working closely with GP practices to support with data reconciliation and to offer additional catch up opportunities locally. SCFT also runs an advice line where parents can call in to speak to healthcare professionals.
12. Air Quality is now a corporate priority for WSCC and the formation of the West Sussex IAAQ members group will help to support the work of Sussex Air. Sussex Air successfully obtained two Defra grants to raise awareness of improving air quality with schools and businesses, and for a 'Clean Burn Sussex' project.
13. EPRR saw WSCC sign the Sussex LHRP MoU for Health Protection Incidents, lead a review of the LHRP Pandemic Influenza plan, deliver training and contribute to the Westhampnet fire response.

Recommendations for 2019/2020

For 2019-20 recommendations for collaborative working for the health and social care economy:

- to continue to seek system wide assurance through partnership working via the Health Protection Assurance Group
- to continue the timely and effective identification of, and response to, cases and outbreaks of infectious diseases in order to reduce the public health risk to the population of West Sussex
- to support and further develop robust TB pathways in Crawley and Mid Sussex area
- to support Environmental Health teams in West Sussex to deliver their health protection functions
- to continue working with sexual health service providers to ensure young people, under the age of 25 years, receive information about chlamydia and easy access to screening kits
- to identify primary focus of HCAI through continued collaboration with provider organisations and implement focused reduction strategies in line with the STP HCAI reduction Strategy
- to continue the Infection Prevention and Control Champions programme to support the care home and domiciliary providers to help reduce the incidence of HCAI and outbreaks
- to work with internal and external partners across West Sussex to improve air quality
- to support screening programmes to increase uptake and reduce inequalities
- to support the uptake of all immunisations with a focus on seasonal influenza vaccine, MMR vaccine, prenatal pertussis vaccine and shingles vaccine
- to work with partners to review the Surrey and Sussex Immunisation Strategy, and to develop a specific Kent Surrey Sussex Measles Elimination Plan
- to support the EPRR planning and delivery of multiagency exercises
- to promote winter preparedness to care homes, domiciliary care providers and schools

Public Health Outcomes Framework (PHOF) Appendix 1 - Public Health England indicators: Infectious diseases

● Better ● Similar ● Worse ○ Not compared
 - Could not be calculated ➔ No significant change ⬆ Increasing / Getting worse ⬆ Increasing / Getting better ⬇ Decreasing / Getting worse ⬇ Decreasing / Getting better ⬆ Increasing ⬇ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Typhoid & paratyphoid incidence rate/100,000 (Persons, All ages)	2017	➔	4	0.47	0.5	0.53	6.11	0	●
Campylobacter incidence rate/100,000 (Persons, All ages)	2017	-	977	116	118	97	174	16	●
Non-typhoidal Salmonella incidence rate/100,000 (Persons, All ages)	2017	-	131	15.5	15.1	15.7	46.7	7.8	●
Giardia incidence rate/100,000 (Persons, All ages)	2017	-	122	14.5	11.8	8.5	51.2	0	●
Cryptosporidium incidence rate/100,000 (Persons, All ages)	2017	-	71	8.4	6.4	7.3	21.9	0	●
Shigella incidence rate/100,000 (Persons, All ages)	2017	-	43	5.1	4.8	3.5	46.4	0	●
STEC (Shiga toxin-producing Escherichia coli) serogroup O157 incidence rate/100,000 (Persons, All ages)	2017	➔	15	1.8	1.1	1.0	3.4	0	●
Listeria incidence rate/100,000 (Persons, All ages)	2017	⬇	0	0	0.22	0.23	1.66	0	●
Mumps incidence rate/100,000 (Persons, All ages)	2017	⬇	6	0.7	3.1	3.2	30	0	●
Measles incidence rate/100,000 (Persons, All ages)	2016	⬇	4	0.5	0.6	1.0	16.2	0	●
Pertussis incidence rate/100,000 (Persons, All ages)	2017	-	147	17.2	8	7.8	27.1	0	●
Legionnaires' disease confirmed incidence rate/100,000 (Persons, All ages)	2016	-	5	0.59	0.61	0.61	2.34	0	●
TB incidence (three year average) (Persons, All ages)	2015 - 17	-	115	4.5	6.5	9.9	58.2	0	●
Acute hepatitis B incidence rate/100,000 (Persons, All ages)	2017	-	0	0	0.73	0.8	4.03	0	●
Hepatitis C detection rate/100,000	2016	-	98	12.4	-	19.7	1.6	222.1	●
Scarlet fever notification rate/100,000 aged 0-9 yrs (Persons, 0-9 yrs)	2016	⬆	247	251	253	230	612	2	●

Source: Public Health England Fingertips: Health Protection Profile

Appendix 2 - Public Health England indicators: HIV and Chlamydia

- Better
- Similar
- Worse
- Not compared
- Could not be calculated
- ➔ No significant change
- ↕ Increasing / Getting worse
- ↕ Increasing / Getting better
- ↘ Decreasing / Getting worse
- ↘ Decreasing / Getting better
- ↗ Increasing
- ↘ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
New HIV diagnosis rate / 100,000 aged 15+	2017	↘	38	5.4	5.8	8.7	44.6	0	●
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2015 - 17	–	54	42.2%	44.0%	41.1%	68.6%	0%	●
Chlamydia detection rate / 100,000 aged 15-24 <1900 1900 to 2300 ≥2300	2017	↘	1,208	1,446	1582	1929	957	4,483	●

Source: Public Health England Fingertips: Health Protection Profile

Appendix 3 - Public Health England indicators: Antibiotic prescribing

- Better
- Similar
- Worse
- Not compared
- Could not be calculated
- ➔ No significant change
- ↕ Increasing / Getting worse
- ↕ Increasing / Getting better
- ↘ Decreasing / Getting worse
- ↘ Decreasing / Getting better
- ↗ Increasing
- ↘ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Adjusted antibiotic prescribing in primary care by the NHS ≤ mean England prescribing 2013/14 > mean England prescribing 2013/14	2017	–	484,571	0.94	1	1.04	1.38	0.54	●

Source: Public Health England Fingertips: Health Protection Profile

Appendix 4 - Public Health England indicators: Air Quality

- Better
- Similar
- Worse
- Not compared
- Could not be calculated
- ➔ No significant change
- ↕ Increasing / Getting worse
- ↕ Increasing / Getting better
- ↘ Decreasing / Getting worse
- ↘ Decreasing / Getting better
- ↗ Increasing
- ↘ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Fraction of mortality attributable to particulate air pollution	2017	–	-	5.4%	5.6%	5.1%	7.1%	2.5%	○

Source: Public Health England Fingertips: Health Protection Profile

Appendix 5 - Public Health England indicators: Screening

● Better ● Similar ● Worse ○ Not compared
- Could not be calculated ➔ No significant change ⬇ Increasing / Getting worse ⬆ Increasing /Getting better ⬇ Decreasing /Getting worse ⬇ Decreasing /Getting better ⬆ Increasing ⬇ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
2.19 - Cancer diagnosed at early stage (experimental statistics)	2017	⬆	2,165	52.30%	52.7%	52.2%	41.9%	57.70%	○
2.20i - Cancer screening coverage - breast cancer	2018	⬆	78,647	76.80%	76.0%	74.9%	56.3%	81.50%	●
2.20ii - Cancer screening coverage - cervical cancer	2018	⬇	160,763	73.80%	72.6%	71.4%	51.6%	78.30%	●
2.20iii - Cancer screening coverage - bowel cancer	2018	-	88,320	62.10%	60.8%	59.0%	41.0%	67.50%	●
2.20iv - Abdominal Aortic Aneurysm Screening - Coverage	2017/18	➔	3,993	82.20%	82.0%	80.8%	35.8%	88.90%	●
2.20v - Diabetic eye screening - uptake	2017/18	-	-	-	83.3%	82.7%	-	-	
2.20vi - Fetal Anomaly Screening - Coverage	2017/18	-	-	-	99.3%	98.9%	-	-	
2.20vii - Infectious Diseases in Pregnancy Screening - HIV Coverage	2017/18	-	-	-	99.7%	99.6%	-	-	
2.20viii - Infectious Diseases in Pregnancy Screening - Syphilis Coverage	2016/17	-	-	-	99.8%	99.6%	-	-	
2.20ix - Infectious Diseases in Pregnancy Screening - Hepatitis B Coverage	2016/17	-	-	-	99.8%	99.6%	-	-	
2.20x - Sickle Cell and Thalassaemia Screening - Coverage	2017/18	-	-	-	99.7%	99.6%	-	-	
2.20xi - Newborn Blood Spot Screening - Coverage	2017/18	-	-	-	98.3%	96.7%	-	-	
2.20xii - Newborn Hearing Screening - Coverage	2017/18	-	8,480	99.7%*	99.2%	98.9%	95.1%	100%	●
2.20xiii - Newborn and Infant Physical Examination Screening - Coverage	2017/18	-	-	-	96.8%	95.4%	-	-	

Source: Public Health England Fingertips: Health Improvement Profile

Appendix 6 - Public Health England indicators: Vaccination coverage

● Better ● Similar ● Worse ○ Not compared
- Could not be calculated ➔ No significant change ⬇ Increasing / Getting worse ⬆ Increasing /Getting better ⬇ Decreasing /Getting worse ⬇ Decreasing /Getting better ⬆ Increasing ⬇ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Best/ Highest	
Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% 90% to 95% ≥95%	2017/18	⬇	8,461	95.6%	93.7%	93.1%	75.6%	100%	●
Population vaccination coverage - MenC <90% 90% to 95% ≥95%	2015/16	-	8,511	94.3%	*	*	-	-	-
Population vaccination coverage - Hepatitis B (1 year old) <90% 90% to 95% ≥95%	2017/18	-	14	100.0%	*	*	-	-	-
Population vaccination coverage - Hib / MenC booster (2 years old) <90% 90% to 95% ≥95%	2017/18	⬇	8,859	94.6%	91.5%	91.2%	72.9%	100%	●
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2017/18	➔	8,863	94.7%	91.5%	91.2%	75.0%	96.9%	●
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2017/18	⬇	8,975	95.9%	95.0%	95.1%	83.7%	100%	●
Population vaccination coverage - Hepatitis B (2 years old) <90% 90% to 95% ≥95%	2017/18	-	14	100%	*	*	-	-	-
Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	2017/18	⬆	9,344	92.6%	90.9%	92.4%	79.5%	100%	●
Population vaccination coverage - MMR for one dose (5 years old) <90% 90% to 95% ≥95%	2017/18	⬆	9,668	95.8%	93.9%	94.9%	84.5%	100%	●
Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2017/18	⬆	9,110	90.3%	87.2%	87.2%	66.7%	95.8%	●
Population vaccination coverage - BCG - areas offering universal BCG only	2017/18	-	-	*	*	*	-	-	-
Population vaccination coverage - Flu (2-4 years old) - historical method <40% 40% to 65% ≥65%	2016/17	-	11,571	39.4%	39.3%	38.1%	19.2%	52.4%	●
Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) <80% 80% to 90% ≥90%	2017/18	-	3,801	84.1%	84.6%	83.8%	65.3%	94.3%	●
Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	2017/18	⬇	45,903	48.0%	48.8%	48.9%	37.4%	62.2%	●
Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2017/18	⬇	143,058	72.8%	72.8%	72.6%	58.4%	80.8%	●
Population vaccination coverage - PPV <65% 65% to 75% ≥75%	2017/18	⬇	130,154	68.1%	69.7%	69.5%	48.2%	78.1%	●
Population vaccination coverage - Shingles vaccination coverage (70 years old) <50% 50% to 60% ≥60%	2017/18	-	6,056	48.2%	46.5%	44.4%	24.4%	57.4%	●

Source: Public Health England Fingertips: Health Protection Profile

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Commissioning Alliance



Date of meeting:	10 October 2019
Item Title:	Healthwatch West Sussex Annual Report 2018-19 and Work Plan for 2019-20
Executive Summary:	Presented to the Board and public is the local Healthwatch Annual Report and the Work Plan going forward, based on this year's agree priorities.
Recommendations for the Board:	The Board is asked to note these documents and have awareness of the focus Healthwatch West Sussex will have over the remainder of this financial year.
Relevance to Joint Health and Wellbeing Strategy:	<p>The insight given by local people to Healthwatch West Sussex, should be viewed as complementary to other evidence. The Board and other stakeholders can consider the insight as indicators of how and where things might be done differently.</p> <p>Insight provided through our Work Plan offers a positive opportunity to hear, understand and respond to the public voice.</p>
Financial implications (if any):	
Consultation (undertaken or planned):	
Item author and contact details:	Katrina Broadhill, Locality Manager Healthwatch West Sussex 0300 012 0122 Katrina.broadhill@healthwatchwestsussex.co.uk

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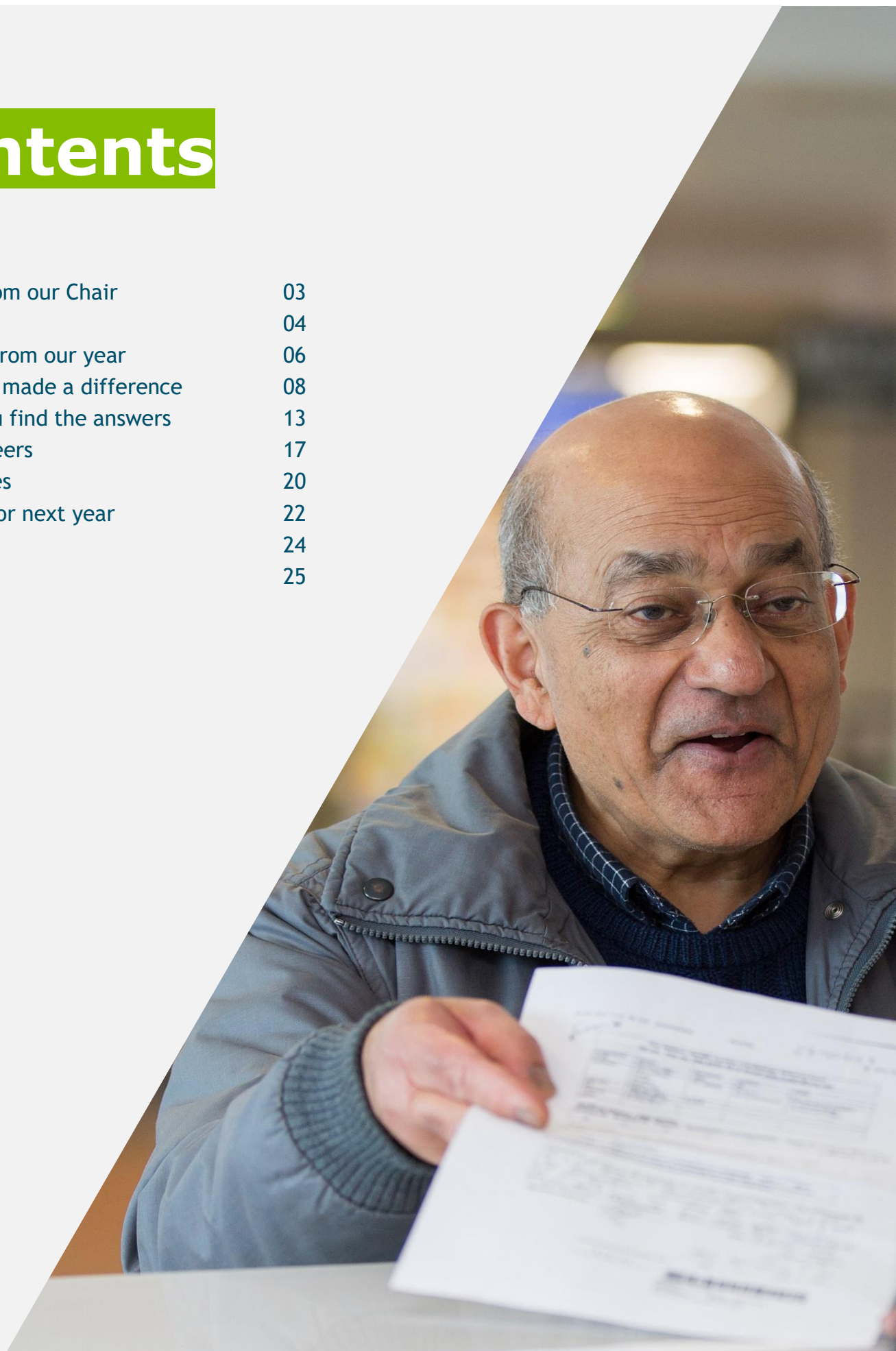


Reflecting on a collaborative year

Annual Report 2018-19

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Message from our Chair

Frances Russell

This has been an interesting but at times challenging year. It's one which has seen us reach and hear from more people than ever before.

Staying close to our communities is key to understanding peoples' experiences and views. We've developed strong community links which mean we can reach people we wouldn't have otherwise heard from. For this reason we will continue to invest our Social Enterprise income in Community Partnerships in the next year.

By listening to local people we understand and are able to prioritise our work around what is important to West Sussex residents. Access to GP care and community support come up time and time again, followed by the need to improve communication at an individual service level and between services.

We use all of the insight and evidence we gather (from our Listening Tours, our Help Desk, project work and community partners) to influence the health and social care organisations to make changes and improvements to future service provision. As a statutory member of the Health and Wellbeing Board we supported the development of their new strategy adding the peoples voice. As a member of the Health and Adult Social Care Scrutiny board - HASC, we ensure peoples' concerns are heard by West Sussex County Council (WSCC). We also work with the NHS and

WSCC to influence the shape and delivery of services as the new primary care organisations begin to emerge and we move towards a truly Integrated Care System envisioned by the NHS Long Term Plan.

We have the positive impact we do as a result of the tireless work of our volunteers in a wide range of roles from Authorised Representatives visiting service providers to our Independent Board Directors. Thanks to them and our dedicated team of employees I am confident we are delivering an outstanding local Healthwatch to serve our West Sussex communities



We can see the opportunity for exciting changes on the horizon and are championing ways of involving local people. Our work in Midhurst, a rural part of our County, where a new Primary Care Hub is being developed, is doing just this.

Frances Russell
Healthwatch West Sussex Chair

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch West Sussex, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



A handwritten signature in blue ink, which appears to read 'Robert Francis'.

Sir Robert Francis QC
Healthwatch England Chair

Our vision is simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



Healthwatch West Sussex has been instrumental in shaping the Health and Wellbeing Board's joint needs assessment and forward strategy, which sets out the direction of travel for our County and how we want local services to be shaped and commissioned in the future. We value the insight and challenge this local Healthwatch provides.

*Anna Raleigh
Director of Public Health, West Sussex County Council*

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.





Highlights from

our year



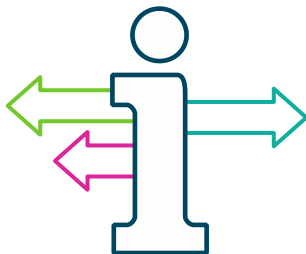
Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**



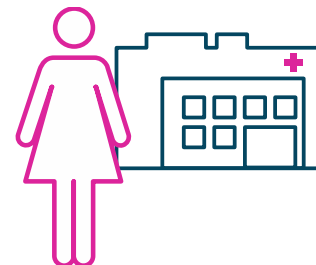
Just short of **3,000 people** shared their health and social care story with us. Nearly double the amount of insight we heard last year



We have 33 regular volunteers, and many more people who give time to helping to carry out our work. In total, they gave over **2,500 hours**



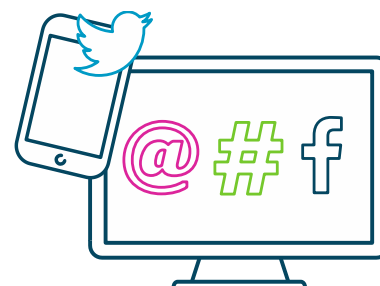
Over **2,000 people** accessed Healthwatch West Sussex advice and information online or contacted us with questions about local support **70% more than last year**



We visited 80 services and 572 community events to understand people's experiences of care. From these visits, we made 120 recommendations for improvement



87 improvements we suggested were adopted by services to make health and care better in our community. 32 of our recommendations are still being worked on



55% more people engaged with us through our website and social media, as well as our face to face engagement



**How we've made
a difference**

Changes made to your community

Find out how sharing your views with your local Healthwatch has led to positive changes to health and social care services in West Sussex. When people speak up about what’s important, and services listen, care is improved for all.

Take a look at an example of how local insight has made a difference in our West Sussex communities...

EXAMPLE STORY: Promoting Dignity in Pharmacies

People told us they were unaware that community pharmacies have consulting rooms - space for them to have their health conversation away from others. We noticed people having personal conversations at counters in earshot of people queuing.

National Institute for Clinical Excellence (NICE) guideline 102 is to enable pharmacies to promote health and wellbeing. If people know about these rooms and are encouraged to use them, pharmacists can offer greater support.

Working alongside our Local Pharmaceutical Committee (LPC), we created poster campaign and visited over 165 community pharmacies across West Sussex, over a week in September 2018.

These visits gave us the opportunity to talk to frontline staff and pharmacists and find out more about how they use their rooms. We looked at many and learnt about some really good practices which we were able to share.

Alongside the visits, we ran a social media campaign and a *spot-the-mistake competition*, to get more people looking at the posters.

The LPC issued our [report](#) to all their Sussex and Surrey members. Whilst short, the report shows what “good” looks like and where people could have challenges. As a result of our work, pharmacies are saying they have changed their practice to make sure more people are using the consulting rooms.

This has also helped us to better understand medication supply issues, which in turn has meant we can better support people with information and advice.

Healthwatch posters raising awareness of ways to get more privacy and dignity



EXAMPLE STORY: Sorry did I hear you right? A build-up of ear wax problems

Thanks to people speaking up, GP practices across West Sussex will again provide an ear wax removal service.

We received a flurry of calls from concerned patients across our County, shortly after discovering they could no longer have ear wax removed at their local surgery (known as ear irrigation).

We made enquiries and found a large number of local GP practices had decided to stop providing this service, ahead of the conclusion of the NICE consultation on this treatment.

Advice from the Local Medical Council had failed to remind GPs of the need to involve local patients in decision making so we were able to do this. This something that was be noted for the future.

We were also able to highlight the difficulties people with a clinical need for this treatment were experiencing because of the ways services were commissioned, along with confusion over how people were being asked to self-care, and pay for treatment.

As a result, the way people access this treatment has now been reviewed and improved. The times people have to go between services has reduced. Locally commissioned service specifications are in place so in the future people who need ear irrigation can have this treatment at GP practices.

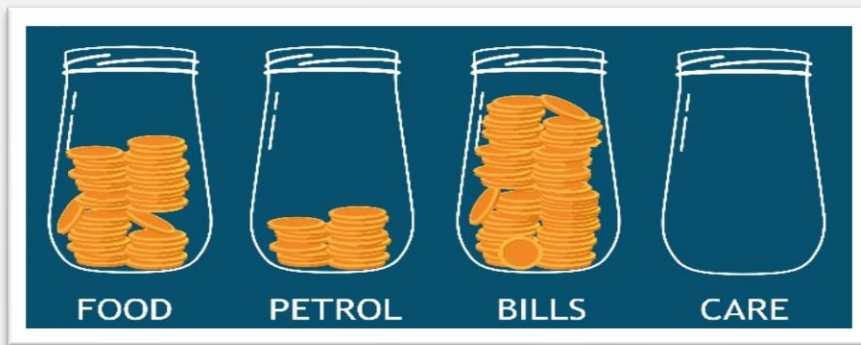
We are continuing to work with commissioners on improving the self-care guides, so where appropriate people can safely treat themselves.

I will ensure any further letters from the LMC to practices around these issues, that is, unfunded services and the delivery of services, do more explicitly encourage colleagues to ensure Patient Participation Groups are aware of the practice's situation and plans, and obtain patient views.

Surrey and Sussex Local Medical Council

Local people speak-up when services suddenly change





Financial fairness? Looking into charging for Adult Social Care

EXAMPLE STORY: Fairer payment for care

When people's lives change and they're no longer able to live as independently as they had, asking for support can be difficult and stressful, particularly when people don't understand the system and processes.



In Jane's words: it's all very well telling families they can have this, and they can have that, but what's the point when they are giving it to you in one hand and taking it from the other? My son doesn't understand the concept of all of this and is quite upset at the fact that he is having his money taken away from him and it's very hard to explain it to him.

I spoke to Carers Support, who came together with Healthwatch West Sussex and other voluntary organisations, to understand what local people experience.

Using mine and other people's personal accounts, they showed what needed to change to make determining if someone can pay towards the cost of care, fairer and more transparent.

Healthwatch West Sussex shared [recommendations](#) with the council. Using these ideas, the council is changing its social work and financial assessor training and processes and communications are being reviewed.

By working together, the information and support available to people is improving, to help people better understand what disability related expenses are allowed for and how the process works.

Working in partnership is helping reduce the risk of people being asked to pay for care they simply cannot afford.



Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: www.healthwatchwestsussex.co.uk

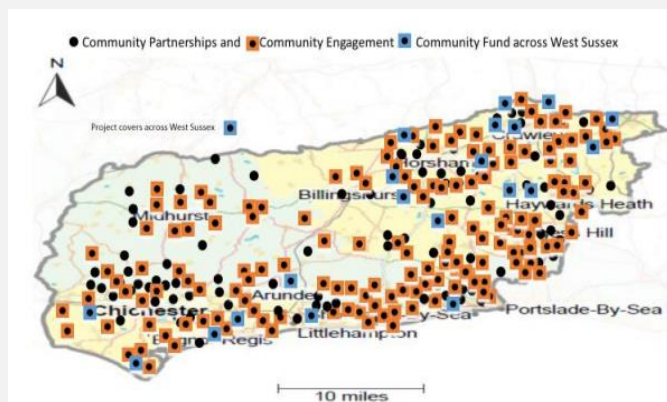
t: 0300 012 0122

Page 2 | helpdesk@healthwatchwestsussex.co.uk

EXAMPLE STORY: Reaching out to communities

In addition to our statutory work, we have invested in developing more collaboration and joint working, through Community Partnerships.

This has added a richness to our work and made sure we are able to listen to more people. We now hear from a greater range of voices from across our communities and these are helping us shape and influence those who commission, deliver health and social care at this time of transformation in the NHS and our Local Government.



Coordinator increased our impact by:

- **partnering** with 123 community and voluntary groups
- engaging with 1068 residents at events
- capturing 723 pieces of insight/personal stories and experiences
- Enabling 23 community fund projects, running across the county with powerful results for example:

*We were delighted to work with Healthwatch. Although the girls on our **This Is Me** programme are always very open about their mental health challenges, the research that we undertook in conjunction with Healthwatch actually threw up a couple of issues we hadn't as yet identified. This has meant that we've been able to add even more support through our programme, which has benefited the girls further. We would definitely work with Healthwatch again, and are grateful for their support.*

Ali Golds, Founder/CEO
w: www.thejunoproject.co.uk

As members of the **Community Solutions Consortia** we made a short film to **capture** the thinking and innovation from our conference - inspiring partnership working for vibrant communities.

Sharing information and insight through Community Partnerships



Information Event

On the 5th March 2019 Bentswood Community Partnership and Healthwatch jointly hosted an event in the Saltworks Community Hub (supported by Sussex Clubs for Young People, and Clarion Futures).



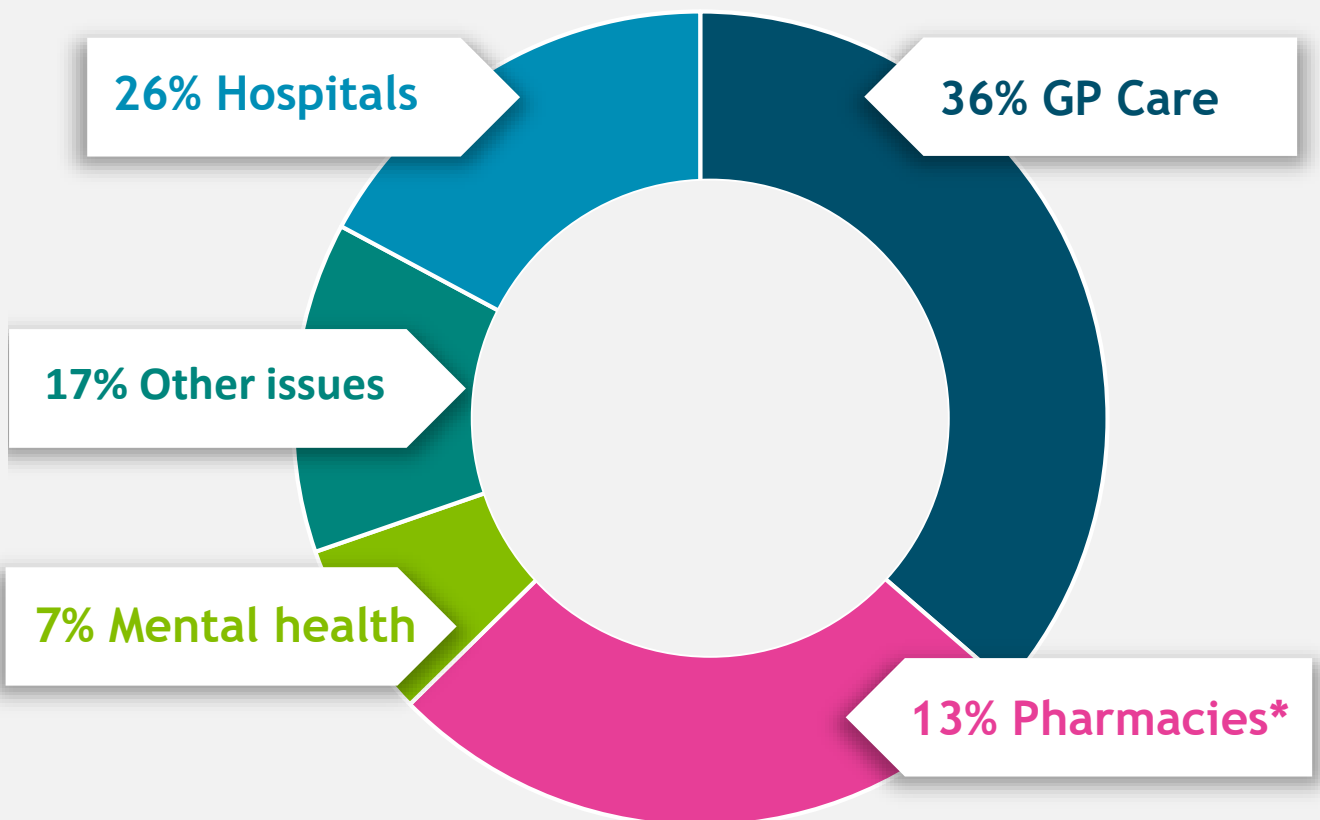
Helping you find

the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people ask us:



* Largely due to our Pharmacy Campaign (see page 10)



How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look.

Last year we helped **2,064 people** access the advice and information they needed.

You can come to us for free and independent advice and information in a number of ways including:

- + At community events
- + Promoting helpful services across our social media channels
- + Advice and information online resources
- + Over the phone
- + Via online contact us form
- + By email

Example story: Not being heard

I struggled with nurses not listening when I tried telling them they wouldn't find a vein. Still they tried many times anyway. Healthwatch West Sussex helped by speaking to the hospital. I have a "flag" on my record now and they use a scanner to locate a vein.

'Even the hospital staff say this is great. As it saves so much time! And, it's a whole lot less painful for me.'

Example story: Mental Health

People living in Burgess Hill struggle to find information relating to local mental health support. To help combat this issue, we have showcased services in our [Listening Tour Report](#), which has gone to health and care services in the Town and local businesses. We are working in partnership with the District Council and others so more information is available.



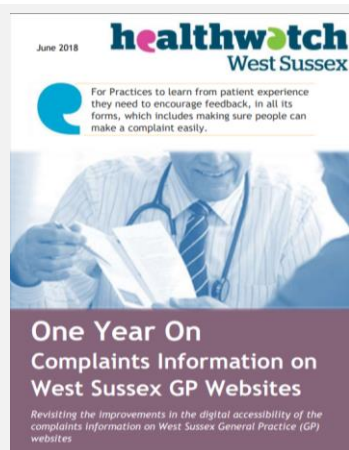
Example story: Making a difference to peoples' lives

Sophie, in our engagement team, was delighted to meet again, a lady we had given some advice and information to at a previous event. Having asked about walking aids and what she could do as she felt she was not coping as well at home, she told us she had followed up on the advice. The lady now hires a rolling walker from the Red Cross, and having had an assessment from Age UK, she has applied for Attendance Allowance. She will shortly be £40-£60 a week better off.

Improving services through learning when things go wrong

Local people and NHS providers in West Sussex benefit from having an **Independent Health Complaints Advocacy Service (IHCAS)** integrated alongside Healthwatch.

Lessons learned inform practice, beyond an individual case. We support local NHS to improve services through sharing learning more widely. We also carry out work to support services to improve how they listen to patients and their families.



This year we followed up on the review of GP websites - looking at how easy it was for patients to make a complaint or give feedback.

We worked with Practices, through the Clinical Commissioning Groups and saw **improvements**. We had a fantastically positive reaction to the recommendations we made.

We've added to our guides **[getting the most out of Local Resolution Meetings](#)**.

Example Case: Getting more from GP appointments

Jo had come to us with an outstanding issue which she felt she was unable to discuss with the GP. With the support of an advocate, Jo was able to talk through concerns at a Local Resolution Meeting. By discussing issues and sharing details about family dynamics, Jo and the Practice, had a much better understanding and support has been put in place.

Now Jo has control over health appointments and repeat prescriptions, by having access to the online booking system and has appropriate time in consultations.



Have your voice heard

This free and independent service from Healthwatch West Sussex helps local people explore options for getting their voice heard when they feel something has gone wrong with their health service.

For more information on making a complaint please read our guide **[How We Can Help You With Making Your NHS Health Complaint](#)**.



Our volunteers



How do our volunteers help us?

At Healthwatch West Sussex we couldn't make all of these improvements without the support of our 33 regular volunteers that work with us to help make care better for their communities.

What our volunteers do:

- + Visit services to make sure they're meeting people's needs
- + Act as Independent Directors on our Community Interest Company Board to support our governance and represent us at other strategic bodies
- + Collect people's views and experiences which we use in our reports
- + Review all our insight and evidence
- + Raise awareness of the work we do in the community
- + Attend committees and meetings as Liaison Representatives to help us to amplify local voices and share our insight



Debriefing after a morning of visiting hospital wards

EXAMPLE STORY: Volunteers supporting improvements in hospital care

Thanks to a dedicated group of volunteers, staff attitudes towards cleanliness have gone from a low starting point, to a positive acceptance of the need to maintain good standards in a busy hospital.

Following a disappointing visit, as part of the *Patient Led Assessment of the Care Environment* (PLACE) national programme, our volunteers' Alan and Sue, worked directly with the Trust's Director of Estates.

Through monthly visits, Sue and Alan have been able to positively influence how staff view their responsibility in helping to maintain a good environment.

The cleanliness and maintenance of wards across the hospital has developed and we have seen sustained improvements.

Thank you for taking the time to visit the Princess Royal Hospital today, your input and observations are much appreciated and help us in continually improving our environment for our patients and staff.

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



Martin, (Retired)

I got involved with Healthwatch West Sussex as I felt this would complement other volunteering I do and it has. I'm a member of the Safeguarding Adults Board, championing the need to better understand peoples' experiences and concerns.

We've been successful in getting a pilot system in place, for getting feedback directly from people about the safeguarding process.

Lizzie, (Student)

I needed work experience on my CV to get a job after my studies. Healthwatch West Sussex has been so accommodating, providing me with skills that I know will be useful in the work place. This has included shadowing experienced volunteers on service visits.

They have also asked to speak to more young people about their experiences and I have been able to input into their new engagement resources.



Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch.

w: www.healthwatchwestsussex.co.uk

t: 0300 012 0122

e: helpdesk@healthwatchwestsussex.co.uk

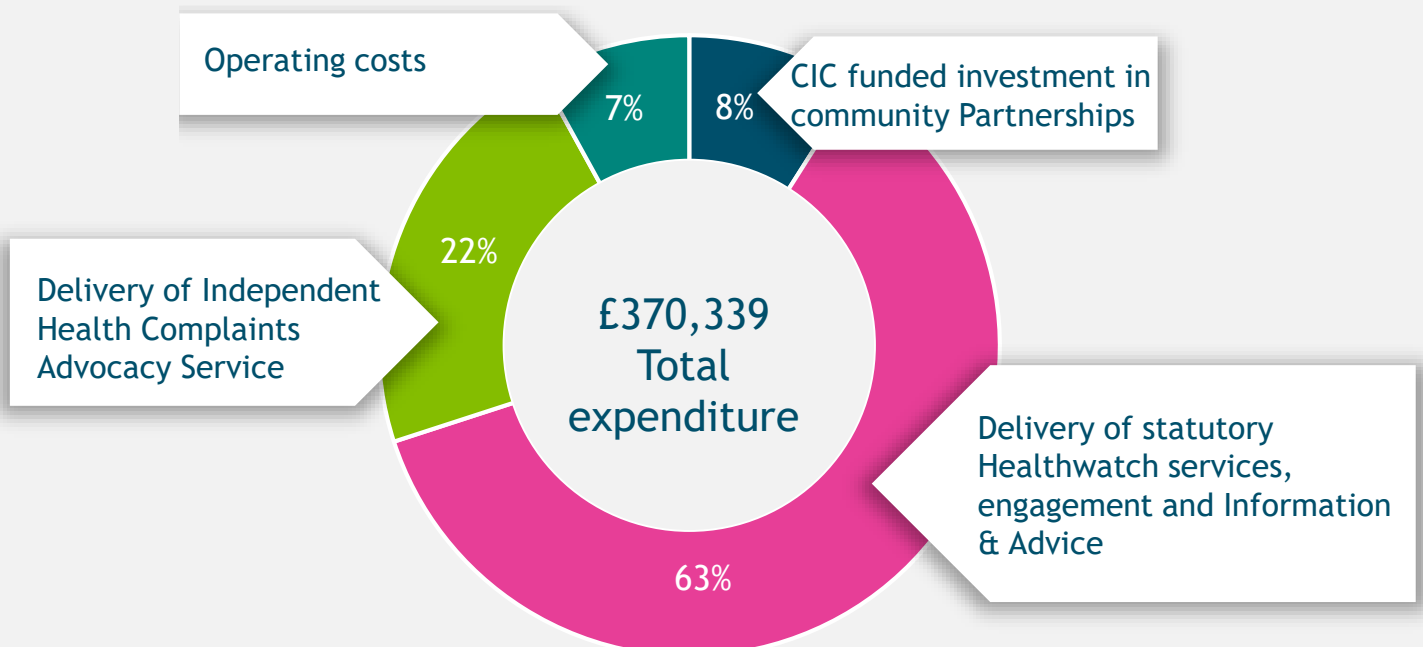
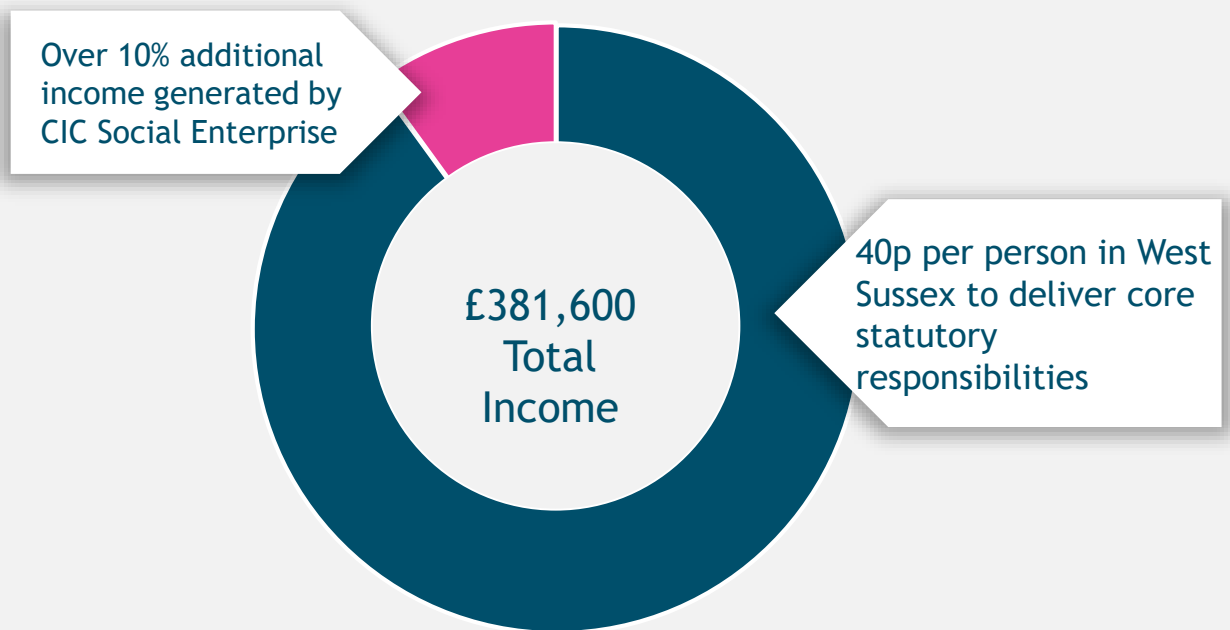


Our finances

How we use our money

To carry out our statutory work, we were funded £342,600 by our local authority, West Sussex CC. We also invested £39,000 of our

Community Interest Company (CIC) Social Enterprise income into our innovative Community Partnership activities.





**Our plans for
next year**

Message from our Chief Officer

We've made sure we talked about difficult issues and have been honest and collaborative in our approach with local people and service providers.

Looking back

Our priority areas: Primary Care, Adult Social Care, Children & Young Peoples' Mental Health & Wellbeing, were always going to challenge us but we've seen positive changes by:

- + Working with GP practices to think about how they respond to patient demand for consultations
- + Championing professional teams to better understand how those with safeguarding concerns experience the processes designed to protect people
- + Collaborating with others for greater understanding of local issues and a stronger voice to push for changes
- + Working with young people to develop resources for powerful conversations in schools and youth groups.

Looking ahead

At the same time as acknowledging the financial challenges within the NHS and local authorities, we also recognise there are other barriers which potentially hamper the development of more appropriate services.

We'll continue to use our independence, constructive communication, statutory powers and ability to escalate matters, to support ways of overcoming such challenges and barriers.

We've set an ambitious [Priority Work Plan](#) based around positive outcomes and how we aim to achieve these.



Thank you to all the local people who've contributed to our work, to our partners and the system leaders who've listened and responded to improve outcomes.



healthwatch
West Sussex

Priorities 2019/2020



Sally Dartnell

Healthwatch West Sussex Chief Officer

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us
- + All of our amazing staff and volunteers
- + The community and voluntary sector organisations that have collaborated and contributed to our work - which is now a [huge list](#).

Healthwatch West Sussex has been instrumental in shaping the Health and Wellbeing Board's joint needs assessment and forward strategy, which sets out the direction of travel for our County and how we want local services to be shaped and commissioned in the future. We value the insight and challenge this local Healthwatch provides.

When I first wanted to set up a support group for people with COPD in East Grinstead, I contacted Healthwatch West Sussex for help. Not only did they give me a grant to help with expenses, but also they provided continued advice and support, and made us feel that the group was important to them, and offered a way to link up with other services. We would have been much the poorer without Healthwatch and heartily commend them for the great job they do.*

*Loral Bennett, Group Founder and Lead * The COPD East Grinstead Group who received a £200 community grant from Healthwatch West Sussex*



Contact us

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Healthwatch West Sussex CIC is a Community Interest Company limited by guarantee and registered in England & Wales (No. 08557470) at Pokesdown Centre, 896 Christchurch Road, Pokesdown. BH7 6DL.

Healthwatch West Sussex works with Help & Care to provide its statutory activities

t: 0300 111 3303

Mon - Thu: 9am-5pm (10am-4.30pm Fri)

e: <https://www.helpandcare.org.uk/contact/>

a: Pokesdown Centre, 896 Christchurch Road, Pokesdown, BH7 6DL



We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.



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Our Work Plan for Making a Difference 2019-2020

Understanding, measuring and communicating
outcomes and impact from our work

July 2019



healthwatch
West Sussex

Priorities 2019/2020





Developing priorities and this plan

Healthwatch has statutory functions, which require us to engage and involve local people in our work and you will see how we aim to do this throughout this plan.

Personal accounts inform our insight, which in turn helps in identifying themes and priority areas going forward.

The Healthwatch West Sussex Board reviewed the insight and evidence collected from our work of 2018-19 and reflected on the progress against the previous priorities.

Based on what we found, four priority areas were agreed for the next financial year:

- Adult Social Care
- GP and Community Care
- Mental Health
- Hot Topics

To ensure we work to a robust and meaningful plan, draft ideas were explored by the Board and Volunteers at a workshop (held on 8 May 2019).

During this workshop we reflected on the draft Healthwatch England *Making a Difference Toolkit*, which has allowed us to offer constructive feedback into the development of this resource. We are the first Local Healthwatch to implement this toolkit.

This plan sets out our current thinking as to how we will work to achieve the anticipated **outcomes** and how we will **confirm** if this has had an **impact**, i.e. has made a difference.

Understanding how we have made a difference

We recognise that confirming outcomes and impact can be challenging. In many instances it is easier to count outputs, as they are usually obvious and tangible. For example, we can easily report on how many stories we have collected over the year. It is harder to report the impact, the change which has happened as a result of this engagement and gathering of personal stories, particularly when protecting information which can be identifiable - our gift to local people is they can remain anonymous.

To understand the *difference* we have made requires us to take a new approach.

- Making an impact usually takes time; we aim to stick with our work and follow it through to see what difference it has made
- There is a need to look at unplanned outcomes and impact, e.g. what happens and the changes that have taken place that we might not have been planning for, but are of value
- We may have to accept we have not been able to achieve an outcome or impact but that we have understood why and been open about this. This may mean adjusting our work plans accordingly.

Our plan for confirming and communicating what has changed are based on us:

- Identifying how we can confirm the *distance travelled*, from where an issue starts to where it has got too, which may be an indicator of the results of our work
- Working to not add new or complicated processes and systems but instead work methods of checking and confirming into the resources we have available
- Looking at how we can make our communication around change easily understood and that people can draw meaning from this.

Our definitions are:



Outcomes what happened as a result of our work



Confirm how currently we think we will measure/follow-up on outcomes to identify impact, recognising there are normally twists and turns on the way that may mean these need to change



Impact what has changed as a result of our work



How will we engage with local people?

When planning our engagement events and activities, we will make sure we manage our resources so we can talk to local people of different ages and demographics, in different locations across our county. This will include opportunities to talk to people outside normal office hours.



We will proactively engage with, and respond to, the different populations that live in West Sussex



to understand and help meet their health and social care needs.

We will do this:

- through a programme of engagement delivered through *Listening Tours*, *Community Pop-ups*, *It Starts with You Network* and *Hospital Visiting Programme* (as detailed on pages 5-6) and ensure we have appropriate breadth and depth of engagement when carrying out our priority work
- by creating opportunities and making it easier for more people to be involved in our work for small/short periods of time and regularly, by better use of digital solutions (such as greater use of What's App, social media and online surveys)
- by creating space to look at alternative ways of interacting with people, including digital development, so we can explore what we do not yet know and find a variety of ways that offer best value on investment
- through our *Community Partnership* investment, we will work with organisations and groups to understand how communities are supporting local people to stay well, people can get the best from services, can manage their conditions proactively and identify the challenges.

We will expect to see:

- An increased volume of engagement, detailed in our quarterly performance report, and annual report. We engaged with approximately 3,000 people in 2018-2019 and we'll aim to increase this by 10% in 2019-2020.
- An increase in volunteering hours local people give to support our work. Local people gave approximately 2,500 volunteering hours in 2018-2019 and we'll aim to increase this by 10% in 2019-2020.

We'll evidence this through analysing our insight - which will be reported through our Performance Reports and Insight and Evidence Reports. Outcomes will also be indicated in any publications about work carried out under this plan.

How do we plan to do this?



We are planning to be on *Listening Tour* in **Broadbridge Heath** in June 2019.

We plan to host a **One-Year-On** event in **November 2019** in **Burgess Hill** so local people can hear about the progress made against recommendations and any future plans for health and care in the town.

We plan to be on tour in Bewbush late in 2019.



As well as our Listening Tours we will have *Community Pop-up* visits so we can gather general insight.



We will continue to develop how we engage with the groups who belong to our *It Starts with You Network* so we can fully realise our ambition for good two way communication with community organisations and groups.



The team supported by Authorised Representatives will carry out *Enter and View visits* to hospitals.

We will publish an update report on this programme from 2018-19 in 2019, detailing all the progress made, as a result of the support we have provided to the Hospital Trusts.



We will:

- work in partnership with *seldom heard* communities to understanding the health and care beliefs and challenges experienced by people within them.
- co-produce projects and shape processes with other community groups, service providers and local authorities to ensure local voices are heard and understood and able to influence decision for future services
- develop strong community networks to enable groups to find synergies to support their communities rather than compete for finite resources.
- collaborate with key community facility providers, to host joint events for encouraging self-care and raising awareness of what can support people's health and wellbeing
- work closely with local community and voluntary groups and help to provide a spotlight on their work to share best practice and ideas such as the proposed Midhurst Hub and ensure the voice of the residents is part of future developments
- use local community and voluntary contacts, newsletters and other communications channels to raise awareness of Healthwatch information, advice and advocacy
- work strategically with District and Borough Councils, to look at how we can work together to benefit the health and care of people living within their council area.



We will confirm outcomes by:

- mapping our engagement with communities/groups to make sure we can have achieved a good cross-section of the ages and demographics across our county
- sharing back reports in draft for comment, and further contribution, directly with groups, to check our understanding
- asking those who plan, buy and provide services if the insight we provided has offered them a better understanding of experiences/needs of our communities.



We will understand the difference we have made through how we confirm and follow-up on the outcomes within our priority areas.

How will we work strategically?



We will bring about long term differences within West Sussex health and care system by being a strategic influencer and co-collaborator, whilst maintaining our independence.



Amongst West Sussex health and care delivery and governance bodies we have a reputation as being an informed and trusted voice of how people view and experience support and services.

We will:

- Put forward opportunities for co-production as a way of introducing new thinking and to challenge cultural norms, through constructive disruption and seeking opportunities for exploring what could be done differently
- Provide Authorised Representation at agreed meetings, which we'll regularly review, along with how we best use the resources available to us
- Comment on strategies
- Share good practice and feedback the insight we gather in meaningful ways.

Local planning for implementing the NHS Long Term Plan (LTP) is moving at pace. This will create the need for us to work at multiple levels. Currently, we're focusing on reporting what people have told us through our LTP engagement, by attending meetings linked to an Integrated Care System development, the Health and Wellbeing Board and the Health and Social Select Committee, to influence local long term planning.

How will we use resources for priority projects?



We receive a relatively low level of new insight about Adult Social Care and recognise the potential for duplication, but this needs to remain a priority as there are clear areas where we can add value.

Our unique and added value is our independence and ability to speak to residents and their families, to give voice to any concerns they may have, as well as raising awareness of potential risks to residents.

The outcomes we will work to realise are:



Service managers and regulators have an appreciation of the human experiences of those living in care homes



to make changes leading to better or safer services.



Residents and their families understand what is happening when the Care Quality Commission (CQC) have put their care/nursing home in *Special Measures* and are prepared practically and emotionally for the impact of potential change.

We will:

- Carry out work within care/nursing homes in West Sussex that have been put in to special measures by the CQC, specifically by:
 - being briefed on the CQC process and the current market position
 - researching questions people should be asking when a home is put into CQC special measures, with the aim of producing and sharing a factsheet, which will be used by us when visiting homes
 - having a volunteer recruitment campaign to create dedicated project teams for visiting homes and feedback findings
 - having a launch event and social media plan to say what we are doing
 - working with and supporting dedicated teams of *Authorised Representatives* to work with residents, their family and friend carers, and staff through programme of visits to homes that are in special measures.
 - Work with the Adult Social Care Transformation Programme to make sure that insight from this project is understood and is used to inform new practices.



- Continuing to have general surveillance around Serious Adults Reviews (SARs) being undertaken that involve residential homes.
- Provide a small number of *Enter and View* visits to support the work of the Safeguarding Adults Board, for which a separate proposal has been made.
- Continuing to collaborate on potential solutions to the verification of expected deaths in care homes (previously a Hot Topic) by working with Healthwatch England and local stakeholders.



We will confirm outcomes by:

- Capturing, through observations and follow-up discussions with residents, staff and the homes' leadership/management, any improvements at mid-way points and at the end of the project (March 2020).
- Asking the Adult Social Care Programme leads to confirm how they have used the insight from this project to better prepare people for the impact of potential change resulting from residential homes being in special measures.
- Having feedback on national escalation of the issues with verification of expected death and the local challenges this creates.
- Commissioners can evidence clear support pathways for care homes around the verification of expected death and show how this has been communicated to homes.




We will understand if we have made a difference by:

- Visiting a care home, not included in the project but that is in special measures, towards the end of 2020 to see what support the home and its residents have received from Adult Services, to prepare for the impact of potential change - should the home lose its registration with the Care Quality Commission.
- During listening tour visits to care homes we will ask staff how they feel about supporting residents at the end of their life, and if there are any issues that cause them concern.
- We will talk to families whose have been affected by failing care homes about the work we have done and capture their views on whether they feel this will make a difference.




Given the level of insight relating to GP care, this continues to be a priority.


The outcomes we will work to realise are:

- 


OUTCOME

People are updated and feel part of the development of GP and Community Care.
- 

IMPACT

People report better access to GP care and can understand service availability in their location and when this can be accessed.
- 

OUTCOME

GP practices and Primary Care Networks see the value and benefit of meaningful patient feedback
- 

IMPACT

and this is celebrated and positively encouraged.

We will:

- Conclude our work with Fitzalan Medical Group and publish our reports.
- Create a collaborative video to explain a proposed merger in a way that answers some of the questions local people have been asking and the development of Primary Care Networks.
- Continue to be a strategic influencer and co-collaborator on the development of West Sussex's first GP and Community Hub.
- Create a collaborative video to share throughout services in Midhurst and surrounding villages, to inform local residents about the developments of a GP and Community Hub.

This may also enable us to showcase to local people the type of plans arising from the NHS Long Term Plan.

- Create and test a patient surveying methodology that celebrates a *patient feedback month*, by working directly with a local practice.



- Evaluate the success of *patient feedback month*, with a view to showcasing and rolling this out wider.
- Work as a strategic influencer to ensure lessons learnt carry forward to any proposals for changing services provided through General Practices, using specific examples of previous changes.



CONFIRM

We will confirm outcomes by:

- Capturing, through observations and follow-up discussions with patients any improvements in how they access appointments at Fitzalan Medical Group and will report our findings.
- Re-auditing the environment at Fitzalan Medical Group to see what improvements the practice team have made and will report our findings.
- Checking where the video, explaining the proposed merger of Littlehampton GP practices, is being shown.
- Checking where the Midhurst Hub video is being shown.
- Reporting on the *patient feedback month* including identifying if this offered a GP practice different insight and feedback to their existing methods.
- Presenting the work, alongside our partner GP practice, to the Primary Care Networks and asking for comments and feedback.



IMPACT

We will understand if we have made a difference by:

- Monitoring the social media comments and interest in the video about the proposed merger of Littlehampton GP practices.
- Asking staff to share anonymised patient feedback on the Littlehampton GP Practices video.
- Asking local people about their understanding of the future health provision in Midhurst and surrounding villages.
- Reflecting on what we learn from presenting our work and by seeking out further opportunities to have meaningful discussions with the Primary Care Networks about engagement and patient feedback.



Having laid strong foundations by co-producing engagement resources with young adults, we need to continue with this work to engage with more young people (11+) about their mental health and wellbeing.

We have also been part of an Independent Panel considering the work for a proposed redesign of mental health in-patient beds in West Sussex, which we did under our Hot Topic Priority. This work has not yet concluded.

We also have insight around the lack of community-based support for adults living with enduring mental health concerns, which directly, and negatively, impact their wellbeing. This priority has therefore been widened.

The outcomes we will work to realise are:



The lived experiences of Young People (aged 11-25) and their families, directly informs



and influences the outcomes from the Independent Review of Children and Young People's emotional and wellbeing services and their experiences in Sussex.



Health and socio-economic inequalities of Adults living in North Chichester and surrounding areas are understood



and these are improved by any redesign of in-patient beds in West Sussex.



Adults living with enduring mental health concerns report community-based services better meet their needs and are easier to access.

We will:

For working with Young People and families:

- Produce a *market ready product* for engaging with young college students and Children 11+ (June 2019).
- Feedback on the Independent Review's key lines of enquiry (a Sussex-wide Healthwatch response, coordinated by us).



- Share an Engagement Plan with the Independent Review (July 2019).
- Work collaboratively to gain opportunities for hearing from local young people and their families, to make sure more people's experiences inform the Independent Review's key lines of enquiry.

For working with Adults:

- Continue to be part of the Independent Panel looking at the re-design of in-patient beds in West Sussex and promote the need for extensive local patient/people involvement.
- Work with other stakeholders, particularly exploring collaborative working with user-led organisations like Capital, to better understand the mental health support needs within communities around North Chichester.
- Continue to be a strategic influencer and co-collaborator on the development of mental health support within primary care.



We will confirm outcomes by:

- Checking back with our young people and family networks that we have understood what is strong and what is wrong for children and young people services in West Sussex, before sharing case studies and reports with the Independent Review Panel.
- Asking the Independent Review Panel to demonstrate how local experiences have informed and influenced the Panel's recommendations.
- Analysing the local Long Term Plan for West Sussex to see how the voice of local people has informed the direction of travel.
- Analysing how the proposals for the re-design of in-patient beds has changed as a result of the consultation and engagement of local people in the re-design proposals.
- Asking the Trust to agree in advance, an evaluation method for identifying impact, both positively and negatively on local people, arising from location changes to in-patient beds West Sussex. We will require this to be transparent and available to the public.



We will understand if we have made a difference by:

- Working with community support organisations and education providers to understand what young people and families say about the ease of preventative support; and accessibility to, and appropriateness of, crisis support when needed.
- Reviewing the evaluation evidence of the impact arising from changes to in-patient beds in West Sussex.
- Working with community support organisations to ask local people about their experiences of getting mental health support within their local community.



This priority enables the Board and operational team to respond to insight and urgent issues identified through our influencing role.

Hot Topics take considerable resources through the year. Given the NHS Long Term Plan and Social Care Transformation we expect the level and breadth of Hot Topics to increase. This priority provides us with the agility to respond to insight and demand accordingly.

We discuss insight from board representation feedback, and public insight at monthly operations meetings. We monitor and review work plans in the same way, as well as through project reviews. Where we believe work may fall outside our priorities, we will ask for additional funding in order to be able to resource additional work required. Where this is not possible but there is an urgent theme/issue that needs attention, the Board will assign, or reassign, resource.

Remaining Hot Topics are:

- NHS Long Term Plan Engagement



The views of West Sussex residents are captured and the themes arising from what people have shared across Sussex can be seen in the final published Sussex and East Surrey Long Term Plan.



As the Long Term Plan moves forward, more people share positive stories about accessing and using local health and care services or tell us they feel knowledgeable enough to care for themselves.

- Stroke Services



System leaders understand the importance of involving and communicating with local people at the right time when designing future services.



Local people know how services can support people to survive and recover from a Stroke and receive the best and most appropriate support.

S



About us

Healthwatch is here to make care better.

We are the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need.

We also help people find the information they need about services in West Sussex.



We are here to help you on the next step of your health and social care journey - wherever it is taking you.

We have the power to make sure that the government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

You can review how we perform and how we report on what we have done by visiting our website www.healthwatchwestsussex.co.uk

Contact us

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Winter Planning to support the health and care system

10th October 2019

Report by West Sussex Urgent Care and Resilience Teams

Executive Summary

This paper concerns an update regarding the plans across West Sussex to manage demand in health and social care over the winter period.

The Health and Wellbeing Board is asked to:

Note the plans in place for the health and social care systems across West Sussex.

1. Background

The winter plans outlined in this presentation cover the health and social care systems across West Sussex including the Surrey & Sussex Healthcare NHS Trust (SASH) and Western Sussex Foundation NHS Trust (WSHFT). The planning also covers Princess Royal Hospital in Haywards Heath part of Brighton Sussex University Hospital due to patient flows but all plans are consistent across West Sussex.

Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (01 December 2019 to 31 March 2020). The plan covers the whole health and social care system from preventing unnecessary admission to hospital through to supporting timely discharge home ensuring that access to services and patient safety is maintained. The plan provides system assurance that service capacity across the health and social care system will be sufficient to meet forecast levels of demand and is able to respond quickly and effectively when there are exceptional surges in demand that require a rapid system response.

The plan is being developed by the local system A&E delivery boards (LAEDB), which have representation from all local system health and social care providers and commissioners. The plan for winter builds on learning from previous years as part of a continual improvement process. The final versions of the plan will be approved by the LAEDBs at the end of September following assurance review by NHS England. The plan will also be considered for assurance by the Governing Bodies across West Sussex in September and individual providers will assure their own plans through their respective boards.

We are bringing this update to Health & Wellbeing Board for information.

2. Winter plan

The main objectives are:

- To maintain patient and staff safety and service quality at all times
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed
- To ensure the delivery of agreed improvement plans in respect of national NHS access standards including the four hour A&E standard, the 18 week referral to treatment standard and cancer waiting times standards
- To deliver the national ambition to reduce the number of patients in an acute hospital bed with a long length of stay by 40% by March 2020 – It is well evidenced that patients with a long length of stay in acute hospital settings are at high risk of de-conditioning.
- To ensure system Delayed Transfer of Care are no greater than 3.5% of acute hospital beds.
- To proactively prevent and manage infection control outbreaks issues such as influenza and norovirus.

Lessons learnt from previous years

Each year the health and social care systems across West Sussex undertake reviews of winter to understand lessons learnt to enhance future planning. These lessons have been incorporated into the plans for winter 2019/20 as follows:

- Support from other local health and social care systems in response to pressure in the local system.
- Maintenance of patient safety in A&E during periods of sustained demand pressure.
- Ability of system partners to rapidly support additional capacity in response to system pressure.
- Single winter communications plan across West Sussex and East Surrey aligned to the national NHS campaign.
- Development of discharge to assess pathways across health and social care to ensure people do not wait in acute hospitals when they can be supported at home.
- More live feeds are required into the real time data system Single Health Resilience Warning Database (SHREWD) including mental health and 136 capacity. The database provides up to date information about demand allowing the system to react in a timelier manner to surges in demand.
- Renewed focus on stranded/ super stranded patients to manage patient flow.
- There is still high levels of minors attending A&E. System wide collaboration is underway to deliver Integrated Urgent Care model (IUC) including Urgent Treatment Centers (UTC) roll out from December 2019.
- West Sussex wide system capacity and demand planning for this winter has built further upon the successful planning model that use for last winter

ensuring that mitigation actions are in place for forecast surges in demand over winter. Work continues with both the SASH and WSHFT systems around the detail underpinning the demand and capacity plan to ensure sufficient capacity is in place to support demand.

This system also identifies key risks and the necessary mitigations.

Risk	Mitigations
System Flow	<ul style="list-style-type: none"> Multi agency agreements on standard operating procedure and escalation process and triggers for all community pathways Long length of stay action plans in place across West Sussex, multi system engagement secured, regularly reviewed Capacity and demand plans in place to identify gaps in capacity to ensure system actions in place to mitigate.
Challenge with timely access to domiciliary care	<ul style="list-style-type: none"> Local authority engagement with homecare provider market Care Matching task and finish group to maximise brokerage efficiency
Workforce challenges across the system	<ul style="list-style-type: none"> Pre-booking block contracts with agency and bank staff STP wide and local winter communications plan Flu vaccine uptake by staff Upskilling workforce to ensure flexibility across multiple areas Preplanning rota fill across providers
Mental Health patient flow pressures	<ul style="list-style-type: none"> STP Mental Health Programme Investments 2019-20 STP Executive escalation related to housing and accommodation risk identified. Development of SES Mental Health escalation plan, triggers and related actions.
Uptake of flu vaccine	<ul style="list-style-type: none"> National and local campaigns planned to increase uptake CQUINs in place to support uptake locally
Increased attendances / admissions from at risk cohorts	<ul style="list-style-type: none"> Quarter one deep dives have programmes in place to address the increases in A&E including- self presenters, conveyance, long length of stay and same day emergency care. Streaming away from A&E to ambulatory and frailty units where appropriate Robust admission avoidance pathways and full access/utilisation of available pathways.
No deal EU exit planning	<ul style="list-style-type: none"> Coordinated no deal EU exit contingency planning through Sussex Resilience Forum

3. Next Steps

The system will continue to refine and monitor plans over the coming months including submission to NHS England for review and assurance. There will also be a stress testing event across Sussex to ensure systems are as resilient as possible over winter.

Work continues within the SASH system to agree and finalise the winter plan

Director for Public Health

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Sussex and East Surrey
Clinical Commissioning Groups



West Sussex Health and Wellbeing Board Winter Planning

October 2019

Introduction

- The winter plans outlined in this presentation cover the health and social care systems across West Sussex including the Western Sussex Foundation NHS Trust and the Surrey & Sussex Healthcare NHS Trust. The planning also cover Princess Royal Hospital in Haywards Heath part of Brighton Sussex University Hospital due to patient flows but all plans are consistent across West Sussex.
- Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (01 December 2019 to 31 March 2020).
- The plan covers the whole health and social care system from preventing unnecessary admission to hospital through to supporting timely discharge home ensuring that access to services and patient safety is maintained.
- The plan provides system assurance that service capacity across the health and social care system will be sufficient to meet forecast levels of demand and is able to respond quickly and effectively when there are exceptional surges in demand that require a rapid system response.
- The plan is being developed by the local system Local A&E delivery board (LAEDB), which has representation from all local system health and social care providers and commissioners.
- The plan for winter builds on learning from previous years as part of a continual improvement process.
- The final version of plan will be approved by the LAEDB at the end of September following assurance review by NHS England. The plan will also be considered for assurance by the Governing Bodies across West Sussex in September and individual providers will assure their own plans through their respective boards. Work continues within the SASH system to agree and finalise the winter plan.
- We are bringing this update to Health & Wellbeing Board for information.

Winter Plan 2019/20 objectives

- To maintain patient and staff safety and service quality at all times;
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls;
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed;
- To ensure the delivery of agreed improvement plans in respect of national NHS access standards including the 4 hour A&E standard, the 18 week referral to treatment standard and cancer waiting times standards;
- To deliver the national ambition to reduce the number of patients in an acute hospital bed with a long length of stay by 40% by March 2020 – It is well evidenced that patients with a long length of stay in acute hospital settings are at high risk of de-conditioning.
- To ensure system Delayed Transfer of Care are no greater than 3.5% of acute hospital beds.
- To proactively prevent and manage infection control outbreaks issues such as influenza and norovirus.

Winter plan 2019/20 key elements

- System capacity and demand plan to address the expected increased demand
- Primary Care
- Community Services
- Acute Hospital plans
- Social Care
- Mental Health
- 999 and 111
- Infection Control and influenza vaccination
- Business Continuity
- Severe weather planning
- Winter Communications and Engagement
- Enhanced capacity requirements to meet the Christmas and New Year period 24th December - 7th January 2020
- System Pressure monitoring and escalation response
- Risks to delivery and mitigating actions

Learning from last winter

What went well:

- Support from other local health and social care systems in response to pressure in the local system.
- Maintenance of patient safety in A&E during periods of sustained demand pressure.
- Ability of system partners to rapidly support additional capacity in response to system pressure.
- Single winter communications plan across Sussex and East Surrey aligned to the national NHS campaign.
- Development of discharge to assess pathways across health and social care to ensure people do not wait in acute hospitals when they can be supported at home.
- More live feeds are required into the real time data system Single Health Resilience Warning Database (SHREWD) including mental health and 136 capacity. The database provides up to date information about demand allowing the system to react in a timelier manner to surges in demand.
- Renewed focus on stranded/ super stranded patients to manage patient flow.
- There is still high levels of minors attending A&E and an increase in self presenters within the SASH and WSHFT systems. System wide collaboration is underway to deliver Integrated Urgent Care model (IUC) including Urgent Treatment Centers (UTC) roll out from December 2019.
- Sussex wide system capacity and demand planning for this winter has built further upon the successful planning model that use for last winter ensuring that mitigation actions are in place for forecast surges in demand over winter. Discussions are ongoing with both the SASH and WSHFT systems around the detail underpinning the demand and capacity plan for that system to ensure sufficient capacity is in place to support demand.

Winter plan key risks and mitigations

Risk	Mitigations
System Flow	<ul style="list-style-type: none"> • Multi agency agreements on standard operating procedure and escalation process and triggers for all community pathways • Long length of stay action plans in place across West Sussex, multi system engagement secured, regularly reviewed • Capacity and demand plans in place to identify gaps in capacity to ensure system actions in place to mitigate.
Challenge with timely access to domiciliary care	<ul style="list-style-type: none"> • Local authority engagement with homecare provider market • Care Matching task and finish group to maximise brokerage efficiency
Workforce challenges across the system	<ul style="list-style-type: none"> • Prebooking block contracts with agency and bank staff • STP wide and local winter communications plan • Flu vaccine uptake by staff • Upskilling workforce to ensure flexibility across multiple areas • Preplanning rota fill across providers
Mental Health patient flow pressures	<ul style="list-style-type: none"> • STP Mental Health Programme Investments 2019-20 • STP Executive escalation related to housing and accommodation risk identified. • Development of SES Mental Health escalation plan, triggers and related actions.
Uptake of flu vaccine	<ul style="list-style-type: none"> • National and local campaigns planned to increase uptake • CQUINs in place to support uptake locally
Increased attendances / admissions from at risk cohorts	<ul style="list-style-type: none"> • Quarter one deep dives have programmes in place to tackle increases. • Streaming away from A&E to ambulatory and frailty units where appropriate • Robust admission avoidance pathways and full access/utilisation of available pathways.
No deal EU exit planning	<ul style="list-style-type: none"> • Coordinated no deal EU exit contingency planning through Sussex Resilience Forum

Next Steps

Timescale	Action
September	NHS England review and assurance process
September	Process of stress testing plans across Sussex
September	Final Plan submitted to LAEDB for approval
September	CCG governing bodies review and approval
Throughout winter	Close monitoring of winter plan throughout the winter by all partners (via LAEDBs monthly and routinely via operational sub groups)

Conclusion

- A number of lessons that have been identified that have informed the development of the plans for this winter.
- The development of a whole system approach to capacity and demand planning for winter will significantly strengthen plans allowing system to identify gaps and mitigating actions.
- Key risks have been identified and mitigation is in place where possible. Workforce remains the single biggest risk across health and social care.
- It is also important that as a system we effectively support our staff during the challenging winter period.
- Work will continue to refine local plans including stress testing of plans at Sussex level.